



Rural and Remote Division of Family Practice

A GPSC initiative



2018–2019 ANNUAL REPORT

OUR VISION

Sustainable quality rural health services aligning local innovation within regional and provincial contexts.

OUR MISSION

Our division supports and enables rural physicians to optimize health care services in their rural communities.

OUR VALUES

- Strength of Community
- Integrity of Care
- Collaboration
- Diversity
- Innovation
- Transparency
- People — patients, families, providers

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MESSAGE FROM DAVE WHITTAKER, CHAIR, BOARD OF DIRECTORS



It has been an honour working with and supporting the incredible people leading rural health-care transformation in their communities and beyond this year. Your creativity, determination and

ingenuity in the face of adversity have been truly amazing to see.

When I look at what the province is trying to achieve with millions of dollars in their Primary Care Networks and compare that to what you all do every day in your communities, it begs the question, why are they not using what already works in rural and build from there? Whether it be team-based care or connections between urgent, hospital and primary care, the positive effects of our full-scope rural generalism is clear for all to see in our communities. The more I talk to our urban partners and the Ministry the more I realize how proud we should be of the care that we provide across the province.

Life in rural communities is certainly not without its challenges, though. The unique responsibilities of our physicians include emergency room coverage, maternity care, and the revolving door of recruitment and retention — not to mention negotiations with Health Authorities and a Ministry that do not always understand your realities. It is these realities that our Division's Board, staff, and

physician leadership continue to advocate for and represent to our partners and government.

We were very excited this year to welcome three new Regional Physician Leads: Dr. Jel Coward, Vancouver Coastal and the North; Dr. Tracey Thorne, Vancouver Island; and Dr. John Soles, Interior. Our Regional Leads are able to support physicians in the trenches, connecting members who may have similar experiences, and representing their colleagues at regional meetings. They will also be a part of the planned Health Advisory Council which will ensure a strong physician voice at all levels of the organization. We are grateful to them for stepping into these important supporting roles.

As a Board we made several major changes this year, transitioning from an operational to a governance board, increasing from three to seven members, and making great strides in policy governance. We have been blessed with fantastic Directors who come from all walks of rural life. The perspective and expertise that they bring has been an incredible asset. We were also pleased this year to hire an exceptional Executive Director, Terrie Crawford, who has already made a lasting impact on the organization, including working with the Board to develop a new Strategic Plan for the Division with the support of our Chapters and physician leadership.

I would like to take this opportunity to thank Dr. David Butcher, who will be leaving the Division Board after six incredible years. David has been a champion for this organization since its inception, and his contributions and

experience will be hard to replace. We wish him all the best in his next adventure as the HAMAC Chair for Island Health.

I would also like to take this opportunity to thank our staff, who worked tirelessly this year to support this important work. They are one of the greatest assets of our Division, and the hours, sweat, tears and smiles are all appreciated.

Our goal as a board and as an organization is to provide value to you, the members. You are our greatest strength. We want your ideas and your work to bring meaningful lasting success to your communities and your lives. To achieve that we need to hear from you. If we can do better, tell us. If we have done great, tell us that too. When you have an idea or a problem in your community, if we have been successful, we will be who you call first.

Thank you for all that you do.



MESSAGE FROM TERRIE CRAWFORD, EXECUTIVE DIRECTOR



Having just finished my first year in this position, I am impressed and humbled by the incredible people and exceptional work in our communities. I had the privilege of visiting 10 of our 12 Chapters, and

what became clear is the unwavering commitment of our physicians to their patients, their communities, and outstanding rural practice.

During these visits I was struck by the strength of the networks our Members have cultivated, leading in team-based and virtual care. These strong networks will serve our communities well in the upcoming rural primary care transformation planning.

I also observed the complexities of the Division firsthand. Our Chapters are spread across four Health Authorities, and collaborate with multiple First Nations communities, municipalities, neighbouring Divisions and community partners. The sheer amount of time and energy invested in cultivating these relationships has been astounding and will continue to support meaningful engagement and partnership as we collectively work towards positive health system change.

In 2018–19, the Division entered its sixth year. This, coupled with the increase in collaboration and the development of new relationships, made it the right time to develop a new, comprehensive

strategic plan. At our March Division Retreat, *Coming Together*, we explored where we are as an organization, collectively discussed where we need to go and what is needed to get there, and brainstormed how best to support our Chapters in the work ahead — while still connecting as a Division. The product of all this great work will be our new Strategic Plan: *The Road to 2022*, which I am confident will guide the organization through the changing healthcare landscape in the coming years.

With the Division's growth over its past six years, the development of multiple local collaborative tables, we introduced a number of new regional supports with the goal of improving both our work across the chapters and our connections across the Division. We hired three exceptional Regional Managers and appointed three well-respected Regional Physician Leads. They will support our Chapter Physician Leads and Chapter Coordinators in local grassroots efforts, and to help build Chapter capacity and readiness to participate in upcoming rural Primary Care Network (PCN) planning. While it remains unclear how rural PCNs will develop in our communities, it is clear that we are actively engaged in dialogue and collaboration. As you will see in our Chapter Highlights, we continue to achieve success in our rural communities.

This has been an exciting and rewarding year for the Division, I would like to take this opportunity to acknowledge the hard work and commitment of our Members, staff, and the Board. Thank you all for the outstanding work that you do in your communities, and with the Division.

BETTER SUPPORT FOR CHAPTERS THROUGH A NEW REGIONAL STRUCTURE

Since its inception in 2013, the Division has grown from three Chapters with 30 Members, to 12 geographic Chapters, our Open Chapter, and more than 150 Members across the province. We now work with four different Health Authorities, the First Nations Health Authority, and more than 50 municipal and First Nations groups. This makes our Division truly unique: no other Division interacts with more than one Health Authority, let alone four.

Our Chapters have built momentum, taking on unique projects to support community health, and developing local collaborative tables to address local issues. The Division has brought on exceptional Chapter Coordinators to help support and facilitate this important local work. This model has served the Division well in bringing community health partners together to take on complex issues.

Over the last few years, the health care landscape in B.C. has begun to change, with the introduction of the Patient Medical Home (PMH) and Primary Care Networks (PCN). With the need for increased collaboration within the Division as well as with multiple partners, the Board supported the creation of a new regional structure and Regional Support Team. Created in 2018, these changes support local Chapter capacity, and help establish collaborative tables in all 12 of our geographic Chapters.

This new regional structure brings our Chapters together in three regions: Vancouver Island, Vancouver Coastal and Northern, and the Interior. Each is supported by a new Regional

Manager working with a Regional Physician Lead. The goal of this team is to ensure that the Chapter work and collaborative tables are locally driven and regionally supported. The team was introduced in January 2019, and we are already experiencing successes in building local collaborative tables, knowledge sharing and networking.

These local collaborative tables bring together local physicians, Health Authorities, First Nations, and community partners to identify local health service needs. They will be instrumental in shaping primary care models that reflect local community needs. We recognize the importance of building strong partnerships to help rural communities identify local priorities and sustainability issues. They also provide an opportunity to strengthen current health care services through increased communication and collaboration. These tables will serve as a strong foundation for future local healthcare planning.

HIGHLIGHTS ACROSS THE DIVISION

VANCOUVER ISLAND REGION

Regional Physician Lead: Dr. Tracey Thorne

Vancouver Island Regional Manager: Nancy Rowan

- The Vancouver Island Region officially formed in January 2019, bringing together four Chapters from Northern Island to the Southern Gulf Islands.
- Work to date has focused on strengthening the regional team and supporting Chapter Coordinators. This includes engaging around priorities, budget planning and building partnerships by establishing collaborative tables.
- Three of the four Chapter Coordinators are new to the Division this year, and we are very happy to welcome them aboard.
- Two of the Division's Shared Care supported projects are currently underway on the Island, addressing maternity care in North Vancouver Island, and intersections of care on Salt Spring Island.

understanding of physician attachment, access issues, service needs and use of hospital-based and community-based services across the region. Following the CWG's completion of this two-year project, *Mount Waddington Rural Patient Journey RE-design*, the local CWG transitioned into the local Island Health Rural and Remote Collaborative Services Committee (CSC) in December 2018. The focus of the local CSC is to develop a sustainable health system for NVI that supports long-term, predictable, and culturally safe health care for its patients, and a healthy environment for staff and physicians. The re-design will provide a foundation in the goal of establishing a Primary Care Network.

- Work has started to strengthen relationships between physicians and care team members in preparation for establishing Primary Medical Homes, including further developing PMH attributes.
- Relationships with local First Nation communities have been strengthened, allied care provider networking opportunities have been established and a data population tool model that includes Frailty Score and biopsychosocial determinants of health criteria for identifying rising risk and at-risk populations for the 70+ age category, has been developed.

NORTH VANCOUVER ISLAND CHAPTER

Physician Lead: Dr. Gregory Kutney

Chapter Coordinator: Patti Murphy

- The Mount Waddington Collaborative Working Group (CWG) has undertaken a review of health services provided within the North Vancouver Island (NVI) region to define patient and population needs. It is developing an

- Chapter and community engagement initiatives included exploring a managed alcohol site, community housing development in partnership with the local First Nation and an assessment of housing and transportation needs. Other highlights include telehealth pilots in Zeballos and Sointula.
- The Learning Essential Approach to Palliative Care course was delivered to care providers through the Residential Care Initiative. The chapter continues to work with Island Health team leads to ensure local solutions are created to best meet the needs of the two facilities in communities, in line with improving provider and patient/resident experience and best practices.
- We continue to build on work done to date in enhancing Maternity Care for Women and Families on NVI, in collaboration with FNHA, Island Health, key stakeholders and care providers. The chapter has secured Shared Care Provincial Maternity Initiative funding for enhancing a comprehensive model of maternity care that embraces interprofessional collaborative (IPC) practice.





LONG BEACH CHAPTER

Physician Lead: Dr. Carrie Marshall

Chapter Coordinator: Brook Woods

- The collaborative table started in June 2019 with agreement on the terms of reference and priorities for future action.
- The Chapter Coordinator updated the existing Patient Medical Home proposal. It also worked in collaboration with facilities engagement, the interprofessional team and community partners to facilitate and create MHSUCP team to identify mental health service gaps and develop a service delivery model address the gaps.
- The Coordinator also represented the Chapter on Island Health and community health networks, including the Cultural Safety Committee and Coastal Family Resource Coalition.
- The Chapter collaborated with West Coast Community Resources Society to develop the Seniors Tool Kit.
- Other highlights include a physician engagement event on Cultural Humility with the Long Beach Chapter and First Nations Health Authority, and a collaboration between the Chapter's physician lead, the Nuu-chah-nulth Tribal council and a grad student on diabetes initiatives.

GABRIOLA ISLAND CHAPTER

Physician Lead: Dr. Francois Bosman

Chapter Coordinator: Angela Pounds

- The Gabriola Palliative Care Project started in 2018 to support the palliative care specialty care team and develop local hospice care support for patients. The RRDoFP provided Patient Medical Home funding for a broad-based working group with many community representatives. A Nurse Palliative Care Coordinator attends monthly rounds to discuss cases with the physicians, and physicians are better connected with the Palliative Specialty Support services. A Hospice coordinator was hired, 12 volunteers completed Hospice training and provide volunteer support for palliative patients on Gabriola. Physicians can refer families to hospice program for local support.
- Gabriola has a 40% child poverty rate, and the island has repeatedly identified the need for free/low cost counseling. In 2018, Dr. Tracey Thorne, supported by the RRDoFP and community partners, applied for a Doctors of BC Social Determinants of Health grant to provide free counselling to mothers on Gabriola to address this need. There are now 12 group counselling spots available, and additional funding for 1:1 counseling. The program is now looking for additional funding to continue this work.

- The Chapter coordinator and a local physician participated on the Gabriola Health and Wellness Collaborative. Working together, many community groups have introduced new services addressing the social determinants of health. For example, the adult day program has just been expanded from one to two days per week with caregiver support.
- The Chapter and community have engaged with the health authority through the CSC and other tables to voice concern about the lack of home support workers to meet the needs of the population. This advocacy has resulted the home support worker education program being delivered on Gabriola Island and health authority subsidies for students.
- The chapter has established a working relationship with and participated in health authority and interdivisional planning committees (Island Health Rural and Remote Planning Committee; VI interdivisional CSC; VI interdivisional ED and physician leads).



SALT SPRING ISLAND CHAPTER

Physician Lead: Dr. Manya Sadouski

Chapter Coordinator: Katie Watters

- The Salt Spring Collaborative Table is reviewing membership and will draft terms of reference.
- A medication review project was initiated as part of the Patient Medical Home. The plan will be updated with physician lead and new coordinator.
- The chapter received a Community initiatives Grant in 2019 to offer events or forums for professionals and community members to come together and discuss the low-risk alcohol drinking guidelines. Alcohol Dialogues events were held on Salt Spring and Mayne Islands, and pamphlets were sent to 840 homes on Galiano Island. The events were sponsored by the physicians on Salt Spring Island as part of the work of the SSI Chapter of Rural and Remote Division of Family Practice. The Division/Chapter received financial support through a grant from the Community Action Initiative.
- The Salt Spring Chapter is engaged with initiatives to increase the sustainability of the island's midwifery program.



VANCOUVER COASTAL & NORTHERN REGION

Regional Physician Lead: Dr. Jel Coward

Regional Manager: Helen Truran

- The Vancouver Coastal and Northern Region of the Division officially formed in January 2019, bringing together four chapters from two Health Authorities.
- While all four chapters have unique circumstances, they have many things in common: They have a small number of physicians servicing communities of <10,000; they have unique transportation and isolation issues that make accessing services challenging for providers and patients; and they provide services to First Nation communities and patients. Like other rural and remote communities, physicians provide care along the full continuum and in various capacities, including clinic, emergency, community, home and telehealth. As a result, physician capacity, particularly for administrative work, is limited.
- Work to date has focused on strengthening the regional team and supporting Chapter Coordinators engaging around priorities, budget planning and building partnerships through collaborative tables.
- While working with two Health Authorities means more partners and more meetings, the benefits and opportunities to share outweigh the challenges. Hazelton. For example, is looking at Bella Bella's methodology in gathering and showcasing data. Bella Coola learned about partner engagement from Pemberton and Bella Bella and is using this knowledge when setting up its CSC.



HAZELTON CHAPTER

Physician lead: Dr. Joanne Collins

Chapter Coordinator: Selina Stoeppler

- In the last fiscal year, Hazelton went through a significant turnover of medical staff, adding a new physician lead and a new Chapter Coordinator. First steps focused on reigniting the chapter and identifying priorities for the coming year.
- The chapter has been strengthening relationships with the Pacific North West Division, joining the Collaborative Services table and participating in the northern region interdivisional meetings. It is also working closely with PSP and Facilities Engagement to ensure that our work is aligned.



- Hazelton has been active with the five Divisions across the north to engage GP's, specialists, GP's with focused practice and other health professionals to access funding from Shared Care. This would enable the development of innovative and effective ways to coordinate care for seniors and adults with complex medical conditions and frailty. Chronic co-morbid conditions to be addressed, include a combination of arthritis, COPD, cardiac, dementia and diabetes.
- The Chapter obtained funding to host the Care Course. This training was identified by the chapter as necessary for the new physicians providing ER coverage together with a team of providers in a remote community.

PEMBERTON CHAPTER

Physician Lead: Dr. William Ho

Chapter Coordinator: Cheryl Drewitz

- Hazelton has been active with the five Divisions across the north to engage GP's, specialists, GP's with focused practice and other health professionals to access funding from Shared Care. This would enable the development of innovative and effective ways to coordinate care for seniors and adults with complex medical conditions and frailty. Chronic co-morbid conditions to be addressed, include a combination of arthritis, COPD, cardiac, dementia and diabetes.
- The Chapter obtained funding to host the Care Course. This training was identified by the chapter as necessary for the new physicians providing ER coverage together with a team of providers in a remote community.
- The chapter is exploring collaboration opportunities with the neighbouring Sea to Sky Division of Family Practice.
- The Chapter is excited to see the results of the Patient Medical Home (PMH) initiative, designed to measure the impact the determinants of health, are having on the health of their patients.
- Physicians initiated a monthly, interprofessional training session in the Pemberton emergency clinic. It brings together physicians, allied health, ambulance and other first responders to practice managing emergency situations. The program helps to improve clinical skills, teamwork, communication, and crisis resource management skills in the low resource setting of rural emergency medicine.

BELLA BELLA CHAPTER

Physician Lead: Dr. Lauri-Ann Shearer

Chapter Coordinator: Rhonda Orobko

- Bella Bella has a well-established CSC (January 2018), with an active data working group with representation from First Nations. The working group has created a way to showcase data and are exploring a process for gaining consent from the communities around data collection and sharing. The group is also working with local partners to bring nursing education to the community.
- In early 2018, evaluation of the JSC-funded Chronic Disease Nurse pilot project at the Bella Bella Medical Clinic (BBMC) identified the need for an additional clinic assistant to provide support for the Visiting Specialist Program. Without dedicated support, the workload for more than 30 clinics per year was unsustainable. In August 2018, an agreement was created between the Hailika'as Heiltsuk Health Centre Society (HHHCS) and VCH. The agreement, coordinated by the Chapter and funded by the JSC, allowed HHHCS' telehealth coordinator, working within the BBMC, to coordinate the specialist clinics until March 31, 2019. Evaluation revealed significantly decreased workload for all BBMC staff and clinicians, improved consistency in processes, and strengthened partnerships between the management and front-line staff. A successful model has been developed and HHHCS and VCH have agreed to continue jointly funding the position.
- BBMC is operated by VCH in the Heiltsuk First Nation community. The Chapter, in collaboration with local physicians and VCH's

PSP, conducted a needs assessment to strengthen the Patient Medical Home, from which all family physician care in Bella Bella, Klemtu (Kitasoo/Xai'Xais Nation), Ocean Falls and Denny Island is based. Physicians and leadership at the BBMC, with feedback from the clinic assistants, noted the need to enhance the education and experience of the clinic assistants. Without a formal local Medical Office Assistant, all training was on-the-job in a busy medical clinic with a high degree of locum coverage. Together with the clinic assistants and the local Medical Director, the PSP organized job shadow experiences for four assistants in busy Vancouver clinics that use the same EMR system. In addition, PSP worked with the clinic staff to improve office efficiencies and offer informal training opportunities in their community, both of which were very successful.





BELLA COOLA CHAPTER

Physician Lead: Dr. Amber Bacenas

Chapter Coordinator: Pat Lenci

- Two CSC Meetings have been held in Bella Coola with strong representation from the Nuxalk Nation, Bella Coola Medical Group, Vancouver Coastal Health Authority and other supporting members inclusive of RRDBC and Doctors of BC. The meetings have allowed frank discussion around sensitive health issues facing the local population in a trusting and respectful environment, laying the ground work for the direction of future program development.
- A one-day Continuing Medical Education workshop funded by the Division provided learning around three topics: difficult patients and complex PTSD, reducing suicide risk and improving response for learners, and healing past the cycle of trauma.
- Bella Coola relies heavily on physician locum services to provide ongoing medical care. It introduced Locum Welcome Books to show the value the community places on their services. The program provides information about local food and beverage sites, recreational and entertainment opportunities and where applicable, vouchers and gift certificates for visiting locums.
- The Chapter continues to focus on recruitment and retention efforts.

INTERIOR REGION

Regional Physician Lead: Dr. John Soles

Regional Manager: Christianne Kearns

- The Western Interior, Clearwater, and Merritt Chapter boundaries rest within the traditional territories of four Nations: the Nlaka'pamux, Northern St'at'imc, Syilx and Secwepmec. This area has 24 of the 54 First Nations communities in the Interior Region, and First Nations represent a majority population in many of the communities served by Division physicians. For the past year, an area of focus has been understanding the health needs of First Nations and developing meaningful partnerships with communities and health providers.
- Before delving into health service planning and gap identification, the Nations have shared that we must first better understand each other as partners. The Interior Region is taking a new and different approach to working with First Nations. First Nations

partners are taking the lead and demonstrating how relationships are built. This means participating in sharing circles focusing first on developing trust, being in First Nations health centers, and recognizing the importance of seeing community strengths and challenges first hand.

- Merritt, Western Interior and Clearwater Chapters, with Interior Health (IH) and the Nlaka'pamux, Northern St'at'imc, Syilx and Secwepmec Nations, have developed a Rural and Remote Collaborative Services Committee. It uses a tri-chair model with First Nations, Interior Health and the Rural and Remote Division of Family Practice to enable local grassroots community level partnership and relationship building between IH, First Nations, and primary care providers.



CLEARWATER CHAPTER

Physician Lead: Dr. John Soles

Chapter Coordinator: Laura Soles

- The physicians are working on building strong relationships, including a one-day facilitated session with Robin Watt (GPSC Regional Liaison, Interior) to establish protocol for issues resolutions and develop a task analysis.
- The Chapter hosted CPD Lunches throughout the year, providing lunch for the physicians, locums, and learners as they informally discussed updates in standards of care, interesting cases, and recent medical literature reviews.
- The Clearwater Local Collaborative Table has a strong foundation. It met five times in 2018 and has begun collecting and analyzing data for the PCN. The committee will become active again once the Interior Rural CSC structure has been finalized.
- Office Quality Improvement is continuing. PSP is working with the physicians on Panel Management and the group is engaged in working towards meeting the Patient Medical Home attributes.
- Recruitment and Retention is an ongoing process. The Chapter Coordinator has been working with the local physicians, along with a local liaison, to ensure that they have the best experience in settling into, and becoming active members, of the community. This includes a gift card for a local restaurant.
- The Clearwater Chapter held a very successful Walk with Your Doc in conjunction with BCEHS. Forty community members turned out for the walk and were provided with T-shirts, courtesy of Doctors of BC.



WESTERN INTERIOR CHAPTER

Physician Lead: Dr. Deborah Obu

Chapter Coordinator: Tawanda Hatendi

- Local Health Services Area Planning Tables have been formed in Ashcroft and Lytton. The Division actively facilitated bringing together various partners, including Mayors and Council, local physicians, First Nations, Interior Health, BCEHS, allied health professionals, MCFD and representatives from Patient Voices Network. These collaborative tables, comprised of local health decision-makers, have been making headway in exploring and executing short- and long-term solutions to current gaps in local health services and developing linkable inventories.
- The Lillooet Primary Care Working Group is also planning to enhance virtual care in neighboring communities, including First Nations communities. This work has been supported by funding from the Joint Standing Committee on Rural Issues.
- The Chapter collaborated with IH, FNHA, Bridge River Indian Band and St'át'imc Outreach Health Services to hold naloxone training workshops and participate in the Opioid Crisis Forum.

- The Chapter also collaborated with these partners and Lillooet Hospice Society to host Palliative Care workshops. The learning was bidirectional with physicians having opportunities to teach, answer questions, and add their questions of interest to a survey.
- The Division has been an active member of various local collaborative tables including the Circle of Care, Wellness Coalition, Health and Wellness Coalition. The Chapter also assisted in designing a consultation document geared so that physicians attending to local volunteer firefighters can stay up-to-date on the growing number of conditions associated with the profession.
- The Division supported local physicians in hosting the Women's Wellness Clinic (February and August 2019). The clinic provided a relaxed, safe space at a convenient time of day so women could get Pap tests and mammo dates while spending time with providers over music, snacks and tea.
- The Residential Care Initiative continues to operate. The Mountainview Lodge team received recognition from Interior Health for its innovative and dedicated approaches in Long-Term Care.
- The Division and PSP are currently working on panel clean-up to inform gap analysis for improving the Patient Medical Home. The physicians appreciate the clarity they have gained in analyzing their patient populations and evaluating their practice.



REVELSTOKE CHAPTER

Physician Lead: Dr. Kate McCarroll

Chapter Coordinator: Katherine Brown

- The Revelstoke Collaborative Services Committee met five times in the last 15 months. The group has started initial data analysis and is working towards future health services planning in the community. Because the CSC is relatively new, significant groundwork is taking place to create a sustainable and effective collaborative.
- The Chapter is also working with partners on the sustainability of the Revelstoke Secondary School medical clinic, maternity services in the community, and meeting the attributes of the Patient Medical Home through work with PSP, including Panel Management work. Patient Medical Home work includes:
 - Community stakeholder engagement
 - physician engagement with other community service providers to strengthen two-way collaboration and referrals

- The launch of www.revelstokelife.ca, a partnership between the Division, the Medical Staff Association at QVH, the City of Revelstoke, the Women’s Shelter, and the Child and Youth Mental Health Substance Use Local Action Team
- Physician Survey – September 2018
- Ensuring access to after-hours care working group. The group developed four proposals to ensure equity among service providers who do and do not provide ER Call
- Community Capacity Planning – reviewing and revising the current staffing plan for current community and service-provider needs. Because the population and physician community are increasing, a new definition of “full-service FP” and an “FTE” needs to be developed to ensure the sustainability of essential services (primary care clinics, surgery, anesthesia, obstetrics and 24/7 emergency room) while maintaining equity and sustainability.



MERRITT CHAPTER

Physician Lead: Dr. Duncan Ross

Administrative Assistant: Paula Jolicoeur

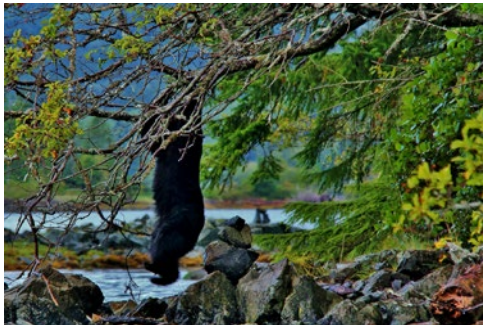
- The Division was happy to welcome the Merritt Chapter to the Rural and Remote community in June 2018. Since the formation of their Chapter, Chapter physician Lead Dr. Duncan Ross has worked with Interior Regional Manager, Christianne Kearns, and Regional physician Lead, Dr. John Soles on engaging with the other Interior chapters and building a foundation for success in future work.

OPEN CHAPTER

Physician Lead: Dr. Stefan Grzybowski

- A Rural Locum Strategic Planning Workshop was held on March 9th, 2019 to explore the future needs and direction to support rural locums. This session brought together key stakeholders to explore the critical challenges facing rural locums and identified strategies for how rural locum services could provide greater benefit to rural communities in British Columbia.
- One of the focused themes explored providing an appropriate “home” for locums – an integrated one-stop-shop that manages orientation, local contacts and travel information for each community. Coordinated locum placements based on community needs would be matched to locum skills. The Chapter and Division continues to work to make this rural locum home a reality.

RURAL & REMOTE DIVISION OF FAMILY PRACTICE



BOARD OF DIRECTORS

Chair: Dr. Dave Whittaker

Treasurer: Dr. David Butcher

Dr. Danette Dawkin

Dr. John Soles

Laurie Walters

Lori Verigin

Travis Holyk

OPERATIONS STAFF

Executive Director: Terrie Crawford

Director of Operations: Jeremy McElroy

Director of Operations:

Leanne Morgan (Parental Leave)

Finance Coordinator: Diana Hardie

Operations Coordinator: Harpreet Kullar

STAFF UPDATES

VANCOUVER ISLAND REGION

The Vancouver Island Region welcomed three new Chapter Coordinators in 2018-2019: Angela Pounds, Gabriola Island; Brook Woods, Long Beach; and, Katie Watters, Salt Spring Island. The Division was also pleased to welcome Nancy Rowan, longtime Gabriola Island Chapter Coordinator, as the new Vancouver Island Regional Manager. North Vancouver Island's Chapter Coordinator Patti Murphy continues to provide excellent support after five incredible years of service to the Division and her Chapter.

VANCOUVER COASTAL & NORTHERN REGION

The Vancouver Coastal and Northern Regions also welcomed three new Chapter Coordinators in 2018-2019: Selina Stoeppler, Hazelton; Cheryl Drewitz, Pemberton; and Pat Lenci, Bella Coola. We also welcomed Nina Van Den Hogen as Pemberton's new Administrative Assistant. The Division was also pleased to welcome Helen Truran, longtime Project Manager, as the new Regional Manager for Vancouver Coastal & Northern.

INTERIOR REGION

The Interior Region welcomed Tawanda Hatendi as the new Western Interior Chapter Coordinator in the summer of 2018. The Division also welcomed Paula Jolicoeur to the team as Merritt's Administrative Assistant. Longtime Clearwater Chapter Coordinator Laura Soles has announced her retirement, after nearly five years with the Division. We want to thank Laura for all that she has done for Clearwater and the Division and wish her all the best in her retirement.

STATEMENT OF FINANCIAL POSITION

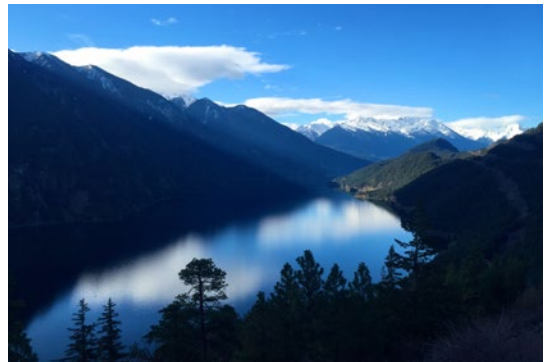
March 31, 2019

	2019	2018
ASSETS		
Current		
Cash	\$ 389,403	\$ 380,215
Cash provided by funding	871,209	743,522
Amounts receivable	14,721	14,271
GST receivable	6,528	18,567
Prepaid expenses	8,281	18,256
	1,290,142	1,174,831
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 259,170	\$ 155,583
Deferred revenue – government funding	870,875	752,816
Deferred revenue – third party funding	15,055	3,500
Due to Doctors of BC	0	145,414
	1,145,100	1,057,313
NET ASSETS		
Unrestricted	145,042	117,518
	\$ 1,290,142	\$ 1,174,831

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year Ended March 31, 2019

	2019	2018
Revenues		
Government funding	\$ 1,917,188	\$ 2,036,079
Interest	30,401	22,136
GST rebate	14,033	18,567
Third party funding	1,445	0
	1,963,067	2,076,782
Expenditures		
Support services	1,087,121	1,075,898
Physicians	477,476	422,649
Meetings	161,090	113,321
Administration	125,072	126,027
Events	76,702	287,698
Marketing and communication	8,082	10,486
	1,935,543	2,036,079
Excess of Revenues over Expenses	27,524	40,703
Net Assets, Beginning of Year	117,518	85,425
Amortization of Capital Assets	0	(8,610)
Net Assets, End of Year	\$ 145,042	\$ 117,518



CONTACT US

Rural and Remote Division of Family Practice

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Thanks to all who submitted images for our Annual Report.

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www.divisionsbc.ca/rural-remote