



# Annual Report 2011



**South Okanagan Similkameen**  
**Division of Family Practice**

A GPSC initiative

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## Message from the Physician Lead



Dr. Murali  
Venkataraman  
*Physician Lead*

Since assuming the role of physician lead for the South Okanagan Similkameen (SOS) Division of Family Practice in July 2011, I have had the satisfaction of seeing us move into our own office and grow both in size and in the number of initiatives in which we are engaged.

Our membership has grown to 104 out of a possible 106 eligible physicians. We are cognisant that our division represents family physicians from eight communities – Princeton, Keremeos, Oliver, Osoyoos, Naramata, Okanagan Falls, Penticton and Summerland - each of which has its own set of issues. We have endeavoured to represent all our members' needs and have conducted surveys to gather input on issues that are important to you.

Based on the survey results, your board formulated a strategic plan to direct our actions for the next three to five years. We set goals based on the values identified in the strategic plan and more recently have been working on action plans to realize these goals.

The SOS Division developed and commenced a residential care program in Penticton and Summerland on January 1, 2012 to provide proactive, longitudinal and urgent care to seven residential facilities in Penticton and Summerland. Interior Health (IH) has been very supportive of this program and is receptive to it being expanded to Oliver and Osoyoos. They envision using our residential care program as a prototype for similar programs throughout IH. Initiatives such as residential care, in-hospital care and emergency services in Oliver and Osoyoos, as well as other initiatives such as patient attachment will remain important to the board and will be addressed after the Physician Master Agreement (PMA) is ratified.

Our division has remained active in laying the groundwork for some of these initiatives so we can expedite them once a PMA is in place. We have continued to improve our collaborative working relationship with IH. As with any paradigm shift, it takes time and practice for all those involved to learn a new method of interacting. The SOS Division continues to regularly meet and work with Interior Health through the Collaborative Services Committee as well as the Inter-Divisional Strategic Council. Through these two groups, we have physician representation in a mental health working group, an access and flow (hospital decongestion) working group and an information management information technology (IMIT) committee. In the near future, we will be seeking a division member to represent the SOS Division on a physician/locum collaborative recruitment strategy committee and an integration working group.

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*Continued from page 3*

Our executive lead, Terrie Crawford and some of our board members will be hosting small group dinner meetings with members to increase awareness of division activities and to develop a deeper awareness of our members' needs at the local level. Our goal is to have met with all of our members in this manner by March 2013. We hope this will result in more members getting involved in Divisions activities.

I would like to thank Terrie Crawford, Executive Lead, Deb Wood, Administrative Assistant, Deanne Neufeld, Shared Care Coordinator, and our board members for a successful year and look forward to building on this success in the upcoming year.



**LEFT** - Division staff members - Deanne Neufeld (left) and Deb Wood (right).

**BELOW** - the South Okanagan Similkameen Division (left to right) - Dr. Lorraine Kane, Dr. Khati Hendry, Dr. Garnett Tarr, Dr. Murali Venkataraman, Terrie Crawford, Dr. Al Romanchuk. Absent - Dr. Jeff Harries.



## Message from the Executive Lead



Terrie Crawford  
*Executive Lead*

The SOS Division has undertaken several initiatives over the last two years. In 2010, we started with a budget of \$292,000. This year, we reached just over \$1 million with the addition of the hospital care and residential programs and the expansion of Shared Care. We reached out to our members for input through meetings, surveys and committee membership and have taken this feedback to develop our strategic plan, design the residential care program and to identify issues to better direct work on Shared Care and mental health. One of the goals of our division is to foster a healthy culture and a community of primary care that engages and supports physicians. We recognize that we need to continue to engage our physicians and provide opportunities for family physicians throughout our division to network and share ideas. We look forward to increasing these opportunities throughout the coming year. As we started the work of Divisions, we quickly became aware of the various activities occurring in our community and the importance of collaborative alignment with initiatives such as the Physician Support Program (PSP), Physician Information Technology Office (PITO), and Community Healthcare and Resource Directory (CHARD). We have looked for opportunities to work together, to align our efforts, create synergies and avoid duplication of resources. As executive lead, I am thrilled to be part of this organization as we work collaboratively with these groups, our members, medical office assistants, the health authority, the ministry of health and patients to co-design solutions to primary care issues that are important to physicians, patients and our community. The SOS Division is well known for our cohesion and innovative thinking and it is from this vitality we are able to create change that is making a difference. Through collaborative partnerships we can work together to build capacity and increase efficiencies to provide the best sustainable primary healthcare.

This 2011/12 annual report is designed to highlight some of the SOS Division accomplishment and activities. I look forward to increased engagement with our members and continued collaboration with our partners to improve primary health care, as well as the physician and patient experience. As Helen Keller said, "alone we can do so little; together we can do so much."

I would also like to take this opportunity to thank the board, our staff and members for their commitment, leadership and willingness to be involved in reshaping primary health care in our community and province. I look forward to our next year together as we work towards these goals.

## Year in Review – Highlights

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### June 11, 2011

First annual general meeting held. Bylaws revised and approved.  
Five credit CME sessions held the same day.

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### June 2011

Dr. Lorraine Kane and Dr. Steven Evans met with Mike De Jong, Minister of Health, in Vancouver regarding SOGH physician emergency coverage.

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### June 2011

First medical office assistant (MOA) event hosted, attended by 40 MOAs. PITO, Shared Care, PSP, CHARD and Interior Health representatives also attended.

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### September 6, 2011

Meeting held at PRH to discuss hospital care and residential program prototype.

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### October 28, 2011

Member meeting held to review the physician feedback survey and the division goals formulated from it and CME event.

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### November 2011

Deanne Neufeld, Shared Care Coordinator, hired.

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### November 15, 2011

Division moved into 197 Warren Ave East, Penticton office.

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### January 1, 2012

Residential care prototype launched in Penticton and Summerland.

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### January 2012

Patient Voices Network meeting hosted by Shared Care at the Division office.

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### February 2012

Division office open house held.

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### February 16, 2012

Members, representatives from the board and executive lead met Keremeos and Princeton physicians in Keremeos to discuss issues relevant to their practices and communities.

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### March 2012

Deanne Neufeld, Shared Care Coordinator, and Harriet Rogan, of Patient Voices Network presented at the BC Patient Safety & Quality Council Quality Forum 2012.

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### March 2012

Referral acknowledgment Med Access EMR templates released.



# Mission, Vision, Values and Goals

## Mission

The South Okanagan Similkameen Division of Family Practice will engage and support primary care physicians to enhance comprehensive patient care in our community. The SOS Division will accomplish this through a collaborative and innovative approach to improve patient care, increase primary care physicians' influence on health care delivery and improve the wellbeing of our community.

## Vision

The SOS Division of Family Practice will be an active leader in creating health system change so patients receive the best care at the right place, the right time and by the right provider. To that end, we will build a respected organization and promote a community of primary care physicians that collaborates with health care partners, community agencies and patients.

## Values

|  |                                 |   |  |   |
|--|---------------------------------|---|--|---|
| Promoting collaboration and partnership within the division and with other health services providers, the community and patients | Supporting patient-focused care | Utilizing best practices, creativity and innovation in the development and delivery of patient care | Conducting all activities and relationships with integrity, professionalism and compassion | Adhering to the values of the Canada Health Act, including universality, comprehensiveness, portability, accessibility and public administration. |
|--|---------------------------------|---|--|---|

## Goals

1. Develop, implement and maintain a range of primary health care programs that support and promote full service practice with appropriate compensation.
2. Facilitate the development and improvement of systems that enhance the health of our community.
3. Foster a healthy culture and community of primary care that engages and supports physicians.
4. Develop a physician recruitment, retention and locum pool strategy to help build sustainable family practices throughout the division.
5. Ensure quality division management and governance.

## Review of Goals, Activities and Accomplishments

**Goal 1: Develop, implement and maintain a range of primary health care programs that support and promote full service practice with appropriate compensation.**

### Strategy: Launch the Penticton/Summerland Residential Care Program.

The residential committee, with input from many of the Penticton and Summerland physicians, worked together to develop a residential program that reflects the needs of our communities. This program takes a three-pronged approach, supported by the Most Responsible Physician (MRP), Hospital Care Program – Doctor of the Day (DoD) and Division Residential Coordinators. The MRP is the key to providing the continuity of care but who is supported by the doctor of the day program for urgent care when required after hours. This approach enables family physicians to provide comprehensive/high quality care to patients in residential care. It also includes a division residential care medical coordinator role that will be shared by Dr. Mark Lawrie and Dr. Bob Mack. They will work on developing linkages and networking with local systems, collaborating with physicians and the facilities to identify local gaps in care, barriers and explore ways to improve efficiencies that support leading practices and quality improvement opportunities.

#### Highlights

- Launched the Penticton/ Summerland Residential Care Program prototype January 2012.
- Funding received from the Ministry of Health to support the MRP, DoD (urgent care) and residential medical coordinator.

#### Next Steps

- Complete physician and residential facility satisfaction survey
- CME clinic learning session: addressing polypharmacy in the Elderly
- Dr. Bob Mack and Dr. Lawrie to begin as RCP division medical coordinators.

#### Residential Care Committee Members

##### Division

Dr. Mark Lawrie  
Dr. Bob Mack  
Dr. Mike Surkan  
Dr. Murali Venkataraman  
Terrie Crawford  
Deb Wood

#### IH representatives

Cindy Regier  
Dr. Alan Stewart  
Karen Bloemink  
Dr. Alan Gow  
Dr. Curtis Bell  
Maja Karlsson

#### MoH representatives

Darcy Eyres  
Tim Woolfrey  
Linda Low  
Katie Hill

## Strategy: Enhance the existing hospital care program at Penticton Regional Hospital.

### Hospital Care Program (HCP)

The hospital care program at Penticton Regional Hospital (PRH), known as the doctor of the day (DoD) program in the community, continues to function well. This program is well supported by local physicians and continues to provide after-hours family practice coverage and care for unattached patients. Forty-three physicians are involved in the DOD program and those physicians not involved provide services in either obstetrics or emergency.

### Provincial In-Hospital Care Committee

Dr. Ron Gans will be joining other divisions, Ministry of Health and health authority representatives on the provincial in-hospital care committee, which has been established to explore the broader issue of in-hospital patient care. Currently there are a variety of in-hospital care models and service contracts with Divisions of Family Practice. This committee will be examining the models to make recommendations for future programs within the province.

#### Next steps:

Select physician lead for the PRH HCP.



## Strategy: Work collaboratively with rural communities in the division to identify their needs and develop strategies to support local primary care.

The SOS division provided funding to support the participation of Oliver and Osoyoos physicians in the following committees and meetings:

- South Okanagan General Hospital (SOGH) access and flow focus group
- SOGH application development for Alternative Payment Program (APP) funding
- Dr. Lorraine Kane and Dr. Steven Evans' meeting with Michael de Jong, Minister of Health, re: physician coverage at SOGH
- Informal processes to lay the ground work for HCP/RCP/emergency prototype development in Oliver and Osoyoos ie: discussions with Interior Health and the Ministry of Health (MoH).

### Next Steps

Once PMA is ratified SOS will work with Oliver and Osoyoos physicians, Interior Health and the Ministry of Health to explore an HCP/RCP/emergency prototype.



## Goal 2: Facilitate the development and improvement of systems that enhance the health of our community.

Strategy: Engage with key stakeholders to ensure effective planning, partnerships and funding.

### Collaborative Services Committee (CSC)

The SOS Collaborative Service Committee (CSC) brings together representatives from the SOS Division of Family Practice, the Ministry of Health and Interior Health. These partners share clinical issues of concern for patient care outcomes, co-determine priorities and co-design solutions to the complex and interconnected issues facing the healthcare system and the delivery of primary care. All partners work together to improve patient care and systems efficiencies within their sphere of influence.

At the October 12/11 SOS CSC meeting, the committee reviewed the community health profiles to identify key populations requiring improved support in the region. The frail elderly and mental health were chosen as the two committee's areas of focus for the coming year. In addition to the residential committee struck previously, working groups to address mental health & substance use & access and flow issues were created.

#### CSC Committee Members

##### Division representatives

Dr. Murali Venkataraman  
Dr. Tim Phillips  
Terrie Crawford  
Deb Wood

##### BC Division representatives

Tanis Evans

##### IH representatives

Claire Ann Brodie  
Susan Brown  
Dr. Alan Gow

##### GPSC representative

Brian Evoy

### Access and Flow Division Representation

Dr. Tim Phillips and Dr. Glen Burgoyne participated in various meetings related to access and flow issues. As well, focus groups were held at SOGH in which several physicians from Oliver and Osoyoos participated.

## Mental Health and Substance Use (MHSU)

Physicians identified mental health as a priority issue in the June 2011 physician survey completed by 40 members (41 percent). Ninety-two percent of respondents stated better access to mental health support for their patients was important. Similar results were found in the March 2012 survey, "Family Physician Experience Providing Care for Patients with MHSU Issues" in which 90 per cent of physicians agreed they would benefit from access to multi-disciplinary teams.

### MHSU Collaborative Services Working Group

This group was formed in February 2012 to act in an advisory capacity to the CSC to enhance the quality of primary health care for patients with MHSU issues.

This working group works collaboratively to:

- Review current and specific data such as community health profiles and ALC/Hospital use.
- Examine the current state of services, supports and data
- Identify gaps in service.

Their findings and recommendations will be presented to the CSC to identify next steps.

#### **Mental Health CSC Working Group**

##### **Division members**

Dr. Kyle Stevens  
Dr. Robert Calder  
Terrie Crawford  
Deb Wood

##### **IH members**

Includes representation from acute, in-patient, psychiatry, tertiary, community and residential care



## MOA Events

The SOS Division recognizes the importance of connecting with MOAs throughout the community. Two MOA events (pictured above) were hosted last year to involve them in systems change by informing them of the initiatives occurring throughout our communities and seeking input into some of the system and process issues being addressed. PSP, PITO and Shared Care also participated in these events.

## PSP/PITO/SOS Division and Shared Care South Okanagan Similkameen Partners

Representatives from PSP/PITO/SOS Division and Shared Care (pictured below) meet regularly to review programs and identify opportunities to work together to support physicians and to align efforts to improve primary health care.

**BELOW** - (left to right) Wendy Boyer (PSP), Ferdi Louw and Julie Davenport (PITO), Terrie Crawford (SOS Division) and Deanne Neufeld (Shared Care)



## Strategy: Collaborate in the development of technological solutions to improve communication between primary health care services.

Last year, funding was earmarked to support the integration of electronic medical records to facilitate the shared care of patients.

### Prototype for ER Access to Community Records

The purpose of the project was to identify, develop and demonstrate a prototype method for secure access to community patient records by emergency physicians.

The project confirmed three prerequisites for entering a pilot phase leading to broader deployment:

1. The information available to ER from the community (for example: recent encounter notes, medications, patient directives, etc.) had value to ER physicians sufficient to drive system use.
2. An effective privacy model could be implemented based on community/clinic opt-in and individual/patient opt-out. Mechanisms could be established for appropriate management, notification and review of access.
3. It was technically feasible to enable community-wide searching for patient records, retrieval and presentation from multiple sources. Mechanisms were also demonstrated to provide notification to the community physician of ER activity.

### Excerpts from Med Access Report on the Prototype for ER Access to Community Records

*(Reproduced with permission)*

#### Next Steps

- Med Access would like to identify a group that would fund deployment and engage in a pilot project for data sharing based on a “pull” model.
- Once the pilot is completed and any associated enhancements are implemented, all of SOS members on Med Access are eligible for a pre-licensed product for Med Access for ER access to their patients’ records.

## Penticton Primary Maternity Clinic

Med Access EMR is now up and running in the Penticton Primary Maternity Clinic. Interior Health has ordered two new computers for the exam rooms to better utilize the EMR during patient visits. Further training on the EMR will occur.

## Community Midwives

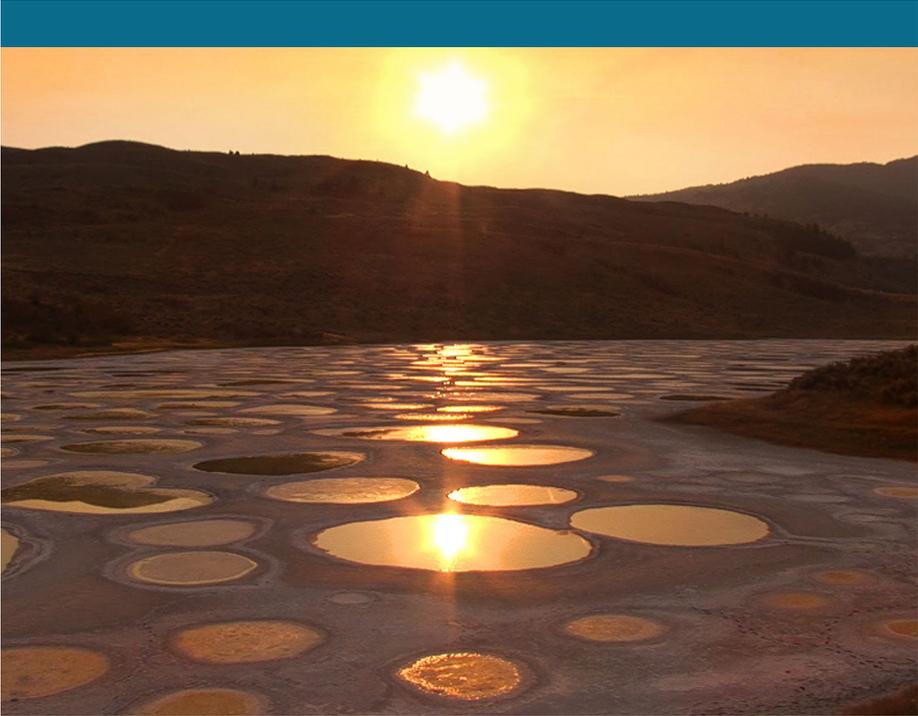
The three midwives from Willow Community Midwives have been up and running on Med Access since July 2011. They all reported that the addition of the EMR has improved communication and information flow. One of the midwives stated the “inter-clinic notes feature and the ability to consult through Med Access has greatly improved communication.”

## Penticton Indian Band

The Penticton Indian Band (PIB) Wellness Clinic is now on the Med Access EMR. The SOS Division of Family Practice and Community of Practice (COP) supported the Band through the proposal process. By adopting the EMR at the PIB Wellness Centre and being able to link-in with other care providers more effective, timely and safer health care can be provided to members with less regard to where they receive that care.

Lynn Kruger, the PIB health manger and Dr. Jeff Harries presented at the Okanagan Nation Alliance Wellness Committee meeting in Westbank in February. All health department band leaders were in attendance. A resolution was forwarded to the chief’s council requesting support for each band to go onto this system. The division thanks Dr. Jeff Harries and the South Okanagan community of practice for their vision and support.





## Strategy: Improve access to and communication with specialists to better coordinate and co-managed the care of patients with chronic complex needs.

The SOS division supports and encourages opportunities to engage with specialists to improve patient care. Many CME events featured presentations by local specialists. This not only meets clinical education needs but also provides an opportunity for specialists and family physicians to get to know each other. In addition, SOS was one of the first divisions to bring the Shared Care project under the administration of a division.

### Shared Care: Partners in Care Project

Family physicians, specialists and patient representatives continue to work collaboratively to improve the Shared Care for patients with complex chronic conditions. During this last year, working groups were formed to identify areas for improvement to increase the effective use of specialists, improve the ability of family physicians to manage care when care needs are within their scope of practice and enhance communication and knowledge transfer by improving the flow of information between specialists, family physicians and patients.

This last year, the Shared Care work moved into the following working groups that focus on specific issues:

*Below - Shared Care advanced care planning meeting.*



### Shared Care Committee Members

#### Steering Committee

Dr. Elizabeth Watters  
Dr. Brian Forzley  
Dr. Gerry Karr  
Clay Barber  
Maureen Thomson  
Susan Brown  
Terrie Crawford  
Deanne Neufeld  
Deb Wood

#### Advisory Committee

Dr. Elizabeth Watters  
Dr. Peter Entwistle  
Dr. Khati Hendry  
Dr. Brian Forzley  
Dr. Shannon Walker  
Dr. Rajeev Sheoran  
Dr. Jacky Stewart  
Terrie Crawford  
Deanne Neufeld  
Deb Wood  
Clay Barber  
Susi Wilkinson  
Teri Potter  
Trish Lyver  
Harriet Rogan  
Lynn Kelsey



## Shared Care Working Groups

### Electronic Medical Record (EMR) (Referral):

The EMR working group has focused on the referral process between physicians. This group completed a referral process map to identify gaps and solutions that would assist in clarifying roles, processes and protocols during the referral process.

#### Highlights

- Specialist referral templates – nephrology template completed and is being tested
- Referral acknowledgment form tested on Med
- Referral acknowledgment process for paper-based offices is also available
- Appointment confirmation template available on Med Access and for paper-based offices.

### Renal Working Group

This working group seeks to clarify roles, processes and protocols around providing Shared Care for renal patients. It has discussed:

- Current renal prescribing approach and care, and how it impacts the patient care plan
- Scope of the renal program: examining the appropriate scope in terms of what specialist and other care providers address with patients
- Clarification of roles: specialists, family practitioners, renal program staff, pharmacists.

#### Highlights

- Roles and responsibilities have been drafted
- A letter was distributed to all family physicians about the enhancements to medication-prescribing protocols. Feedback was positive
- Nephrologists sent patients a letter about changes to medication prescribing protocols and how the patient will be affected
- Advance care planning discussions have begun

### Mental Health Working Group

*Starting April, 2012*

This group will focus on improving the communication, information flow and co-management of care between the family physician, psychiatrist and patient.

### EMR Working Group

#### Members

Dr. Peter Entwistle  
Dr. Khati Hendry  
Dr. Brian Forzley  
Dr. Jacky Stewart  
Julie Davenport  
Deanne Neufeld  
Terrie Crawford  
Deb Wood  
Heather Fleck  
Trish Lyver  
Kathy Rush

### Renal Working Group

#### Members

Dr. Mike Surkan  
Dr. Andrew Robertson  
Dr. Brian Forzley  
Deanne Neufeld  
Susi Wilkinson  
Greg Wheller  
Deb Wood  
Lois Neufeld  
Piera Calissi

## Patient Involvement

The SOS Division/Shared Care has led the way in including the patients' voice in systems change. Two patients from the Patient Voices Network are part of the Shared Care Advisory Committee. They have successfully brought their experience to the table when looking at ways to improve communication and co-management of care between patients, family physicians and specialists. Patient voices representatives and Share Care staff also reached out to the general public by hosting a booth at Cherry Lane Mall in Penticton to seek input on the tools developed and for general feedback about patient experiences. Some of the highlights of the work done through patient voices are listed below.

### Highlights

- Hosted Patient Voices Network meeting on January 23rd, 2012 (pictured below). It was attended by 15 patients (two of them patient representatives on our Shared Care committees), patient voices coordinator and April Fahr, communications manager at Impact BC
- Patient Tools developed to support patient self-management and communication:
  - Personal health record from the University of Victoria Centre on Aging
  - Appointment card
  - Patient tote bag: Patients are encouraged to bring medications to all physician appointments. The bag is a medication reconciliation tool and also has an outside zipper pocket that can store the personal health record and appointment card
  - Deanne Neufeld, Shared Care Coordinator, and Harriet Rogan, Patient Voices Network representative, presented at the BC Patient Safety & Quality Council Symposium, March 8-9, 2012 in Vancouver.



## Goal 3: Foster a healthy culture and community of primary care that engages and supports physicians.

The division achieved this through two strategies this year:

1. Strategy: Providing opportunities for family physicians to network and share ideas.
2. Strategy: Providing quality CME Mainpro credit education events that promote primary care.

### Highlights

Three CME events were held for a total of seven credits

- Tyrone Dewer (lawyer, Boyle & Co.): Medical Legal Reports
- Dr. Brian Forzley (nephrologist): General Management of Acute & Chronic Renal Failure
- Dr. Barend Grobbelaar (family physician Prince George): Physician Experience with Attachment
- Dr. Niall Davidson (neurologist): Take the Headache out of Headaches
- Dr. Stacey Piche (radiologist) Safe Imagine: Family Practice & Radiology Teamwork: Part 1: Breast Imaging
- Dr. David Kincade (cardiologist): A Critical look at Studies
- Dr. Hema Joshi (psychiatrist): Delirium in Acute Care

### Information Meetings/Events

- June 2011 AGM/CME event
- September 2011 PRH physician meeting re: HCP and RCP
- October 2011 division update/CME event
- February division open house
- Keremeos/Princeton physicians met with representatives from the board and the executive lead

### Next Steps

**Physician Community Engagement:** The division will continue to engage local physicians and provide opportunities for them to network and share ideas. The division would like to involve more physicians and ensure geographic diversity. The division has sponsored several larger member events, conducted several surveys for input and reached out to small groups of five-to-eight physicians (Keremeos/Princeton and the PRH emergency physicians). Face-to-face engagement with a smaller group has been effective in enhancing engagement. The division's goal going forward is to meet with groups of physicians to learn what is important to their practices and communities.

## Summary of Committees/Working Groups

Several committees and working groups provide opportunities for division members to provide input and direction. Many of these committees have Interior Health and Ministry of Health representation for the purpose of identifying systems issues and co-designing process changes and programs. Many are describe above. The names of the various committees/working groups and division members are listed below. This list does not include others such as the specialists, pharmacist, Interior Health or Ministry of Health partners.

### **Residential Care Prototype**

Dr. Murali Venkataraman  
Dr. Mike Surkan  
Dr. Mark Lawrie  
Dr. Bob Mack  
Terrie Crawford (co-chair)  
Deb Wood

### **Provincial In-Hospital Care Committee**

Dr. Ron Gans

### **IMIT Committee – Interior Health & Interior Divisions**

Dr. Jeff Harries

### **Mental Health – CSC Working Group**

Dr. Kyle Stevens  
Dr. Robert Calder  
Terrie Crawford (co-chair)  
Deb Wood

### **Collaborative Services Committee**

Dr. Murali Venkataraman (co-chair)  
Dr. Tim Phillips  
Terrie Crawford  
Deb Wood

### **Access and Flow Committees**

Dr. Tim Phillips  
Dr. Glen Burgoyne

### **Shared Care Steering Committee**

Dr. Elizabeth Watters  
Terrie Crawford  
Deanne Neufeld  
Deb Wood

### **Shared Care Advisory**

Dr. Elizabeth Watters  
Dr. Peter Entwistle  
Dr. Khati Hendry  
Terrie Crawford  
Deanne Neufeld  
Deb Wood

### **Shared Care EMR Working Group**

Dr. Peter Entwistle  
Dr. Khati Hendry  
Deanne Neufeld  
Deb Wood  
Terrie Crawford

### **Shared Care Renal**

Dr. Mike Surkan  
Dr. Andrew Robertson  
Deanne Neufeld  
Deb Wood  
Terrie Crawford

### **Shared Care Mental Health**

Dr. Michael Biggs  
Dr. Mark Baille  
Terrie Crawford  
Deanne Neufeld  
Deb Wood

To increase members' voice and better address issues important to the membership, the division will strive to encourage more physicians to become involved in it's activities.

## **Goal 4: Develop a physician recruitment, retention and locum pool strategy to help build sustainable family practices throughout the division.**

The division did not have an opportunity to work on recruitment in the past year but consider it an important issue for future direction. However, there has been initial discussions with the Integrated Strategic Council (comprised of Divisions physician leads throughout the Interior Health region and IH medical administration) to develop a committee to co-develop a recruitment strategy.

## **Goal 5: Ensure quality division management and governance**

A great deal of focus went into developing initial division financial management and governance policies and procedures. In the upcoming year, these will be reviewed, revised and expanded as required to meet the needs of a growing organization. The division upholds financial management best practices and supported a full financial audit prior to it being mandated to ensure best practice standards were met. In addition, a financial and human resources manual is being produced to guide operations.



## Financial Statement

This consolidated statement of operations is based on an audited financial statement for the fiscal year ending March 31, 2012. Full financial reports are available at the division office.

### Statement of Financial Position

March 31, 2012

#### Assets

##### Current Assets

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| Cash                              | \$ | 460,815.00        |
| Guaranteed investment certificate | \$ | 5,000.00          |
| HST receivable                    | \$ | 10,783.00         |
| Prepaid expenses                  | \$ | 12,143.00         |
|                                   | \$ | <b>488,741.00</b> |

##### Capital Assets

\$ 19,650.00

**TOTAL ASSETS** \$ **508,391.00**

#### Liability and Net Assets

##### Current Liabilities

|  |    |                   |
|--|----|-------------------|
| Accounts payable and accrued liability | \$ | 134,822.00        |
| Deferred revenue                       | \$ | 180,000.00        |
|  | \$ | <b>314,822.00</b> |

##### Net Assets

|   |    |                   |
|---|----|-------------------|
| Invested in capital assets              | \$ | 19,650.00         |
| Restricted                              | \$ | 9,144.00          |
| Unrestricted                            | \$ | 164,775.00        |
|   | \$ | <b>193,569.00</b> |
| <b>TOTAL LIABILITIES AND NET ASSETS</b> | \$ | <b>508,391.00</b> |

## Statement of Operations

Year ended March 31, 2012

### Revenue

|                          |           |                     |
|--------------------------|-----------|---------------------|
| Hospital Care Program    | \$        | 395,677.00          |
| Division Infrastructure  | \$        | 309,884.00          |
| Shared Care              | \$        | 279,763.00          |
| Residential Care Program | \$        | 61,468.00           |
| Miscellaneous            | \$        | 2,354.00            |
| <b>TOTAL REVENUE</b>     | <b>\$</b> | <b>1,049,146.00</b> |

### Expenses

#### Human Resources

|                                     |           |                   |
|-------------------------------------|-----------|-------------------|
| Physicians fees - family physicians | \$        | 552,820.00        |
| Physicians fees - specialists       | \$        | 13,291.00         |
| Salaries/wages & payroll expenses   | \$        | 230,331.00        |
| Medical office assistant fees       | \$        | 4,020.00          |
|                                     | <b>\$</b> | <b>800,462.00</b> |

#### Administration

|                                |           |                  |
|--------------------------------|-----------|------------------|
| Advertising                    | \$        | 913.00           |
| Amortization                   | \$        | 3,673.00         |
| Computer support               | \$        | 943.00           |
| Insurance                      | \$        | 1,741.00         |
| Interest and bank charges      | \$        | 1,308.00         |
| Office and miscellaneous       | \$        | 15,479.00        |
| Professional fees              | \$        | 4,418.00         |
| Program support                | \$        | 2,216.00         |
| Staff training and recruitment | \$        | 618.00           |
| Travel                         | \$        | 8,698.00         |
|                                | <b>\$</b> | <b>40,007.00</b> |

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**Project Support**

|              |                     |
|--------------|---------------------|
| EMR Projects | \$ 88,766.00        |
|              | <b>\$ 88,766.00</b> |

**Events**

|                              |                     |
|------------------------------|---------------------|
| Events & meeting costs       | \$ 15,185.00        |
| Honorariums - CME presenters | \$ 4,850.00         |
|                              | <b>\$ 20,035.00</b> |

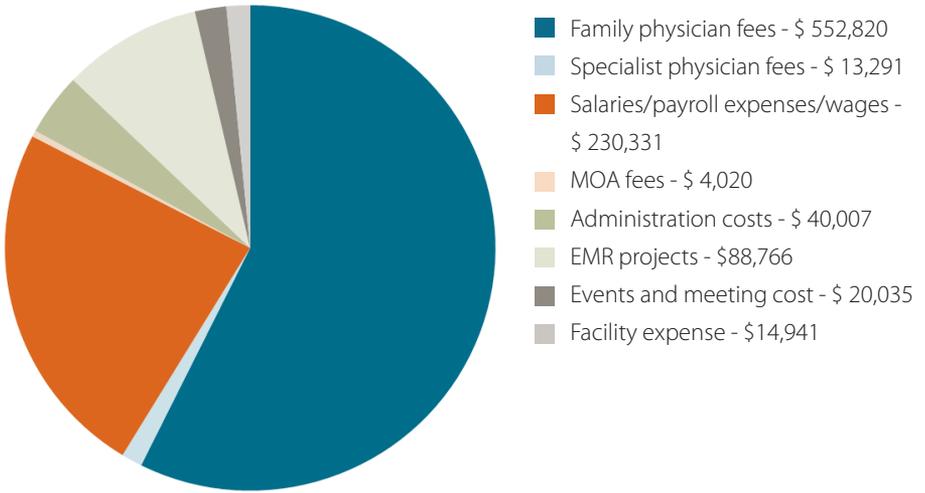
**Facility expenses**

|                         |                     |
|-------------------------|---------------------|
| Rent                    | \$ 8,520.00         |
| Repairs and maintenance | \$ 1,002.00         |
| Telephone               | \$ 4,058.00         |
| Utilities               | \$ 1,361.00         |
|                         | <b>\$ 14,941.00</b> |

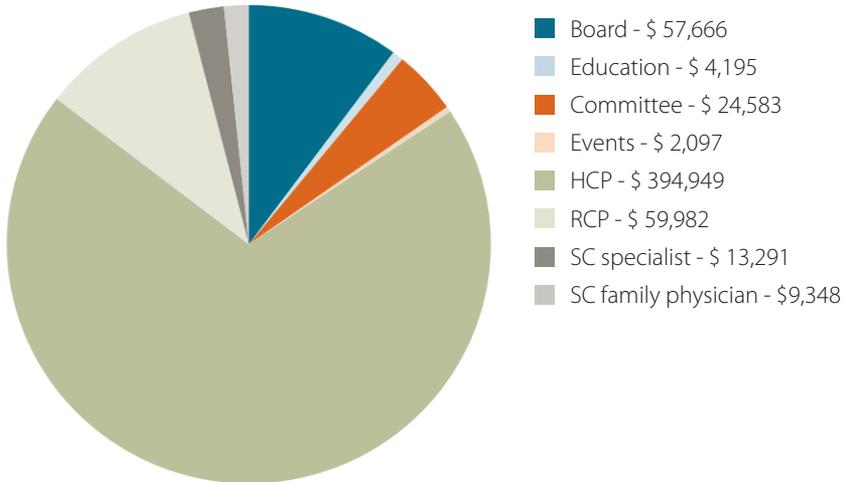
**TOTAL EXPENSES** **\$ 964,221.00**

**EXCESS OF REVENUE OVER EXPENSES** **\$ 84,935.00**

## Summary of SOS Division Expenses



## Breakdown of Physician Fees



## South Okanagan Similkameen Board of Directors

Dr. Murali Venkataraman – *Physician Lead*  
Dr. Khati Hendry – *Vice Chair*  
Dr. Al Romanchuk – *Treasurer*  
Dr. Jeff Harries  
Dr. Lorraine Kane  
Dr. Garnett Tarr

## Staff

Terrie Crawford – *Executive Lead*  
Deb Wood – *Administrative Assistant*  
Deanne Neufeld – *Shared Care Coordinator*

## South Okanagan Similkameen Division of Family Practice

terrie.sosdivisionfp@shaw.ca  
Unit 106, 197 Warren Ave East, Penticton BC, V2A 8N8  
778-476-5696

## Photographs of the South Okanagan Similkameen area courtesy of PictureBC:

*Cover:* Haynes Ranch heritage buildings in Osooyoos.  
*Page 7:* early morning in Princeton.  
*Page 9:* a deer in an orchard in Summerland.  
*Page 10:* a rodeo in Keremeos.  
*Page 15:* the lake in Oliver.  
*Page 16:* Spotted Lake in Osooyoos and golf in Penticton.  
*Page 18:* lower town of Summerland.  
*Page 23:* Penticton marina.

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

[www.divisionsbc.ca/sos](http://www.divisionsbc.ca/sos)



**South Okanagan Similkameen**  
**Division of Family Practice**  
A GPSC Initiative

