



Divisions of Family Practice

A GPSC initiative



Annual Report 2019-20

FOR THE PERIOD ENDING MARCH 31, 2020

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Our Vision



VISION

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



MISSION

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



VALUES

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



PURPOSE

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

Chair's Report



Dr. Meyer
Chair

In 2020 the Northern Interior Rural Division of Family Practice (NIRD) continued its work towards integrating its new Board structure in collaboration with our Representative Assembly (R/A). I have been excited about the level of integration that has been achieved by our public board directors, and the value they bring to our organization. Over the course of my tenure they have reviewed and implemented a number of new Board Policies and Procedures, ensuring transparency and the long-term viability of the organization.

Cultural Safety:

One of the most important pillars of NIRD is our focus on relationships both within our organization, and externally with all our partner organizations. I have personally experienced humbling examples of physician leadership around awareness, respect and psychological safety within all of our communities; I have also seen the appetite to grow that stronger as we move forward together during this era of primary care reform ahead of us. We remain committed to continuing to develop a respectful culture of humility and safety alongside our First Nation partners.

Technology:

Working in tandem with our partners at RCCbc and GPSC we were able to integrate innovative virtual care solutions that we hope will ultimately strengthen comprehensive longitudinal care at the community level. Directly underpinning Patient Medical Homes (PMH's) and the integration of an innovative Primary Care Network design that aligns with our current Inter-professional Teams (IPT's) will be our active focus over the coming months.

Physician Wellness:

Physician wellness has long been the cornerstone of our mission statement at NIRD. Over this last year we have begun engaging with partners around physical and psychological safety and plan to integrate this work into everyday physician life as we develop a NIRD specific team-based care wellness program.

Programs:

We continue to support our members' work on micro-projects and hope to deepen that engagement over the upcoming year. We envision these projects as an opportunity to integrate proven grass roots ideas at work within our community directly into our Primary Care Network (PCN) planning stream. We continue to be excited by

the opportunity to collaborate with our partners in scaling some of our more innovative ideas around primary care into the system.

Education:

We are proud to announce that our annual Pills of Knowledge workshop will proceed as planned this year. While our format may be a little different we continue to work with our local specialists colleagues, both returning and newly invited. This year we are experiencing the pleasant surprise of having more eager specialists than spots, and are working to include as much variety as possible to this annual educational event.

Succession:

One of the most important developments I have observed this year is the foundational work around our succession planning. It amazes me to see the passion and expertise within our membership. The unconditional support from senior medical leads in mentoring and supporting our new to practice and

young physician leaders is remarkable. I see a future of diversity and inclusion in caring, mindful physician leaders working within teams of care to shape the future of quality primary care, not only in our region, but beyond our borders as well.

Gratitude:

It has been a humble learning experience to work with each of you over the last 3 years. As a Board we look forward to seeing you at our upcoming AGM where your thoughts and ideas will continue to be important drivers in shaping our priorities. On behalf of the NIRD Board of Directors, I thank you for your everyday care and stewardship and look forward to continuing this work together.

It is with much pride and confidence that I welcome the next generation of NIRDS.

Dr. Anthon Meyer
Chair

RA Chair Report



Dr. Douglas
RA Chair

As we welcome our 2020 AGM, I want to thank every one of our members for their hard work and dedication this past year. 2020 will be one to remember. There are more than enough memes to define this past year, most of them unflattering. The pandemic has consumed much of our focus, time and resources.

This past year has truly been a year of change within our Division. We started with an engaging strategic planning session and welcomed 3 new public members onto our Board. The Primary Care Network model developed with some incredible partnership work. This collaborative effort to improve access and options for health care in our communities has been a tremendous opportunity for our Division that will help set us up for the next few years.

COVID-19 took over our world in 2020, quite literally. It has transformed our primary care delivery and the way we communicate. Virtual care has exploded and we have been launched into a new era. Our Division was well positioned to support one another and build on our existing work to take advantage of this shift. In those rare moments when we have time to reflect, we see the opportunities as a Division to learn, collaborate and guide further growth locally and regionally to co-create our Primary Care Medical Home and Primary Care Networks. We are committed to seeing growing patient benefit from our work in increasing the options and opportunities for equitable primary care access across our Division.

Even with all the ground shifting underneath us, the priority work to support recruitment / retention has been moving forward. The work to support more intentional engagement with our learners and pushing the recruitment / retention efforts 'upstream' are like planting seeds for the future. Another event planned in 2020 will again function to introduce learners to our communities, our culture and the passion that we bring to our work. Recruitment and retention are also key priority areas for many of our partners, and it has been a pleasure to see our strategy grow and the pieces begin to fit together.

Provider health and wellness is another key priority area for our Division. While this work is still in its infancy, it is beginning to take some form, I believe that it will grow into a strategy that supports our Division, our providers, our partners and recruitment / retention.

It has been a pleasure and privilege to support the Division as Representative Assembly Chair. It's been a year of challenge and change, and it feels like we're only half way there. Our Division has the leadership, depth and infrastructure to support us through the next year and I look forward to the opportunity and growth of the year ahead. I want to take this opportunity to thank our Board Chair, our public Board members, our Executive Director and operational team, and our membership for all your hard work this past year. There is a lot more movement

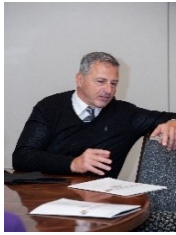
and change coming and you have all laid the foundation upon which this can grow. In an optimistic light, the best is yet to come. Or in the words of my former professor "Cheer up, the worst is yet to come."

Take care all, Shannon

Dr. Shannon Douglas
Representative Assembly Chair



Executive Director's Report



Mr. Winter
Executive
Director

Fiscal 2019/20 was a tumultuous year for us all. The first two quarters saw us sprinting to complete our PCN application for the large 3-4 year provincial funding that was promised to accompany its approval; bookended by COVID-19 which consumed our last fiscal quarter in its entirety. Looking back over the year that was, while hectic, did furnish us with a number of very positive learnings. Partner relationships blossomed in the sunlight of community discourse, understanding grew from deep scrutiny of patient attachments and its underlying causes. Counter-balanced by the overwhelming data highlighting the stark realities of provider service in our vast geographies, the compounded impacts of the social determinants of health in a northern environment, sporadic transportation links, and mental health and its direct impact to substance use.

As we work to unwind this Gordian knot we do so with the knowledge that we are not in this alone, standing beside our 100+ plus NIRD members are our indigenous partners at FNHA and CS, as well as our health authority, division partners, and even our Ministry connections, all working in good faith and intention to support our membership and staff.

As we are fond of saying within the Division “everything in life is cumulative” and this truism is gradually being reflected as we head into 20/21 and begin to see the early dividends of this powerful collective.

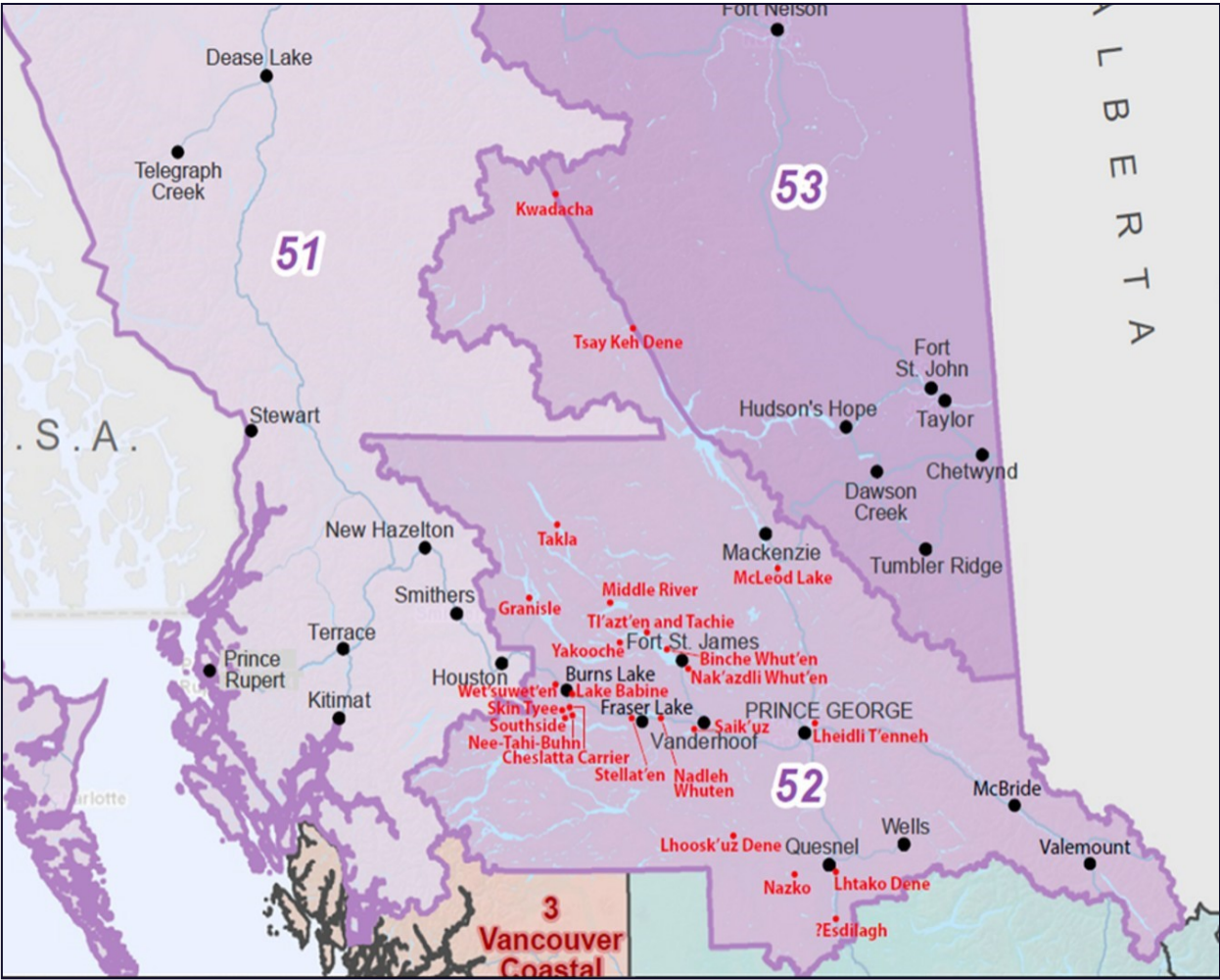
In closing, I would like to acknowledge the tireless efforts of our front line workers, and our internal staff who have repeatedly and selflessly given up weekends, and family time, so that we can all enjoy a better quality of life.

Many thanks to all!

Errol Winter
Executive Director

Membership

The Northern Interior Rural Division has a membership of close to 100 physicians in a region consisting 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.



The Year in Review

2019



APRIL

- NIRD purchased iPads and mobile stands for all eight NIRD sites as well as an iPad for a trial in the Takla nursing station.
- The iPad has the relevant apps necessary for emergent care and provides hands free access while the patient is being attended to. Examples of the apps are ACLS Advisor, PALS Advisor, Pedi Safe, Pedi STAT, DARTSim, Bugs & Drugs, BC Guidelines, STI-ITS, Hypertension, UpToDate, etc.
- iPad's also have CODI and MedEx installed for hands free emergent situations.



MAY

- Complex PTSD Micro-project was approved
- Its aim; to create a web-based PTSD program that can be used on-line as a teaching tool for

complex PTSD. This project will help develop a PTSD and Stress relief program and create an awareness of complex PTSD amongst health care providers.



JUNE

- Dr. Aryn Khan was the recipient of First Five Years in Practice Award. She has been practicing in Vanderhoof for three years. In addition to her clinic work, her role includes obstetric, emergency medicine and community detox/addictions support.
Congratulations Dr. Khan.



JULY

- Interdivisional Shared Care Proposal is approved
- PCN Service Plan was submitted and first meeting with the MOH took place to discuss the Service Plan.
- Anel Meintjes is PCN Project Lead for NIRD



AUGUST

- CSFS iPad Trial
- The NIRD has provided an iPad to CSFS for locum use. The iPad stays at the CSFS offices in Prince George. When a locum goes into community at a CSFS site, they take this iPad with them for CODI and other support during their stay in community.



OCTOBER

- Pills of Knowledge took place October 5, 2019
- NIRD hosted Residents & Undergraduates over drinks and hors d'oeuvres, that included community presentations, with an R&R lens, by community physicians at Pills of Knowledge.



SEPTEMBER

- Northern Interdivisional is a collective of Divisions: North Peace, South Peace, Pacific Northwest, Prince George, Rural and Remote, and NIRD
- Its purpose is to enhance communication, share best practices, foster co-operation with regional partners, and to collectively advocate.



NOVEMBER

- The Quadruple Aim was added as a fourth pillar to the components that make up a successful micro-project application.
- The Quadruple Aim adds Provider Health to the evaluation framework

DECEMBER

- The interdivisional table continues to work on a collaborative project through the Shared Care Committee.
- “Integrating Care for Senior’s and Adults with Complex Medical Conditions and Frailty”

2020

JANUARY

- Fort St. James new hospital is announced.
- The new hospital will be three times larger than the current facility <https://news.gov.bc.ca/releases/2020PREM0001-000088>



FEBRUARY

- Resident retreat took place in February at the Powder King Mountain Resort.
- Dr James Card and Dr Colin Mackenzie presented to the group on behalf of the Division and community of Mackenzie respectively



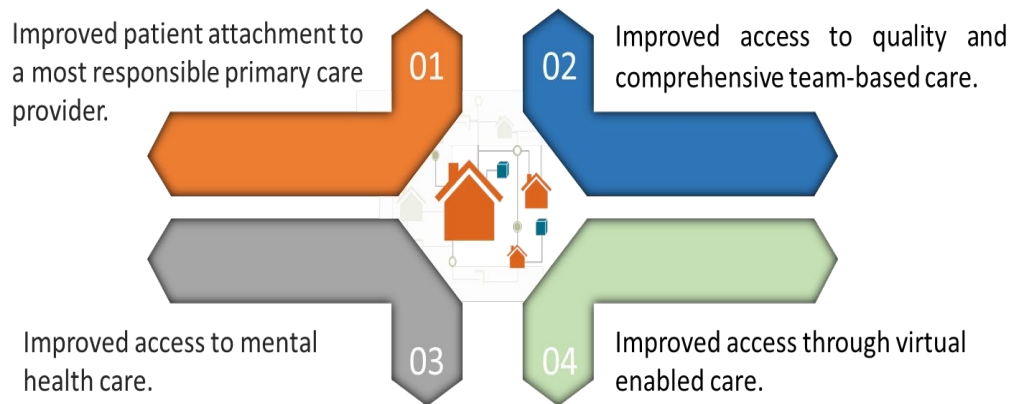
MARCH

- The collaborative work around COVID-19 is extensive throughout the NIRD region.
- The Health Authority provides multiple COVID-19 daily updates
- The Division aggregates and shares this information and data on the Division website



Primary Care Network (PCN) Service Plan Development

NIRD PCN STRATEGIES



AIM

- Development of a PCN Service Plan with the goal of attaching patients to a primary care provider and providing longitudinal wrap around care from interdisciplinary healthcare teams.

ACCOMPLISHMENTS

- Developed and submitted four iterations of the PCN Service Plan in collaboration with the Ministry of Health, First Nations Health Authority, Northern Health and Carrier Sekani Family Service.
- Applied a rural lens in applying for 31 new clinical positions (not approved yet). As part of a partnership approach, provisions were made for priority

populations based on social determinants in the form of First Nations Led Primary Care Initiatives.

- During the process we not only developed a deeper relationship with our partners, but also strengthened relationships with communities while attempting to understand their primary care needs.
- Created a working group to support the engagement of community-based specialists.

PHYSICIAN LEADS

Dr. Ray Markham

Dr. Anthon Meyer

Virtual Care

AIM

- Virtual care is defined as any interaction between patients and/or members of their circle of care, occurring remotely, using any form of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care.
- Virtual care has the power and ability to not only improve patient care and improve access to care, it can also make physicians' practices more efficient.

ACCOMPLISHMENTS

NIRD adopted the iPad as the virtual care delivery platform due to its security, ease of use and cost.

- NIRD purchased and supported eleven (11) iPad Pros in the region; 7 in NH ERs, 3 with CSFS sites/physicians and one (1) for administrative purposes.
- All received SIM cards for internet access to avoid issues with HA WIFI.
- Clinical apps for reference were added to the iPad, such as ACLS/PALS Advisor, BC Guidelines, Hypertension Guidelines, UpToDate, MD on Call, etc.
- Zoom has been identified as the virtual medicine tool of choice for the PCN. We plan to use Zoom on an iPad to bring

specialists, family physicians and other clinical staff into the patient home or neutral location fulfilling the team-based care approach virtually.

- The proof of concept CODI experiment is now complete and showed there is a need for this type of on-demand video service. Using the lessons learned, we have embraced RCCbc's Zoom instance as the clinical delivery app the family physician and other clinical support staff will use.
- Any family physician, nurse, NP or resident can use Zoom on their smart phone or tablet to engage different specialties 24/7 for acute or non-acute clinical cases. To date we have Intensivists, Rural Emergency Medicine, Dermatology, Pediatrics, Rheumatology and Maternity physicians onboard to provide guidance for those who need it.
- This RTVS service is live now and available to rural front line health care staff including Indigenous sites for 24/7 support.

PHYSICIAN LEADS

- **Dr. John Pawlovich**
- **Dr. Stephan Du Toit**
- **Dr. Ray Markham**

Board of Directors, RA and Staff 2020



BOARD MEMBERS

Dr. Anthon Meyer (Chair)
Dr. Shannon Douglas
Dr. Nav Sidhu
Marie Hunter
Joan Burdeniuk
Debbie Strang

REPRESENTATIVE ASSEMBLY

Chair- Dr. Shannon Douglas
Vanderhoof - Dr. Aryn Khan & Dr. Rebecca Janssen
Burns Lake - Dr. Lwando Nogela
Fraser Lake - Dr. Chris Unger
Fort St. James - Dr. Gabe Krahn
Indigenous Communities - Dr. Todd Alec & Dr. John Pawlovich
Mackenzie - Dr. Ian Dobson
McBride - Dr. Ray Markham
Quesnel - Dr. Pieter Slabbert
Valemount - Dr. James Card

STAFF

Errol Winter, Executive Director
Jodi Bennett, Executive Secretary
Candice Smit, Assistant Operations and Project Manager
Dave Harris, Technical Lead
Amber Metz, Finance Manager
Anel Meintjes, Primary Care Network Manager
Anneli Rosteski, Project Manager

ACKNOWLEDGEMENTS

Denys Smith, NIRD Operations Manager, retired this year to focus on her ranch outside of Prince George. We wish Denys all the very best and thank her for her leadership and always being willing to roll up her sleeves and get the job done. Denys enjoyed a long and accomplished career in health care. The PCN work began under Denys' portfolio. Anel Meintjes joined NIRD as the PCN Manager to continue to advance that work and accomplished the submission of PCN Service Plan.

Carrie Smith, a name many of you saw frequently in your inbox, also vacated her position this year to focus on a new position in her community. NIRD welcomed Jodi Bennett into the role of Executive Secretary.



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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, 2020
- the statement of operations and changes in net assets (deficit) 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, 2020, 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.



Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



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Report on Other Legal and Regulatory Requirements

As required by the Societies Act (British Columbia), we report that, in our opinion, the accounting principles applied in preparing and presenting the financial statements in accordance with Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding year.

KPMG LLP

Chartered Professional Accountants

Prince George, Canada

July 13, 2020



Northern Interior Rural
Division of Family Practice
A GPSC initiative

Statement of Financial Position

March 31, 2020, with comparative information for 2019

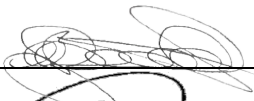
	2020	2019
Assets		
Current assets:		
Cash and cash equivalents	\$ 18,585	\$ 45,885
Restricted cash	89,619	297,129
Accounts receivable (note 2)	11,676	24,609
Prepaid expenses	-	3,804
	119,880	371,427
Property and equipment (note 3)	523	1,163
	\$ 120,403	\$ 372,590


Liabilities and Net Assets (Deficit)

Current liabilities:		
Accounts payable and accrued liabilities (note 4)	\$ 58,426	\$ 56,794
Deferred revenue (note 5)	75,001	297,129
	133,427	353,923
Net (deficit) assets	(13,024)	18,667
Economic dependence (note 14)		
Subsequent event (note 17)		
	\$ 120,403	\$ 372,590

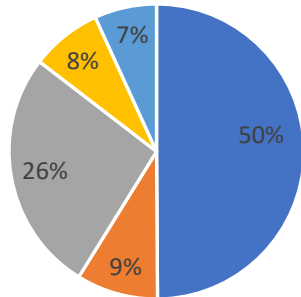
See accompanying notes to financial statements.

On behalf of the Board:


_____, Director

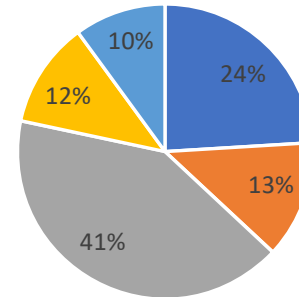

_____, Director

Revenue



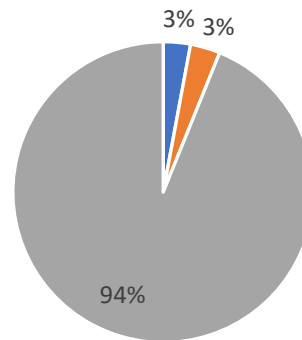
■ Infrastructure ■ Patient Medical ■ Primary Care
■ Residential Care ■ Other

Expenses: Program Services



■ Infrastructure ■ Patient Medical ■ Primary Care
■ Residential Care ■ Other

Expenses: Administrative



■ Office and General ■ Professional Fees ■ Salaries and Benefits

Contact Us



CONTACT INFORMATION

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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.