

ANNUAL REPORT 2015-16



Mission Statement

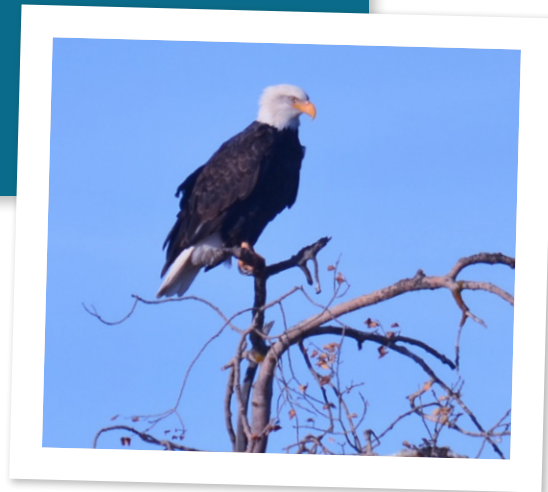
CIRD of Family Practice drives improvement in health outcomes in our communities and supports our care giving members in their well-being and practice.

Values

*Innovation
Collaboration / Harmony
Team based care
Evidence based decisions
Transparency
Trust / integrity / professionalism
Inclusivity
Flexibility
Adaptability
Respectful
Consistency
Patient focused care
Equanimity*

Mission Key Elements

*Build relationships
Improve physician experience
Improve health outcomes for Caribou region
Establish priorities
Influence change
Increase local control
Improve health outcomes*



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Board Chairman's Report



**Bruce Nicolson,
Board Chairman**

The last twelve months has been a period of both consolidation and growth for the Central Interior Rural Division of Family Practice (CIRD). Programs envisioned through our work within the provincial A GP for Me initiative (Improved Access for Rural and First Nations Communities, Practice Efficiency, and

Physician Coverage) have benefited the membership throughout the 2015/2016 Implementation Phase. Residential Care programs have been designed and are now smoothly running in both Williams Lake and 100 Mile House. Our ongoing programs involving assigned and unassigned inpatients are pretty much on auto-pilot as are our partnership programs with the Shared Care Committee (youth and adolescent mental health) and Veterans Affairs.

Our recruitment and retention program continues to be a major focus as we struggle to replace retiring and semi retiring members. Our Cardiac Health Advancement

Program (CHAPs) has now been taken over by the Interior Health Authority (IHA) and we await its re-emergence.

On a personal note I have had the opportunity to network with colleagues and other stake-holders both within our communities and provincially, which should allow us to exploit further opportunities as they roll out in the near future as we move toward patient medical homes. We have managed to stay ahead of many of our fellow divisions in this regard.

It is difficult for me to find the words to adequately praise the directors, executives, and support staff who works so diligently and successfully on our behalf. My sincere gratitude to you all.

Finally, as we move forward on yet another major front with the patient medical home concept I do so confidently in our ability to work with our partners and other stake-holders to once again improve health care outcomes for our communities and at the same time enhance the life experiences of our membership and their families.

All in all, it's been a very good year.

Bruce



**Walk With Your Doc 2016,
100 Mile House**

Executive Director's Report



**Trevor Barnes,
Executive Director**

The CIRD is a doctor-led and doctor-driven organization. 2015/16 was about the members, the Board of Directors, and the CIRD staff learning of and preparing for significant change to the way in which patients, physicians, and allied health professionals will access and/or provide services within the primary and acute care health care systems.

The change process is being driven by the ongoing patient attachment concerns of the Ministry of Health (Government), Doctors of BC, and the General Practices and Services Committee. The change process calls for an integration of the primary health care system, based upon a patient medical home (PMH) / primary care home (PCH) type model. The PMH and PCH models will impact the way in which patient services and physician supports are provided in full-service private clinics.

The Central Interior Rural Division (CIRD) has been actively involved in the discussions regarding the change process at the local, regional, and provincial levels.

This involvement includes our participation in the Collaborative Services Committee at the local level, the Inter-Disciplinary Strategic Council at the regional level, and in the GPSC and Doctors of BC meetings at the provincial level. The GPSC recognizes that physician participation in this change process will be a key element to its success. The rural and the smaller divisions in the province have a built-in advantage. In 100 Mile House, Tatla Lake, and Williams Lake physician members already have a culture of cooperation with their health care partners. There is a growing organic coordination of services with the local Health Authority. While communication from the Interior Health

Authority (IHA) and the Ministry of Health needs to improve, there is some effective collaboration at the local level.

Our conversations with the Interior Health Authority and the Ministry of Health highlight the need for the development of more sophisticated understanding of what it means to be 'partners' before these discussions will have strong success. The Board of Directors and the CIRD staff have developed an effective business relationship with our Interior Health Authority partners locally and regionally. We might not always agree with our partners with respect to the issues or choices before us. However, we will always look for ways to work and problem solve together. The CIRD is a nimble, creative, and innovative organization which is well positioned to allow our physician members to have an effective voice in this change process.

I would like end my report by recognizing the Division Board Directors and the staff and contractors in the CIRD. The sage advice, wisdom, and experience of Dr. Nicolson, Dr. Fedor, and Dr. Neufeld has helped me to stay focused and on a positive course. Jill Zimonick is an excellent program manager and a trusted agent for the CIRD. Her advice and insights are always sought and appreciated by myself and the Board. Shilo Labelle is the glue which keeps the administration of the CIRD together and moving forward. Sally Errey has developed and given us a great communications platform. Laurie Walters has developed a recruitment and retention program which is setting a new benchmark for small and rural divisions. Laurie and her coordinators, Tanya Kielpinski and Tshidi Machete, are to be commended for their good work. Thank you for the opportunity to work for the Division.

Respectfully submitted,

Trevor Barnes

A GP for Me Report



Jill Zimonick, A GP for Me Project Lead

In April of 2015, the CIRD was approved to move three programs into the Implementation Phase of our work within the provincial A GP for Me initiative. These programs included Improved Access for Rural and First Nations Communities, Practice Efficiency, and Physician Coverage. To implement these programs, two new coordinators were contracted

to work with the Program Manager, Administrative Assistant, Communications Coordinator, and Executive Director. The three programs had a budget of \$399,880 and were to be implemented by March 31, 2016.

Throughout the course of implementation, these results were seen:

Improved Access Program:

- The CIRD partnered with the First Nations Health Authority to set up four First Nations sites and three physicians with Telehealth equipment and software.
- The CIRD's most remote physician was set up with Medeo to host medical appointments from the physician's office in Tatla Lake with area residents in their home.
- Through partnered efforts with the Interior Health Authority, 13 MOAs and five physicians completed the San'yas Indigenous Cultural Safety Training.



550
community health resources
listed on FETCH website

70
potential locum contacts

5
physician recruitment
videos created

Practice Efficiency Program:

- A FETCH (For Everything That's Community Health) website was set up for the Cariboo-Chilcotin listing over 550 community health resources.
www.cariboochilcotin.fetchbc.ca/
- All clinics in the CIRD with an EMR received EMR training.
- An event was hosted to explore team-based care options in the CIRD.
- An MOA network was created and a learning and networking day was delivered to local MOAs. Additionally, an MOA Corner was created on the CIRD website as an ongoing resource for MOAs.
www.divisionsbc.ca/CIRD/MOAResources



Laurie Walters, Tanya Kielpinski, Shilo Labelle

Physician Coverage Program:

- A physician coverage program was developed with consensus among clinics in the CIRD to establish a consistent overhead structure. The program has assisted in eight locum placements and has established a contact list of over 70 potential locums.
- A financial calculator was created to be used as a recruitment tool. The calculator was created with physician input and demonstrates the benefits of practicing medicine in a rural vs. urban area. The calculator is posted on the CIRD website and is sent out to potential recruits.
www.divisionsbc.ca/CIRD/careers
- Five physician recruitment videos were created. The videos focus on recruitment efforts for: residents and students, Williams Lake, 100 Mile House, Rural Living, and Locum Recruitment. The videos are posted on the CIRD website and the CIRD YouTube channel—Cariboo Chilcotin Doctors. In their first two months of going live, the videos received thousands of views.
- The services of a private recruiter were secured for one year. The recruiter provided the CIRD with several leads.

At the end of 2015/2016, several of the projects will be extended or continued through Impact Funding and the others will continue operation through existing CIRD programs such as Recruitment & Retention and Administration.

Cariboo Local Action Team Report



Anna Meyers,
Cariboo Local Action
Team Project Lead

The Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative that was prototyped in the Interior Region continues to spread across the province and now includes over 2,400 members and 64 local action teams. In the interior, there are currently 18 teams (Ashcroft, Boundary, Cariboo, Central Okanagan, Clearwater, Creston, Golden, Kimberley/Cranbrook, Lillooet, Lytton, Merritt, North Okanagan, Oliver/

Osoyoos/Okanagan Falls, Revelstoke, Shuswap, South Okanagan, Thompson, and West Kootenay).

Local Action Teams are focused on grassroots changes in their communities and supported by 11 provincial system working groups: Physician Compensation, Physician Recruitment, Specialist Support, Rural and Remote Telehealth, Transitions in Care, Youth and Youth Adult Services, Youth to Adult Transitions, ED Protocols, Information Sharing, Evaluation, and Models in Care.

In addition to the CYMHSU Steering Committee, two clinical facilities on mental health and substance use, respectively, support local teams with clinical expertise.

The Local Action Team, known as the Cariboo Action Team, has been moving forward with creating awareness and putting support systems in place.

The patient journey maps completed in 2015 continue to inform the action team and the direction the taken to increase access to CYMH/SU services. It was through the mapping process that the need for a parent support group emerged. The Cariboo Parent Connections group was established in late 2015 to provide a safe and supportive environment for parents and caregivers of children, youth, or teens with mental health or substance use concerns. The group provides a safe and supportive environment

for parents to share and provides education and coping strategies via community professionals.

In order to increase awareness around trauma-informed approaches and the effects of trauma on children, the Cariboo Action Team hosted two renowned speakers. Dr. Gabor Mate spoke with physicians and community service providers with a focus on how past trauma affects and may contribute to chronic medical conditions and mental health and substance use concerns. Evelyn Wotherspoon gave a lecture to both community service providers and physicians with a focus on infant mental health and development and the negative effects of maladaptive attachment and trauma on children.

The Cariboo Action Team is supporting Calvin Dubray, the Principal of Marie Sharpe Elementary, in developing a Trauma-Informed Toolkit. Marie Sharpe piloted a trauma-informed approach and had great success in 2014-2015 school year. The toolkit will provide resources and implementation guidelines to other schools interested in adopting this approach to instruction. The toolkit will be completed by March 2017 and a presentation on the trauma-informed school will be done at an upcoming conference.

The Cariboo Action Team has hosted two community events to promote awareness of the resources





available. The Who's Who in the Cariboo event took place in February 2015 and had a positive turn out of physicians, school counsellors, RCMP, mental health workers, etc. The second event, The Service Providers Fair, was hosted at a local high school and featured 20 booths of CHMYSU resources available to the youth; approximately 100 students attended the event. To make resources more accessible for physicians, parents, and service providers the Cariboo Action Team launched a comprehensive website and app specific for Williams Lake and 100 Mile House child and youth mental health resources.

We have three active physicians on our Cariboo Action Team.

Dr. Glenn Fedor was invited to present the progress of the Cariboo Action Team to the CYMHSU Steering Committee in Vancouver last year.

Dr. Matthew Burkey, Child and Youth Mental Health Psychiatrist, has recently joined the Cariboo Action Team. Dr. Burkey has a passion for increasing accessibility to services via capacity building within the local community. Dr. Burkey has traveled to meet with First Nations Communities as well as the service providers who work in the rural and remote Tsihliqot'in (Chilcotin) including Dr. Coetzee. He

had the opportunity to hear the challenges faced by service providers as well as families seeking services that live and work in the rural Chilcotin. Dr. Burkey has partnered with First Nations Health Authority to develop the ability to provide tele-health and tele-psychiatry in these communities. The goal is to increase timely access to care by reducing barriers, like travel, while continuing to build capacity within the local service providers. Dr. Burkey has been an integral part of the Crisis Response Advisory Committee that has been working with Interior Health's Crisis Response Team to increase their competency when dealing with children and families in crisis.

Dr. Jeff Peimer was instrumental in the development of the new ER Protocols. These ER protocols have been implemented by Interior Health and are being adopted throughout the province. Dr. Peimer provided training on the ER protocols to ER staff and community service providers Interior Health and has recorded a WebEx presentation for future learning.

With the support of the Cariboo Action Team, Communities that Care and School District 27 were able to successfully complete youth surveys in Williams Lake and have been able to expand to 100 Mile House and the Chilcotin. Community profiles are being established based on these surveys.

CIRD Communications Report

Communications Tools



Sally Errey,
Communications
Liaison

This year we were able to implement new communications tools and leverage existing ones to great benefit.

- We worked with Doctors of BC and a designer to create an eBulletin template that is attractive and easy to use. We also utilize communications management software “Campaign Monitor” to ensure consistency and manage recipients. This software also reports email open rates and we consistently achieve 60–80% read rates.
- Facebook and social media have been successfully utilized this year, announcing new physicians, local relevant news, events, and recruitment video launches.
- The CIRD website, www.divisionsbc.ca/CIRD/home has been regularly updated with news and events, media releases, project updates, videos, and has been the perfect vehicle to connect groups, such as the MOA corner. Internally, on the website DASHBOARD, news and events relevant to physicians only are posted.
- Physician job opportunities have been revised and updated (on betterhere.ca, healthmatchbc.org, locums.ca and the CIRD site) to truly reflect the work-life balance and recreational lifestyles that are available to locums and permanent physicians in the Cariboo Chilcotin.
- Communications media have been created on a case-by-case basis and include speaking notes for the ED and Board, posters, postcards, invitations, social media strategy and planning, communications plans, key messages, and one-page project summary/information sheets.

Working with Partners

- Our partners at Doctors of BC have been very supportive of our work and initiatives and have been a vital link to creating strong communications pieces. They have provided support in key messages for projects such as A GP for Me, provided reviews and feedback for media release and public documents and also tweeted the launch of our recruitment videos.
- Both the eBulletin and CIRD website have allowed us to share the news of our key stakeholders and their offerings to MOAs and physicians. These include UBC Professional Development, CME, Interior Health, PSP, GPSC, BC Centre for Disease Control, Public Health Services Authority, other divisions of family practice, Cariboo Action Team, First Nations Health Authority, etc.
- We attended a Story Boarding Workshop conducted by Cariboo Chilcotin Tourism Association with a focus on physician recruitment, which allowed us to share our work and also benefit from planning, cross promotion and media kit ideas (Spring 2016).

SEPTEMBER 2016

The Bulletin

Central Interior Rural
Division of Family Practice
A GPSC Initiative

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GPSC's Leadership and Management Development Program - Register Soon

We are pleased to advise that registration is now open for the seventh physician cohort in the GPSC's Leadership and Management Development Program (GPSC LMDP) through SFU which will run from November 18, 2016 to May 27, 2017 in Vancouver.

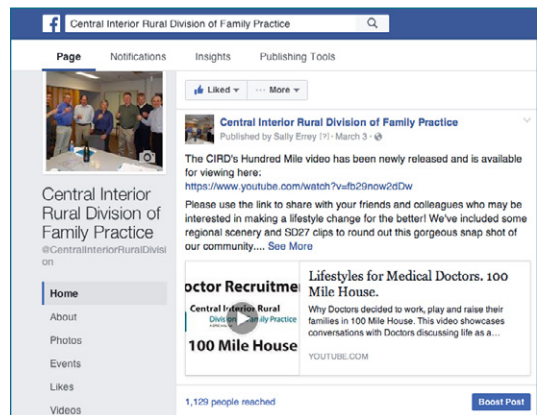
The program is open to physicians who are already in a leadership role within their Division of Family Practice or are planning to be in a leadership role in the near future. There is much interest among physicians in the seventh cohort so please apply as soon as possible.

Special Projects

As our work within the provincial A GP for Me initiative moved from the Implementation Phase into the Transition Phase we continued to utilize all forms of communications both internally to membership and externally to our partners and stakeholders. Communications methods used included eBulletins, Internal CIRD Dashboard, emails, Facebook posts, CIRD website updates, media releases, and project summary sheets.

Items created included:

- FETCH ads, postcards, posters.
- Indigenous Cultural Competency training emails, weblinks, letter from the Chair and eBulletins.
- Locum and Conference Gift certificate and letter, and locums.ca advertisement enhancement.
- Patient-focused Telehealth poster and rack card using predominantly FNHA messaging.
- MOA corner on website with office management document templates.
- The creation of five videos by the recruitment and retention team took us to a new level of exposure with over 3000 views of the videos in the first week and the creation and success of our very own YouTube Channel. These videos have been promoted on our FB page along with a strong presence on every page of the CIRD website.



Recruitment & Retention Report



Laurie Walters

As the Recruitment & Retention (R&R) programs have grown so has our team. In 2015, the R&R Program Coordinator, Administrative Assistant, and Communications Coordinator worked together to assist in physician recruitment with the goal of securing doctors in the region for today and into the future.



Tshidi Machete

This year, members of the R&R team attended three physician events focused on residents, graduates, and locums. These events were well attended and provided an opportunity to collect potential locum/physician information, represent the Cariboo/Chilcotin region, and extend invitations to potential physicians to come and visit the region. These events also provided staff-development, networking opportunities, and resource sharing among colleagues.



Tanya Kielpinski

The CIRD Welcoming Program is one of the Division's most successful recruitment programs. This year it was enhanced and has grown to welcome locums, students, residents, and doctors visiting our region. The program involves a "red carpet" component where the team provided a gift basket, a lunch/dinner, and a tour of the area to the visiting physician. The recruitment team also assisted with finding accommodations, travel to and around the area, and arranging social and recreation activities for the visiting doctors.

The Recruitment and Retention Strategic Plan that was developed in 2014 continues to act as a general guide to our activities. The data collected from the physician interviews from our work in the provincial A GP for Me initiative has also allowed us to address anticipated gaps for future health care provision.

Other R&R Activities:

- Two family-focused retention events were hosted in 2015. Both were well attended and gained positive feedback from participants.
- We continue to work closely with other divisions as we connect with them and understand each other's needs and continue to work together to facilitate better recruitment and retention opportunities.
- We continue to grow and improve our relationships with the Northern Medical Programs Trust, a partnership of Northern BC communities.
- The CIRD became members of the Canadian Association of Staff Physician Recruiters (CASPR) and attended the CASPR conference held in Vancouver.
- The CIRD has signed two MOUs with the District of 100 Mile House and City of Williams Lake. Initiatives in the memorandum of understanding include:

Represent the CIRD at initiatives of community, municipal, government, business, and not-for-profit organizations in the implementation of physician recruitment/development/planning solutions.



The activities and program improvements mentioned above are guides and tools to assist with recruitment and retention in the central Cariboo region. Much of the work and resulting successes we have experienced can be attributed to the physicians in our communities who work hard to recruit, mentor, teach, and welcome potential colleagues into our communities.



ANNUAL GENERAL MEETING
October 20, 2016
8:00 pm – 8:45 pm
The Spruce Hills Resort, 108 Mile, BC
AGENDA

Chair: Dr. Bruce Nicolson

Vice Chair: Dr. Doug Neufeld

ITEM	DISCUSSION	ATTACHMENT & ACTION
1. Attendance: (sign-in sheet)		
2. Welcome and Call to Order:		
3. Introductions:		
4. Minutes of June 18, 2015 Annual General Meeting		 June 18, 2015 DRAFT AGM Minute:
5. Presentation of Financial Reports:		
a. Motion to accept the 2015-2016 audited financial statements	Moved: Seconded:	Audit will be distributed.
6. Presentation of New Society Bylaws		
a. Motion to accept the New Society Bylaws	Moved: Seconded:	Society Bylaws will be distributed.
b. Motion to accept the revised Constitution	Moved: Seconded:	 Constitution_updated September 1, 201
7. 2015-2016 Annual Report:		Annual report 2015/16 will be distributed.
a. Report from the Chair		
b. Executive Director report		
c. A GP for Me Annual report		
d. Cariboo Action Team report		
e. Recruitment & Retention activities		
f. Communications report		
8. Questions / Motions from the Floor		
9. Adjournment: 8:45 pm		

Report of the Independent Auditor on the Summary Financial Statements

To the Members of Central Interior Rural Division of Family Practice Society

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2016 and the summary statements of revenues, expenditures and net assets, are derived from the audited financial statements of Central Interior Rural Division of Family Practice Society for the year ended March 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated July 21, 2016. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by the Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Central Interior Rural Division of Family Practice Society.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Central Interior Rural Division of Family Practice Society for the year ended March 31, 2016 are a fair summary of those financial statements, in accordance with the Canadian accounting standards for not-for-profit organizations.

100 Mile House, BC
July 21, 2016



PMT CHARTERED PROFESSIONAL
ACCOUNTANTS LLP

Summary Statement of Financial Position

March 31, 2016

	2016	2015
ASSETS		
Current		
Cash	\$ 320,474	\$ 262,244
Accounts receivable	14,794	19,948
Prepaid expenses	8,162	12,392
	\$ 343,430	\$ 294,584
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 92,865	\$ 32,886
Deferred income	138,538	164,918
	231,403	197,804
NET ASSETS		
General	84,290	66,054
Internally restricted	27,737	30,726
	112,027	96,780
	\$ 343,430	\$ 294,584

Summary Statement of Revenues, Expenditures and Net Assets

Revenue		
Doctors of BC	\$ 692,693	\$ 427,165
Ministry of Health	193,450	193,450
Cariboo Chilcotin Regional Hospital District	60,000	60,000
Interior Health Authority	36,546	15,219
User fees	1,600	400
	984,289	696,234
Expenses		
Contracted staff	418,968	227,649
Meetings, events and training	83,806	35,081
Physician fees	346,081	335,893
Travel and accommodation	66,749	35,433
General and administrative expenses	53,438	34,300
	969,042	668,356
Excess of revenue over expenses	15,247	27,878
Net assets — beginning of year	96,780	68,902
Net assets — end of year	\$ 112,027	\$ 96,780



Left to right: Dr. Glenn Fedor, Shilo Labelle, Dr. Bruce Nicolson, Trevor Barnes, Jill Zimonick, Dr. Stefan deSwardt

Directors

Dr. Bruce Nicolson – Chair
Dr. Doug Neufeld – Co-Chair
Dr. Stefan deSwardt – Secretary Treasurer
Dr. Glenn Fedor – Director
Dr. Gord Hutchinson – Director
Dr. Neetha Vithahal – Director

Staff and Key Contractors

Trevor Barnes – Executive Director
Susan Stoddart, CPA, CGA – COOP Program Manager – Business and Finance Services
Shilo Labelle – Administrative Assistant
Sally Errey – Communications Liaison
Jill Zimonick – A GP for Me Project Lead
Laurie Walters – Physician Recruitment
Tshidi Machete – Physician Recruitment
Tanya Kielpinski – Program Assistant

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Nature photos: Gerri Toews
All other photos: Central Interior Rural Division

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

www.divisionsbc.ca/cird