



Annual Report 2019–20

FOR THE PERIOD ENDING MARCH 31, 2020

Table of Contents

OUR VISION	3
CHAIR'S REPORT	5
EXECUTIVE DIRECTOR'S REPORT	6
2019/20 AT A GLANCE	7
FINANCIAL STATEMENTS	21
STATEMENT OF FINANCIAL POSITION.....	21
STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS	22
BOARD OF DIRECTORS, COMMITTEE MEMBERS AND STAFF 2020	23
CONTACT US	25
PHOTO CREDITS.....	25

Our Vision



VISION

Locally-developed, innovative, accessible, and sustainable health services for thriving rural communities.



MISSION

Our division supports and enables rural physicians to enhance rural health, rural work, and rural living in their communities.



VALUES

We work with others through **teamwork, collaboration**, and **meaningful engagement** to achieve responsive and sustainable solutions that improve rural primary care.

We are a **grassroots, member-driven** organization that values and celebrates our unique and diverse communities.

We lead with **integrity, accountability**, and **transparency** in our communications, relationships and actions.

We foster a climate of **trust** and **respect** in all our **relationships**.

We support innovation, adaptability, creativity, and problem solving, while embracing change to address unique rural issues.

We are committed to supporting a learning organization through knowledge sharing, evaluation and quality improvement.



GOAL STATEMENTS

Our Division supports and enables rural physicians to enhance rural health, rural work, and rural living in their communities.

- **Member Value and Engagement:** Supporting physician leadership and Chapter capacity so Members feel more connected with their communities with other rural physicians., and have access to supports that enhance Member experience. Developing a sense of understanding the realities of other rural communities and the feeling of shared identity with other rural practitioners.
- **Locally Developed, Rurally Relevant:** Supporting meaningful collaboration with strategic partnerships that influences and advocates for improved access to and sustainability of rurally relevant primary care in our communities.
- **Organizational Excellence:** Ensuring organizational excellence and accountability through commitment to the highest standards of governance and operational practices.

Chair's Report



Dr. Dave Whittaker
Chair

What a year! So far.

We have been tested as a profession and as individuals. What always astounds me is how our members in this province prove to be the leaders in innovation and care, time and time again. Thank you for your sacrifice, for boldly stepping up to serve when your own personal safety and those of your loved ones was on the line. Thank you for being ready to do it again.

In addition to facing a global pandemic, our profession and our society has been confronted with the reality of systemic racism in our health care system among providers and patients. It demands that we listen, reflect, and unite in building a more equitable and reflexive health care system. Before us sits an opportunity to come together to confront racism in our profession and in the system as a whole. To say that Black Lives Matter. To reflect upon the calls to action of the Truth and Reconciliation Commission of Canada. To be vigilant for other forms of oppression and move forward to champion change.

Your Board has worked tirelessly for you this year. Freeing up funding for the COVID-19 response, hiring a new Executive Director, developing new policies, building capacity and leadership within the organization, and steering us in the direction of our strategic plan all during a pandemic. I have been honored to work with these wonderful people and I have learned so much from them. Two fantastic people are completing their Board terms this year. Dr. John Soles has been with us, it seems, from the beginning. Bringing decades of experience and leadership, he has been a valued team member and a mentor to me over the years. Lori Verigin, NP, joined the

Board two years ago. She has brought considerable experience from her division and her work in rural primary care. She has brought a strong voice to the conversations of equity in health care. I would like to thank both John and Lori and wish them the best with the future. We have been incredibly lucky to have them as leaders in our division.

One of our greatest strengths as a division is our incredible staff. From Coordinators working to support you in your communities to the Regional Managers helping to develop projects and strategies in your health authorities, we are blessed with the incredible support and experience our team brings to the work. They have been led by our Executive Director Leanne Morgan who has seamlessly come into her role. I am so impressed with the structure she has brought to the division. Her focus is directed at providing the best service to you, the members, that she can. We are in very safe hands!

Lastly, I would like to wish you all well as I leave the Rural and Remote Division this year. I will be moving to Vanderhoof where my family and I are looking forward to new adventures ahead. It has been an amazing experience being a part of and leading this division. I have met and learned from so many fantastic people. I truly believe that the division is in a strong position to realize its potential. I am looking forward to watching from the sidelines at all of the successes that you all will have in the future.

A handwritten signature in black ink, appearing to read 'Dave Whittaker'.

Dave Whittaker
Board Chair

Executive Director's Report



Leanne Morgan
Executive
Director

I have had the honour of serving as your Executive Director since December of 2019. My plan for spring of 2020 was to visit six of our communities but, like millions of others have experienced across the world, things did not go as planned given the emergence of the COVID-19 pandemic.

In the early days of the pandemic, our division had to pivot quickly to discontinue non-essential projects, assemble our business continuity plan, and invest significantly in supporting our members directly with communications and financial resources to devise a local pandemic response. Between March 14 and March 31, our division circulated 11 member communications to provide the latest information on how our funders and partner organizations were supporting physicians to redesign their practices and keep themselves and their patients safe. Our Board authorized a draw from our unrestricted reserve of \$100k for division chapters to engage in planning activities, implement minor tenant improvements to their clinics to enhance COVID-19 safety protocols, or purchase personal protective equipment. Our physician leadership and staff team invested hundreds of hours to support our members by advocating for information and resources and collaborating with our partners. We worked to quickly escalate issues of importance to our funders and leaders as well.

Despite the final month of our fiscal year being consumed by the pandemic, this year has been one of tremendous growth and stabilization as we began to

implement our strategic plan. We also said goodbye to many of our division's leaders including Executive Director, Terrie Crawford who retired in October 2019.

I'm sure I am not alone in having mixed feelings about our Board Chair, Dr. Dave Whittaker, completing his term and leaving our division as he begins his new adventure as part of the team in Vanderhoof. Dave has been a part of the Rural and Remote Division since the beginning and has been an exemplary leader to physicians and staff alike. Having worked closely with two Executive Directors during his two years as Board Chair and Division Physician Lead, Dave has always been a patient and enthusiastic coach and mentor. He has weathered challenging situations with patience, humility, and strength. His steadfast commitment to honour the local physician voice and to our grassroots beginnings was unwavering. His contributions to the division will remain long after his departure.

While I look forward to the day that it is practical and safe for me to travel to meet more members in your communities, please know that my virtual door is always open and I always appreciate the opportunity to connect with members to learn more about your communities and how our division can better support you.

A handwritten signature in dark ink that reads "L Morgan".

Leanne Morgan
Executive Director



2019/20 AT A GLANCE

163 Members

163 members from 12 geographic Chapters. Our Division works with 4 geographic Health Authorities and the First Nations Health Authority. Our Members practice in over 90 communities across the Province including the territories of over 50 First Nations communities.



10 Local Projects

Division was the funds holder for 10 local projects in 2019/20 including the Long-Term Care Initiative and Shared Care Projects for maternity, complex care, substance use and pain management. Chapters supported numerous other projects in partnership with other organizations.



36 Physicians in leadership roles

36 physicians were engaged and led local projects, worked to strengthen local, regional or provincial relationships, led Chapters or served as members of our Board of Directors. This is a 40% increase from our previous fiscal year.

115 Members were engaged

115 of members were engaged through attending local Chapter meetings, participating in local projects or building relationships in our communities.

11 local tables or CSCs

Our communities have 11 local tables or Collaborative Services Committees (CSCs) established. Over this past year, the Division has invested significant efforts to invest in strengthening or developing relationships within our communities with our communities.



Physicians on Pathways

70 physicians are now listed in the Pathways Virtual Care Directory.



Regional Highlights

Interior

REGIONAL UPDATE

Physician Lead

Dr. John Soles

Regional Manager

Christianne Kearns (on leave)

Katherine Brown (acting)

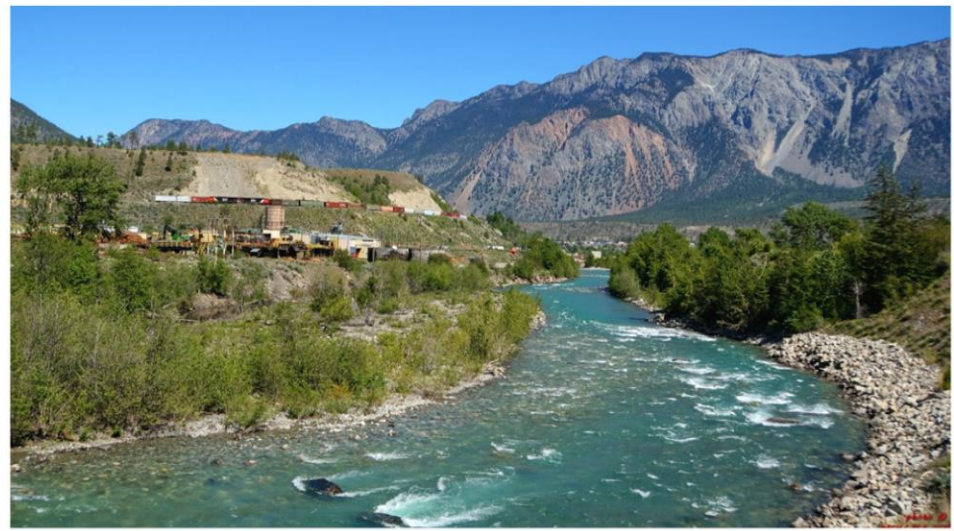
This past year has been a challenging, yet rewarding, for the Interior Region. In the fall of 2019, the focus was Primary Care transformation planning for our rural interior communities. We also focused on meaningful collaboration with our Indigenous partners to help inform future health services planning, including a request for a tri-chair model at the Interior Rural Collaborative Services Committee (CSC).

In the spring of 2020, the pandemic brought many new challenges which necessitated a response from the

entire health care community. Through collaboration, perseverance, and innovation, we engaged members in planning

The focus for the fall and winter will be supporting members throughout the pandemic response and looking ahead to

Despite being a smaller community with three physicians, there is an active and dedicated membership belonging to the Ashcroft Planning



for interim primary care services to respond rapidly to the pandemic and to transition to a new model of care. Members were also supported in accessing PPE, setting up telehealth in their clinics, collaborating with community stakeholders, and escalating their concerns during this time.

submitting Expressions of Interest (EOI) for primary care networks (PCN) for both CSCs in the new year.

ASHCROFT

Physician Lead

Dr. Deborah Obu (past)

Chapter Coordinator

Cheryl Drewitz (acting)
Tawanda Hatendi (past)

Table. This past year, close to twenty Planning Table members met throughout the year to build relationships and discuss local health issues, including First Nations leaders, Interior Health, divisions staff, physicians, elected municipal officials, Patient Voices partners, and community groups. Significant progress was made on building relationships within the

group. The members also participated in a Nlaka'pamux Nation Tour and Stick Ceremony. The Planning Table is eager to delve into PCN planning and has begun early discussions to support this work.

At the start of COVID-19, the physicians and clinic staff worked quickly to prepare the clinic space and workflow for the changes in patient care. Supported by the division, the clinic installed plexiglass partitions and the physicians transitioned to providing virtual care for patients who did not require in-person appointments.

This coming year, Ashcroft is looking forward to participating in some new initiatives and will be adding new members to the Ashcroft Planning Table. More PCN planning with take place with other Interior Rural and Remote communities as well.

CLEARWATER

Physician Lead
Dr. John Soles

Chapter Coordinator
Amy Thain
Laura Soles (past)

Clearwater's Local Health Services Planning Table reconvened in

January 2020. The group welcomed several new members, participated in an orientation to the PCN structure, and established a Terms of Reference. The chapter has been focused on strengthening relationships with Interior Health Authority, Simpcw First Nation, the District of Clearwater, and other local partners, laying the groundwork for productive and collaborative Primary Care Network planning.

In collaboration with local Interior Health Authority partners, the chapter engaged in planning meetings and developed a local

solution for the Long-Term Care Initiative. As part of this process, physicians and long-term care staff had the opportunity to meet and consult with the region's new Director of Long-Term Care. A strong working relationship was established. At the time of publication, the Memorandum of Understanding has been submitted for approval.

The chapter took a proactive approach to the COVID-19 response, engaging in planning meetings and redesigning service delivery to meet the demands of the pandemic. With the support of the Practice Support Program (PSP), the chapter participated in several Quality Improvement Facilitation Cycles, including identifying and proactively visiting vulnerable patients, clinic COVID-19 safety planning, and implementing Virtual Care solutions at Clearwater Medical Centre.

The chapter welcomed a new full-time physician in August 2020 and continues to



focus on recruitment and retention efforts.

LILLOOET & LYTTON

Physician Lead

Dr. Deborah Obu (past)
Dr. Vicci Weber

Chapter Coordinator

Bev Grossler
Tawanda Hatendi (past)

LILLOOET

COVID-19 has derailed most community planning so we have been regrouping over the summer. There is a new chapter Physician

Lead, Dr. Victoria Weber, and we are looking to streamline formal meetings with an educational component on a quarterly basis. The funding for the PMH project for the Complex Care Initiative is being reworked to run in the First Nations communities with a lens to support telehealth and a collaborative multidisciplinary approach to care. Capacity building and relationship building with First Nations communities, First Nations Health Authority (FNHA), Interior Health

(IH), and local medical clinics are integral to building a team-based, seamless approach to care. Work at local planning tables will be instrumental for the ongoing recruitment of physicians and to ensure sustainable services.

LYTTON

The local planning table has prioritized operational discussions about primary care services. short and long term planning for physician retirement and optimal community engagement and support continues to be areas of focus. .

MERRITT

Physician Lead

Dr. Duncan Ross

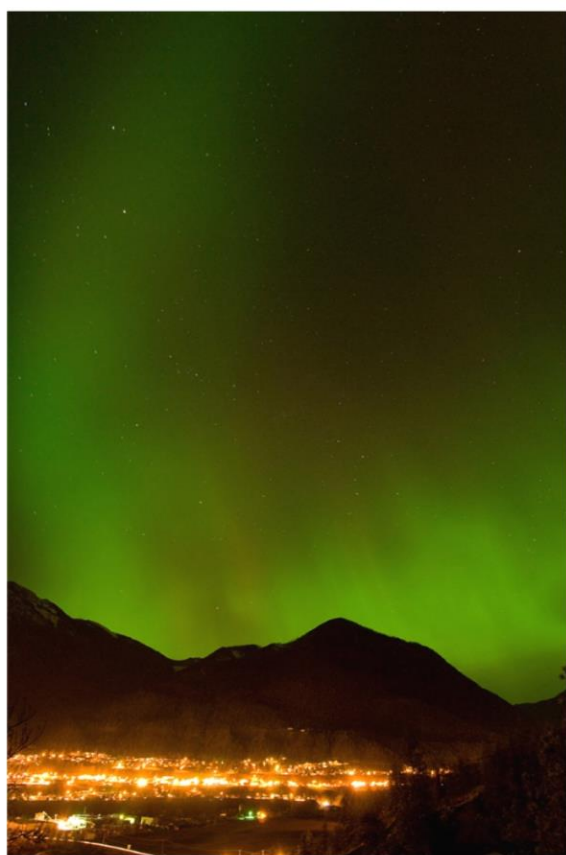
Chapter Coordinator

Sarah Sandusky

Over the past year, the chapter recruited its first coordinator and achieved 100% local physicians membership. We have had success this year with engaging three primary care clinics, partnering with the Nicola Valley Hospital and Health

Centre Facility Engagement working group, participating on the Interior Rural CSC, building relationships with other chapters, and connecting with local and regional stakeholders. In addition, Merritt's largest primary care clinic initiated the Practice Support Program's panel management process this year and are nearing completion.

Priorities for the chapter over the coming year will include the developing a Local Health Area Table in preparation for PCN planning, implementing the GPSC Long Term Care Initiative, and collaborating with the local First Nations communities of Coldwater, Shackan, Nooaitch, Upper Nicola, and Lower Nicola, which receive health services from local clinics, NVHHC, the Scw'exmx Community Health Services Society, Upper Nicola Community Health Services, and the Lower Nicola Indian Band Health Centre.



The chapter will continue to enhance relationships within the local health sector and support members through the pandemic response. Upcoming projects include conducting a provider survey and launching a Merritt Pathways website to increase referral options for physicians and improve opportunities for patient wellness via comprehensive local, regional and virtual community health and social services information.

REVELSTOKE

Physician Lead

Dr. Kate McCarroll

Chapter Coordinator

Katherine Brown (acting Regional Manager)

Jennifer Brunelle (acting)

This past year, the Revelstoke chapter has been working through several projects funded by the Shared Care Committee (SSC), the GPSC, and co-funded by the Facility Engagement Initiative at Queen Victoria Hospital. The Revelstoke Collaborative Services Committee

engaged in PCN planning and is prepared to submit their Expression of Interest to the ministry. The CSC was also successful in implementing sustainable funding for the Revelstoke Secondary School Wellness Clinic, an interdisciplinary medical

Shared Care funded projects and is in the planning phase of a third project which will support the development of an interdisciplinary chronic pain clinic. The Maternity Interprofessional Collaboration project has utilized local patient

patients and providers will help to identify real and perceived service gaps, support collaboration across organizations, and examine actionable strategies for improving patient access to services. The chapter has recently submitted an EOI to the SCC for



clinic, that is located in the high school.

Revelstoke CSC members are actively strengthening relationships and have invited the Aboriginal Friendship Society and the three nations whose territory Revelstoke resides on -the Sylix, the Ktunaxa, and the Secwepmec - to actively participate in health service planning for the community and surrounding areas.

The Revelstoke chapter is currently leading two

and provider feedback to strategically enhance the quality and sustainability of maternity services. This project will complete in fall 2020 and notable outcomes include the creation of a group prenatal program and enhanced communication pathways among service providers. The Adult Mental Health and Substance Use project has just been kicked off and is currently in the engagement phase. Direct input from

the Chronic Pain Spread Network Project.

In the spring of 2020, the chapter received one-time funding from the GPSC Maternity Care Initiative to support the sustainability of maternity services and newborn care in vulnerable communities. To date, this funding has supported physician labour case reviews, team meetings, and service planning discussions.

In early 2020, the Chapter collaborated

with the local Facility Engagement Initiative on a study outlining the feasibility of a Community Health Centre in Revelstoke. The final version of this study was distributed in early September and the next step will be to confirm support from key project partners. The Chapter Coordinator has also been working closely with Pathways BC in order to ensure that both public and provider interfaces include up-to-date, local information. Local physicians have also been receiving ongoing support through the PSP.

Vancouver Coastal and Northern

REGIONAL UPDATE

Physician Lead

Dr. Amber Bacenas
Dr. Jel Coward (past)

Regional Manager

Helen Truran

Over the past year, the Vancouver Coastal Northern Region has seen high levels of engagement at various Interdivisional tables in both health authority regions. Physician leaders and division staff have been attending meetings with partners in the respective regions, bringing forth the voice and experience of our rural and remote chapters. Sharing different community perspectives has strengthened the voice of our division at the planning tables by drawing on lessons learned from four different HAs and across all our chapters.

Another focus in our region has been ensuring our First Nations partners are engaged in primary care planning as equal partners. A significant portion of the residents in our region are First Nations. Bella Coola has been recognized for being one of the first CSCs in the province to include a First Nation chair in their CSC TOR, forming a tri-chair governance structure.

Plans for the region are to strengthen member engagement across the region, linking together physician leads from the four island chapters to share their experiences implementing PMH initiatives and primary care planning.

BELLA BELLA

Physician Lead

Dr. Lauri-Ann Shearer

Chapter Coordinator

Rhonda Orobko

Physician Welcome Package and Instruction Manual –

To help recruit, welcome, and orientate new physicians to Bella Bella, a comprehensive welcome package was created, full of photos,

community services, an instruction manual, informative checklists, and information about hospitals, and recreational activities. The welcome package is available to share with other communities and can be accessed on the divisions website or by contacting your Chapter Coordinator.

Collaboration between physicians, the health authority, local First Nations health care, and tribal council leadership continues via the Collaborative Services Committee, Bella Bella Health Coalition, and the Specialist Clinic Fundraising Project. With over 30 visiting specialist clinics from over 15 specialists per year, space and staffing continue to put strain



on the Bella Bella Medical Clinic staff to keep these busy clinics operating. The fundraising project has helped bring the coalition together to collaborate on health care planning and strengthen relationships that have been vital to successful cooperation during COVID-19. This collaboration is supported by both the division and Facility Engagement via the local Medical Staff Association (MSA).

COVID-19 response highlights - A collaboration between physicians, clinic and hospital staff, and leadership, lead to a rapid transition to virtual care. Other projects included a COVID-19 assessment unit with associated nurse algorithms, the initiation of multiple negative air pressure rooms, and a dedicated intubation room with detailed supplies and checklists., An alternative communication

methods was created to limit movement of staff and patients around the hospital in addition to a hospital surge plan. Physicians also worked closely with community leadership, consulted the local Emergency Operations Centre about the creation of a secondary surge site, and interpreted and released medical information to the public. Physicians also worked with community leaders to provide educational outreach via print, radio ads and a Facebook Live Q&A session.

Ocean Falls Connectivity

Physician, health authority, and local leadership continue to work on a cost-effective solution to improve internet connection speed and provide videoconferencing capabilities to the remote community of Ocean Falls, which is accessible only via boat or float plane. In the 1950's, the town population was 3500, but when the large hydroelectricity

plant closed, population waned. Ocean Falls is now home to less than 50 full-time residents, most over the age of 60. The Connected Coast project which is working to connect Ocean Falls to the internet, is not due to reach Ocean Falls for another year or two. Once this is completed, the goal is to put high speed connection in the building that houses two small exam rooms for visiting physicians. Although there is funding to bring in a physician once per month in the community, the winter months bring unpredictable weather and it is challenging to provide regular service.

Nursing Education Initiative

- Funded and supported by both the division and Facility Engagement via the local MSA, the goal of the Nursing Education Initiative is to provide culturally safe and consistent nursing education in the community and the hospital. This collaborative effort started last year with a proposal for a Bachelor of Science in Nursing program; however, due to low registration, the



proposal now aiming for Licensed Practical Nurse (LPN) training with the option to exit after six months and pursue registration as a Care Aide, or upgrade to a Bachelor of Nursing after practicing for one year as an LPN.

BELLA COOLA

Physician Lead

Dr. Amber Bacenas

Chapter Coordinator

Pat Lenci

The Bella Coola chapter has continued to be a strong participant in the local Collaborative Services Committee. At the October 2019 meeting, Terms of Reference were written proposing a tri-chair governance model, consisting of the division, Vancouver Coastal Health Authority (VCH), and the Nuxalk Nation. The TOR were adopted in January 2020, making the Bella Coola CSC one of two communities currently recognizing this form of governance model. This model will provide the collaborative foundation needed to address local health care challenges.

It was identified by key local stake holders that Bella Coola lacked a formal diabetic education program, a consistent and current diabetic education resource, and a means of integrating visiting diabetic services through Nuxalk Health and Wellness. To address these deficiencies, the Bella Coola chapter undertook the development of a diabetic education model for local residents living with diabetes as a PMH project. Through collaboration with local stakeholders, a gap analysis was completed which identified resources that existed both locally and virtually which would support a healthy diabetic lifestyle. Resolving the identified deficiencies formed the foundation of the model. The solutions are identified below:

1. Develop a diabetic education resource that is current and consistent with the

Diabetic Clinical Practice Guidelines and applicable to local residents. The result was My Path to Diabetes Health in Bella Coola, available in virtual and printed format.

2. Develop an interface with a certified diabetic education program within VCH to access formal diabetic education classes. The product: An informal interface with North Shore Diabetic Education

collaboration between local health care teams and Seabird Mobile Diabetic program.

4. Provide a program that enhances self-management skills for people living with diabetes. The product: Collaboration with the BC Diabetic Self-Management Program to provide the education program virtually or, face-to-face.



Program that provides Bella Coola residents with virtual diabetic education classes via Zoom.

3. Seabird Mobile Diabetic Program. The product: Commitment to improved

5. Need for sustainability of the components. The product: A sustainability plan that is a fundamental component of the Model.
- The Bella Coola Diabetic Education Model was

rolled out to the stakeholders on June 30, 2020.

COVID-19 Preparation -

At the request of chapter members, the Chapter Coordinator has overseen the COVID-19 funds provided through Divisions. Out of these funds, physician sessional time was provided as part of overall COVID-19 planning undertaken by the medical team. In addition to sessionals, scrubs and a Bluetooth headpiece with charger were purchased. Record keeping for the ongoing COVID-19 planning meetings was also provided.

Other activities within the chapter included support for interprofessional ACLS/PALS on-site training and EMR panel management assistance for physicians through PSP.

HAZELTON

Physician Lead

Dr. Jo Collins (past)

Chapter Coordinator

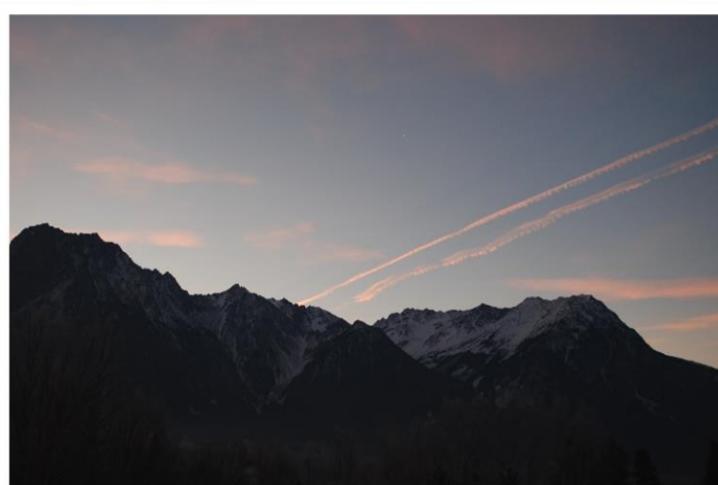
Dana Hibbard
Selina Stoeppler (past)

A major focus of the chapter this past year has been participating in the Gitxan and Wit'Suwit'en Indigenous Primary Health Care Initiative. Hazelton is one of three sites across the north that has been approved for a First Nations-Led Primary Health Care Initiative. This initiative is a partnership between the Ministry of Health (MoH) and the First Nations Health Authority (FNHA) to support First Nations communities to develop and enhance innovative primary health care service and delivery models that consider social determinants of health and enhanced access to culturally safe and trauma-informed care. The Gitxan and Wit'suwit'en Primary Health Care Initiative will reflect the Gitxan and Wit'suwit'en people and their vision for the health of their communities using, their teachings, traditions, history, and culture.

The Hazelton Chapter has also been working together with five other divisions across the north on a Shared Care Initiative coordinating complex care for older adults. This initiative particularly emphasizes polypharmacy, referral protocols, and communication and coordinated care plans. Hazelton's initiative is focused on the development of virtual

plans for older patients with complex medical conditions

The Hazelton Chapter has also been involved in an initiative focused on creating new teams of two or three physicians who share patient panels and can ensure continuity of care while the other team members are away. The Doctors Clinic at Wrinch Memorial



multidisciplinary rounds with the aim to:

1. Support older adults to remain in their own communities
2. Reduce acute admissions
3. Reduce Alternate Level Care (ALC) placements
4. Reduce polypharmacy risk
5. Improve coordination of care

Hospital (WMH) is staffed by physicians working a variety of contracts with Northern Health, ranging from 0.5 FTE to 1.0 FTE. Patient partnerships ensure that patients are able to see someone they know and who knows and understands their care needs.

PEMBERTON

Physician Lead

Dr. William Ho

Chapter Coordinator

Cheryl Drewitz

Over the course of one weekend, the physicians at the Pemberton Medical Clinic enabled patients to virtually connect to their health care provider to safely provide primary care for patients during the COVID-19 pandemic. The physicians and NP transitioned from traveling into First Nations communities to collaborating with community health representatives and organizing telemedicine appointments in health centres for remote Indigenous residents.

This year, the physicians continued engagement with First Nations partners and worked towards partnership at future CSCs. Together

with First Nations partners and the health authority, they continue to meet in new collaborative groups for pandemic planning.

The physicians have continued to lead emergency SIMS sessions in their emergency room with

Corridor Leadership Group, was established between the Sea to Sky Division and the Pemberton chapter. The physicians, health authority, and divisions staff met to develop relationships and discuss common resources, issues, and priorities.



emergency nurses, SAR teams, paramedics, and other health providers. They are looking forward to collaborating with neighboring communities this year and to expand SIMS sessions and topics offered.

This year a new working group, the Sea to Sky

NP Erica Vanzanten has provided care and outreach to First Nations communities in the Pemberton area for several years. She is a pivotal health care provider at the Pemberton Medical Clinic and recently joined the Pemberton chapter.

Vancouver Island

REGIONAL UPDATE

Physician Lead

Dr. Tracey Thorne

Regional Manager

Nancy Rowan

This year has been marked with some exciting developments and challenges for the Vancouver Island Region.

Highlights

- The growth and development of the regional structure has enabled four geographically separated chapters to address issues of mutual concern and overcome a sense of isolation. Dr Tracey Thorne, the regional Physician Lead, chaired these regional meetings that included the physician leads and chapter coordinators as well as representatives from Island Health, the ministry, and FNHA.



- Regularly scheduled coordinator team meetings resulted in sharing knowledge, skills, and mutual support. Participation of guests from sister organizations helped build relationships, improve workflow, and supported chapter activities.
- Significant development of patient medical homes was achieved through chapters accessing grants from Shared Care, ROAM and Long-term Care.
- A focus on chapter collaboration with community partners resulted in the development of several local programs to address specific community health challenges.
- Physicians rapidly adapted their practices and worked collaboratively with their communities in addressing the challenges of the pandemic.
- PCN planning came to a halt with the onset

of the pandemic. Regretfully, a planned face-to-face meeting of the island chapters, the Health Authority, and the ministry was cancelled. This will be a priority in the year to come.

GABRIOLA ISLAND

Physician Lead

Dr. Francois Bosman (past)

Dr. Maciej Mierzewski

Chapter Coordinator

Angela Pounds

- Long term Gabriola physician and Chapter Lead, Dr. Francois Bosman, retired in April 2020. He was integral in establishing the Gabriola Chapter of the Rural and Remote Division of Family Practice. Gabriola welcomed Dr. Adam Sandell from the UK to in April. Dr. Sandell hit the ground running, joining the practice and division during a global pandemic.
- Gabriola received partial funding from the Ministry of Health for their Interim primary care clinic

which ran from April 1- June 30. This clinic provided a doctor-of-the-day system for patients. The Gabriola Medical Clinic transitioned to mostly virtual visits after April and are slowly re-opening the clinic to patients.

- Gabriola and a local social service agency called People for a Healthy Community are working with to transition from FETCH to the community version of Pathways in order to have one community services listing which is easily accessible to physicians and community members.
- 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. This year the focus has been child and family supports

and pandemic planning.

- A collaborative table with representation from Island Health, local community organizations, and Gabriola physicians has been established. This collaborative engagement has been focused on establishing new working relationships between Gabriola and Island Health leadership as well as voicing concerns about the lack of sustainable funding for the Gabriola Urgent Treatment Room and the lack of complete on-call compensation for physicians.

LONG BEACH

Physician Lead

Dr. Carrie Marshall

Chapter Coordinator

Brooke Wood

- The Collaborative Services Committee met every two months leading up to COVID-19 and began developing a First Nations lead primary care network. Part of

this work includes more physician outreach in the community, and Dr. Marshall will be hosting clinic one day a week in Hitacu as an initial phase of the project.

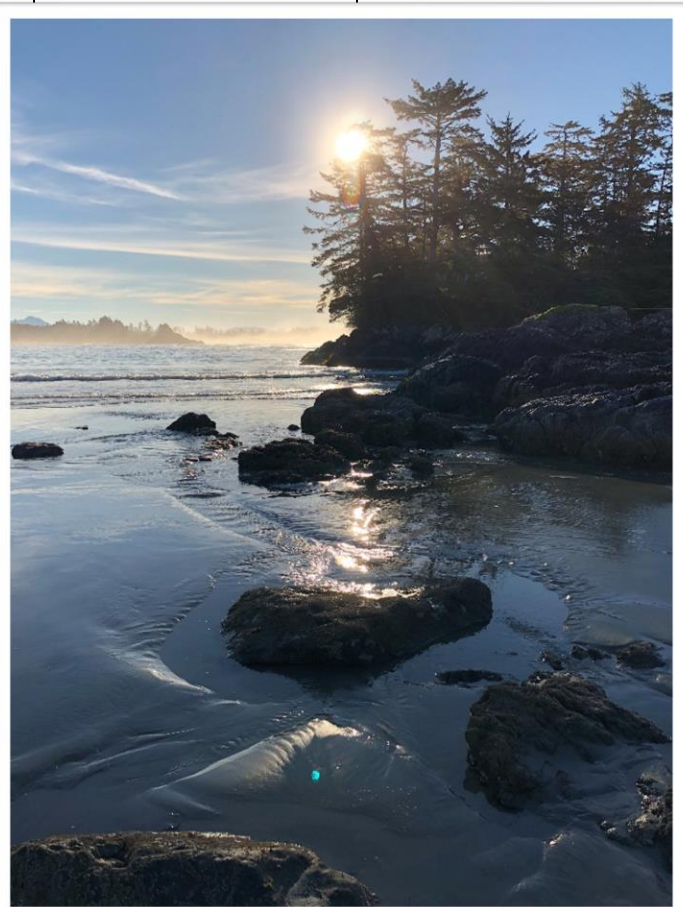
- The chapter continued work on the patient medical home project. Working in collaboration with Facilities Engagement, the chapter hosted two training sessions on mild to moderate anxiety, held monthly multi-agency meetings about care planning in MHSU, collected data from ER stats, and identified gaps in MHSU services in the region. As a result, two new positions were created in the region: one part-time social worker and a full-time psychiatric nurse employed through Island Health.
- The coordinator also represented the chapter on

Island Health committees and community health networks, including the Cultural Safety Committee, Harm Reduction working group, and the Coastal Family Resource Coalition.

- The chapter collaborated with West Coast Community Resources Society on an initiative led by Dr. Armstrong to successfully receive a grant for training

teachers and youth workers how to support transgendered youth.

- The chapter supported Dr. Wiliston's Cultural Connections project which integrates Nuuchahnulth healing practices as part of the overall health care plan, and more sessions are being organized in the future. [Click here](#) to see the video



NORTH VANCOUVER ISLAND

Physician Lead

Dr. Dan Cutfeet
Dr. Greg Kutney
(past)
Dr. Meredith Borbandy
(past)

Chapter Coordinator

Patti Murphy

- Recruitment and retention initiatives continued to be an important focus as long-time physicians left/retired and we welcomed new physician members to our communities. We welcomed a new Physician Lead in 2019, and continued efforts to stabilize the physician workforce in our region will continue.
- “Preparing for PCN Development Workshop,” facilitated by Bethink Solutions, engaged a diverse audience of local community leadership, First Nations, Health Authority, Regional District, Divisions, and other key stakeholders.

Community partners left having a greater understanding of readiness requirements for

introducing a house physician role. Site specific needs such as courtyard enhancements and

- Collaboration with the local MSA, Island Health, PSP, local First Nations, and RCME supported a variety of



embarking on primary care network planning and of ongoing strategies to maintain the existing partnerships for successful primary care network development. Re-establishing a local CSC table with this focus will propel PCN development forward in 2020-2021.

- The Long-term Care Initiative was improved by

equipment updates intended to improve resident and provider experience at two facilities.

- The Shared Care Maternity project for the North Island, with support from FNHA and IH, moved toward developing of a comprehensive model of maternity care for our region by ensuring births happen closer to home.

educational opportunities for physicians and allied care providers throughout the year.

SALT SPRING ISLAND

Physician Lead

Dr. Manya Sadouski

Chapter Coordinator

Katie Watters

- The Salt Spring Island chapter is actively working on our Intersections of Care project funded through Shared Care around alcohol use disorders and chronic pain. Project partners include Island Health, community paramedics, family physicians, and the Umbrella Society. The project team is working on drafting a

pathway for patients who are seeking help for their alcohol use in hospital and community settings. Other aspects of this project are focusing on additional training through the BC Centre for Substance Use for the local physicians

increase the sustainability of midwifery on Salt Spring Island. Two new midwives have been hired to work along with second birth attendants. The local perinatal group is now working to develop a

Rural Coordination Centre of BC under the ROAM program.

- The Salt Spring Collaborative Table is reviewing membership and is working to re-initiate meetings.



The chapter coordinator is working with two local community groups, the Community Health Society and the Salt Spring Island Health Advancement Network, to organize a mental wellness

and ASIST training for community paramedics.

- The Salt Spring chapter is engaged with initiatives to

collaborative team with a focus on training for the midwives, nurses, and doctors, and is working in partnership with the

symposium in 2021 for professionals and patients with lived experience. We are currently applying for funding for this initiative.

Financial Statements

STATEMENT OF FINANCIAL POSITION

	March 31, 2020	
	2020	2019
Assets		
Current		
Cash	\$ 312,330	\$ 389,403
Cash provided by funding	408,643	871,209
Amounts receivable	13,709	14,721
GST receivable	12,324	6,528
Prepaid expenses	7,550	8,281
	\$754,556	\$1,290,142
Liabilities		
Current		
Accounts payable and accrued liabilities (note 5)	\$ 195,034	\$ 259,170
Deferred revenue - government funding (note 7)	422,352	870,875
Due to funder (note 7)	2,515	-
Deferred revenue - third party funding (note 7)	-	15,055
	\$619,901	\$1,145,100
Unrestricted	134,655	145,042
	\$ 754,556	\$1,290,142

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

	Year Ended March 31, 2020	
	2020	2019
Revenues		
Government funding	\$ 1,856,272	\$ 1,917,188
Interest	30,429	30,401
GST rebate	5,756	14,033
Third party funding	-	1,445
	1,892,457	1,963,067
Expenses		
Support services	1,166,109	1,087,121
Physicians	450,524	477,476
Events and meetings	178,916	237,792
Administration	101,844	125,072
Marketing and communication	5,451	8,082
	1,902,844	1,935,543
Excess (deficiency) of revenues over expenses for year	(10,387)	27,524
Net assets, beginning of year	145,042	117,518
Net assets, end of year	\$ 134,655	\$ 145,042

Board of Directors, Committee Members and Staff 2020



Dr. John Soles, Dr. Danette Dawkin, Leanne Morgan, Travis Holyk, Dr. Dave Whittaker, Dr. David Butcher, Lori Verigin NP, Laurie Walters, Terrie Crawford

BOARD MEMBERS

Dr. Dave Whittaker, Chair
Dr. Danette Dawkin, Vice-Chair
Lori Verigin, NP, Secretary
Laurie Walters, Treasurer
Dr. David Butcher, Past Treasurer
Dr. John Soles
Travis Holyk
Dr. Donald Sutherland

PHYSICIAN LEADS

Interior Region

Dr. John Soles, Regional Physician Lead & Chapter Physician Lead, Clearwater
Dr. Deborah Obu, Past Chapter Physician Lead, Western Interior
Dr. Duncan Ross, Chapter Physician Lead, Merritt
Dr. Kate McCarroll, Chapter Physician Lead, Revelstoke
Dr. Victoria Weber, Chapter Physician Lead, Western Interior

Vancouver Coastal and Northern Region

Dr. Jel Coward, Past Regional Physician Lead
Dr. Amber Bacenas, Regional Physician Lead & Chapter Physician Lead, Bella Coola
Dr. Joanne Collins, Past Chapter Physician Lead, Hazelton
Dr. Lauri-Ann Shearer, Chapter Physician Lead, Bella Bella
Dr. William Ho, Chapter Physician Lead, Pemberton

Vancouver Island Region

Dr. Tracey Thorne, Regional Physician Lead
Dr. Dan Cutfeet, Chapter Physician Lead, North Vancouver Island
Dr. Carrie Marshall, Chapter Physician Lead, Long Beach
Dr. Francois Bosman, Past Chapter Physician Lead, Gabriola Island
Dr. Greg Kutney, Past Chapter Physician Lead, North Vancouver Island
Dr. Maciej Mierzewski, Chapter Physician Lead, Gabriola Island
Dr. Manya Sadouski, Chapter Physician Lead, Salt Spring Island
Dr. Meredith Borbandy, Past Chapter Physician Lead, North Vancouver Island

BOARD DEVELOPMENT COMMITTEE

Dr. Danette Dawkin, Chair
Travis Holyk
Dr. Dave Whittaker, Board Chair
Lori Verigin, NP, Board Secretary

BOARD POLICY COMMITTEE

Laurie Walters, Chair
Dr. Dave Whittaker, Board Chair
Dr. Donald Sutherland
Travis Holyk

EXECUTIVE DIRECTOR DEVELOPMENT COMMITTEE

Dr. Dave Whittaker, Board Chair
Laurie Walters, Treasurer
Travis Holyk

FINANCE COMMITTEE

Laurie Walters, Treasurer
Dr. Danette Dawkin, Vice Chair
Dr. Dave Whittaker, Board Chair
Joanne Wall, Past Accountant

DIVISION TEAM

Leanne Morgan, Executive Director, Past Director of Operations
Terrie Crawford, Past Executive Director
Jeremy McElroy, Past Interim Director of Operations
Diana Hardie, Past Finance Coordinator
Harpreet Kullar, Operations Coordinator

REGIONAL MANAGERS AND CHAPTER COORDINATORS

Interior Region

Christianne Kearns, Regional Manager, Interior Region (on leave)
Katherine Brown, Acting Regional Manager, Interior Region and Chapter Coordinator, Revelstoke
Amy Thain, Chapter Coordinator, Clearwater
Bev Grossler, Chapter Coordinator, Lillooet and Lytton
Cheryl Drewitz, Acting Chapter Coordinator, Ashcroft
Jennifer Brunelle, Acting Chapter Coordinator, Revelstoke
Laura Soles, Past Chapter Coordinator, Clearwater
Sarah Sandusky, Chapter Coordinator, Merritt
Tawanda Hatendi, Past Chapter Coordinator, Western Interior

Vancouver Coastal and Northern Region

Helen Truran, Regional Manager, Vancouver Coastal and Northern Region
Cheryl Drewitz, Chapter Coordinator, Pemberton
Dana Hibbard, Chapter Coordinator, Hazelton
Nina Van Den Hogen, Administrative Assistant, Pemberton
Pat Lenci, Chapter Coordinator, Bella Coola
Rhonda Orobko, Chapter Coordinator, Bella Bella
Selina Stoeppler, Past Chapter Coordinator, Hazelton

Vancouver Island Region

Nancy Rowan, Regional Manager, Vancouver Island Region
Angela Pounds, Chapter Coordinator, Gabriola Island
Brooke Wood, Chapter Coordinator, Long Beach
Caroline Farr, Administrative Assistant, Gabriola Island
Katie Watters, Chapter Coordinator, Salt Spring Island
Patti Murphy, Chapter Coordinator, North Vancouver Island
Sue Bell, Administrative Assistant, North Vancouver Island

ACKNOWLEDGEMENTS

Angela Thachuk
Jillian Wong
Lucas Parker
Marina McBride
Robin Watt
Stacy Tyers
Joint Standing Committee on Rural Issues
General Practice Services Committee
Rural Coordination Centre of BC
SharedCare



Contact Us



CONTACT INFORMATION

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