ANNUAL REPORT

2018 – 2019

BURNS LAKE
FORT ST. JAMES
FRASER LAKE
INDIGENOUS COMMUNITIES
MACKENZIE
MCBRIDE
QUESNEL
VALEMOUNT
VANDERHOOF

Northern Interior Rural
Division of Family Practice
A GPSC initiative

Message from Board Chair

In 2018 the Northern Interior Rural Division of Family Practice (NIRD) began the transition into a new Board structure in collaboration with our Representative Assembly (RA).
During the early days of transition the groups benefitted greatly from healthy tensions between working groups - eventually leading to inclusive outcomes, proving, once again, the universal adage that “we work smarter together”.

This Annual Report to members summarizes what we have achieved to date, and outlines what we aim to accomplish next.

We have worked hard to listen to member needs, finding ways to incorporate those needs into our priorities and focus. Through your continued guidance we remain committed to walk the path alongside our First Nation partners, and continuing to leverage technology in bringing equity into all corners of our rural communities. Ensuring respectful relationships means continuing to embrace cultural education at a grassroots level. Beginning first in Fort St James and learning organically as we move to implement this throughout all of our region. We will continue this important work throughout 2019/20 within all our Northern communities.

“We have worked hard to listen to member needs, finding ways to incorporate those needs into our priorities and focus.”

The year also witnessed the fruits of our efforts in micro-projects with the first broad scaling of a micro-project; *Improving the Rural Approach to Sexual Assault Management.* We improved our tools to evaluate applications for micro-projects in an equitable manner with its main focus on system transferable knowledge. We look forward to developing this process even further, and its potential integration into the provincial landscape.

In the spirit of supporting continuing education, the annual Division funded Pills of Knowledge workshop has been expanded to include more physician lead discussion, demonstrating best practice and excellence within our own group of primary care physician experts. We have also included more local specialists into our Pills events, tying discussion groups to our local specialists around primary care in the context of our dispersed rural reality. All of this intending to help us pave the way forward for the new era of team-based care ahead of us.

As we move forward, we hope to continue to expand on our successful internal project base, and integrate this into the all-important PCN work ahead of us. We are excited to implement the deliverables around our PCN Service Plan and to collaborate with our partners integrating innovative ideas into community team-based care models.

Our broad geographic base and varied demographic has shepherded us into amazing partnerships, deep learning opportunities, and the gentle merging of rural practice methodologies with technological solutions; and this is a direct reflection of our values. We look forward to seeing you at our AGM where your thoughts and ideas will become important drivers to continue to shape our priorities. On behalf of the NIRD Board of Directors, we thank you for your everyday care and stewardship and look forward to continuing this work together.

Dr. Anthon Meyer

Message from Physician Lead

Dear Colleagues:

NIRD is in its seventh year as an incorporated not for profit entity. I've had a chance to review some past notes and activities and was amused at correspondence I shared with the Doctor's of BC representative back in 2010 when the NIRD adventure began.

'We're not sure what to do with the idea of a rural division…' is one comment that stands out.

How different the landscape is today. I've tried to think of something prophetic and grandiose to say, but as a NIRD rural doctor, it is about rolling up our sleeves and getting on with the work which is something we all understand.

We have done many interesting and valuable projects thus far at the local and regional levels. With the Primary Care Network initiative, we will influence system change at the provincial level to make further improvements for our patients and fellow providers.

One thing very clear to me is that the work is never finished, nor should it be. Along the way, we must continue to meet the growing demand for service in an increasingly complex system in a sustainable way. I feel very strongly that rural practitioners have the best insights for system improvement and I salute all of you for the work you do every day.

As I complete my role as Physician Lead, I am confident in the capabilities of my colleagues and friends. NIRD has the organizational structure and tools and a strong and committed group of executive, support staff and community representatives to meet the demands of the work. It has been my honour and privilege to serve.

Dr. Sean Ebert

Executive Director's Message

In 2018-19, the Division, in compliance to the revisions of the Societies Act, created a new governance structure. That structure included a strong physician voice and an independent skills-based oversight group. By blending these two distinct skill sets the division hopes to emulate the team-based care model that has been so successful for our clinics across the Province.

This nimble board is supported by community physician representatives in the form of a representative assembly. Each community continues to represent a seat at the table when discussing local priorities and concerns.

In its first year of operations this new structure has yielded over a dozen new internal governance policies and a variety of formal position descriptions, providing a deeper clarity and direction to both membership and staff.

Errol Winter

Purpose

We are a group of rural physicians who value rural patients, rural medicine and rural communities.

Mission

Rural physicians supporting rural physicians helping to build healthier communities - together.

Vision

To create healthy communities connected by a solid, collaborative physician community within a stable network of health care.

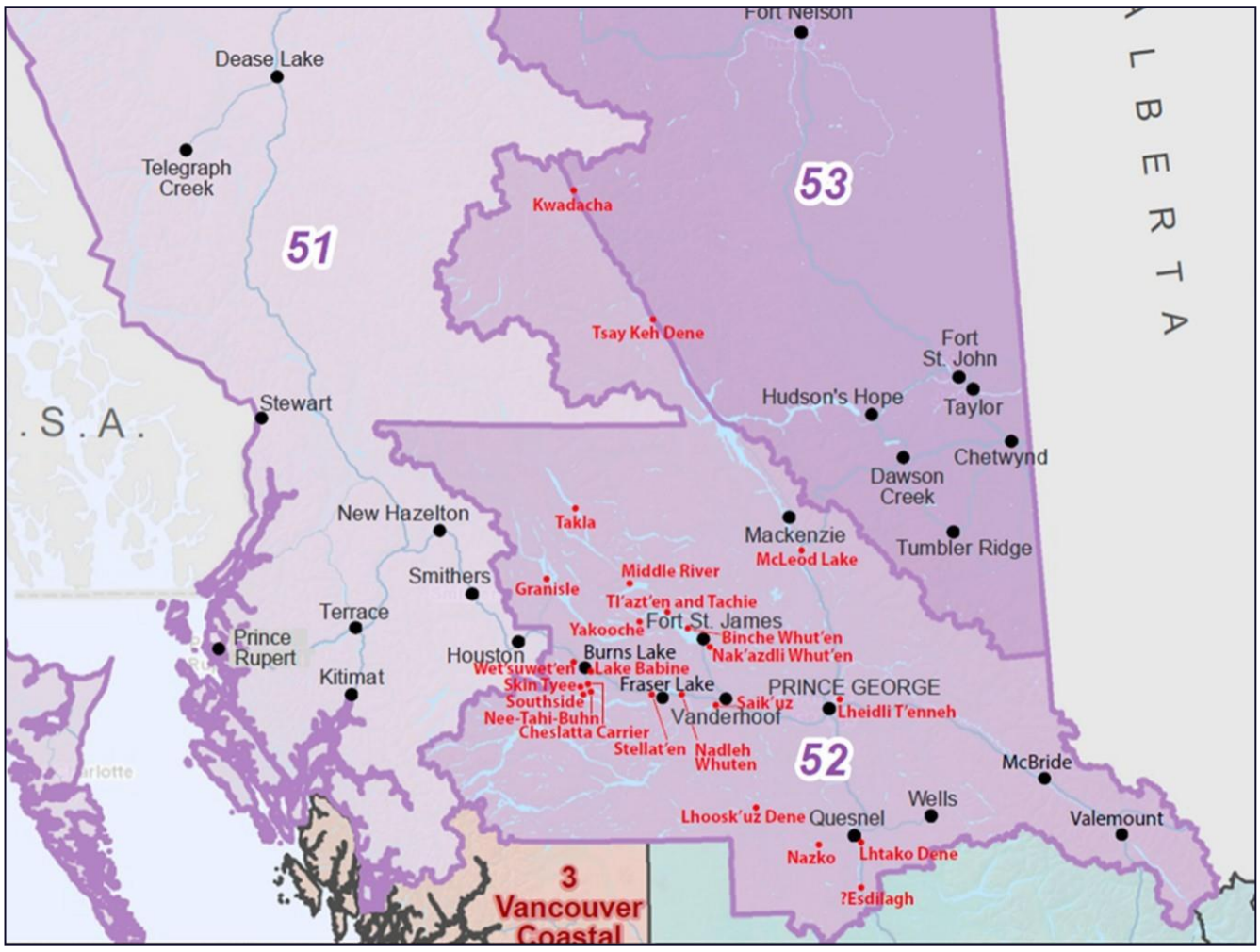
Values

Collaborative – Authentic – Acting with Integrity and Accountability – Respectful – Proactive

Membership

The Northern Interior Rural region consists of a large and complex health care system comprised of eight rural communities and 21 First Nations communities, serving approximately 61, 454 patients across a geographical area of 130,302.57 sq. km.

Membership grew from 81 members in March, 2018 to 88 members in March, 2019.



Division Highlights 2018-2019

Primary Care Network (PCN)

Patients and families living in Northern Interior rural communities expect and should have equitable access to primary care services regardless of where they live. Meeting this expectation is challenged by rural contextual factors and indicators of health equity, with those living in Northern Interior rural communities showing a lower level of health equity compared to the rest of the province.

During the development of the Primary Care Network (PCN) service plan we realized that identifying and satisfying primary care needs cannot just be based solely on a standard population based methodology. It should also be viewed from an equity lens by taking into consideration rural contextual factors, social determinants and health disparities, often characterized by indicators such as:

- Higher incidence of chronic disease and/or disability,
- Increased mortality rates and lower life expectancy,
- A higher Indigenous population.

In addition, rural risk factors for health disparities such as:

- Geographic isolation,
- Lower socioeconomic status,
- Lower level of education, and higher rates of health risk behavior should also be taken into account.

Partnerships and Collaboration

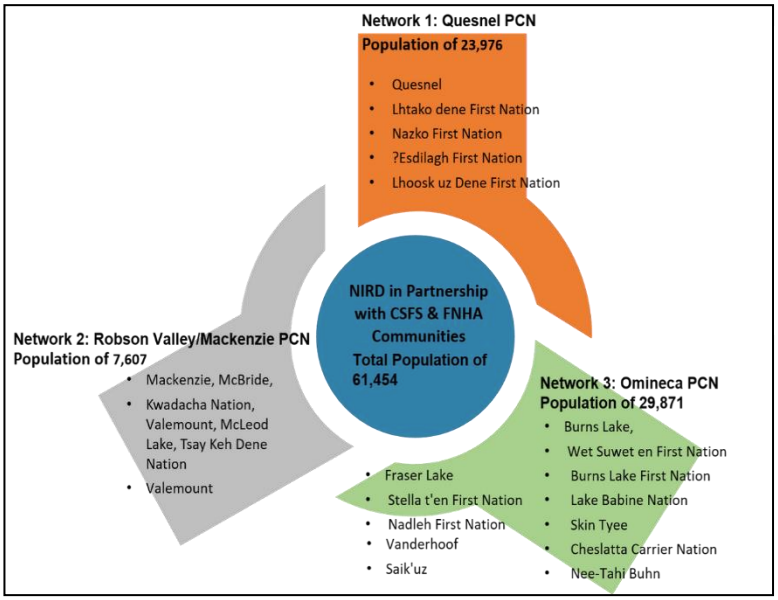
High-level engagement started with the formation of an Advisory Committee consisting of various partners. Our First Nations and Health Authority partners were key during the service plan development process and will be instrumental in the PCN implementation. We are committed to a partnership approach as we continue to move forward.

Vision and Guiding Principles:

- Healthy Relationships - The foundation of our work is valuing the intrinsic worth of relationships.
- Community Voice - The service plan will be shaped by community perspective.
- Equity - There will be a focus on improving equity within our division boundaries in healthcare delivery.
- Respect - Demonstrating cultural humility when working with each other.
- Partnership - Creating the space for doing the work together.

Proposed Primary Care Networks

Three networks are proposed within the Geographical boundaries of Lakes Omineca, Quesnel and Mackenzie/Robson Valley. The design of the PNC will be based on the assumption that each PCN will serve around 10,000 to 30,000 people in rural and remote areas. Primary care services will be delivered as close to home as possible, while a smaller PCN may provide comprehensive primary care services through a Patient Medical Home linked with primary care services provided by Northern Health, First Nations Health Authority and Carrier Sekani Family Services.



Main Focus Areas of the PCN Service Plan:

Increased access to team-based care

Increased access via virtual care

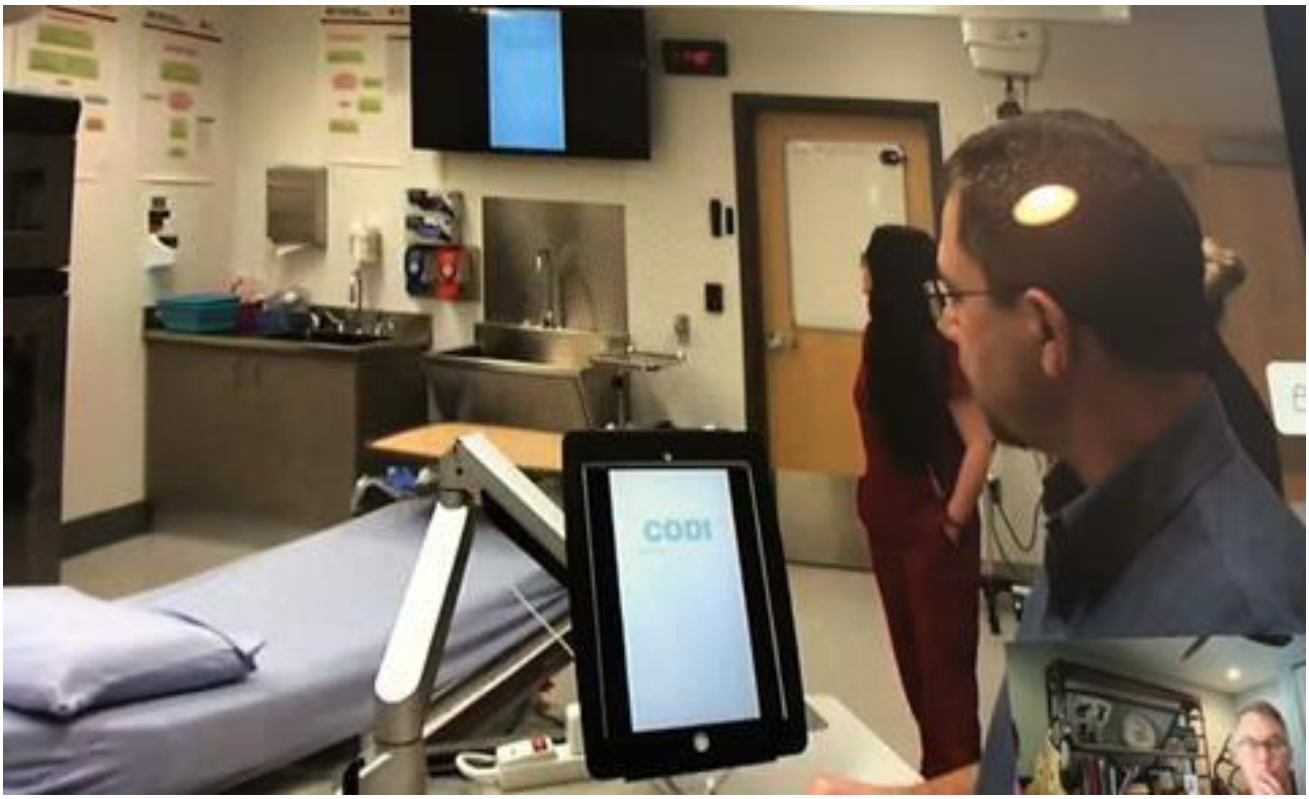
This will be accomplished through a process of continuous relationship building between all healthcare partners using the Partnership Pentagram Plus Framework for social accountability. The NIRD primary care network (PCN) aims to improve attachment and access to primary care services, and to provide longitudinal high quality, culturally safe care through extended hours, virtually technologies and inter-professional care coordination.

Our PCN will align with various provincial, regional and local groups, as well as existing systems related to primary care. One of the main objectives of the PCN is not to duplicate primary care services, but to enhance, develop, and scale current service delivery models collaboration and innovative technology.

Technology – MedEx and CODI

In the past year the Division identified and deployed the virtual medicine tools MedEx and CODI as part of the PMH and PCN planning. Dr. Stefan Du Toit took the lead in evaluating the virtual medicine tools.

Below, Dr. Du Toit and Dr. Pawlovich demonstrating telehealth in the ER



Initial training was done in communities to encourage usage, over the year we've seen MedEx usage increase slowly with our CSFS physicians leading the way.

CODI continues to be a critical tool for our physicians. CODI now allows residents and nursing staff to use it which expands the support it provides to other care providers.
The NIRD has also purchased iPads w/SIM cards and hands free stands for each of the NH ERs in our region as well as several CSFS sites. This iPad is a clinical portal allowing any physician to access CODI, UpToDate, and other clinical apps critical for emergent situations. This iPad w/CODI solution has been amazing in providing an "Intensivist" available 24/7 for management of difficult cases.

The solution has met with such success that the South Peace and Pacific Northwest Divisions have also deployed this iPad w/CODI solution in their NH ERs. Twenty one (21) NH ERs are now providing critical real-time video based support to rural GPs through this NIRD led initiative.

Through this solution, NIRD has collaborated with other Divisions and opened a dialogue with provincial-level physician representative groups and virtual medicine vendors. By working more closely with other physician centric groups, we're building valuable relationships that will help us ensure continued success in implementing virtual medicine solutions that provides physician support and equitable access to health care via technology.

Micro-Projects

The Division continues to support physicians with up to $10,000 per project for small practice-based improvements that are physician-led, allowing greater flexibility and creativity in how physicians address gaps in local communities.

The following two micro-projects were approved in the 2018-2019 fiscal year.

Painimprovement.com is a user-friendly and intuitive website where physicians and nurse providers can navigate a hub of resources related to chronic pain management without a time-consuming search.

Dr. Judy Dercksen, Project Physician Lead, Quesnel

First Responder's Café aims to raise awareness of the importance of self-care through peer-support groups in the First Responders groups in the region.

Dr. Loren Caira, Project Physician Lead, Burn's Lake

Micro-project Scaling

Improving the Rural Approach to Sexual Assault Management is now the first NIRD micro-project to be scaled, effectively transferring the learning and rural approach in Mackenzie to other communities in the Division.

The capacity of a project to scale-up or transfer learning is a key criteria considered when evaluating micro-projects.

The Division expresses our respect and gratitude for the effective work done by Dr. Ian Dobson and NP, Lisa Creelman in this micro-project scaling. (continued on page 13)

Micro-Project Scaling (continued from side-bar, page 12)

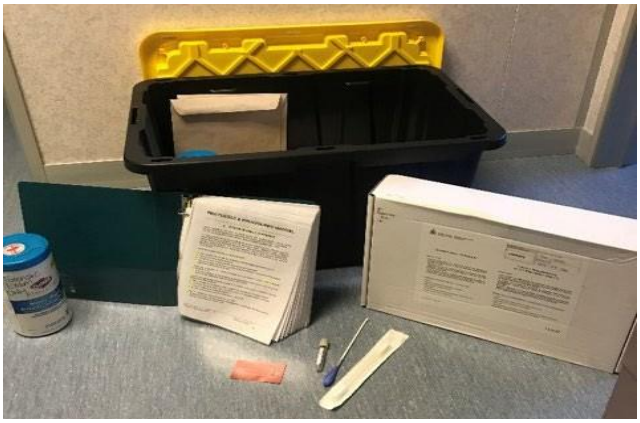
Lisa Creelman, the nurse practitioner (NP) Lead behind the *Improving the Rural Approach to Sexual Assault Management* micro-project, was an ideal co-lead for this project with Dr. Ian Dobson, who together, saw a need in Mackenzie to improve the rural approach to sexual assault management.

Lisa's years of experience on the Abbotsford Forensic Nursing Services team, years of experience as an RN and her time spent as a nurse practitioner learning core medicine, provided her with a unique perspective and solid leadership on this project.

Lisa and Ian have taken the time to capture the results of the scaling of *Improving the Rural Approach to Sexual Assault Management* micro-project in Mackenzie by sharing the learnings in a video training module.

The 50 minute PowerPoint presentation with their voices recorded over the slides, is aimed at orienting the new practitioner to the use of the binder, a description of the kit and how to put it together, contacts for more information or how to order a binder, and Lisa presenting on the rural approach to sexual assault management.

The sexual assault kit is a collection of resources. The most important part of these kits is the binder which contains a compilation of resources that the practitioner can use, including a check list, order set, and directions to other resources when helping someone with a sexual assault.



CME training sessions were teleconferenced from Mackenzie with NIRD communities. The physician - nurse practitioner co-lead model proved itself as a strength in this micro-project and Lisa and Ian have done an excellent job at setting a high standard with this initiative.

Education

The NIRD education committee was established in 2018 to lead the planning of the Division's CME event, Pills of Knowledge.

Pills of Knowledge, Best Evidence in Rural Practice took place in Prince George on December 1, 2018. Those in attendance indicated 100% support for this popular World Café style CME event to be held annually. (The first one being in 2016 under the auspices of A GP for Me)

Pills of Knowledge Pillars

1. CORE MEDICINE COMPETENCY
2. LOCAL NORTHERN, RURAL EXPERTISE
3. CME DIRECTLY RELEVANT TO DIVISION PHYSICIANS

Spotlight on a Member

In February 2019, the Primary Care Society in Fort St. James facilitated a Cultural Wellness Conference, connecting Indigenous communities with their healthcare practitioners setting the tone for greater health equity throughout the region.

Auditors Report

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INDEPENDENT AUDITORS' REPORT

To the Members of Northern Interior Rural Division of Family Practice

Opinion

We have audited the financial statements of Northern Interior Rural Division of Family Practice (the Entity), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations and changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the ***"Auditors' Responsibilities for the Audit of the Financial Statements"*** section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

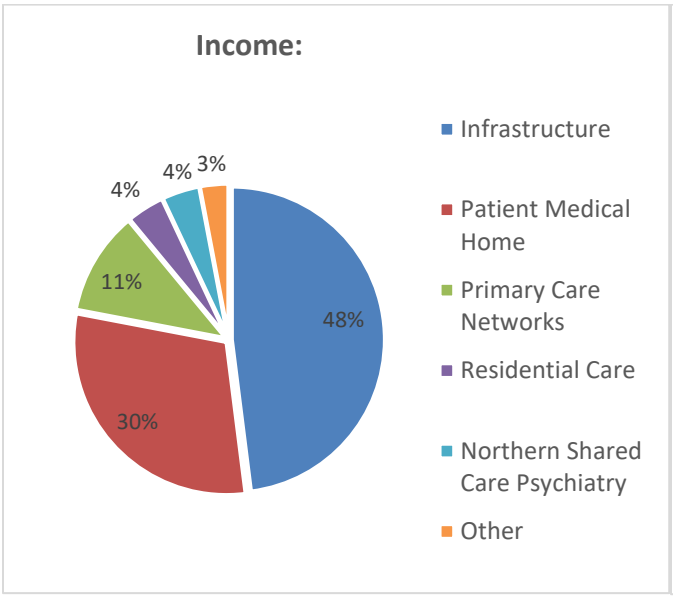
Those charged with governance are responsible for overseeing the Entity’s financial reporting process.

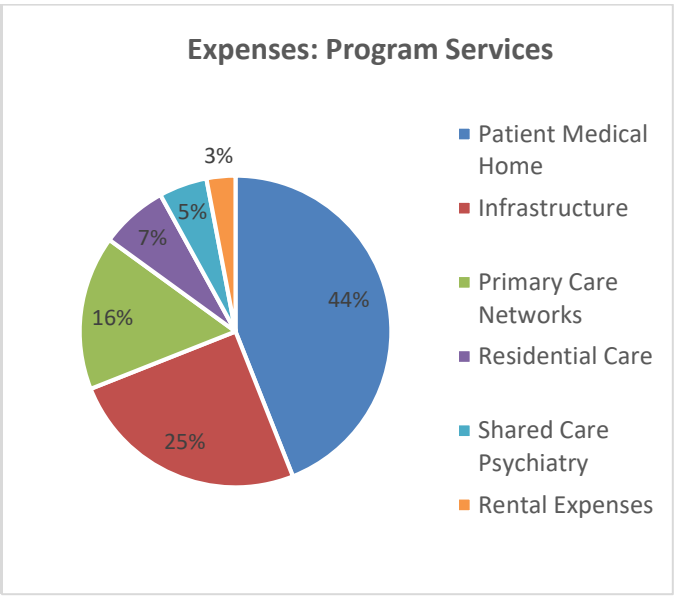
Statement of Financial Position

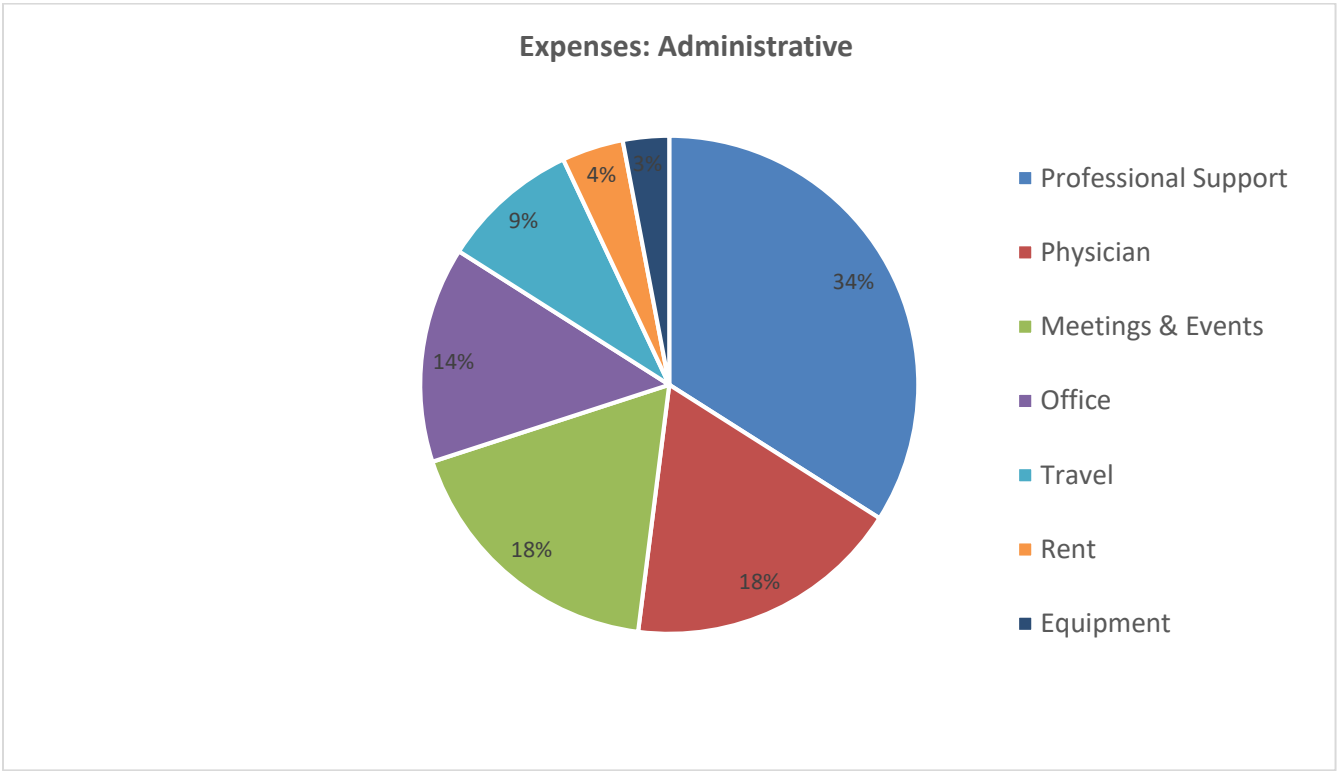
March 31, 2019, with comparative information for 2018

	2019	2018
Assets		
Current assets:		
Cash	$ 45,885	$ 7,422
Restricted cash	297,129	49,300
Accounts receivable (note 2)	24,609	28,619
Prepaid expenses	3,804	2,157
	371,427	87,498
Investments (note 3)	-	15,000
Property and equipment (note 4)	1,163	2,584
	$ 372,590	$ 105,082
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 5)	$ 56,794	$ 33,553
Deferred revenue (note 6)	297,129	66,003
	353,923	99,556
Net assets	18,667	5,526
Economic dependence (note 19)		
	$ 372,590	$ 105,082

Financial & Operating Graphs







Team (as of March 31, 2019)

Board of Directors

Dr. Anthon Meyer, Chair

Dr. Shannon Douglas

Dr. Nav Sidhu

Representative Assembly (RA)

Dr. Shannon Douglas, Chair

Dr. Lwando Nogela, Burns Lake

Dr. Tim Bowen-Roberts, Fraser Lake

Dr. Anthon Meyer, Fort St. James

Dr. Terri Aldred, Indigenous Communities

Dr. Ian Dobson, Mackenzie

Dr. Ray Markham, McBride

Dr. Pieter Slabbert, Quesnel

Dr. James Card, Valemount

Dr. Sean Ebert, Vanderhoof

Staff (current listing)

Errol Winter, Executive Director

Candice Smit, Assistant Operations Manager

Jodi Bennett, Executive Secretary to the Board

Dave Harris, Technical Lead

Anneli Rosteski, Project Administrator

Amber Metz, Bookkeeper

Anel Meintjes, Project Lead Consultant PCN

Contact Information

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