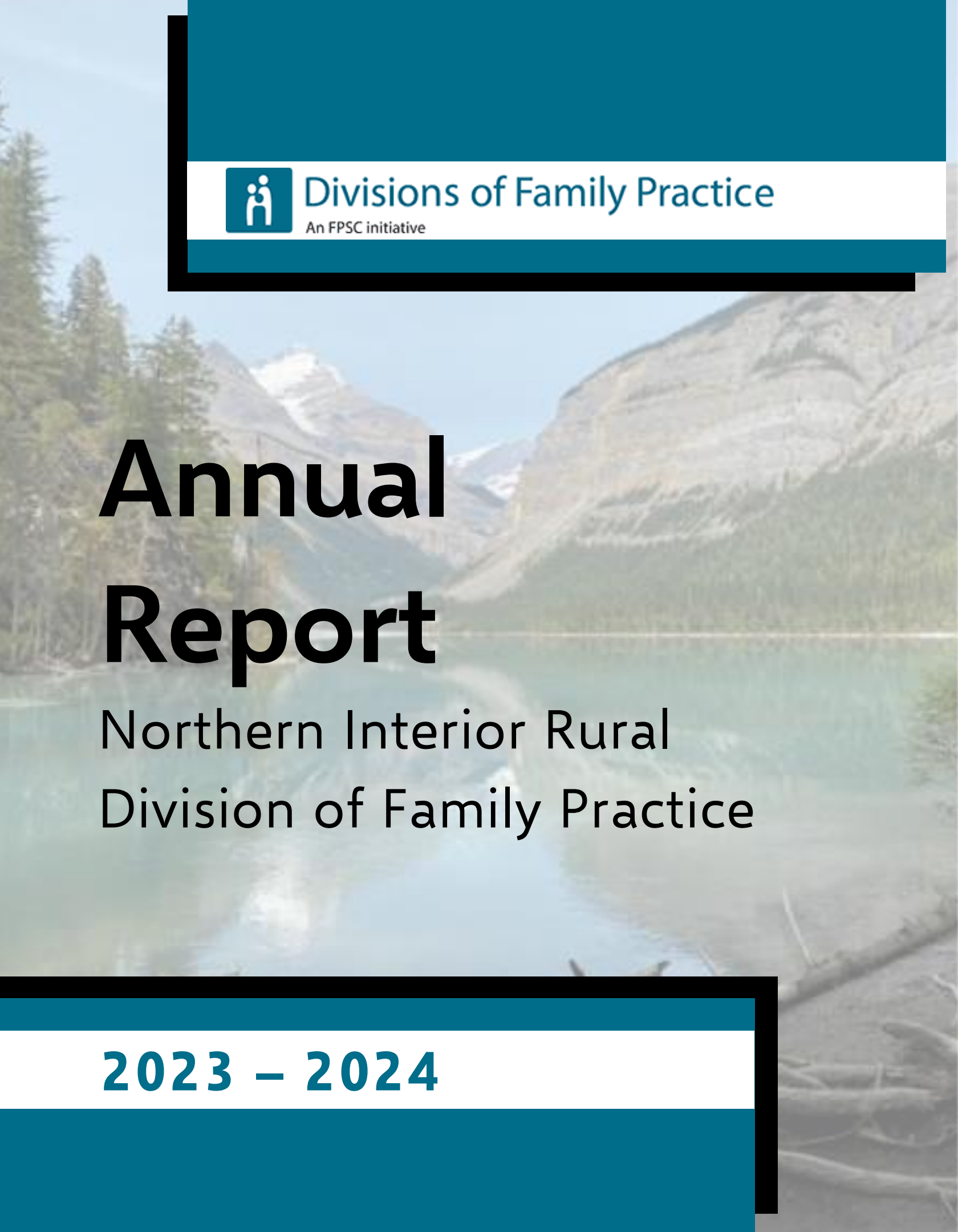


Divisions of Family Practice
An FPSC initiative

Annual Report

Northern Interior Rural Division of Family Practice

2023 – 2024

TABLE OF CONTENTS

OUR VISION

Purpose

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

Mission

Rural practitioners supporting rural practitioners helping to build healthier communities together.

Vision

To create healthy communities connected by a solid collaborative practitioner community within a stable network of healthcare.

Values

Collaborative, authentic (acting with integrity & accountability), respectful and proactive relationships.

EXECUTIVE DIRECTOR'S REPORT

Executive Director – Errol Winter

2023-24 was a difficult time for our NIRD communities. Clinics all faced staffing shortages, even after another stellar year in recruitment. Sadly, this has been a familiar theme. New to practice, IMGs, and PRAs have steadily become the new fabric making up our Division. Our turnover over the last four years has meant that almost 50% of the membership has morphed into a completely different organizational cadre from when we first developed our PCN. Fortunately, this revived newer energy coupled with our key long-term contributors and consistent staff, has created an environment where the collective is continually guiding us forward. Utilizing the perspective of curiosity, married to the collective stored institutional memory this new vibe continues to be the foundation of the work we do today.

These consistent guiding principles have vigilantly nudged us to grow our partnerships, relentlessly pursue the search for innovation as a solution-oriented focus, continue to be patient centric, and always ensure that every decision we make is reviewed through a community perspective.

For NIRD our relationships have carried the day. This last fiscal saw increased administrative burden, a narrowing of funding avenues, and the constant pressure from our funders to prioritize attachment over access. While these requests carry the full weight of the provincial office behind them, we have, through active dialogue, been able to navigate these challenges, balancing our regional priorities with those of our partners by ensuring we continue to co-create value-based solutions that support our partners while aligning with the realities that are occurring in our clinics.

As we move into 2024/25 we hope to further lean into this strategy by:

- Continuing our work with our partners to shift conventional thinking where the sole weight of efficiency is placed on our providers and support teams, to instead moving towards redirecting that energy onto a full court press, towards a system that favors researching and implementation of new technological efficiencies in the support of its members.

- Galvanizing communities to engage more actively in local health initiatives, fostering a sense of ownership and collaboration in addressing healthcare needs.
- Continuing our investment in training programs, such as Pills of Knowledge, Spring Session, and supporting providers of grass roots solutions with our Micro-Projects programming.
- Working with student populations encouraging more individuals to pursue careers in medicine and related fields.
- Supporting our provincial partners through collaborative discussions on potential policy changes that may improve working conditions for physicians, making the profession more attractive and sustainable in the long run.

While the road ahead may not be any easier, by following our founders' principles of equity, collaboration, integrity and accountability as we create value for our members and partners, collectively we will build a solutions-oriented future for those that choose to follow in our footsteps.

CHAIR'S REPORT

Board Chair – Dr. Shannon Douglas

Over the past year, the Northern Interior Rural Division of Family Practice (NIRD) has continued to mature and evolve. With these changes we have seen a shift in our membership. I would like to take the opportunity to extend a warm welcome to our newest members. Welcome to NIRD! I look forward to connecting with you in the coming year.

Since our last report, we have intensified our efforts to build connections, bring our membership together, and deepen our understanding of the changes and challenges across the Division. The persistent shortage of human resources across all areas of the service delivery spectrum continues to create an environment of elevated stress. This issue has drawn significant attention and effort, shifting some of our short-term priorities, and unfortunately, it is becoming increasingly normalized. Despite these systemic pressures, our progress has been bolstered by the Division's steadfast commitment to our long-term strategies. These include supporting the entire learning continuum with a focus on students, field testing and integrating

innovative, locally led physician solutions, and reinforcing partnerships with a renewed emphasis on creating value.

Our partnerships and strong working relationships continue to support our progress during these challenging times. This would not be possible without the exceptional and dedicated staff we are fortunate to have on our team, and the progressive team culture that has allowed us to maintain our focus, passion for improvement, and joy in our work. With this team and our membership, I am optimistic about our capacity to navigate our challenges, build on our connections, and thrive.

RA AND PHYSICIAN LEADERSHIP REPORT

Representative Assembly Chair – Dr. Ian Dobson

Once again it has been a pleasure to witness the evolution and resilience of our division over the past year. Many thanks to our staff who have been working diligently despite being shorthanded to meet the needs of membership and the healthcare community. We continue to focus on technology as a means to enhance healthcare delivery and bridge the rural/urban divide in terms of access to healthcare services. Our team had the opportunity to attend a tech conference in Arizona to witness the forefront of technology in healthcare and how best to position our division so as to allow our patients to reap the rewards of this innovative sector. Our leadership has been working hard to highlight the complexity and challenges of rural/remote medicine by negotiating to re-establishing our rural delta that was diminished with the introduction of the LFP model. All of these efforts factor into our overarching goal of promoting recruitment and retention in our region. A strong community is at the core of all the work we do and I thank you for being a part of it.

Physician Tri-Leads

Written by Dr. Lindsey Dobson on behalf of our Physician Lead team: ***Dr. Ray Markham, Dr. Lindsey Dobson, Dr. Nav Sidhu***

Dr. Nav Sidhu

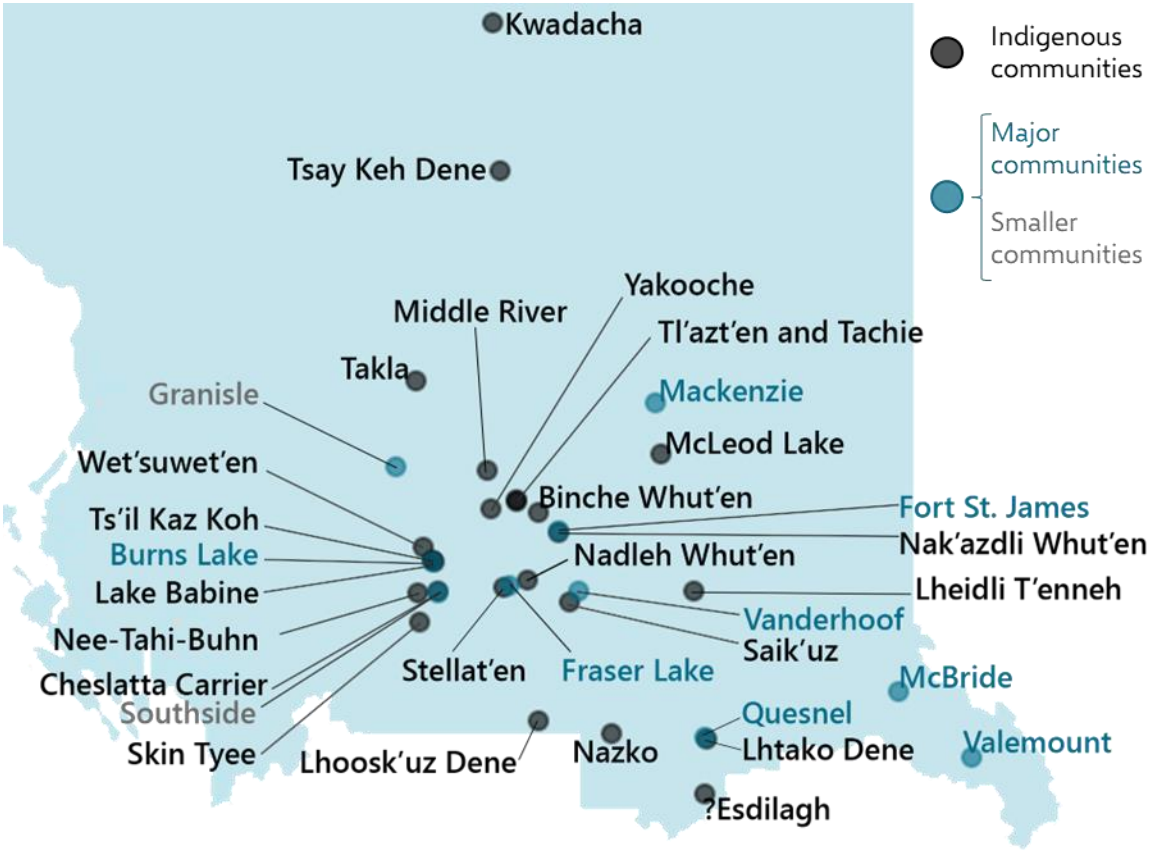
Dr. Lindsey Dobson

Dr. Ray Markham

Another year has come and gone; while much has changed and much remains the same. Dr. Ray Markham and I continue to serve as the NIRD physician co-leads. Physician leads help to navigate the interface between the Division and other provincial-wide entities such as DoBC, Health Authorities and the Ministry of Health. Thanks to our devoted staff and Executive Director Errol, NIRD continues to be poised as a highly productive division that has effective relationships with our Ministry and Health Authority partners. This past year we have spearheaded successful negotiations under DoBC with the ministry to re-establish the "rural delta" as a provincial priority for rural communities. We hope to see these agreed upon financial incentives to come to fruition soon. We have pushed for a rural lens to be applied to the LFP model and the ongoing DoBC updates. We continue to work on the PCN initiatives, collaborative tables and at the interdivisional level. We are proud to represent NIRD at these tables. Thank you for continuing to strive for the best healthcare for our amazing rural communities.

MEMBERSHIP

The Northern Interior Rural Division has a membership of 105 physicians and nurse practitioners (NPs) in a region with a large and complex healthcare system, comprised of eight rural communities and 22 First Nations communities. The Division serves approximately 61,454 patients across a geographic area of 130,302.57 sq. km.



We appreciate with gratitude living and working on the traditional territories of our 22 Indigenous partners listed above.

YEAR IN REVIEW

Inpatient Care Bridge Funding (ongoing)

The aim of this funding is to **help communities maintain the current provision of inpatient care** while a long-term and sustainable model is developed, through increased Doctor of the Day stipends and compensation top-ups per hospital admission for physicians who attach unassigned patients. The funding is for hospitals where inpatient care is primarily provided by community-based family physicians on fee-for-service and there is no health authority-funded hospitalist program.

Pills of Knowledge (ongoing)

The 7th Annual Pills of Knowledge for Best Evidence Rural Practice virtual conference was held on **September 16, 2023** with **86 participants**.

Presentations included:

- Palliative Care (Dr. Inban Reddy)
- Chronic Pain Management (Dr. Devan Reddy)
- Cardiology & Pharmacy (Dr. Daisy Dulay and Michael Matula)
- Virtual Care in Practice – Supporting Team-Based Care (Dr. Brent Ohata, Dr. Daisy Dulay, Dr. Adrian Yee)
- Weight Loss Care (Dr. Siobhan Key)
- Dermatology (Dr. Matthew Roberts)
- Nephrology – Kidney Care (Dr. Anurag Singh)
- Physician Wellness (Tom Rapanakis)

Photos from the Pills of Knowledge event in September 2023.

Long-Term Care Initiative (ongoing)

	Quesnel	Vanderhoof
Quality improvement meetings are held…	Multiple times a year (with practice support coaches, physicians, administration staff, etc.)	
Physicians/partners are engaged in LTCI activities through…	Education sessions; meetings with multiple providers; follow-up and review	Twice-weekly team-based discussions (care conferences and chart review)
Educational/ professional development opportunities focus on…	Cultural safety; medication reviews; long-term care coaching and mentoring support	Medical reviews; geriatric medicine; psychiatry
Communities support a team-based approach to long-term care through…	Frequent meetings/teaching sessions; team-based on-call schedule; communication between providers about patient care	Twice-weekly team-based discussions (care conferences and chart review)
LTCI activities support PCN through…	24/7 availability and on-site attendance when required; reduced unnecessary/ inappropriate hospital transfers	24/7 on-call for long-term care

***FPSC**: Family Practice Services Committee; **LTCI**: Long-Term Care Initiative*

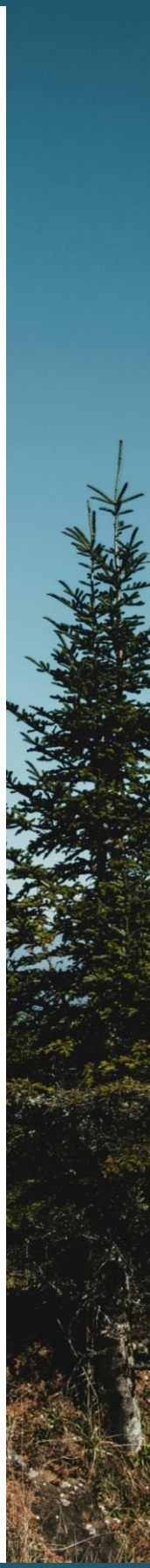
Success factors for the LTCI have been the new insights and knowledge gained relating to specific geriatric care, medications, and indications for transfer to a secondary/tertiary care facility.

Attachment Mechanism (ongoing)

NIRD continues to develop local supports to implement the Health Connect Registry (HCR) and to strengthen local attachment mechanisms.

In the 2023/2024 fiscal year, NIRD undertook:

- Training of staff.
- Working with clinics in Quesnel, Burns Lake, McBride, and Vanderhoof to introduce them to the Health Connect Registry processes and ascertain their attachment capabilities for providers within the clinics.



- Sending lists of potential patients to the clinics for intake and updating the Registry accordingly.
- Working with Quesnel and Burns Lake clinics to track those attachments that were made outside of the Health Connect Registry and updating the Registry.
- Interacting with patients to update their information.

Successes:

- Four providers in Quesnel were identified as accepting new patients during the 2023/2024 fiscal year.
- Placing NP in clinic, who can fill attachments
- Building relationships with clinic managers
- Collaborating with our partners around recruitment and retention in various communities

Microprojects

ONGOING		
Vanderhoof	Penicillin Allergy Testing	**Activities**: • Patients contacted directly through EMR with information on the study • Initial appointment, then second appointment to provide oral doses and check vitals • Third appointment one week later to confirm no delayed symptoms and advise on next steps **Objective**: Remove penicillin allergy from patients who are not truly allergic
Fort St. James	Nursing Retention Education Tuition Support	**Activities**: • Support tuition costs for two nurses for Emergency Medicine Speciality Training ($10,000 per nurse) • First $10,000 from fundraising in community, and NIRD to provide remaining $10,000 **Objectives**: • Improve nurse job satisfaction and confidence • Improve patient outcomes and quality of healthcare • Support recruitment of registered nurses

Quesnel	Physician Orientation	**Activities**: • Include multidisciplinary team in the orientation process (admin, physician leadership, city representatives, etc.) **Objectives**: • Orientation process redesign • Learn about provider before their arrival • Include a social gathering in orientation

HIGHLIGHTS

Primary Care Network

The NIRD Primary Care Network (PCN) was approved in January 2021, supporting nurse/NP/allied health hiring as well as patient attachment.

There are **13** clinics/health centres and **78** primary care providers involved in the NIRD PCN.

36 family physicians were supported to be involved in the PCN development and implementation in the 2023/2024 fiscal year.

Hiring

Through the PCN, 18.7 FTE (Full Time Equivalent) have been hired as of March 2024, with 11.1 remaining to hire (total: 29.8 FTE).

Figure 1. NIRD PCN hiring by position: hired, to be hired, and total positions

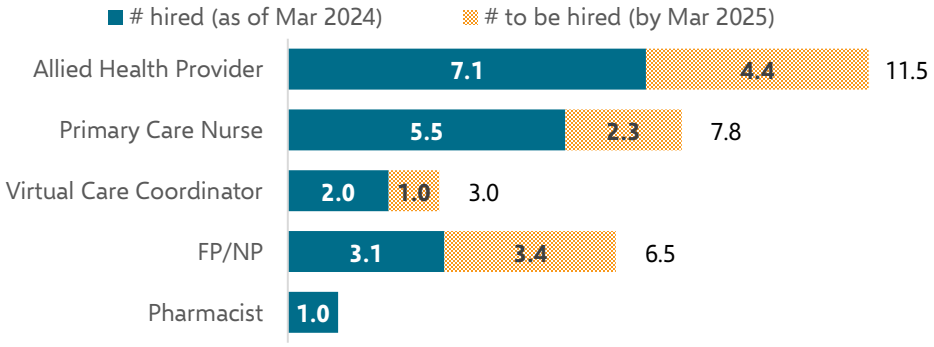
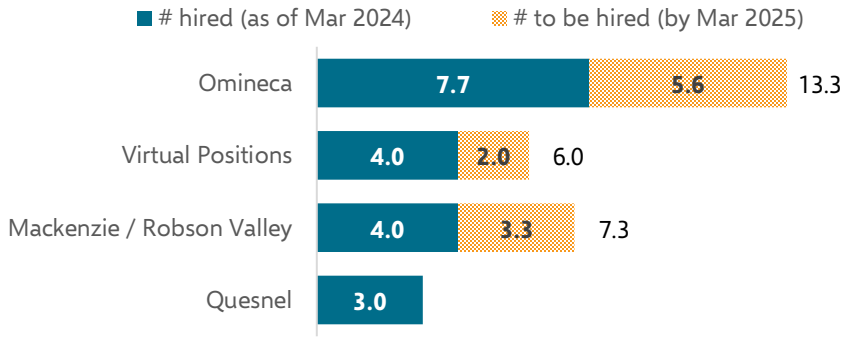


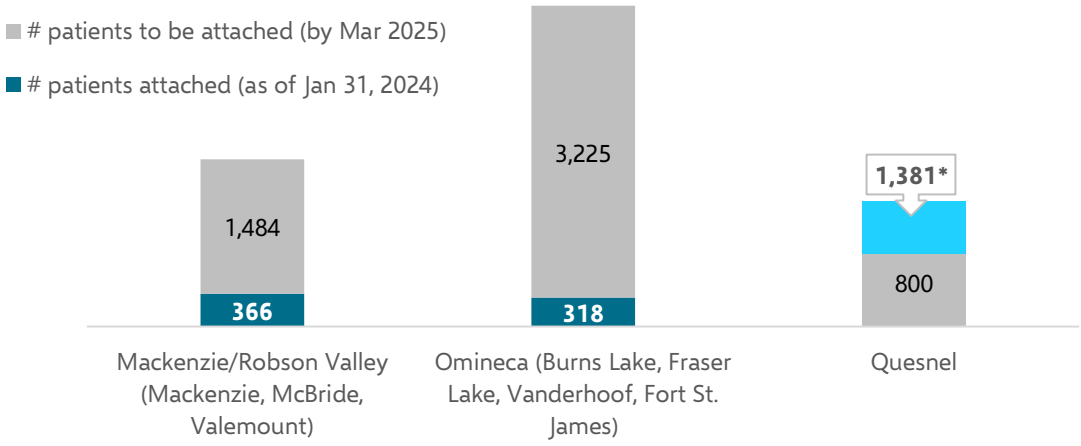
Figure 2. NIRD PCN hiring by region: hired, to be hired, and total positions



Attachment

366 patients have been attached to a primary care provider in the Mackenzie/Robson Valley area, 318 have been attached in the Omineca region, and 1,381 have been attached in Quesnel (581 over the target of 800).

Figure 3. Patient attachment as of Jan 31, 2024



*Attachment target exceeded by 581 patients.

Figure 4. Ministry of Health attachment and Health Connect Registry Quesnel data as of Jan. 2024 (since April 2021, in relation to PCN Service Plan Target for Mar. 2025)

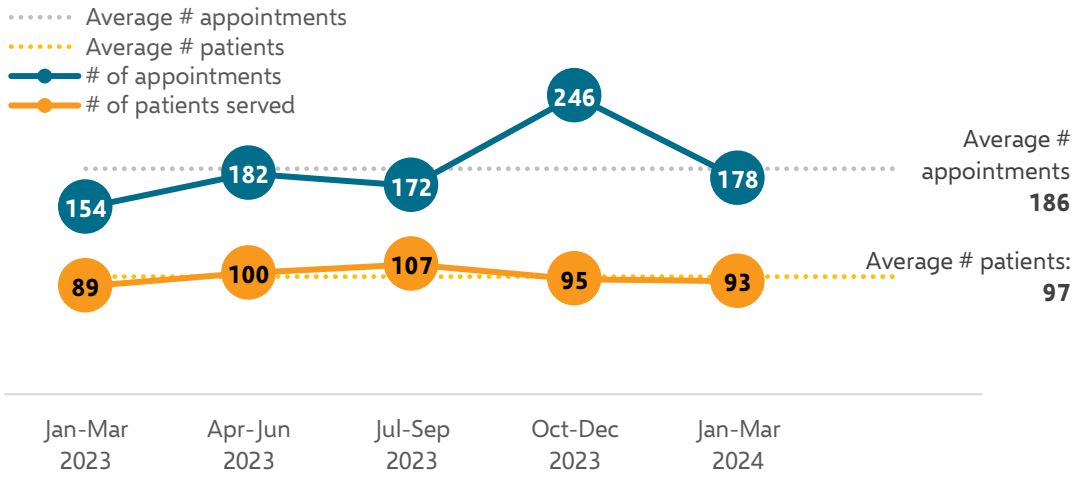
Data are based on Ministry of Health attachment and Health Connect Registry (HCR) Quesnel data as of January 2024 in relation to the PCN Service Plan Target.

The levels of attachment are likely understated due to data limitations. PCN partners are working together to also better report and understand the quality of attachment, including access to care, experience of care, and care outcomes.

Clinical Pharmacist Service

In the figures below, the number of unique patients was reported quarterly. The data presented does not account for visits by the same patient in different quarters or months.

Figure 5. Quarterly totals of number of appointment and patients served by PCN clinical pharmacist

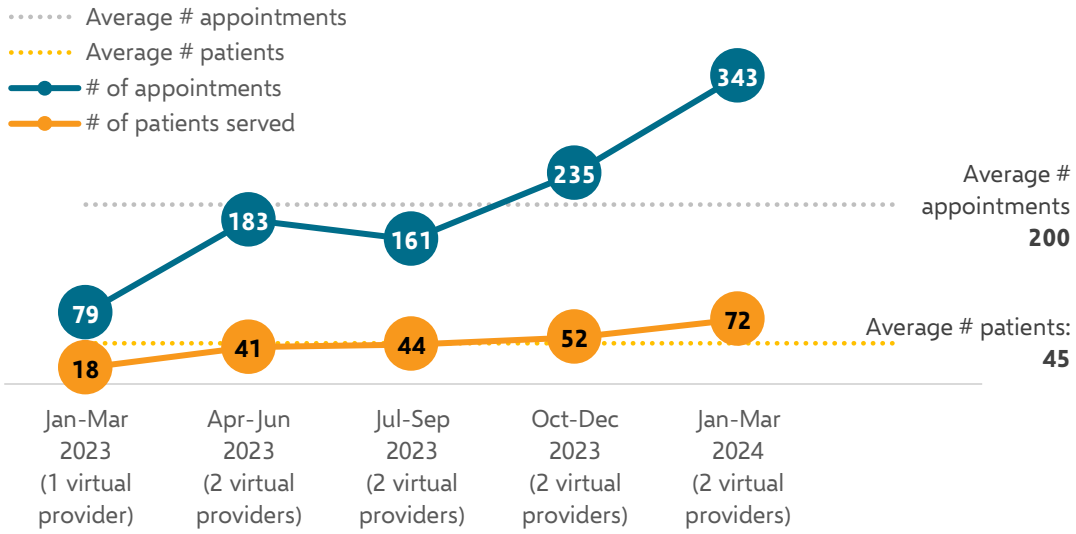


Virtual Allied Health Service

The PCN has hired a dietitian and a mental health and substance use (MHSU) clinician who work out of the Northern Health Virtual Clinic.

In the figures below, the number of unique patients was reported monthly. The total numbers of appointments and patients served are averaged over the 3-month periods. The figures do not account for visits by the same patients in different quarters or months.

Figure 6. Quarterly averages of number of appointment and patients served by PCN virtual allied health providers

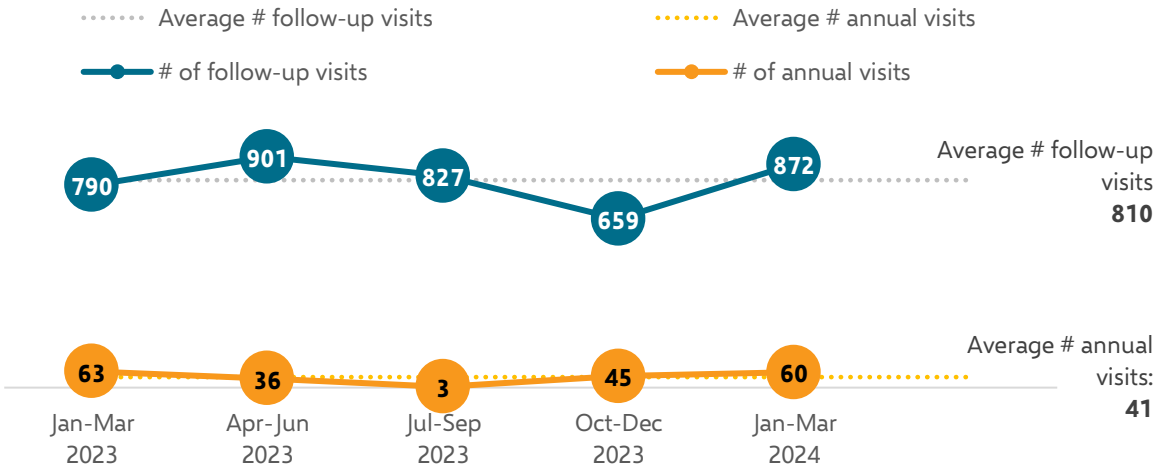


Mobile Diabetes Service

A diabetes nurse hired through the PCN has offered an average of 810 follow-up appointments and 41 annual visits each quarter from January 2023 to March 2024. This nurse works through the Mobile Diabetes Telemedicine Clinic and serves an average of 65 patients per month (from January 2023 to March 2024).

In the figure below, the number of unique patients was reported monthly. The figures do not account for visits by the same patients in different quarters or months.

Figure 7. Quarterly averages of number of follow-up visits and annual visits by diabetes nurse



Patient Feedback

In fall 2023, 18 patients completed a survey about their experience with the PCN-funded allied health providers and primary care nurses.

94% of survey respondents (16 of 17 who answered this question) were **satisfied or very satisfied** with their experience with the allied health provider/primary care nurse.

Primary Care Nurses

9 out of 10 respondents see a nurse more than once a year

7 out of 8 were able to address their medical concerns during every visit with a nurse

Most patients felt that having a primary care nurse improved their **quality and access of care**, and has helped them to **self-manage their condition(s)**.

Allied Health Providers

5 respondents saw a **clinical pharmacist**

3 respondents saw a **social worker**

All 8 patients agreed that:

- They were satisfied with the **amount of time** they had with the AHP(s)
- They **did not have to wait long** for the first appointment
- The care they received has **helped them to manage their concerns**
- The care they received has **improved their health and/or well-being**

Community Tables

Collaborative community tables set priorities for community-based projects depending on local needs. Vanderhoof, Fort St. James and Quesnel opted to leverage existing tables to support PCN work.

Community & Priority	Activities since May 2023
Burns Lake and area Suicide prevention efforts for youth and First Nations communities	• Gathered data on suicide in the region • Distributed a resource list in community including to physicians to share with patients • Held meeting with a guest speaker and school educators to develop a support program for healing/recovery

Fraser Lake and area Drug and alcohol use by youth	• Distributed a Drugs and Alcohol knowledge survey to youth. Summary of findings at this link. • Created a website to include all resources available to patients and youth in the area.
Mackenzie and area Accredited childcare, harm reduction, supports for seniors	• Facilitated donation of water bottles by rec centre to mitigate effects of heat on drug and alcohol use • Continued work with key partners to support harm reduction efforts • Engaged local bylaw enforcement officers to distribute 'Better at Home' program pamphlets to seniors in need • Facilitated info session to seniors to support applications for the home owner grant • Offering alternative childcare options for healthcare staff with childcare needs • Working on a mental health resource list
McBride and area Public transportation options	• Assessing the resources available in the community • Determining what funding options are available to offer transportation • Seeking support for mobile dental services
Valemount and area Patient access to health records and appointment booking	• Exploring My Health Key: would offer access to personal health records and enable clinic EMR functions to support messaging/communications between patients and health centres • Seeking support for transportation

Evaluation

As of April 2024, the newly created Northen Interior Rural Steering Committee now oversees the governance of the NIRD PCN. NIRD is working with program evaluation firm Reichert & Associates, who provide evaluation updates every 6 months.

Virtual Care

Virtual allied health providers

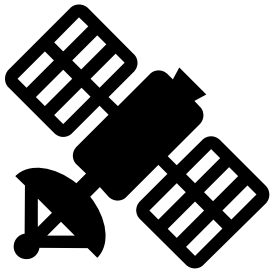
Virtual dietitian

Context	NIRD and Northern Health partnered to hire a PCN-funded virtual dietitian who works remotely out of the Northern Health Virtual Clinic.
Referrals	Via fax or MOIS. Physicians, nurse practitioners, primary care team members, Carrier Sekani Family Services, and First Nations Health Authority staff. Patients can also self-refer by phone.
Visit type	Zoom and phone. Potential for occasional site visits.

Virtual mental health and substance use (MHSU) clinician

Context	NIRD and Northern Health partnered to hire a PCN-funded virtual mental health and substance use clinician who works remotely out of the Northern Health Virtual Clinic.
Referrals	Via MOIS. Physicians, nurse practitioners, and primary care team members. Patients can also self-refer.
Visit type	Zoom and phone. Occasional site visits.

Low orbit satellite internet: StarLink



StarLink Roam units are a low-cost internet solution for rural areas which NIRD has been exploring. The units use low orbit satellite technology to create fast, reliable internet connections. Healthcare staff can take the units to off-grid locations, allowing them to access the EMR and facilitate patients' Zoom appointments with providers.

Before last year's annual report, there were **two successful pilots** to bring healthcare to patients living remotely who did not otherwise have adequate Internet access. For example, in a remote Indigenous community, the technology worked perfectly and the bandwidth was more than enough to support multiple healthcare team members logging on with multiple devices. Patients without transportation or who feel safer staying in their community were able to benefit from medical appointment access through this technology.

Patient Story

A patient with mobility challenges who was unable to attend in person for visits was booked for a phone appointment with physician. Instead, StarLink was used to provide internet at the rural property for a Zoom appointment. Not only did the technology work perfectly, but the physician was able to make a lifesaving diagnosis that would not have been possible over the phone.

NIRD, Northern Health, and First Nations Health Authority received a **Strengthening Primary Care grant** from Health Excellence Canada in November 2023 to pursue an expansion project for this work. The pilot project will take place in eight communities:

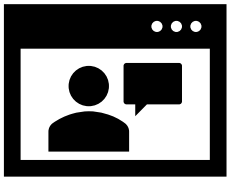
- Binche
- Burns Lake
- Fort St. James
- First Nations-led Primary Care Initiative in Fort St. James
- Mackenzie
- Nak'azdli
- Tl'azt'en
- Vanderhoof

As of March 2024, NIRD ordered **8 StarLink Roam units**, and the NIRD Tech and Innovation team has travelled to **4 sites** to implement the units and train physicians and nurse practitioners, nurses, and other healthcare workers on how to use them. Two members of the Tech team also traveled to a conference for grant recipients hosted by Health Excellence Canada in March 2024.

Video-enabled appointments

This year, NIRD continued to provide training, workflow assistance, and technical assistance to **clinics for video-enabled appointments**.

In Fraser Lake, patients in clinics are still able to see a provider working from home/another community via a video-enabled appointment. A primary care assistant (PCA) attends appointments too, so that the provider does not have to send tasks to the PCA after each appointment, saving time and allowing the provider to see more patients. The provider has access to the local MOIS instance for charting.



NIRD is also supporting the use of **virtual care for specialists and allied health providers** in various ways:

Specialists' offices: NIRD supports training, technology advice, and workflow assistance to enable **video-enabled appointments**.

Patient and provider surveys revealed that the benefit of being able to see each other's faces and body language were appreciated on both sides, and patients were pleased to be able to avoid travel when feasible. Video facilitates a visual exam, which is an improvement over telephone.

Fantastic Four Heart Failure Program: NIRD is collaborating with Dr. Daisy Dulay, a cardiologist in Victoria, and Michael Matula, PCN pharmacist, to provide virtual expedited care for heart failure patients in Burns Lake, Fraser Lake, and nearby Carrier Sekani sites. This will be expanded to other sites in the near future.

Physicians/NPs can call Dr. Dulay for cardiology advice, receive personalized coaching via Zoom about heart failure medications, and delegate titration of medications to the pharmacist.

The pharmacist can meet with the patient via Zoom at the provider's request to titrate medication and provide education.

There is a potential for the Network of Regional to Tertiary Healthcare (NORTH) heart function clinics to provide education to NIRD sites via Zoom.

Physiotherapy / Occupational Therapy: NIRD has made arrangements with Northern Health Rehabilitation Services to provide video-enabled occupational therapy on Zoom to some NIRD communities.

Support would begin in Valemount on a part-time basis, including Zoom visits where patients are joined by an assistant in Valemount, and some occasional site visits from the occupational therapist.

Based on the lessons learned from this work, NIRD plans to implement a similar solution with physiotherapy.

Home care nursing teams have received cellular-enabled iPads. The nurse can set up an appointment from the patient's home, to call back to the family physician/NP, specialist, allied health provider, or others.

Primary care pharmacist in Quesnel is equipped to do video-enabled appointments with patients outside of the community, including Nazko and Wells.

Recruitment and Retention

NIRD has undertaken various recruitment and retention activities, such as:

New Graduate Recruitment and Retention Strategy

- Building relationships with medical students at University of Northern BC's Northern Medical Program, as well as high school students who may be exploring careers

Events

November 2023: Attended Northern Doctor's Day

March 2024: Held the Rural Interest Group event

- Presentation from 3 rural physicians
- 25 students attended

3 preparation meetings with Practice-Ready Assessment (PRA) international medical graduates for Mackenzie, Fort St. James, and Burns Lake

	Continue to administer a stipend for GPs (funded by the City of Quesnel) to support locum travel/stays in Quesnel

Photos from medical student visits to Vanderhoof in 2024.

Collaboration with Northern Divisions

November 2022	The NIRD began a **collaboration with all other Northern Divisions** to bridge gaps in recruitment and retention. The Division partners included Pacific Northwest, North Peace, South Peace Self-Organizing Group, Prince George, and Rural and Remote (Northern Chapters in Fort Nelson and Hazelton).
December 2022	Hired a **project coordinator**

Regularly since January 2023	**Working group meetings**: The priorities for the working group were decided based on an evaluation report commissioned by these Divisions in November 2021, which details barriers to recruitment and retention of family physicians in Northern BC.
April 2023	Throughout the project, Divisions also met regularly to coordinate and plan their booth for the **Society of Rural Physicians of Canada (SRPC) recruitment event** in April 2023.

To support the working group's goals, the project coordinator and working group members collaborated to produce the following deliverables:

- **Summary document to** describe roles and processes for recruitment, retention and physicians' paths across the North
- **Physician onboarding guide** with information about current state in communities as well as considerations for best practices and checklists for communities (with the intention of making information available without asking that communities change workflows that work for them)

The Northern Collaborative Recruitment and Retention Project implemented project activities during an initially **short funding period** while **navigating challenges** including **collective decision-making** across groups with varying needs and capacity.

Despite these challenges, the project successfully provided an **opportunity for diverse partners** involved in physician recruitment and retention in the North **to develop relationships and share knowledge** across regions.

Partners agreed that there is **interest in exploring future collaboration** to work together on solving challenges and barriers related to recruitment and retention in the North.

Photos from the Rural and Remote Conference in Edmonton (2024). On the top left is the STARS simulator. Dr. Aryn Khan and Errol Winter are pictured in the top right photo. The bottom photo shows NIRD's conference booth.

BOARD OF DIRECTORS AND STAFF 2024

Board Members

Dr. Shannon Douglas, Chair

Dr. Ian Dobson

Dr. Todd Alec

Dr. David Whittaker

Marie Hunter

Joan Burdeniuk

Debbie Strang

Staff

Errol Winter
Executive Director (ED)

Amber Metz
Finance and Audit Lead

Candice Smit
Operations and Projects Lead

Meagan Ryan
Project Support

Dave Harris
Technical Lead

Joy Davy
Project Lead

Krystal-Lynn Laforest
Project Support

Heather Stillwell
Virtual Care Coordinator

Kirsten Schmid
Virtual Care Coordinator

Representative Assembly

Dr. Ian Dobson, Chair

Dr. Aryn Khan & **Dr. Rebecca Janssen Vanderhoof**

Dr. Lwando Nogela
Burns Lake

Dr. Nav Sidhu
Fraser Lake

Dr. Ammar Kheder
Fort St. James

Dr. Cody Kaskamin & **Dr. John Pawlovich**
Indigenous Communities

Carmen Schalles
Mackenzie

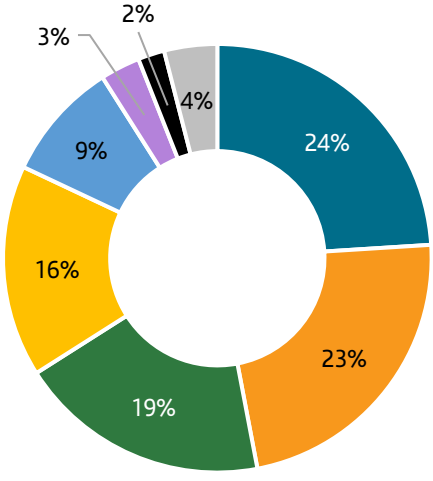
Dr. Jessica Burian
McBride

Barbara Nielsen
Quesnel

Dr. Ray Markham
Valemount

FINANCIAL STATEMENTS

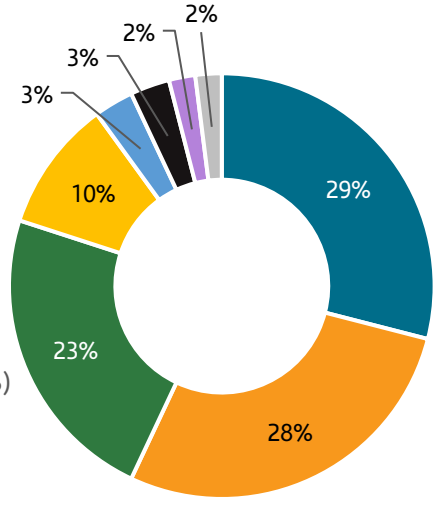
Revenue



- Primary Care Networks (24%)
- In-Patient Bridge (23%)
- In-Patient Stabilize (19%)
- Infrastructure (16%)
- Physician Engagement (9%)
- Innovation PMH (3%)
- Physician Integration and Retention (2%)
- Other (4%)

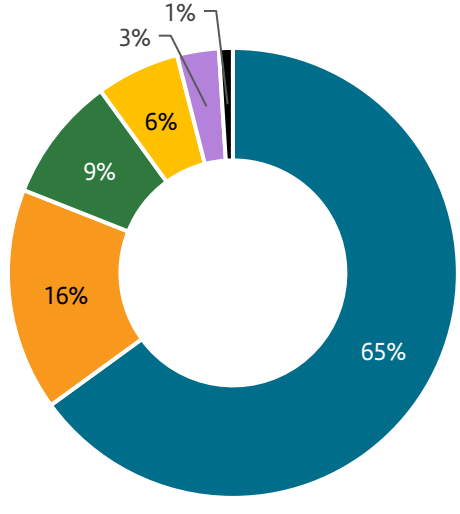
Expenses: Program Services

- Primary Care Networks (29%)
- In-Patient Bridge (28%)
- In-Patient Stabilize (23%)
- Physician Engagement (10%)
- Innovation PMH (3%)
- Physician Integration and Retention (3%)
- Infrastructure (2%)
- Other (2%)



Expenses: Administrative

- Salaries and Benefits (65%)
- Travel (16%)
- Office and General (9%)
- Professional Fees (6%)
- Telephone (3%)
- Insurance (1%)



INDEPENDENT AUDITOR'S REPORT

Table 1. Summarized Statement of Financial Position
March 31, 2024, with comparative information for 2023

	2024	2023
Assets		
Cash and restricted cash	$ 1,594,133	$ 1,211,521
Accounts receivable	6,878	5,418
Prepaid expenses	996	-
Property and equipment	21	48
	$ 1,602,028	$ 1,216,987
Liabilities and Deficit		
Accounts payable and accrued liabilities	$ 232,366	$ 325,722
Deferred revenue	1,329,236	$ 896,289
Net assets (debt)	40,426	(5,024)
	$ 1,602,028	$ 1,216,987

See note to summary financial statements (page 27).

Table 2. Summarized Statement of Operations and Changes in Deficit
Year ended March 31, 2024, with comparative information for 2023

	2024	2023
Revenue:		
Programs	$ 2,002,958	$ 1,694,307
Interest income	45,474	20,943
	2,048,432	1,715,250
Expenses:		
Administration	291,924	352,155
Program services	1,711,058	1,342,088
	2,002,982	1,694,243
Excess of revenue over expenses	45,450	21,007
Net debt, beginning of year	(5,024)	(26,031)
Net assets, end of year	$ 40,426	$ (5,024)

Revenues	2024	2023
Health Emergency Management	$ 723	$ 1,445
Attachment Mechanism	4,481	-
Healthcare Excellence Canada	20,493	-
In-Patient Bridge	470,574	520,000
In-Patient Stabilize	387,000	-
Infrastructure	331,839	395,924
Innovation PMH	52,667	11,116
Interest	45,474	20,943
NP Infrastructure	5,996	2,713
Physician Engagement in PMH/PCN	177,234	82,009
Physician Integration and Retention	46,502	47,864
Physician Wellness	4,599	3,622
Pills of Knowledge	-	8,000
Primary Care Networks	500,850	461,183
RCCbc VCC positions	-	27,420
Recruitment and retention	-	64,585
Shared Care	-	68,426
	2,048,432	1,715,250

Table continued on next page

Table 2 (continued). Summarized Statement of Operations and Changes in Deficit

Year ended March 31, 2024, with comparative information for 2023

Table continued from previous page

Program Services	2024	2023
Attachment Mechanism	$ 4,481	$ -
In-Patient Stabilize	387,000	-
Healthcare Excellence Canada	20,493	-
Health Emergency Management	723	1,445
In-Patient Bridge	470,574	519,931
Infrastructure	39,915	43,770
Innovation PMH	52,667	11,116
NP Infrastructure	5,996	2,713
Physician Engagement in PMH/PCN	177,234	82,009
Physician Integration and Retention	46,502	47,864
Physician Wellness	4,599	3,622
Pills of Knowledge	-	8,000
Primary Care Networks	500,850	461,183
RCCbc VCC positions	-	27,418
Recruitment and retention	24	64,591
Shared Care	-	68,426
	1,711,058	1,342,088

See note to summary financial statements (page 27).

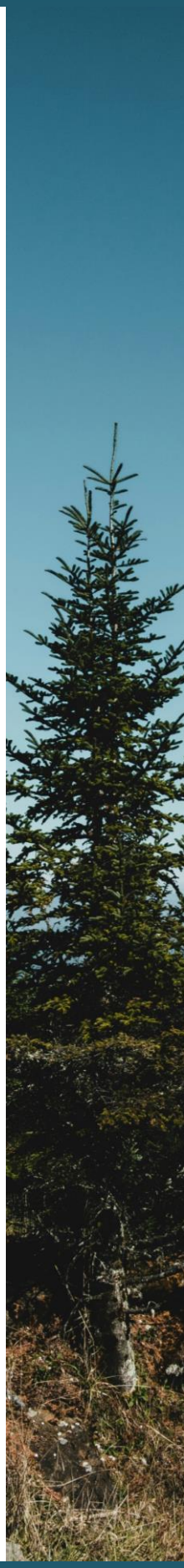


Table 3. Summarized Statement of Cash Flows
Year ended March 31, 2024, with comparative information for 2023

	2024	2023
Net inflow of cash from:		
Operating activities	$ 382,612	$ 364,253
Cash and cash equivalent resources, beginning of year	1,211,521	847,268
Cash and cash equivalent resources, end of year	$ 1,594,133	$ 1,211,521

See note to summary financial statements (below).

Note to the Independent Auditors' Report on Summary Financial Statements:

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at and for the year ended March 31, 2024.

The full set of audited financial statements for the Northern Interior Rural Division of Family Practice are available from the Division.

The criteria used to summarize the complete audited financial statements are as follows:

- Assets and liabilities have been summarized according to major captions.
- Gross revenues and expenses have been summarized and presented in the summary statement of operations and changes in deficit.
- Cash flows have been summarized according to operating, financing and investing activities, if any.

CONTACT US

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Divisions of Family Practice
An FPSC initiative

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

Nature photos by Meagan Ryan

Other photos provided by NIRD staff