



2013 – 2014 Annual Report



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About the Powell River Division of Family Practice

The Powell River Division of Family Practice (PRDoFP), incorporated on December 24th, 2010, is a not-for-profit society created by and for Powell River family physicians. Our purpose is to advance family medicine to improve patient care and population health. We have more than 30 members including family physician and specialists, representing 100% of all family physicians in Powell River. Membership is voluntary and open to practicing family physicians that deliver the majority of their services in the community.

Vision

Optimize our own patient care capacities and professional satisfaction and to collaborate with our partners in the development and provision of comprehensive patient care.

Mission

Enrich the professional experiences of physicians and improves the health of our community.

Strategic priorities

1. Build relationships by...
 - a. Encouraging conversations between members
 - b. Encouraging conversations between Division and partners
2. Increase capacity by...
 - a. Seeking ways to address gaps and needs
 - b. Supporting family physicians in improving ways in which they practice
3. Enhance professional satisfaction by...
 - a. Providing platforms for social and professional interactions
 - b. Sharing success stories
4. Influence policies and decisions
 - a. Advocating on behalf of family physicians in Powell River
 - b. Involving members in the process

Board members

Dr. Bruce Hobson - Chair
Dr. Vidushi Mitta Melrose – Treasurer/Secretary
Dr. David May
Dr. Sally Watson

Division staff

Guy Chartier – Coordinator
Lin Johnson – Administrative Assistant
Jo Ann Murray – Resource Navigator

Message from the Board Chair

When I heard a professor at the SFU School of business say that it would take ten years for a new organization to mature to the point that its' business and activities would finally become second nature, I had a hard time believing it and it honestly make me wonder what I had gotten into. It still amazes me that we have grown from a group of somewhat mystified individuals to a more organized, collaborative and more confident organization with goals and a mission. It has taken patience and a lot of time.

The Division has gone through many changes, only two of the original board members remain. We have two newer and keen board members and a new co-ordinator. We are the only Division in the province with all the community specialists as members of our division. We've employed five different support staff, 2 co-ordinators, an administrative assistant, a project manager and a resource navigator. We've developed solid relationships with our regional health authority and our local hospital administration. We are working collaboratively with the Practice Support Program and with the Physicians Information Technology Office, and are one of two model communities in the province showing the other divisions a model of how alignment and collaboration with our partners can work!

Representatives of the division have engaged the Alzheimer's Society of BC, the BounceBack program, Powell River Youth Health network, Powell River Association for Community Living, Child and Youth Mental Health, Brooks High School, Assumption Catholic School, to name a few, and have worked with these organizations to work on improving community health initiatives. We are striving to become an increasingly more meaningful voice engaging even more members of our community and the organizations that they represent.

The Powell River Division of Family Practice has rented, developed and promoted an office space as a hub where meetings and informal gatherings occur. This has become a warm and functional space where members of the community and other organizations can drop in, learn about the division and meet the physician members and staff. This space gives the Division a face that is recognizable and adds legitimacy and implies a solidity and purpose, so important in working in partnerships.

As we mature, we recognize that not only is it important to reach out to the community but it is also important to take care of and support our members. In our increasingly complex health care system and with rising expectations and demands for accountability, physicians feel more challenged to provide quality medical care while maintaining a healthy life-work balance. We believe that it is the Division's responsibility to explore all avenues to assist its' membership in achieving quality and efficiency in their work, respite from the responsibility of practice coverage and time to spend with their friends and family.

We hope that we can continue to identify gaps in care, system inefficiencies, practice opportunities and community and individual interests and needs. The new attachment initiative (A GP for Me) will provide the vehicle to decide on our community priorities. We will need all of your input in making this happen and we encourage you to step up and become involved and to add to the voice to the physician community in Powell River.

Dr. Bruce Hobson

Message from the Coordinator

Since joining the Powell River Division of Family Practice in May 2013, I have been fortunate to observe and contribute to the passion and hard work of a Division who is dedicated to the improvement of primary care delivery in the community. The successes of our Division can only be as strong as our ties within the community. We are reminded every day that collaboration leads to innovation and improvement in our work.

With 32 members, Powell River is one of the smallest divisions in BC. This small membership, coupled with a deep sense of collegiality has allowed the Division to move forward and adapt to an ever-changing environment. Our goal is to continue to provide a population health approach, to improve patient outcomes while improving patient and provider satisfaction, and to reduce the overall cost to the system.

The newly created office space has definitely been a highlight for the Division. Conveniently located, this office provides a comfortable place where people can find us and engage in essential conversations - a very positive change in our communication strategy. During the past eight months, we have hosted more than 100 meetings with members, health care professionals and community members. As part of our community commitment, we proudly display the work of local artists and host community events.

These numerous initiatives are only possible through the commitment and time of our members. From the leadership scholarship fund to the palliative care community assessment, each and every initiative remains focused on the same goal: enriching the professional experiences of physicians while improving the health of our community.

Much more could be said about the successful achievements to date, but it has become increasingly clear that the most important attribute of this division is the people. I would like to thank the Board for the opportunity to face the challenges inherent within this meaningful and rewarding role. I would also like to thank the Division staff for their steadfast dedication and commitment to professionalism in this journey. Since working with you is both motivating and inspirational, I look forward to future realization of primary health care transformation.

Guy Chartier

Organizational Structure

| | | | |
|--|--|---|--|
| <p>Vision: Optimize our own patient care capacities and professional satisfaction and to collaborate with our partners in the development and provision of comprehensive patient care</p> | | | |
| <p>Mission: Enrich the professional experiences of physicians and improves the health of our community</p> | | | |
| <p>Strategic Objectives:</p> | | | |
| Build relationships by... | Increase capacity by... | Enhance professional satisfaction by... | Influence policies and decisions by... |
| Encouraging conversations between members and between Division and partners Encouraging conversations between Division and partners | Seeking ways to address gaps and needs Supporting family physicians in improving ways in which they practice | Providing platforms for social and professional interactions Sharing success stories | Advocating on behalf of family physicians in Powell River Involving members in the process |
| <p>Core Portfolios:</p> <p>The following initiatives support the strategic objectives...</p> | | | |
| Physician Lounge Collaborative Service Committee (CSC) Attachment Initiative (GP4ME) Palliative Care Assessment Resource Navigator Nurse Practitioner (NP4BC) | Leadership Scholarship Physician Recruitment and Retention Attachment Initiative (GP4ME) Palliative Care Assessment Resource Navigator Nurse Practitioner (NP4BC) Physician Data Collaborative (PDC) | Physician Lounge Resource Navigator Social Events Division Hub | Collaborative Service Committee (CSC) Attachment Initiative (GP4ME) Palliative Care Assessment |

Core portfolios

Leadership Scholarship:

The Leadership Scholarship continues to be a valuable initiative. Four physicians received funding for their commitment to improving their professional practice and community engagement. The fund is meant to be flexible and accessible, catering to physicians that have a very specific interest and limited time for ongoing projects.

Physician Lounge:

Providing physicians with a professional and relaxed environment at the hospital in 2010 was one of the first initiatives taken by the PRDoFP. Recognizing that such environment is conducive to professional satisfaction and promotes well-being, the PRDoFP continues to invest time and money to ensure the maintenance of this space for our members. If a measure of success is the number of coffee cups consumed in the lounge, we can say, “mission accomplished”!

Collaborative Service Committee (CSC):

The CSC creates a more formal opportunity for health care partners to work together in order to bridge gaps and increase collaboration. Each month, senior representatives from the General Practice Service Committee (GPSC), Vancouver Coastal Health (VCH) and Division Central meet with local physicians in Powell River, giving those physicians a primary care voice in policies and decision-making. Specifically to our Division, the Resource Navigator pilot project and the NP4BC proposal were both projects supported by the CSC.

Physician Recruitment and Retention:

Recruitment and Retention continues to be a high priority. In June 2013, seven physicians benefited from the work of a locum hired through Division. To further recruitment, the Division has facilitated four site visits of potential physicians, providing each visitor with a full site plan including clinics, hospital and community attractions. Current endeavours include managing the arrival of an international medical graduate as well as the hiring of a Nurse Practitioner.

Attachment Initiative (GP4ME):

Goals of the Attachment Initiative include stronger relationships between GPs and patients, provision of improved support to vulnerable patients, and increased capacity within the system for patients to secure a family doctor. To date, 100% of physicians in Powell River have adopted

the Attachment Participation Code, which gives access to specific billing codes in relation to the goals. In addition, our physicians now receive new compensation for being on call for both their own patients and for the unattached patients at the hospital. In the upcoming months, the division will embark upon an engagement process at the community level.

Palliative Care Assessment:

The Shared Care Committee's Transition in Care initiative has been established to support the initial steps in a community-wide palliative care improvement effort. The first phase involved an online survey to local physicians. The second phase will involve a focus group for multiple stakeholders with an interest in palliative care in our community.

Resource Navigator:

This pilot project aims to assist physicians in identifying available health and social support services in order to link patients to these services. The resource navigator processed 75 referrals and hosted 4 different educational sessions attended by more than 70 people. The resource navigator working group is currently evaluating the achievements and potential of this role and will make recommendations to the Collaborative Service Committee in April 2014.

Nurse Practitioner (NP4BC)

The Division was successful in securing the position of a nurse practitioner under the NP4BC proposal process. In partnership with Vancouver Coastal Health, the establishment of this position is another example of successful collaboration within our health authority. This nurse practitioner, based in a physician's clinic, will provide services independently for a patient panel, thereby increasing the capacity of our community to connect patients with primary care providers.

Physician Data Collaborative

The PRDoFP is one of several divisions that have contributed to the formation of the Physicians Data Collaborative (PDC). The PDC is a not-for-profit society working to develop a community based electronic infrastructure that is trusted by family physicians. The increasing use of electronic medical records (EMRs), generates tremendous potential to leverage practice-generated data that can measure and drive system change, answer clinically relevant research questions, and improve clinical practice. Many provider groups around the world have created such networks in order to achieve these goals. Direct engagement of physicians in these activities has the potential to improve data quality as well as to transform data into knowledge that can improve both individual practice and population health.

Financial Statement 2012-13

This financial statement is based on an audited review of the April 2012 – March 2013 fiscal year with an unaudited update through to December 31, 2013.

STATEMENT OF FINANCIAL POSITION FOR YEAR END MARCH 31, 2012

Assets

| | |
|---------------------|------------------|
| Cash | 73,004.00 |
| HST Recoverable | 2,839.00 |
| Prepaid expenses | N/A |
| Capital Assets | 3,594.00 |
| Total Assets | 79,437.00 |

Liabilities

| | |
|-----------------------------|------------------|
| Accounts Payable | 41,942.00 |
| Employee Deductions Payable | 49.00 |
| Deferred Revenues | 46,580.00 |
| Total Liabilities | 88,571.00 |

| | |
|-------------------|-------------------|
| Net Assets | (9,134.00) |
| | 79,437.00 |

STATEMENT OF REVENUES AND EXPENDITURES FOR YEAR ENDING MARCH 31, 2012

Revenues

| | |
|----------------------------|-------------------|
| Ministry of Health Funding | 155,386.00 |
| In-kind donations | - |
| Interest income | 1,455.00 |
| Total | 156,841.00 |

Expenses

| | |
|--------------------------------------|-----------|
| Advertising and promotions | 2,396.00 |
| Amortization | 2,791.00 |
| Insurance | 654.00 |
| Meetings and Events | 7,985.00 |
| Memberships, dues, and subscriptions | 5,973.00 |
| Office | 3,040.00 |
| Physician consult payments | 39,643.00 |
| Professional fees | 8,156.00 |

| | |
|-------------------------|--------------------|
| Repairs and maintenance | 67.00 |
| Salaries and wages | 75,031.00 |
| Sub-contracts | 27,016.00 |
| Travel | 2,718.00 |
| Total | 175,470.00 |
| | |
| Net Assets | (18,629.00) |

CASH FLOW STATEMENT FOR YEAR ENDING MARCH 31, 2013

Operating Activities

| | |
|---|-----------------------|
| Excess (deficiency) of revenues over expenses | \$ (18,629.00) |
| Items not affecting cash: | |
| Amortization of capital assets | 2,791 |
| | <u>\$ (15,838.00)</u> |
| | |
| Changes in non-cash working capital | |
| HST Recoverable | \$ (1,711.00) |
| Prepaid Expenses | \$ 6,481.00 |
| Accounts Payable | \$ 38,037.00 |
| Employee Deductions Payable | \$ (545.00) |
| Deferred Income | \$ 5,842.00 |
| | <u>\$ 36,420.00</u> |
| | |
| Cash Flow from operating activities | \$ 20,582.00 |

Investing Activities

| | |
|--|-------------|
| Purchases of capital assets | \$ - |
| Contributions of capital assets | \$ - |
| | <u>\$ -</u> |
| | |
| Cash flow used by investing activities | \$ - |

| | |
|------------------------------|---------------------|
| INCREASE IN CASH FLOW | \$ 20,582.00 |
| Cash – beginning of year | \$ 52,422.00 |
| CASH – END OF YEAR | \$ 73,004.00 |

Balance Sheet as of December 31, 2013

This financial statement is based on an unaudited statement of the period from April 1, 2013 – December 31, 2013.

ASSETS

Current Assets

| | | |
|-----------------------------|------------|-------------------|
| Bank of Nova Scotia | 207,331.36 | |
| Total Cash | | 207,331.36 |
| HST receivable | | 2,707.76 |
| Prepaid expenses | | <u>334.24</u> |
| Total Current Assets | | 210,373.36 |

Capital Assets

| | | |
|---------------------------------|------------------|------------------------|
| Office Furniture & Equipment | 6,079.50 | |
| Accum. Amort: Furniture & Equip | <u>-3,195.78</u> | |
| Net Furniture & Equipment | | 2,883.72 |
| Computer Equipment | 2,175.00 | |
| Accum. Amort: Computer Equip | <u>-1,465.41</u> | |
| Net – Computer Equipment | | <u>709.59</u> |
| Total Capital Assets | | <u>3,593.31</u> |

TOTAL ASSETS **213,966.67**

LIABILITY

Current Liabilities

| | | |
|----------------------------------|----------------|--------------------------|
| Accounts Payable | | 5,173.23 |
| Other Accounts Payable | | 26,424.08 |
| Deferred Revenue | | 132,107.50 |
| Deferred Revenue – Carry over | | 22,187.35 |
| EI Payable | 289.25 | |
| CPP Payable | 702.66 | |
| Federal Income Tax Payable | 924.04 | |
| Total Receiver General | | 1,915.95 |
| Vacation Payable | | 991.55 |
| WCB Payable | | 122.41 |
| GST – Federal Recoverable | -2,783.23 | |
| HST – BC Recoverable | <u>- 80.60</u> | |
| GST Owing (Refund) | | <u>- 2,863.83</u> |
| Total Current Liabilities | | <u>186,058.24</u> |

TOTAL LIABILITY **\$186,058.24**

EQUITY

| | |
|--------------------------------|-------------------|
| Retained Earnings | |
| Retained Earnings | - 9,133.25 |
| Current Earnings | <u>37,041.68</u> |
| Total Retained Earnings | <u>27,908.43</u> |
| TOTAL EQUITY | <u>27,908.43</u> |
| LIABILITIES AND EQUITY | <u>213,966.67</u> |

2013-14 Major Events

April 2013

- Coordinator Succession Planning

May 2013

- GP4Me Members Event
- Board Strategic Planning Event
- Resource Navigator pilot project begins

June 2013

- Provincial Round Table
- Financial audit

July 2013

- Move to Division Hub on Marine Avenue

August 2013

- New coordinator meeting with members
- Site visit to Nanaimo Division of Family Practice
- Division Hub Open House

September 2013

- Integrated Practice Support Initiative (IPSI) project ended
- Attached in-patient network incentive started

October 2013

- Unattached in-patient network incentive started
- IPSI project presentation to General Practice Service Committee (GPSC)

November 2013

- Review of financial accounting procedures

December 2013

- Nurse Practitioner position confirmed for Powell River

January 2014

- First Practice Support Committee (PSC) Meeting

February 2014

- Palliative Care survey
- Nurse Practitioner Conversation Event
- Attachment Initiative (GP4ME) Event

March 2014

- Annual General Meeting
- Advance Care Planning Events
- Working Cross Culturally Event

Division Hub

#105-4675 Marine Avenue, Powell River, BC, V8A 4N3

Tel: 604.485-4700

Fax: 1.604.608.3208

www.divisionsbc/powellriver

powellriver@divisionsbc.ca

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

