



Annual Report 2022–23

FOR THE PERIOD ENDING MARCH 31, 2023

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Board Message to Members

2022-23 can be described as another unprecedented year. As we were coming out of the pandemic, it became clear that our healthcare system was in a vulnerable state. With the announcement of 1 million British Columbians without a family doctor, primary care was defined as in a state of crisis. With an overwhelming supportive reaction from the public and effective collaboration between doctors' organizations and the government, the new payment model for longitudinal care was created. With the majority of local family physicians embracing the new payment model in place as of February 1st 2023, primary care has now a strong foundation to build upon so that patients have access to quality care and doctors have the support needed to deliver such care.

Successes

In 2022-23, we continued to positively impact primary care in the qathet region. There was a robust member and partner engagement around the future of inpatient care, which aims to modernize the way inpatient care is delivered in our community. The new model will hopefully address issues related to quality of care, physician burnout, and primary care capacity. For recruitment, we welcomed two new primary care providers and two specialists. For maternity, we hosted collaborative bi-weekly perinatal working group meetings to advocate for contracts for the maternity team including baby docs, FPObs and midwives. For Continuing Medical Education (CME), we organized and delivered over 17 local events. For team-based care, we successfully received final approval of our Primary Care Network plan. By 2026, this will result in \$3,420,139 annual investment and 18 new FTE positions. As of October 2023, we successfully hired eight positions working across five primary care clinics/health centers.

Challenges

Despite our successes, meeting the future demand in primary care in the next decade will be a significant challenge. From 2016 to 2021, our population grew by 7%, adding 1,200 residents over the age of 65. Additionally, the increased pressure and complexities in delivering patient care

combined with upcoming departures and retirements will add burden to our current primary care providers. The likelihood of recruiting enough primary care providers to meet the demand is unlikely.

Moving Forward

Crisis creates opportunities and clarity. Based on the annual member survey feedback and ongoing member and partner engagement, the Board reviewed our priorities to better position ourselves for the future. Notable changes include:

- A clearly defined suite of services and support that members can access locally
- An emphasis on team-based care as the foundation to increase primary care capacity
- A focus on health equity to make our health system more culturally safe and accessible for Indigenous peoples and promote health equity for all peoples
- An intentional effort to plan for the future, including inpatient care and primary care clinical spaces

As part of our efforts to plan for the future, collaboration with community partners will be critical to advance our work to support physicians in improving primary care. In 2017, the Division board diversification was an opportunity to not only strengthen our organization but also to gain support at the community level. Since then, we received interest from numerous partners to support our work in areas such as clinical space, recruitment, and housing. We are truly excited about the prospect of harnessing the power of our community to make a positive difference in the life of our members and their patients.

Dr. Charles van Zyl, Co-chair
Russell Brewer, Co-chair
Marlane Paul, Director
Dr. Kati Bahadori, Director
Janet Newbury, Secretary
Dr. Brigitte Dohm, Director
Lyn Adamson, Treasurer
Guy Chartier, Executive Director

Priority 1: Supporting Physicians in their Clinics

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)/CONTINUING MEDICAL EDUCATION (CME) (SERVICE)

- Developed and presented educational programs with a blended model of virtual and in-person.
- Participants generally reported that they were satisfied with the CME activities delivered.
- Presented 17 medical education and professional development programs (qDoFP and FEI).

Pearl Fest Audience June 2023



HR SUPPORT

- Offered in-kind HR on demand service to all clinics in order to meet human resources management demand in a simple and efficient way.

EMERGENCY PREPAREDNESS TOOLKIT

- Launched the Emergency Preparedness toolkit to promote the importance of having a clinic emergency plan in place.

LONG-TERM CARE INCENTIVE

- Administered long term care incentive payment (\$70,300) for supporting MRPs to provide five best practices: 24/7 availability and on-site attendance; Proactive visits to patients; Meaningful medication review; Completed documentation; and Attendance at case conferences.

INPATIENT CARE INCENTIVE

- Administered incentive payment (\$80,400) for providing on-call service for admitting unassigned patients to qathet General Hospital (qGH).
- Secured an additional \$200,000 to support physicians' on-call remuneration and to help provide relief to the lack of payment for being on-call, while a long-term and sustainable model is developed.

COMMUNICATIONS SUPPORT

- Implemented a new email newsletter (75% open rate) for maternity care information to keep primary care providers informed of the current operational situation.
- Maintained Division Facebook reach post-COVID, and increased Instagram reach by 472.2% over previous fiscal year with a dedicated "Healthy qathet" social media campaign.
- Provided feedback to clinics as requested on communications topics, such as website design.

PERINATAL PCN INTEGRATION

- Hosted three clinics virtually to discuss successful collaborative maternity care models in other communities. Twelve members of the maternity and primary care team in qathet attended to get ideas for how to continue building a sustainable service in the region.
- Conducted a virtual Team/Community-Based Care Mapping Session with UBC Innovation Support Unit, utilizing realistic cases to qathet. This exercise identified areas for improvement in our community and also advised on where PCN could utilize resources to support perinatal care, and potentially women's health more broadly. Twenty people attended from qathet including midwives, FPs, NPs, OBGYN, VCH admin/management, and nurses.

SHARPS DISPOSAL

- Provided members with complimentary annual sharps disposal service to their medical clinics.
- Collected 680 pounds from health care providers, veterinary and dental clinics, acupuncturists, and the City Yard Works.

2023 sharps disposal collection



Priority 2: Sustaining a Robust and Resilient Community of Physicians

qGH MSA LOUNGE

- In collaboration with Facility Engagement, provided financial support to maintain the lounge as a space for connecting with colleagues.

MSA Lounge at qathet General Hospital



DEVELOP A PRACTICE COVERAGE (LOCUM) STRATEGY

- Completed a locum advocacy engagement with relevant funders. Advocacy letter brought to Joint Standing Committee on Rural Issues (JSC) and the Family Practice Services Committee (FPSC). Additionally, we requested to JSC to join a future member event.
- Provided a one-time payment (\$1,000) of locum expenses available to family physicians.
- Requested the potential use of a New to Practice contract for locum coverage to the Ministry of Health. Request was denied.

RECRUITMENT

- Welcomed one family physician and one nurse practitioner to our community, and supported the recruitment of two specialists.
- Facilitated one family physician match through UBC SPH IMG process. Return of service will begin summer 2023.

FUTURE OF INPATIENT CARE

- Facilitated an engagement process with physicians and VCH that led to a decision to move towards a hospital model.

MATERNITY CARE INITIATIVE

- Hosted collaborative bi-weekly perinatal working group meetings to advocate for contracts for the maternity team including baby docs, FPObs, and midwives. Working group included repristinates from VCH, qDoFP, MABC, MoH, and providers.
- Outcomes included:
 - Agreed upon FPOb contract
 - Arranged baby doc contract
 - Offered four FTE midwife contracts
- These payment models will assist in recruitment, retention and sustainability.

Priority 3: Improving Patient Access to Culturally Appropriate and Coordinated Care

IMPLEMENTING THE POLICY FOR SUPPORTING ENGAGEMENT AND DIALOGUE TOWARD BUILDING STRONGER, RESILIENT RELATIONSHIPS BETWEEN INDIGENOUS PEOPLES, OUR MEMBERS AND OUR ORGANIZATION

- Provided regular awareness building through familiarization with terminology and educational opportunities.
- Supported four people in completing the San'yas Indigenous cultural safety online training.
- Distributed Rain Pierre's commissioned art piece to eight local clinics (ongoing).

RURAL OBSTETRICAL AND MATERNITY STABILITY PROGRAM (ROAM-SP)

- Hosted an OB Skills Day for the maternity team with coaches from outside of Powell River.
- Provided opportunity for three doctors and eight nurses to travel to Sechelt General Hospital to attend Neonatal Skills Day.
- Supported weekly Maternity Week at a Glance Meetings to coordinate communication amongst providers and nurses. Outcomes included:
 - Local peer to peer coaching
 - Scheduling and locum support
- Monthly Newborn Mat Committee Meetings to discuss maternity specific quality improvements and initiatives.
- Implemented a emailed Maternity Memo to keep practitioners informed of the state of care.

RURAL SURGICAL OBSTETRICAL NETWORKS (RSON)

- Provided many coaching and learning opportunities for the surgical and maternity teams.
- Established multidisciplinary working group to enhance communication, implement continuous quality improvement projects, and coaching opportunities. Highlights include:
 - Anesthesia coaching - coaches from St. Paul's Hospital came to qGH in person
 - Secured iPads and Zoom cart for real-time virtual support; provided coaching on how to use and call into virtual supports
 - Virtual ACORN SIM
 - TCI Pump coaching
 - Sent eight maternity nurses to Lions Gate Hospital to the NICU and Labour and Delivery Ward for coaching/hands-on experience
 - Prenatal Care Refresher
 - OR SIM Day
- Ongoing data collection to inform projects and coaching.

YOUTH MENTAL HEALTH

- Developed a sustainability plan to support future collaboration amongst community partners.

IMPLEMENTING A PRIMARY CARE NETWORK

- Successfully received final approval of our Primary Care Network service plan
- Hired PCN Manager and Administrative Assistant
- By 2026, annual investment will result in \$3,420,139 and 18 new FTE positions.
- As of October 2023, we successfully hired eight positions working across five primary care clinics/health centers.



UNINTENDED PREGNANCY

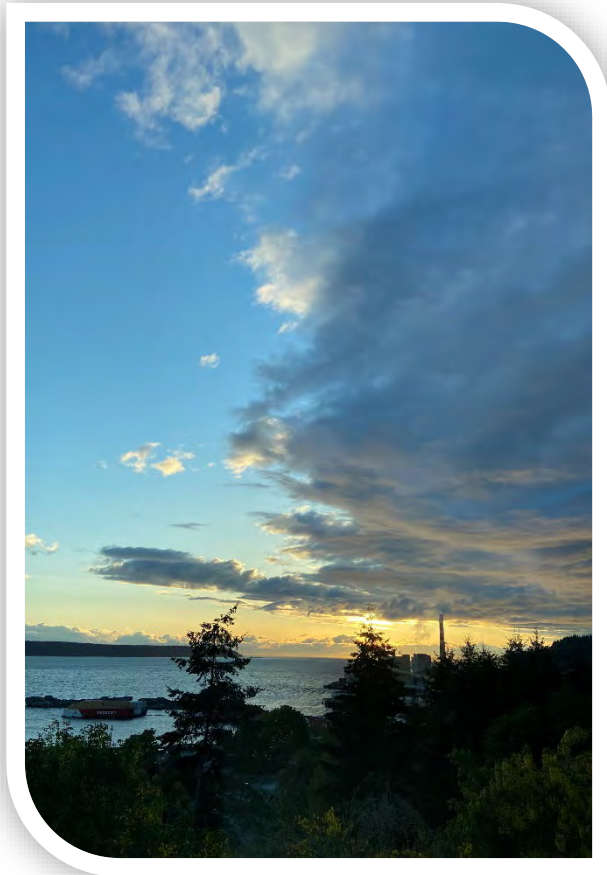
- Held a CME event on medical abortion.
- Formed a working group to explore potential improvement in unintended pregnancy services.
- Successfully secured Shared Care funding to support an Expression of Interest for improving comprehensive pregnancy services in the qathet region.

ATTACHMENT MECHANISM

- Engaged physicians in the development of an attachment mechanism for unattached patients.

Giving Thanks

The qathet Division of Family Practice would like to thank all its contributors, members, and partners for supporting our mission to improve patient care in our community!



BOARD MEMBERS

Dr. Charles van Zyl, Board Co-chair
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Marlane Paul, Director

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Robyn Jacob, Operations Manager
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Megan Amundsen, PCN Administrative Assistant
Crystal Artindale, Operations Assistant
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Michelle Hignell, Education Lead
Christien Kaaij, Facility Engagement & Strategic Lead
Carly Martin, Recruitment and Clinical Lead
Jenric Ng, PCN Change Management Lead
Brooke Taylor, Primary Care Services & Attachment Lead

ACKNOWLEDGEMENTS

The qathet Division of Family Practice gratefully acknowledges the funding of the Family Practice Services Committee, Rural Coordination Centre of BC, and Shared Care Committee, as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our thanks for the contributions of our many community partners and community representatives.

We respectfully acknowledge that we live and work on the traditional and treaty lands of the Tla'amin people.

Financial Statements

STATEMENT OF OPERATIONS AND CHANGE IN NET ASSETS FOR THE YEAR ENDING MARCH 31, 2023

REVENUE	2023	2022
Government Funding	1,179,593	838,046
Facility Engagement Initiative	12,000	12,000
Hospital Garden	4,394	2,936
Complex Clinic	—	145,254
	1,195,987	998,236
EXPENDITURES	2023	2022
Advertising and Promotion	4,646	10,125
Amortization	980	2,200
Insurance	4,134	3,219
Interest and Bank Charges	1,406	1,501
Meetings and Events	29,598	20,730
Office	29,519	21,117
Physician Sessional Fees	404,212	247,631
Professional Fees	22,999	22,799
Rental	15,725	16,855
Repairs and Maintenance	199	284
Salaries and Wages	582,890	494,418
Subcontracts	80,253	143,846
Telephone and Internet	1,957	4,245
Travel	9,743	1,152
Utilities	1,538	1,033
	1,189,799	991,155
Excess of Revenues over Expenditures	6,188	7,081
Net Assets - Beginning of year as previously stated	83,869	57,788
Net Assets - End of year	90,057	83,869

Note: Audited Financial Statements available to members upon request



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