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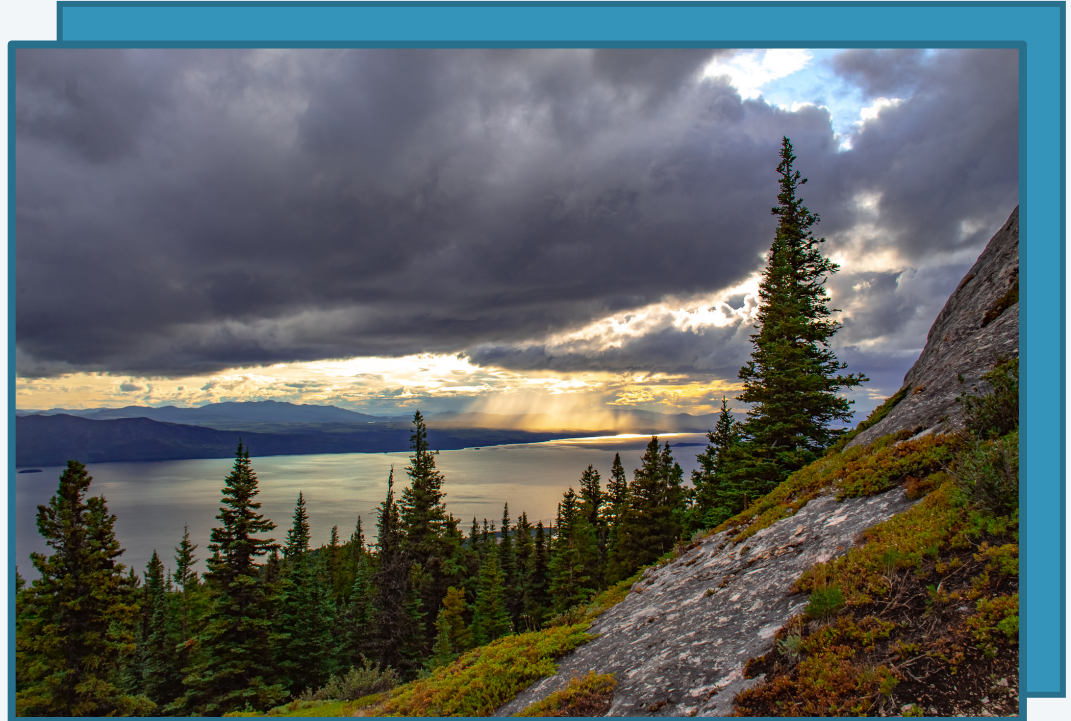


Photo credit Taylor Hansen

Leadership Report

Executive Director: Errol Winter
Board Chair: Dr. Shannon Douglas



A candid conversation between the Board Chair, Dr Shannon Douglas, and the Executive Director, Errol Winter.

EW: Recently Qantas Airlines announced that 20/21 was a diabolical year. An interesting turn of phrase indeed, however it seems to accurately reflect how many of us have been feeling this past year. Just as the pandemic virus seemed to be in retreat, a new, more virulent variety, springs into action. Many of our membership, already brought to the brink, somehow found it in themselves to step into the fray for yet another round. How has this impacted the Division and its strategy.

SD: It's true, physicians, like the general public have all been impacted by the collective stresses of 20/21; it was only through the resilience of our membership and front-line support personnel, that afforded us the leverage to get through this period. As a Northern Division we are regularly faced with adverse situations, from harsh weather, to limited housing, and support staff; I think it is in our collective DNA as hardy Northerners to manage challenges.

EW: On that note, do you feel we are more and more likely to realize the knock-on effects of the stresses associated with this incessant pandemic, slowly debilitating even our most stalwart proponents. Today's news media is full of dire warnings, backed by statistical analysis, that our member care givers are nearing the

end of their ability to cope, claiming one in four are considering leaving the field over the next two years.

SD: Physician burn-out has been on the top of everyone's wellness list for a number of years now, this is one of the reasons NIRD has adopted Wellness as an integral priority. The Division has begun to integrate wellness into all its decision-making processes, including projects, meeting schedules, and even volumes of emails. This year we are undertaking a peer reviewed study to more closely look at our membership's wellness. This study will underpin a number of program initiatives to specifically support the highlighted needs of our care givers, identifying the main sticking points and guiding us to ways we can make a difference.

EW: As we enter into the second year of our Primary Care Network (PCN) program, how do you see the current health care situation affecting NIRD's PCN, which was created before the pandemic.

SD: Actually, in one way the pandemic has provided the NIRD with an unintended benefit. The pandemic has seen both practitioners and allied health care workers look at how they envisage their future. For some this means capitalizing on the runaway urban housing market, moving to a more rural environment for both

Leadership Report

financial and lifestyle benefits. In fact, this has benefitted our recruitment to the point that we have had to return to the Ministry well ahead of schedule to ask for advance funding as we have already fulfilled this year's projected positions.

EW: Do you have any questions for me?

SD: As we look towards the future, given all the variables we have seen in this last year, and expect to see in the coming fiscal, what lessons have you learned to keep us in good stead on the road ahead.

EW: Great question. I think the most valuable thing we have learned over this last year is that in order to build a true partnership, you first have to have something on offer. This lesson guided us inwards, analyzing where our organization's true strength lay. For NIRD it is the communities we serve. None of our partners know our communities as well as our membership. It was from this foundational block that we approached our partners; beginning with our Health Authority, we integrated a co-managed senior role with both the Division and the Health Authority, and began conversations on similar future roles.

Each organization trusting the other to provide their own area of expertise has now morphed into practical problem solving and a much more fulsome understanding of both sides of an issue. This has enabled us to better understand each other, to have real time

community impact with communities' input, to influence systemic change, all while supporting provider wellness.

This strategy coupled with our drive to take the weight off our over-burdened system through the on-going implementation of virtual support networks, in parallel with our community philosophy of bringing specialist support to rural clinicians, easing turnaround time, hazardous travel, and providing a backstop for new to practice providers, will be foundational to our road ahead.

SD: Thank you. This report would not be complete without mentioning the support of our Indigenous partners at First Nations Health Authority, specifically Regional Manager, Trish Howard. Trish has been absolutely fundamental to our regional work with all 22 of our Indigenous communities, walking side by side with us as we navigate this journey.



Leadership Report

Representative Assembly Chair: Dr. Ian Dobson



Message from the Representative Assembly Chair:

It has been inspiring for me to see the achievements of our division members, staff, and partners over the past year. In addition to tackling challenges faced by COVID 19, many members have embraced the opportunity to continue to improve patient care through additional programs such as: micro-projects, shared care projects and PCN work.

Physician wellness continued to be a priority as evidenced by our division's formal launch of the Wellness Committee, and our ongoing commitment to the Pills of Knowledge conference which celebrates its fifth anniversary this year. While this year's event will be hosted virtually it promises to be another exciting session of learnings accessible to all.

Our Education Committee continues to be a strong proponent of professional development, with a renewed focus on recruitment and retention, which we recognize as vital to the health of our division, its members, and the quality of healthcare delivery in our region.

This year's representative assembly has greatly valued working collaboratively with our board of directors to jointly serve our membership, and to continue to fulfill our mission of building healthier communities—together.

Representative Assembly:

Chair: Dr. Ian Dobson
Burns Lake: Dr. Lwando Nogela
Fort St. James: Dr. Gabe Krahn
Fraser Lake: Dr. Alene Lees
Indigenous Communities: Dr. Todd Alec/Dr. John Pawlovich
Mackenzie: Dr. Andy Hamilton/Dr. Matt Robichaud
McBride: Dr. James Card
Quesnel: Dr. Pieter Slabbert
Valemount: Dr. Katarzyna Godlewski
Vanderhoof: Dr. Aryn Kahn

Board of Directors:

Dr. Shannon Douglas – Board Chair
Dr. Ian Dobson
Dr. Nav Sidhu
Marie Hunter
Joan Burdeniuk
Debbie Strang

Year in Review



PHYSICIAN LED PRIMARY CARE INITIATIVES AND COVID FUNDING

- COVID-19 Funding: Emergency Response in Primary Care (NIRD/NH/FNHA/CSFS) – ongoing
- Vanderhoof Palliative Care Proposal (NIRD/NH) – complete
- Drive Thru Respiratory Clinic Shelters and iPads for Community Outreach (NIRD/NH/FNHA/CSFS) - complete



SHARED CARE

- Coordinating Complex Care for Older Adults (NIRD/NH/CSFS) – ongoing
- FSJ Mental Health Support for Remote, Rural Emergency Room - funding received for EOI



MATERNITY CARE INITIATIVE

- **Quesnel:** (ongoing) to increase capacity among rural physicians to provide prenatal care and accessibility for high risk maternity patients to deliver in Quesnel. They will also support team building and team based care competencies in their community.
- **Vanderhoof:** (ongoing) to improve communications and transitions in care as patients transition from an MRP to a delivering physician in Vanderhoof and then postnatal back to their home community/MRP.



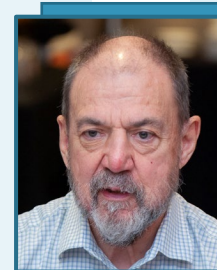
MICRO-PROJECTS

- Quesnel – Medical student orientation – ongoing
- Quesnel – Enhanced Resiliency for Complex PTSD - ongoing
- Quesnel – Reducing Anesthetic Fears – ongoing
- Fort St. James – Medical Exercise Specialist Program - completed
- Mackenzie - Sexual assault kit project expansion across the NIRD region - complete

Year in Review



PILLS OF KNOWLEDGE

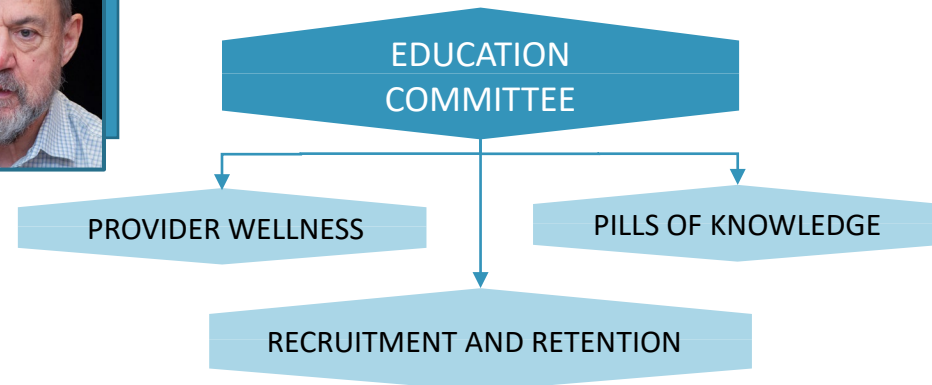


- Virtual PILLS event held October 3, 2020
- Guest speakers:
 - Dermatology – Dr. Neil Kitson
 - Orthopedics – Dr. David Nelson
 - Physician Wellness – Dr. Lawrence Yang
 - Emergency Medicine - Dr. Floyd Besserer
 - RTVS – Dr. John Pawlovich
 - Pediatrics – Dr. Jessica Strong
 - Psychiatry – Dr. Brenda Griffiths
 - Cardiology – Dr. Firas Mansour
 - Infections Disease – Dr. Abu Hamour
 - COVID-19 Learnings – Dr. Gretchen Snyman
- Attendance: 26 physicians, 4 residents and 1 undergraduate
- Results of survey:
 - 75% of membership voted to have the event in person again
- Lessons learned:
 - Virtual event vs. in person affected attendance
 - In person event allows for more robust discussions
 - Evaluations will move to in-house to allow expedient response to any technological issues that may arise

RECRUITMENT AND RETENTION



- October 2020: under current initiatives
- Collaborative strategy between Northern Interior and Central Interior Rural Divisions to advance new grad recruitment and retention priorities and strategies
- Dr. Card has championed this work
 - Established community physician champions
 - Physician champion biographies compiled
 - NIRD sponsorship for the resident physician winter retreat
 - 10 seats set aside for residents and undergrads to attend the annual PILLS event



Year in Review



PROVIDER WELLNESS

- Summer 2020: Model developed and was presented at the AGM and received endorsement from both the board and membership
- Fall/Winter 2020: Provider Wellness Working Group established
- January 2021: First meeting
- Development of a work plan
- Engagement discussion with RCCbc re: rural research grant, framework for QI metrics, research and education, as well as a literature review

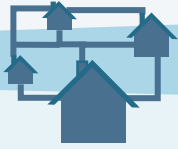


Photo credit: Shane Goretzky

Model for Provider Wellness



Year in Review



PRIMARY CARE NETWORK AND PATIENT MEDICAL HOME

Service Plan Submission and Approval

- Total annual budget of \$6,193,000.00 with a continuous budget for clinical positions
- 17.5 FTE resources to support attachment and team-based care
- 7.0 FTE resources for virtual team-based care
- 5.5 FTE resources for Indigenous primary care
- 6.5 FTE resources for the development of a First Nations Primary Care site in the division area

Community Consultation and Relationship Building

- Three consultation sessions per community to inform the service plan and finalize approval

First Nations Engagement and Relationship Building

- McLeod Lake on community primary care needs
- First Nations-Led Primary Health Care Initiative integration with the PCN
- Carrier Sekani Family Services on sustainability and expansion of primary care service

Specialist Engagement and Relationship Building

- Consultations with specialist working group with a focus on virtual care, transition of care and communication

Advisory Committee

- Iterative process discussing themes such as governance, clinical resource allocation, virtual care, recruitment and retention

Virtual Care

- Established community primary care needs to build a business case for virtual allied health positions and virtual care coordinators

Governance Model

- The “truck model” was designed to illustrate how different functions with a shared goal can improve primary care (CSC, regional subnetwork and community level)
- Local wisdom and knowledge is the engine of the governance model and informs the decision making for improving primary care in communities

Innovation Funding

- Environmental scan and report on the availability and barriers of virtual medicine in each community (complete)



Highlights



Northern Health Stories feature story on Dr. Terri Aldred; her path to becoming a physician, how she is giving back and her leadership that is shaping the delivery of Indigenous health. Read more [here](#). She is also the recipient of the 2020-21 RDOC Mikhael Award for Education. Read more [here](#).



Maternity Care Initiative: Dr. Rebecca Janssen leads the project with the aim to strengthen transitions in care for maternity patients from surrounding communities delivering in St. John Hospital. Read more [here](#).



Loving rural medicine and thriving in a small community; Dr. Douglas highlights a few of the benefits of putting down roots and the opportunities her passion for care has given her. Read more [here](#).



Photo credit Anel Meintjes

Highlights

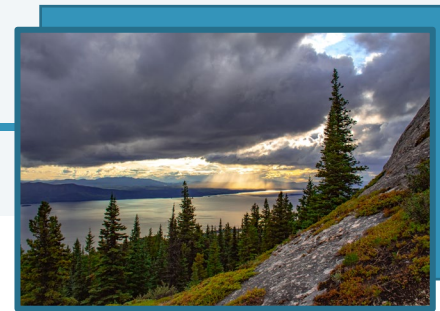


Photo credit: Taylor Hansen

Provincial Virtual Child Psychiatry Consult Service Project in Support of Rural Emergency Departments

In December 2020, the Fort St. James Primary Care Society in partnership with the Northern Interior Rural Division of Family Practice (the fund holder), submitted to Shared Care B.C., a proposal that would address the gap in after hour services in rural and remote emergency rooms for children and youth presenting with mental health and substance use issues.

Limited availability and poor distribution of child and youth psychiatrists and mental health and substance use clinicians outside urban settings makes access to timely and appropriate mental health care in rural, remote and Northern communities challenging. As a result, emergency departments often become the default place for access to care. Emergency room physicians and staff as well as the hospital itself, in small rural areas of Northern BC are challenged to provide the patient or their family with the support they require.

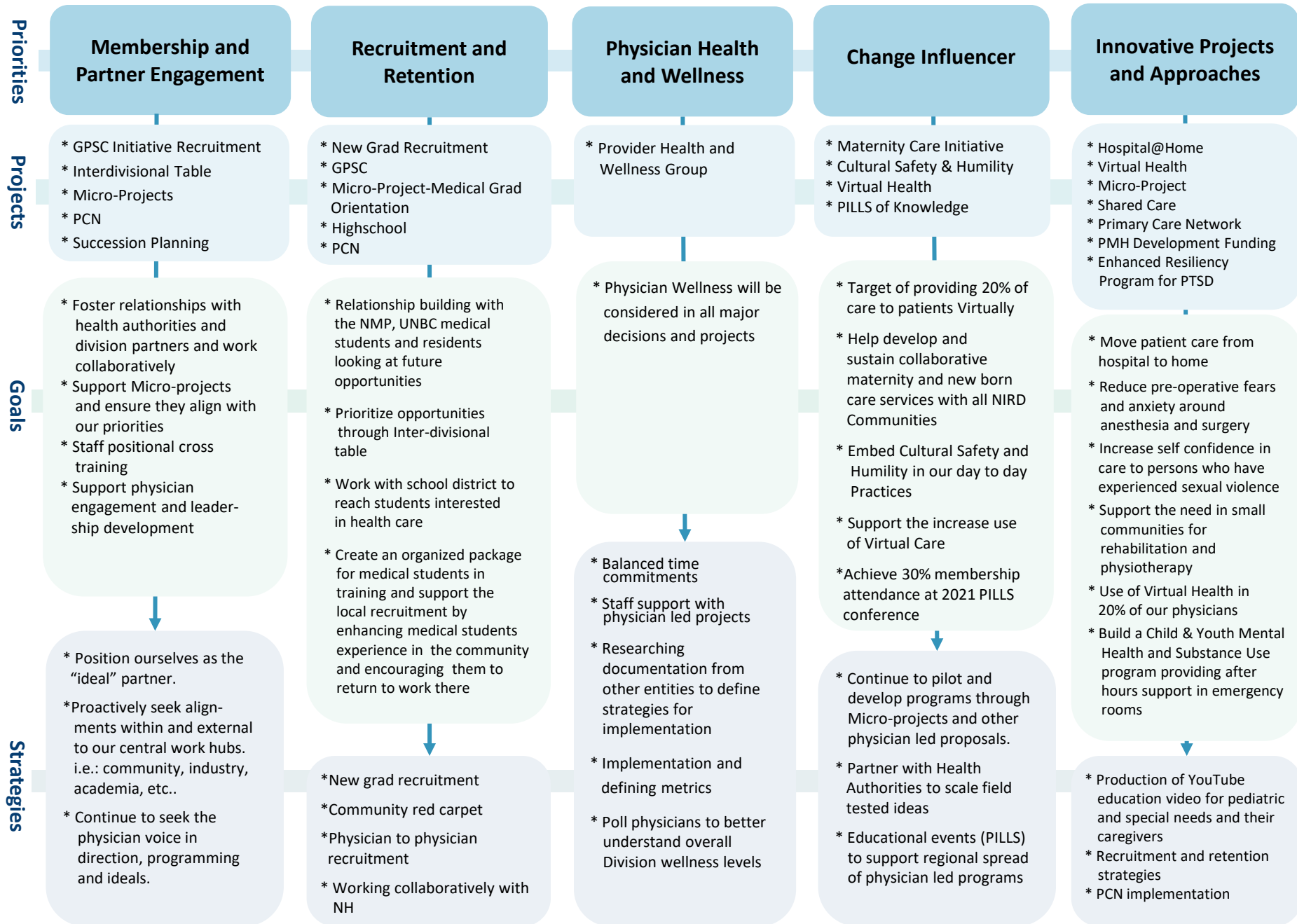
The focus of the Provincial Virtual Child Psychiatry Consult Service Project is to build a comprehensive, sustainable, culturally sensitive, child & youth (0-19 years of age) service model that provides on-call physicians and staff working in rural and remote emergency rooms with after hour support on weekdays, weekends and public holidays. For children and youth presenting to the emergency department in crisis with complex mental

health and substance use issues, psychiatry consultation and/or guidance to support care planning along with system navigation will be a foundational component of the model. Improved communication, transitions in care and transportation will also be fundamental to the program's success.

The implementation work for the project is underway with the pilot expected to launch late August. To date project work has included interviews with local and regional providers and leaders. The stories heard were valuable in helping the project committee to understand the local context and what is needed. Along with the stories, population health data, hospital utilization data, and what has been learned from others both nationally and internationally, informed a service model for the project.

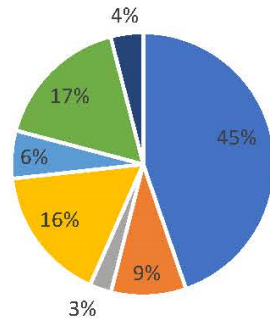
This program is underway because of the generous grant provided through Shared Care B.C. Along with the Northern Interior Rural Division (NIRD), project partners include local physicians, Dr Pieter van Zyl, Dr. Anthon Meyer and Dr. Marile van Zyl; RCCBC's Dr. John Pawlovich; BC Children's Hospital Compass Program Clinical Director, Dr. Jennifer Russell; First Nations Health Authority Regional Manager Primary Care, Patricia Howard; and the Northern Health Executive Lead, Child and Youth Health Program, Jennifer Begg.

NIRD Strategic Plan 2021



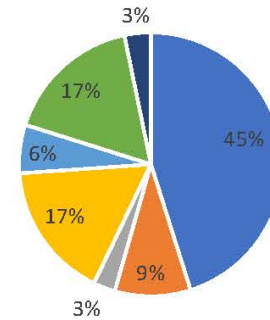
Financial Report

Revenue



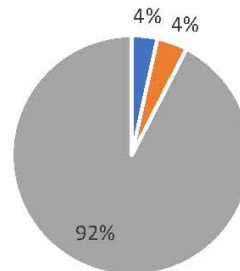
- Infrastructure
- Innovation PMH
- Shared Care
- Other
- Change Management Infrastructure
- Primary Care Networks
- COVID

Expenses: Program Services



- Infrastructure
- Innovation PMH
- Shared Care
- Other
- Change Management Infrastructure
- Primary Care Networks
- COVID

Expenses: Administrative



- Office and General
- Professional Fees
- Salaries and Benefits

Financial Report

Summarized Statement of Financial Position

| March 31, 2021, with comparative information for 2020 | | |
|---|-------------------|-------------------|
| | 2021 | 2020 |
| Assets | | |
| Cash and restricted cash | \$ 369,875 | \$ 108,204 |
| Accounts receivable | 1,211 | 11,676 |
| Property and equipment | 235 | 523 |
| | <u>\$ 371,321</u> | <u>\$ 120,403</u> |
| Liabilities and Deficit | | |
| Accounts payable and accrued liabilities | \$ 95,378 | \$ 58,426 |
| Deferred revenue | 281,207 | 75,001 |
| Deficit | (5,264) | (13,024) |
| | <u>\$ 371,321</u> | <u>\$ 120,403</u> |

Summarized Statement of Operations and Changes in Deficit

| | 2021 | 2020 |
|--|-------------------|--------------------|
| Revenue: | | |
| Programs | \$ 893,146 | \$ 858,705 |
| Temporary wage subsidy | 7,376 | 2,249 |
| Interest income | 2 | 1 |
| Rental income | - | 5,430 |
| | <u>900,524</u> | <u>866,385</u> |
| Expenses: | | |
| Administration | 317,199 | 343,292 |
| Program services | 575,565 | 554,784 |
| | <u>892,764</u> | <u>898,076</u> |
| Excess (deficiency) of revenue over expenses | 7,760 | (31,691) |
| (Deficit) net assets, beginning of year | (13,024) | 18,667 |
| Deficit, end of year | <u>(\$ 5,264)</u> | <u>(\$ 13,024)</u> |

| | | | ...Continued |
|---|---------------|---------------|--------------|
| Revenues | 2021 | 2020 | |
| COVID | \$ 152,011 | \$ - | |
| Change Management Infrastructure | 82,733 | - | |
| Infrastructure | 403,333 | 469,391 | |
| Northern Shared Care Psychiatry Collaboration | - | 10,082 | |
| Other | 14,961 | - | |
| Patient Medical Home | 23,575 | 83,646 | |
| Pills of Knowledge | 13,983 | 31,112 | |
| Primary Care Networks | 150,042 | 249,475 | |
| Shared Care | <u>52,508</u> | <u>14,999</u> | |
| | 893,146 | 858,705 | |
| Program Services | | | |
| Administration | 317,199 | 343,292 | |
| COVID | 151,404 | - | |
| Change Management Infrastructure | 82,733 | - | |
| Infrastructure | 86,134 | 150,764 | |
| Northern Shared Care Psychiatry Collaboration | - | 11,716 | |
| Other | 14,961 | - | |
| Patient Medical Home | 23,799 | 80,693 | |
| Pills of Knowledge | 13,983 | 31,112 | |
| Primary Care Networks | 150,043 | 260,070 | |
| Rental expense | - | 5,430 | |
| Shared Care | <u>52,508</u> | <u>14,999</u> | |
| | \$ 892,764 | \$ 898,076 | |

Contact Us:

Northern Interior Rural Division of Family Practice

P.O. Box 114

Prince George, BC V2L 4R9

Office: 778-281-3051



Photo credit: Shane Goretzky

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.