
2014 ANNUAL REPORT



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Report from the Chair of the Board



Dr. Jack Kliman,
Board Chair

I chose to become involved in the launch of the Division because I believe in the importance of family physicians designing, developing and leading healthcare improvements for the benefit of ourselves, our patients and the system. I felt that all too often our voice, presence and input has been missing from those of planners, managers and the like who have relegated our participation to the bottom of the list, if on the list at all. As I look back on 2014 I feel that there has been encouraging improvements that bode well for continued growth of divisions in BC and to strengthen the role of family physicians as healthcare leaders.

It's been quite a year. The extensive consultation with members, specialists, the community and VCH through A GP for Me was a remarkable process which really helped both myself and the board to understand more about the challenges in accessing and providing primary care in Richmond. Through this work new partnerships have emerged, with VCH, the City of Richmond and S.U.C.C.E.S.S, amongst others. We are increasingly asked to be a representative voice for primary care in our community. Our community public survey had good uptake and many people

As I look back on 2014 I feel that there has been encouraging improvements that bode well for continued growth of divisions in BC and to strengthen the role of family physicians as healthcare leaders.

... I thank our members for their active participation in our polls and focus groups to help shape the next phase of work.

shared their challenges in finding a family physician for their ongoing care. While it was difficult to hear many of their stories, it helped to highlight the role and importance of family physicians in peoples' lives. Much time was spent at the A GP for Me Steering Committee and by the board to ensure that any proposed work would be achievable. I thank our members for their active participation in our polls and focus groups to help shape the next phase of work.

This past year has also included more opportunities to engage with our specialty colleagues including Let's Talk Emergency Medicine, Let's Talk Community Health and Clinical Pearls. Our committees with VCH are becoming more productive and inclusive and we hope to develop further Shared Care projects. This year also saw the launch of a new committee, I.T., who will be working through the challenges faced by our members to help optimise EMR use and overcome implementation challenges.

As my time on the board of the Richmond Division draws to a close I must express my gratitude to my colleagues who have worked alongside me on this extraordinary journey: Drs. Wendy Amirault, Peter Chee, Ki-Sun Kim, Michael Myckatyn, Robert



McKenzie, Manoj Singhal and Patricia Wong. Dr. Singhal is also departing this year and I thank him for his leadership of the Coverage Committee and his contributions to developing this organization.

From a small meeting with a handful of doctors listening, to the initial pitch for why we should try to form a division there has been remarkable growth. We are now a non-profit society with 135 members invited by organizations such as the City of Richmond to provide thoughts on improving the current state of healthcare in our community. It has been a fulfilling experience and I hope that many of you will take on the challenge to become more involved.

The Division's successes are actually YOUR successes, thank you for letting me be a part of it.

Dr. Jack Kliman
Board Chair

*... it has been a fulfilling experience
and I hope that many of you
will take on the challenge to
become more involved.*

From left to right:
Drs. Amirault,
Singhal, McKenzie,
Myckatyn, Kim, Chee,
Kliman, Wong

Report from the Executive Director



When I started with the Richmond Division in the summer of 2012 our organization consisted of the board of directors and me. We were joined in late 2012 by two part-time staff; Carrie Locke for our Shared Care project and Annie Hobson as Administrative Assistant. Our small enthusiastic team started from the ground up to develop our operations, policies and the identification of strategic priorities. From all the challenges evident at the start we established a commitment from the board and the members to fully engage with this curious new entity in B.C. health called Divisions of Family Practice and to embrace the role of physicians leading health care improvements within their communities.

Fast forward to spring 2015 and the pace of change has not only continued but accelerated as the Richmond Division of Family Practice has become more established and recognized in the community. In the past year our infrastructure has developed and matured, the scope of our work has expanded in both breadth and depth and our operational team has grown to meet increasing demands.

Total membership now totals 135 Richmond family doctors from a range of health settings including private practice, walk-in clinics, Richmond Hospital hospitalists and emergency department physicians. We have had 600 member contacts in the last year through participation in consultation and member events, committees and working groups. It has been a pleasure to work alongside many of you and I remain impressed and encouraged by the commitment and optimism shown by Division members.

Highlights of 2014 include the Division's picnic, the Clinical Pearls events which

Your experiences and interests as members remain our priority and I welcome your comments and suggestions for ways to make the Division relevant to your needs.

are always oversubscribed and our participation in the A GP for Me initiative, which was a significant piece of work.

A joint initiative of the Government of BC and Doctors of BC, A GP for Me allowed the Division the opportunity to reach out to many new partners. It was also our first significant effort in engaging with the community and through surveys and community consultation events, a lot was learned about health care needs and interests of Richmond residents. Member consultations, surveys and focus groups played a significant role in understanding the challenges of meeting increasing demands placed on physicians. We have taken this rich data stream and used it to develop our Implementation Plan which was brought to the membership for consultation in early March.

At this time of reflection and renewal I would like to express my gratitude for the hard work of the board of directors, who carve out increasing amounts of time and commitment despite their own busy lives. It has been a pleasure to work alongside you all. I would also like to acknowledge the hard work of departing Board Chair, Dr. Jack Kliman. As one of the founding physicians of the Richmond Division it is

safe to say that there isn't a policy, program or strategic direction that does not have Jack's fingerprints on it. He will continue as Physician Lead for the Implementation Phase of A GP for Me and the board has undertaken robust succession planning to ensure a smooth transition.

On behalf of the Board we would like to thank Afsaneh Moradi (Physician Engagement Lead-Divisions provincial office) for her ongoing support and insight. The skills and commitment of our operations team allows myself, the board and various projects, committees and partnerships to work efficiently and effectively to meet our goals. We are grateful to Barinder Chauhan, Annie Hobson, Linda Jung, Carrie Locke and Nerissa Tai for their excellent contributions.

Our upcoming year looks to be exciting on a number of fronts. We will continue to reach out to our members and to specialist physicians and make efforts to reinvigorate the connections within the medical community in Richmond. We will continue to develop stronger working partnerships with organizations such as VCH who are increasingly looking to the Richmond Division as a representative voice for primary care. **Your experiences and interests as members remain our priority and I welcome your comments and suggestions for ways to make the Division relevant to your needs.**

Denise Ralph
Executive Director



Board Workshop



Member Event
on Emergency
Medicine

Mission, Vision and Values

MISSION

A medical community that protects, promotes and expands the role of family physicians in caring for their patients.

VISION

The vision of the Richmond Division of Family Practice is to provide a collective and influential voice for Richmond family physicians.

VALUES

We will be guided in our work by the following values:

Beneficial

Striving to be beneficial to our membership and/or our patients, outcomes based

Efficiency

Delivering efficient services to our membership, practicing efficiency as a Board and promoting workflow efficiency in our medical practices

Influential

Shaping how healthcare is designed, delivered and evaluated; having a voice with stakeholders, acting with vision

Strategic Goals

Strategic Objective #1: Beneficial

To continue to develop a strong, supported, skilled and engaged physician community in Richmond.

Strategic Objective #2: Efficiency

To ensure efficiency and sustainability of our work through planning our future by defining key outcomes, establishing deliverables and measuring results; through promoting efficient patient transitions within medical practices and between health care providers, sectors and communities.

Strategic Objective #3: Influential

To influence and shape health care delivery at the practice, community and regional levels as a recognized and valuable voice for our members about the issues they face.



Key Division Initiatives

1. Residential Care Committee

Members: Drs. Adam Chang, Morton David, W. Ken Kan, Gary Koss, Beverley, Michael Myckatyn (Chair), Cheryl Nagle and William Wong

The Residential Care Committee of the Richmond Division met once this year in addition to hosting two Polypharmacy Risk Reduction “Circle of Care” events as well as a member event on the Medico Legal Risks of Residential Care. Various working groups also met with Richmond Directors of Care and provided feedback to the GPSC on proposed changes to billing changes for residential care codes.

From left to right:
Kerry Baisley, Director,
Client Relations and
Risk Management,
VCH Richmond;
Jonathan Meadows,
Partner, Harper Grey LLP;
Dr. Michael Myckatyn,
Chair, Residential
Care Committee



For the upcoming year, the committee will focus on:

CMEs on Residential Care Topics

The October 2014 CME session on medico legal risks in residential care was well received by the 30 or so physicians as well as leadership and staff from the various Richmond facilities who attended. Lawyer Jonathan Meadows from Harper Grey LLP and Kerry Baisley, Director, Client Relations and Risk Management from VCH, overviewed several key issues. To sum up the central theme of both presenters: “The primary medical-legal concerns for GPs relating to delivering care to residential care patients involve issues of consent and capacity”. It was a productive evening and, from the accompanying event surveys, deemed overwhelmingly useful by those in attendance. It also inspired some good suggestions for themes for upcoming sessions planned for 2015. If you have any suggestions, please contact Dr. Myckatyn.

Increased Support For Residential Care Physicians

Drs. Robert McKenzie, Cheryl Nagle and Morton David and myself undertook an extensive review of a lengthy policy document created by the General Practice Services Committee (GPSC) regarding the current state of residential care services in the province. Feedback from our group was used in the development of new fee codes to compensate GPs for providing residential care services that will be launched this spring. At this point we are unsure of the details but will convene a meeting of all physicians who provide residential care services in Richmond as soon as the information is posted.



Dr. Rauscher speaking at the Polypharmacy Risk Reduction event

Polypharmacy Risk Reduction

Through the Shared Care Committee we hosted two events to work on medication optimization for clients in residential care. This is a circle of care approach which involves family physicians and specialists, pharmacists, Directors of Care and nursing staff, patients and their families. This initiative is currently on hold as imminent planned retirements have reprioritised the committee's work and physician manpower is now its current priority.

Physician Manpower

From the extensive surveys for the A GP for Me initiative that our members completed we were able to get an understanding of planned retirements over the next five years. We quickly realized that we are facing a significant reduction in the numbers of GPs in Richmond who serve residential care clients. We have discussed various approaches and hope to launch a program to support GPs who currently do not provide care to residential care clients in the next while.

In Closing — Do Not Forget the Geographic Alignment Project!

This initiative aims to geographically align physicians to their preferred facilities based on proximity to office or home. We currently have 51 physicians who provide residential care in Richmond, the majority of whom have a couple of patients in each facility. By optimizing geography we can improve the provision of care and satisfaction for both physicians and patients.

Please contact Dr. Myckatyn or Denise Ralph if you wish to see the list of physicians who are willing to “trade” patients or take on new patients in certain facilities.

*Our #1 Goal for the Upcoming Year:
To attract and support younger physicians in residential care, a richly rewarding area of general practice.*

Key Division Initiatives cont'd

2. I.T. Committee

Members: Drs. Al Horii (Chair), Charles Jiang, Robert McKenzie, Manoj Singhal, Boon Wong

The I.T. Committee is our newest committee, launched in October 2014. The purpose of the I.T. Committee is to provide leadership and support to members regarding I.T. issues and their use of technology in their practice. The scope of the committee includes EMRs, Information Technologies, Physician's Data Collaborative, CST/ Cerner project and e-health in general.

The Committee works collaboratively to:

1. Develop ideas, recommendations and solutions related to I.T. that will improve physician participation, satisfaction and increase the meaningful level of use of a range of enabling technologies
2. Engage Richmond family physicians in sharing information, the identification of key issues and implementation of solutions
3. Provide regular communication to all members
4. Develop strategy and approach, ensure appropriate guidance and oversight throughout the life span of the committee; oversee the work of the working groups and project supports and provide communication links to the Board, funders and key stakeholders.

OSCAR EMR
User Group
meeting



The committee has met three times to plan ideas for support for Richmond physicians after PITO ceased March 31, 2015. One EMR user group meeting for OSCAR was led by Dr. Jiang.

Each committee member is the lead for their respective EMR provider and members are encouraged to contact their peer EMR lead with questions or ideas for ongoing EMR support.

Dr. Allan Horii — Wolf EMR Lead

Dr. Charles Jiang — OSCAR Lead

Dr. Robert McKenzie — Med Access Lead

Dr. Manoj Singhal — “Miscellaneous / Non-PITO EMR” Lead

Dr. Boon Wong — Intrahealth Lead



Projects



1. Shared Care

Overall Purpose:

Family physicians and specialist physicians in Richmond – working together to improve health outcomes and the patient journey throughout the health care system

Since 2012, the Shared Care project has successfully engaged with our division GP members (over 65% have attended one or more events), connected with over 50 specialists from 18 specialty groups, hosted 10 GP-Specialist engagement events, involved over a dozen VCH representatives from PSP, IPCC as well as program-specific staff and benefitted from the participation of over 20 representatives from 11 community organizations and partners.

Key Milestones:

Orthopaedics: in addition to launching the ortho referral form, we have trialed a small-scale MSK screening clinic and mapped out ortho referral process and asset maps

Rheumatology: this year a successful partnership with rheumatologists, infectious diseases and Richmond Public Health helped launch an immunization protocol (that can be applied to all immuno-compromised patients). The work culminated in a successful “Let’s Talk: Rheumatology” event

Psychiatry: our newest project development is exploring a partnership with VCH-Richmond psychiatry to improve primary care access by co-locating psychiatrists in GP offices. More to come.

“Where else can you go to see GPs, meet with them, talk with them. Yes you can see some of these folks at the RH quarterly staff meeting but not everyone attends. This is a good way to connect.”

— Rheumatologist (about Let’s Talk: Rheumatology event)



Dr. Barry Koehler speaking at Let’s Talk Rheumatology event



Timeline

2014

April: 3rd Mental Health Event Series: Older Adult Mental Health Services in Richmond; OASIS working group convened; second Shared Care newsletter featuring rheumatology

May: project progress and reporting at division AGM

June: hosted two successful events: Let's Talk: Emergency Medicine and Clinical Pearls Part 2: What They Didn't Tell You in Medical School

July: scoping work related to acute care transitions; began EMR implementation of referral forms

August: development of ortho referral process and asset maps

September: consultations with specialists to gather feedback for A GP for Me; third Shared Care newsletter featuring emergency medicine

October: MSK screening project pilot

November: Let's Talk: Rheumatology event saw the launch of the new immunization protocol for immuno-compromised patients

December: new psychiatry advisory committee convened to explore and develop a psychiatry project

2015

January: "Improving primary care access to psychiatry" proposal submitted to Shared Care Committee

February: wrap up of orthopaedics and rheumatology projects

March: ongoing planning of events and emerging projects



From left to right:
Dr. Laura Heslip, OB-Gyn; Dr. David Harris, Endocrinology; Dr. Jerry Vortel, Infectious Diseases; Dr. Gordon Mackie, Neurology. Missing from this picture is Dr. Martin Fishman, Gastroenterology

Projects cont'd

Shared Care Steering Committee Members

Dr. Ki-Sun Kim, Family Physician (Chair)
Dr. Barry Koehler, Specialist Physician
Bethina Abrahams (Shared Care Committee)
JoAnne Douglas, Vancouver Coastal Health
Denise Ralph, Executive Director (Vice-Chair)

Orthopaedics Working Group Members

Dr. David Li, Family Physician (Chair)
Dr. Robert Baker, Family Physician
Dr. Keri Ruthe, Family Physician
Dr. Richard Kendall, Specialist Physician
Dr. Ken Hughes, Specialist Physician
Sharon Calvert, Family Physician Office RN
Kathy Bozanich, Specialist Office MOA
Pat Gibbs, Specialist Office MOA
Rachel Duck, Specialist Office MOA

Rheumatology Working Group Members

Dr. Ki-Sun Kim, Family Physician (Chair)
Dr. Barry Koehler, Specialist Physician (Rheumatology)
Dr. Jerry Vortel, Specialist Physician (Infectious Diseases)
Dr. James Lu, Richmond Medical Health Officer (Public Health)
Kim Bourhill, Immunization Program Lead, Richmond Public Health

"Opportunities to meet and learn from specialists are the most valuable thing the Division has done for me."

— Community GP



Psychiatry Advisory Committee Members

Dr. Robert McKenzie, Family Physician (Chair)

Dr. Ki-Sun Kim, Family Physician

Dr. Peter Gibson, Psychiatrist and VCH-Richmond Medical Director of Mental Health & Addictions

Dr. Kenneth Heng, Psychiatrist
Carrie Locke, Project Lead



Psychiatry Advisory Committee: Dr. Robert McKenzie, Dr. Kenneth Heng, Dr. Peter Gibson and Carrie Locke.
Missing: Dr. Ki-Sun Kim.

Special Thanks:

We would like to acknowledge the participation and contributions of various Richmond specialty and family practice physicians, medical office assistants and VCH leadership and staff to our Shared Care projects.

We would also like to extend our gratitude to the many community organizations and members who have contributed to our Shared Care projects in the past year: Richmond Addiction Services, Alzheimer Society (First Link), Minoru Place Activity Centre, Volunteer Richmond.

"Let's Talk events bringing together GPs, specialists, community groups have been a foundational part to relationship development, improvement efforts and launching of further Shared Care project work"

— Denise Ralph, Executive Director

Looking Ahead:

We are eager to implement plans for a new psychiatry partnership and look ahead to consulting with members to identify other specialty areas of greatest interest to pursue. Additionally we look forward to supporting the work of Polypharmacy Risk Reduction in residential care and Youth Transitions.

We gratefully acknowledge the funding and expertise provided by the provincial Shared Care Committee to undertake this work.



Projects cont'd



Barinder Chauhan,
Project Lead, A GP
for Me, Assessment

2. A GP For Me

Overall Purpose: We wanted to take the unprecedented opportunity to understand the barriers Richmond residents and our physicians face in primary care and work towards the goal of providing solutions that: 1) build more capacity in primary care, 2) help patients who want a family doctor to find one and 3) strengthen doctor-patient relationships.

Timeline of Activities

2013

February

The Government of BC and Doctors of BC launch the A GP for Me initiative

April

The initiative is presented to the RDFP Board

2014

January

After consultations with the members, the RDFP submits a Letter of Intent for the initiative's Assessment and Planning phase

Summer

Steering Committee is created.
Community, GP and MOA surveys are created and launched

September

A comprehensive survey to RDFP member GPs and one for Richmond residents (available in English, Punjabi, Simplified Chinese, Tagalog and Traditional Chinese) goes live

October

Begin consultations with stakeholders in the community



November

The consultations conclude and solutions begin to develop

December

With direction from the Board and Steering Committee, defined criteria and solutions through member polls and consultation

2015

January

The RDFP drafts a proposal consisting of five strategies with seven projects. It is approved by the GPSC

February

The RDFP begins work to execute its approved strategies

March

The RDFP continues work during the Implementation Phase

2016

March

The RDFP retains new project team members and launches Implementation Phase

Key Milestones

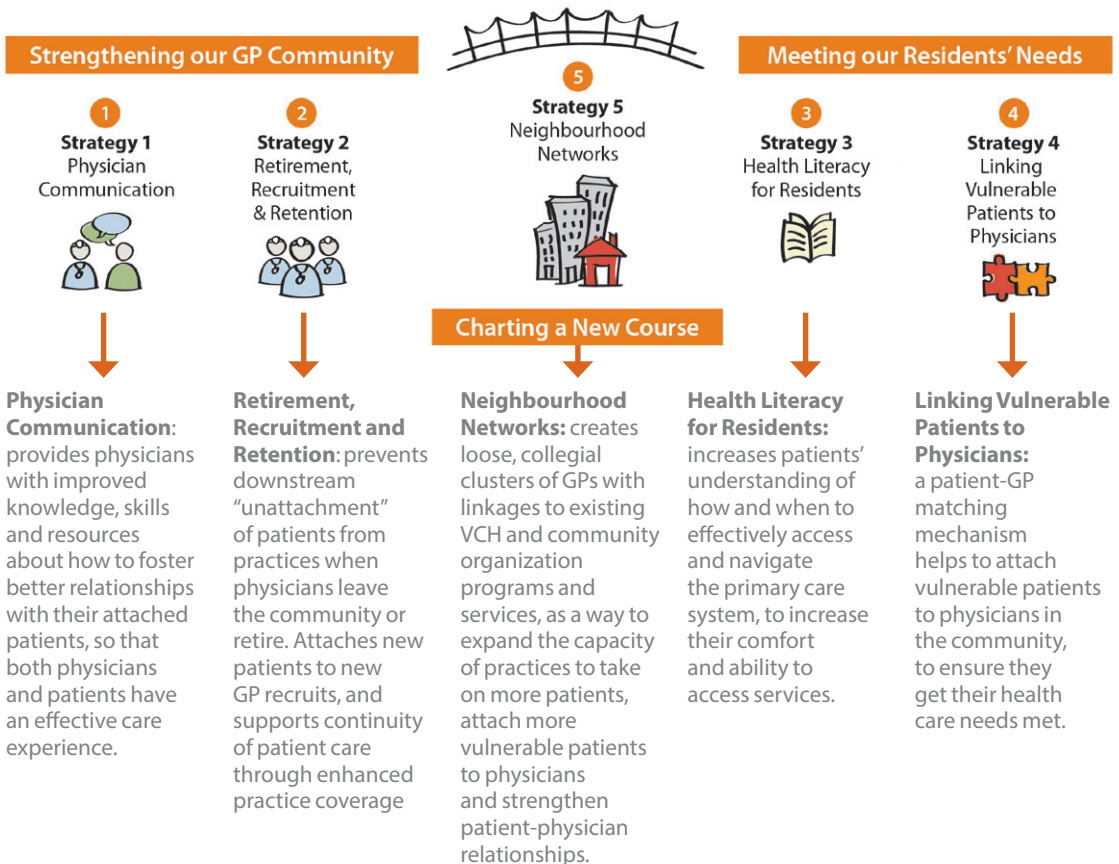
Governance: The creation of a Steering Committee helped us by guiding the Assessment and Planning phase and providing direction throughout the development of the approved proposal

Assessment: Our comprehensive assessment included surveys, consultations with physicians, community organizations and members from Vancouver Coastal Health (VCH) and PHSA. This assessment led to a robust gathering of data, the first of its kind for the Division.

Health authority participation:

A representative from Vancouver Coastal Health sat on the Steering Committee and also actively participated in numerous consultations, which was a tremendous benefit for us and the project. The project team sought and received direction from both the VCH-Richmond Senior Leadership Team and the Collaborative Services Committee. These efforts have led to a partnership in the Implementation phase.

Proposed solutions:



Projects cont'd

2015–2016 Work Plans: Looking forward, we will continue with implementing the approved solutions with the goals of building capacity in primary care, helping patients who want a doctor to find one and strengthening the doctor-patient relationship, including better supporting vulnerable patients. We will continue to provide engagement opportunities for our members as they align with their interests and we will also continue to foster new relationships in the community and strengthen those we created in the past year. In March 2016, we will wrap up the Implementation phase and begin finalizing the findings for our evaluation phase, set for March 2016 to June 2016.

We would like to sincerely thank our Steering Committee members who gave their time and provided guidance during the Assessment and Planning Phase:



A GP for Me Steering Committee. Front, left to right: Deb Turner, Barinder Chauhan, Nerissa Tai. Back, left to right: Diane Bissenden, Dr. Charles Jiang, Dr. Jack Kliman, Denise Ralph, Dr. Barb Duncan

Dr. Jack Kliman (Physician Lead)

Dr. Barb Duncan

Dr. Charles Jiang

Denise Ralph (Executive Director,
Richmond Division)

Barinder Chauhan (Project Manager)

Nerissa Tai (Data Lead)

Deb Turner (Patient Representative)

Diane Bissenden, VCH-Richmond,
Director of Population and Family
Health (VCH Representative)

A GP for Me
為我找個家庭醫生

您能抽出5分鐘時間分享您對本地基本醫療服務的看法嗎?

列治文家庭醫生分部由一群致力提高社區基礎醫療服務的本地醫生組成。我們在確保每一個需要家庭醫生的人能通過「為我找個家庭醫生」信託活動解決看病問題。如果您是列治文居民，請通過我們的列治文社區醫療服務網上調查分享您的看法。這項調查配以英文、簡體中文、繁體中文、旁道普文及Tagalog文。網址：www.divisionsbc.ca/richmond/agpforme

為了感謝您花五分鐘完成這項調查，您將有機會贏得一張\$100的本地商戶購物卡。本次活動共設20張購物卡，抽獎僅限列治文居民。調查截止日期：二零一四年九月二十六日

Richmond
Division of Family Practice
A GPIC MEMBER

這項為匿名調查，所有收集資料均符合卑詩省「聯邦政府數據隱私、保密及安全標準」。

可瀏覽以下網站了解更多信息：
www.divisionsbc.ca/richmond 或 www.facebook.com/richmonddivision

doctors
of bc

Dr. Charles Jiang
interviewed by
Fairchild TV



We would like to acknowledge the participation and contributions of various Richmond physicians, medical office assistants and Richmond specialists who gave their time to speak with us.

We would also like to thank the following community organizations who also gave us their time:

BC Cancer Agency
Bounce Back, Canadian Mental Health Association
Chimo Community Services
City of Richmond
Noakes Maternity Clinics
ON Trac Youth Transitions, Richmond
Pathways Clubhouse, Canadian Mental Association
Richmond Addiction Services Society
Richmond Children First
Richmond Food Bank
Richmond School District, No. 38
Richmond Youth Services Agency
S.U.C.C.E.S.S.
Touchstone Family Association
Turning Point Recovery Society
Volunteer Richmond
Information Services

Finally, we would like to thank the following departments from VCH-Richmond for their time:

Ambulatory and Acute Care
Clinical Pharmacy
Emergency Medicine
Home, Health and Community
Mental Health
Mental Health, Older Adult
Public Health
Department Head, Obstetrics and Gynecology
Senior Leadership Team
Social Work
Speech Therapy



Richmond A GP for Me Community and GP Survey Highlights

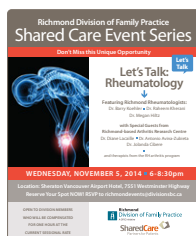
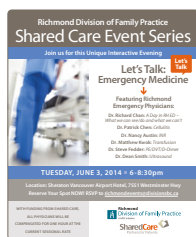
A GP for Me Announced in February 2013, **A GP for Me** is a joint initiative of the Government of British Columbia and Doctors of BC to build capacity in the primary care system so that British Columbians who want a family doctor can find one. A strong primary care system – centered on continuous doctor-patient relationships – results in healthier patients – with fewer tests, emergency room visits and hospital stays.



A Year In Review 2014–2015

Not including Shared Care activities

2014



April

Member Consultation Meeting on Maternity Care Issues

Inaugural A GP for Me Steering Committee

Finance Committee meets

Board approves new budget

May

Second Annual General Meeting and Membership Event on billing codes

MOA Event on billing codes

Polypharmacy Risk Reduction Event

A GP for Me Steering Committee meetings

June



Acute Care Committee meeting

A GP for Me Steering Committee meetings

Human Resources Committee meets

July

A GP for Me Steering Committee meeting

Finance Committee Meets for First Quarter Review

Audit for 2013–2014 completed "clean bill of health"

August

Launch of A GP for Me Richmond Community Survey in 5 languages in paper and online forms

Launch of online A GP for Me Practice Survey

Press release and media interviews

Start of consultations with GPs, specialists, VCH, NGO's

September

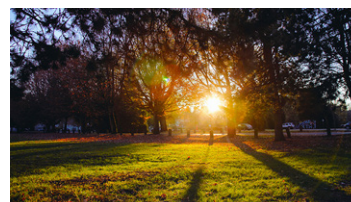
2nd Annual Summer Picnic at London Heritage Farm

Residential Care Committee meeting

Polypharmacy Risk Reduction event

A GP for Me Steering Committee meeting

Community outreach for survey



October

First meeting of IT Committee

Consultation on Youth Transitions from BCCCH

Finance Committee meets for second quarter review

A GP for Me Steering Committee meeting

A GP for Me Member Consultation events

2015

November

Board workshop
IT Committee meeting

A GP for Me Presentations to Community Organizations Breakfast Event

A GP for Me Presentation to Richmond Community Services Advisory Committee at Richmond City Hall

December

I.T. Committee meets

Succession Planning Committee meets

A GP for Me Steering Committee meeting

Presentation to Richmond Mayor and Councillors

Fundraiser for Richmond Hospital Foundation at annual picnic — Carrie Locke, Nerissa Tai

January

A GP for Me Steering Committee meeting

IT Committee meeting

Succession Planning Committee meets

Interdivisional CSC-Strategic Planning

A GP for Me Implementation Proposal submitted and presented

A GP for Me Implementation Proposal accepted and funding approved

A GP for Me Steering Committee meeting

February

RDFP board recruitment session

Member Event on VCH Home, Community & Palliative Care Resources

IT Committee meeting

Finance Committee meets third quarter review

A GP for Me Member Event – Update on Implementation Proposal

Oscar EMR User Group Meeting

March

Nominations Committee review director's nomination papers

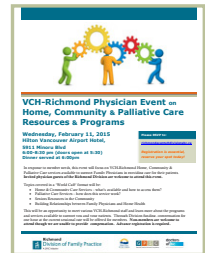
IT Committee meeting

In Hospital Network Group continues with reduced membership

Human Resources Committee meeting

A GP for Me Member Event – Update on Implementation Proposal, Session 2

Press release and media interviews



MONTHLY MEETINGS:

Board

Integrated Primary and Community Care (IPCC)

Collaborative Services Committee (CSC)

Unaudited Financial Statement for 2014–2015

Balance Sheet

as of March 31, 2015

Assets

Assets

Prepaid Expenses	12,656.00
Chequing/Savings	455,845.56
High Interest Savings	107,885.11
Total Assets	576,386.67
TOTAL ASSETS	576,386.67

Liabilities & Equity

Liabilities

Accounts Payable	17,775.88
Payroll Liabilities	898.96
GST/HST Payable	– 9,284.29
GPSC Deferred Revenue	—
Shared Care Deferred Revenue	—
GP for Me Deferred Revenue	—
Total Liabilities	9,390.55

Equity

Unrestricted Net Assets (Adjusted)	– 0.68
Net Income	566,996.80
Total Equity	566,996.12
TOTAL LIABILITIES & EQUITY	576,386.67

Unaudited Financial Statement for 2014–2015

Profit And Loss Statement

April 2014 – March 2015

Ordinary Income/Expense

Income

GPSC Infrastructure	341,662.00
A GP for Me/Attachment – Phase Two	550,000.00
Bank Interest	2,684.07

Income

GPSC Deferred Revenue	49,837.52
A GP for Me Deferred Revenue	350,408.62
Shared Care Deferred Revenue	155,180.74

TOTAL INCOME	1,449,772.95
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Expense

Administration	16,420.06
Facilities	36,343.86
Human Resources	181,231.36
Supplies & Equipment	9,112.00
Travel	4,450.10
GST Non-Taxable Expense	9,523.30
BC Ministry of Finance (PST)	413.97

Total Expense	257,494.65
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Other Expense: Projects

Contingencies	45,226.73
I.T.	4,329.38
Residential Care	10,378.60
Acute Care	2,994.54
Membership Events	35,020.80
Provincial Data Collaboration	24,000.00
Project Scoping	14,652.97
Specialists — Shared Care	151,139.59
A GP for Me/Attachment	337,538.89

Total Other Expense: Projects	625,281.50
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TOTAL EXPENSES	882,776.15
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NET INCOME	566,996.80
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2014 Board of Directors



Dr. Jack Kliman,
Chair and Lead



Dr. Wendy Amirault,
Vice Chair



Dr. Ki-Sun Kim,
Treasurer



Dr. Patricia Wong,
Secretary



Dr. Peter Chee,
Director



Dr. Robert McKenzie,
Director



Dr. Michael Myckatyn,
Director



Dr. Manoj Singhal,
Director

Support Team



Denise Ralph,
Executive Director



Annie Hobson,
Administrative
Assistant



Linda Jung,
Administrative
Assistant



Carrie Locke,
Project Lead



Barinder Chauhan,
Project Lead



Nerissa Tai,
Project Coordinator



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Richmond Division of Family Practice

Contact information:

Unit 225, 130–8191 Westminster Hwy
Richmond, BC V6X 1A7
Phone: 604-728-7987
Fax: 604-484-2195
Email: richmond@divisionsbc.ca
Website: www.divisionsbc.ca/richmond

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