

ANNUAL PLAN

2018-2019

Approved by the Board February 13, 2018



NETWORKING
& CALL GROUPS



ENGAGEMENT



PRACTICE
SUPPORT PROGRAM



PATHWAYS



PATIENT
ATTACHMENT



RESIDENTIAL
CARE



RECRUITMENT



SHARED CARE



UP TO DATE

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EXECUTIVE SUMMARY

Our vision at the Thompson Region Division of Family Practice is to be:

A community of Family Physicians and Nurse Practitioners working collaboratively with community partners focusing on wellness, satisfaction, and sustainability for both the patient and the primary care providers.

Beginning in 2010 and building on the formative years, the Division continues to support member needs; advocate for the essential role of family physicians and nurse practitioners in the delivery of healthcare; and work collaboratively with community partners to develop innovative care models. The Division provides services to physicians and nurse practitioners in the catchment area for Royal Inland Hospital which includes the communities of: Kamloops, Ashcroft, Cache Creek, Logan Lake, Barriere, Sun Peaks, Scotch Creek and Chase.

Supporting the membership's goal of striving to be a community for the optimal delivery of family medicine and primary health care in British Columbia, we intend to strengthen the organization by: actively engaging the Division's membership in the implementation of primary care transformation; building strong and diverse partnerships across our local, regional, and provincial communities; communicating our process, progress, and accomplishments more effectively; and diversifying our funding sources.

In working towards the 2018-2020 Strategic Plan, this annual plan condenses the fiscal responsibilities of the Board by showing the intended revenue streams and expenditures for each body of work. The plan also speaks to the Board's strategic responsibilities and demonstrates how each of the planned bodies of work align with our four Strategic Areas of focus:

- 1 Prioritize recruitment and retention
- 2 Emphasize wellness and engagement
- 3 Collaborate with partners and decision makers
- 4 Promote interdisciplinary communication

We intend to achieve what is outlined in this plan through our organizational values of quality, collaboration, inspiration, innovation, and resilience. We also intend to apply our strategic enablers to the process, including listening, synthesizing, and learning.

The Division operates with basic infrastructure funding from the General Practice Services Committee. Additional funding from agreements, grants, leveraging, and others sources support a program of work.

Activities included throughout this document are organized in the following categories: Governance, Member Services, Innovation, and Administration. Projected Budgets include program and administrative support where known. Details on budget by funding source are located in Appendix 1.

ORGANIZATIONAL DESIGN

This portfolio comprises activities required to ensure the Division achieves the desired constitutional and strategic objectives while meeting all fiduciary and legal requirements. It reflects the strategies that are implemented as well as the partnerships and engagement required to achieve these objectives. A brief summary of the objectives and expected outcomes of the activities are provided below along with the associated budget.

GOVERNANCE

Strategic Areas of Focus: Collaborate with partners and decision makers. Emphasize wellness and engagement.

Objective: Fiduciary and strategic oversight; strategic leadership.

Expected Benefit/Impact:

As a result of this investment the Society:

- Meets all fiduciary, legal and member obligation;
- Remains viable;
- Retains and/or increases physician engagement, wellness and leadership;
- Successfully advocates for member needs at a provincial level; and
- Shares provincial and regional Division updates with membership.

Outputs:

- Meeting packages and minutes (Board, Executive, Finance & Audit, Policy Committee)
- Briefing Notes
- Annual Plan
- Annual Report
- Annual General Meeting
- Succession Plan for Board
- Quality Improvement Data on Strategic Plan 2018-2020
- Presentation materials at ISC/GPSC Round Tables
- Updates to membership via communication material

Budget Total: \$166,691

Funding: Infrastructure

Physician Lead: Dr. Graham Dodd

Project Lead: Monique Walsh

COMMUNICATIONS

Strategic Areas of Focus: Emphasize wellness and engagement. Promote interdisciplinary communication.

Objective: To improve communication between Division members, the community, and our partners by developing and maintaining relevant information channels. To develop a robust communication strategy that will help to support proactive media outreach. To keep members updated and seek their input in the work of the Division and partners.

Expected Benefit/Impact:

- Improved effective communication with and between membership;
- Standardized approach in Division office for communication materials;
- Increased awareness of and traffic to the Division website and use of available tools;
- Membership has a better understanding of Division services; and
- Increased communication and collegiality between members and the Division.

Outputs:

- Monthly newsletter
- Website traffic statistics
- Annual communication plan
- Proactive media stories
- Promotional materials
- Discussion Papers

Budget Total: \$44,662

Funding: Infrastructure

Physician Lead: Executive Committee

Project Lead: Chelsea Brookes

MEMBERSHIP AND ENGAGEMENT

Strategic Areas of Focus: Prioritize recruitment and retention. Emphasize wellness and engagement.

Objective: To inform physicians about the ongoing work of the Division and gather input on strategic direction. To consult with, listen to, and support members around matters that impact them and their practices. To provide opportunities to maintain and improve collegiality between primary care providers.

Expected Benefit/Impact:

- An updated and informed membership;
- Supported member wellness;
- Increased communication and collegiality between physicians and the Division;
- Effective communications with members;
- Updated information for Division members to assist with practice transitions and retirement;
- Physician built solutions and ideas;
- Increased community and partner engagement;
- Increased member satisfaction; and
- Connections with rural members.

Outputs:

- Member engagement and/or wellness strategy
- Division member registry
- Member surveys
- Engagement events
- Event reports
- Social events
- Associate membership launched to midwives and specialists
- Engagement tracker
- Patient Medical Home action planning with PSP

Budget Total: \$46,546**Funding:** Infrastructure**Physician Lead:** Dr. Servaas Swart**Project Lead:** Chelsea Brookes**PARTNERSHIPS**

Strategic Areas of Focus: Collaborate with partners and decision makers. Promote interdisciplinary communication.

Objective: To develop strong relationships with partners that enable the implementation of an integrated system of care. To ensure linkages between partner work involving members. To increase relationships with specialists, private allied health providers, community partners, Interior Health. To develop a community vision and service plan for the delivery of primary health care.

**Key Stakeholders include: Health Match BC, PSP, First Nations Health Authority, RIHPA, MoH, GPSC, Dr of BC, UBC, TRU, IHA, Shared Care Steering Committee, STEP, PVN, City of Kamloops (incl Venture Kamloops), Community agencies, allied health care providers in community, specialists, and general public*

Expected Benefit/Impact:

- Increased awareness of primary care provider needs in the Thompson Region;
- Better understanding of community needs and desires around health and wellness;
- Better understanding of community health data;
- Better access and enhanced relationship with social and specialized services that will be available to wrap around the PMH;
- Enhanced relationships between key stakeholders and family physicians; and
- Ease of access and communication between all of the specialized services that will wrap around the PMH.

Outputs:

- Functioning Community Health Action Committee.
- Alternative/in-kind funding for recruitment and retention and physician development fund.

- Minutes and briefs from Collaborative Committees (SCSC, CSC and CSC-WG)
- Shared work plans as it relates to PMH/PCN with key partners (PSP and IHA)
- MOU or Terms of Reference with partners when applicable (Health Match BC, PSP, MoH)
- Articulated community health service plan
- Community partner events with Allied Health
- Implementation of Primary Care Networks
- Case Study

Budget Total: \$128,805

Funding: Doctors of BC \$13,749

Infrastructure \$90,056

RIHF \$25,000

Physician Lead: Board at large

Project Lead: Monique Walsh

SHARED CARE STEERING COMMITTEE

Strategic Areas of Focus: Collaborate with partners and decision makers. Promote interdisciplinary communication.

Objective: The goal is to maximize the potential for success of shared initiatives between the Division and Royal Inland Hospital Physician Association by providing strategic oversight to shared care initiatives. To be better informed about and to aid the process on work that is relevant to both the local family and specialist physician communities.

Expected Benefit/Impact:

- Stronger awareness of physician needs in the Thompson Region across the care environments;
- Enhanced relationships between family and specialist physicians and the Health Authority;
- Decrease of duplication between the physician activities in the Thompson Region; and
- Increased communication between the Division, RIHPA and the Health Authority.

Outputs:

- Meeting minutes and meeting materials
- Reports
- Monthly Division Board reports
- Engagement Events with Specialists and Family physicians

Budget Total: \$26,794

Funding: Shared Care

Physician Lead: Drs. Rob Baker and Joslyn Conley

Project Lead: Monique Walsh

SERVICES

The Division delivers a variety of services aimed at supporting the membership to improve patient and provider experience, patient outcomes and effectiveness and efficiencies in primary care. A brief summary of the objective and expected outcomes of each activity is provided below, along with the associated budget.

FAMILY PRACTICE DEVELOPMENT FUND

Strategic Areas of Focus: Prioritize recruitment and retention.

Objective: To successfully apply for grants to bolster FP Development Fund. To administer funds for Primary Medical Home (PMH) set up.

Expected Benefit/Impact:

- To provide one-time practice enhancement or start-up funding on a cost recovery or grant basis as one of a mix of strategies to develop practice capacity to attract and hold family physicians in Kamloops.

Outputs:

- Grant applications to bolster FP Development Fund
- Provide grants and loans to members for development of team-based care
- Meeting minutes

Budget Total: \$74,517

Funding: Primary Medical Home

Physician Lead: Dr. Lennard Pretorius

Project Lead: Melanie Todd

PATHWAYS

Strategic Areas of Focus: Promote interdisciplinary communication. Collaborate with partners and decision makers.

Objective: To maintain the Thompson Region data on the Pathways referral website, while increasing physician awareness and usage of Pathways and how it can enhance practice efficiency with current specialist and clinic services, referral mechanisms and wait times.

Expected Benefit/Impact:

- Physicians are better informed of Specialist and Clinic services and referral processes;
- Physician Pathways usage increases and is a tool used daily in their practice; and
- Pathways data is current and relevant.

Outputs:

- Maintenance of Thompson Region data on Pathways website
- Monthly usage reports
- Education/training opportunities around this service

Budget Total: \$30,774

Funding: Infrastructure

Physician Lead: Dr. Isabel Barnard

Project Lead: Melanie Todd

RECRUITMENT SERVICES

Strategic Areas of Focus: Prioritize recruitment and retention.

Objective: To attract and retain family physicians in the Thompson Region. To meet the needs of the patient population in our area by optimizing physician capacity, increasing the number of family physicians in the region, and supporting retiring family physicians in transitioning out of full-time practice possible extending their total time in practice.

Expected Benefit/Impact:

- Partnerships and advocacy efforts resulting in a sustainable more attractive area to practice;
- Knowledge transfer and increasing capacity to increase awareness, advocate, and produce the most effective recruitment strategy;
- Marketing & advertising to attract family physicians and increase candidate communications;
- Website supporting physician decisions to move and stay in the area;
- Site support services and delivery provide further information to inform best-fit;
- Retiring physicians have succession information to transition smoothly and successfully; and
- The Division will be able to better support its members and the community.

Outputs:

- Meeting minutes
- Promotional materials
- New family physicians to the area
- Increased number of candidates in our database
- Site support services provided to interested physicians
- Website with updated information
- Practice opportunities listed on partnering sites
- Attendance at webinars, division meetings, and other knowledge transfer activities
- Capacity analysis updated
- Evaluation framework and PDSA cycles of activities

Budget Total: \$95,632

Funding: Infrastructure	\$63,413
RIHF	\$32,219

Physician Lead: Dr. Servaas Swart

Project Lead: Christine Matuschewski

RETENTION

Strategic Areas of Focus: Prioritize recruitment and retention. Emphasize wellness and engagement.

Objective: To retain primary care providers in the Thompson Region. To optimize family physician and nurse practitioner capacity to meet the needs of the patient population.

Expected Benefit/Impact:

- Members are supported to achieve work/life balance;
- Increased communication and collegiality between members and the Division;
- Members have the tools and data they need to build their desired practice;
- Effective communication with members; and
- Providers are retained in the community.

Outputs:

- Retention strategy/plan
- Capacity analysis completed
- Member surveys
- Engagement events
- Business Tools and supports available
- Regular communication with members
- Establish metrics for evaluation

Budget Total: \$46,546

Funding: Infrastructure

Physician Lead: Dr. Servaas Swart

Project Lead: Chelsea Brookes

INNOVATION

This portfolio of the Division outlines the various innovation projects the Division manages. A brief summary of the objective and expected outcomes of each activity is provided below, along with the associated budget.

ACCESS AND CONTINUITY OF CARE FOR OLDER ADULTS

Strategic Areas of Focus: Collaborate with partners and decision makers. Promote interdisciplinary communication.

Objective: To enhance the access and continuity of care for older adults with chronic co-morbidities by improving methods of team-based communication and knowledge exchange between family and specialist physicians as well as other health care providers.

Expected Benefit/Impact:

- Increase the continuity of care via a Patient Medical Home, by developing a collaborative approach to Shared documentation;
- Improving communication tools and methods for physicians, patients and their families;
- Increase physician knowledge around geriatric care; and
- Increase knowledge and support for goals of care and polypharmacy risk-reduction.

Outputs:

- Meeting minutes and meeting materials
- Reports
- Monthly Division Board reports
- Communication tools and processes
- Shared documentation for teams
- Continuous quality improvement cycles
- Summary reports
- Interim Report
- Evaluation Report

Budget Total: \$201,125

Funding: Shared Care

Physician Lead: Drs. Phil Sigalet and Smita Varma

Project Lead: Laura Becotte

CHRONIC PAIN INTERDISCIPLINARY COMMUNITY SERVICE MODEL (EXPRESSION OF INTEREST)

Strategic Areas of Focus: Collaborate with partners and decision makers.

Objective: To enhance the spectrum of chronic pain services by engaging and supporting communication and knowledge exchange between family and specialist physicians and other allied health providers.

Expected Benefit/Impact:

- Increase current clinical services and expand chronic pain treatment options; and
- Increase the relationship between providers and promote team-based care.

Outputs:

- Meeting minutes and meeting materials
- Division Board reports
- Report

Budget Total: \$7,000

Funding: Shared Care

Physician Lead: Drs. Rob Baker and Rod Cameron

Project Lead: Laura Becotte

COMMUNITY VISIONING

Strategic Areas of Focus: Collaborate with partners and decision makers. Prioritize recruitment and retention.

Objective: To engage the public in the design of a long term vision for primary health care for our Region.

Expected Benefit/Impact:

- Public education/awareness;
- Community involvement in design of primary care; and
- Increased community support and resources.

Outputs:

- Community Vision statement
- Graphic representation of vision
- Summary Report
- Engagement materials
- Communication and engagement strategy

Budget Total: \$100,000

Funding: Innovation Funding, GPSC

Physician Lead: TBA

Project Lead: TBA

ELECTRONIC ACCESS TO SPECIALIST EXPERTISE (EASE)

Strategic Areas of Focus: Promote interdisciplinary communication.

Objective: To make specialist care more accessible to the patient and primary care teams in different settings. To bring new and existing communication tools under an umbrella of services enabling communication between patients, specialists and primary care teams using telephone, video and secure texting connectivity (with future e-Consult capabilities) within a secure technology environment.

Expected Benefit/Impact:

- More accessibility of specialist care and expertise to the patient and primary care teams in different settings;
- Members have access to secure technology for communication; and
- Improve the communication between Family Physicians/Nurse Practitioners and Specialists.

Outputs:

- Meeting Minutes
- Engagement Event

- Training Material
- Monthly/Quarterly/Final Reports
- Participant Measurements

Budget Total: \$61,500

Funding: Shared Care

Physician Lead: Dr. Wayne Dong

Project Lead: Shelley Breen

GPSC RESIDENTIAL CARE INITIATIVE

Strategic Areas of Focus: Collaborate with partners and decision makers.

Objective: To build local networks between physicians, residential care homes, patients and family, community pharmacy and post-secondary institutes, which will improve resident satisfaction and improve clinical care. To increase opportunities for physicians to work on quality improvement activities.

Expected Benefit/Impact:

Local Benefits

- Improve relationships between physicians, residential care homes and pharmacy;
- Improve relationships between medical residents and residential care homes and pharmacy;
- Improve medical residents' clinical skills;
- Opportunities to participate in quality improvement activities; and
- Improve understanding of care case conferences, including medication reviews.

System Level:

- Reduce unnecessary or inappropriate hospital transfers;
- Improve patient-provider experience; and
- Reduce healthcare costs.

Outputs:

- Meeting minutes and meeting materials
- Reports
- Monthly Division Board reports
- Quarterly physician invoices, physician self-evaluation, and residential care home evaluation
- Bladder Scanner Research project
- Physician Audit report and evaluation
- Emergency department evaluation

Budget Total: \$451,800

Funding: GPSC

Physician Lead: Dr. Phil Sigalet

Project Lead: Laura Becotte

INTERGRATED TEAM PRACTICES

Strategic Areas of Focus: Collaborate with partners and decision makers. Prioritize recruitment and retention.

Objective: Working with Family Physicians to move to and/or support team-based care within their practices. This may also include the move to expand their team including residents, IMGs, nurses, nurse practitioners, pharmacists, physiotherapists, and social workers.

Expected Benefit/Impact:

- Primary Medical Home (PMH) is reinforced and supported in the local model of care achieved through effective connections with specialized services in our community, including referrals, access, communications, and flow back into community;
- PMH is also enhanced through panel management of teams in integrated team practices and physicians working with nurses in their practice;
- Improved provider experience by achieving an effective local system that offers a variety of ways of being a PMH and positive and effective ways of connecting to specialized services as required;
- Improved team skills with the supports, practice coaching, and small group learnings offered in partnership with Practice Support Program (PSP); and
- Increased recruitment of new grads with the development of integrated team-based practices that have an emphasis on teaching and mentorship.

Outputs:

- Sustained nurse in practice supported (including recruitment)
- One/two integrated team practices established
- FP in community have clean/defined panels
- Communities of practice linked through PSP (team-based care)
- Communication materials to patient /provider
- Adapted current patient attachment system to needs of PMH
- System of attachment used by community
- Recruitment into practices (NPs/RNs/FPs)
- Development of business support tool kits/expansion of existing tool kits
- Summary report
- Evaluation activities related to the established of team practices

Budget Total: \$48,000

Funding: Patient Medical Home

Physician Lead: Physician Lead identified per Integrated Teams **Project Lead:** Melanie Todd

MATERNITY CARE

Strategic Areas of Focus: Collaborate with partners and decision makers. Promote interdisciplinary communication.

Objective: A collaborative approach between family physicians, specialists, other health care providers and partners to enhance the quality of and access to maternity care for patients in the Thompson Region.

Expected Benefit/Impact:

- Improved timely access for patients to maternity care;
- Increased patient awareness of their choice of maternity care providers;
- Increased provider knowledge and support with respect to maternity care;
- Enhanced maternity care capacity and interprofessional collaboration; and
- Enhanced attractiveness to and sustainability of maternity care in the Thompson Region.

Outputs:

- Antenatal package
- Shared Care proposal
- Maternity care website update
- Meeting minutes
- Monthly reporting
- Survey results
- Quality improvement cycles

Budget Total: \$44,001

Funding: Shared Care

Physician Lead: Dr. Brenda Laupland (FP), Dr. Erin Adams (SP) and Natalie Avery (RMW)

Project Lead: Melanie Todd

NETWORKS

Strategic Areas of Focus: Collaborate with partners and decision makers. Prioritize recruitment and retention.

Objective: To look at how best to integrate primary and community services by supporting the development of formal networks in the community. To support physicians in their desire to be more data informed in their network development with the hopes of increasing both the capacity and the access for patient care.

Expected Benefit/Impact:

- Increased timely access to Family Physicians through connecting to a network or neighborhood;

- Exploring and providing afterhours care in the community while developing networks or neighbourhoods;
- To be able to articulate allied health and speciality supports needed in networks to inform a community health services plan.

Outputs:

- Minimum of one network or neighborhood in Kamloops
- Letter of agreement to join/form a network
- Emergency Department data reviews
- Network needs identification form
- Communication material to patients/providers on network
- FP in networks have clean panels
- Communities of practice
- Summary report

Budget Total: \$32,200

Funding: Patient Medical Home

Physician Lead: TBA

Project Lead: Shelley Breen

POLYPHARMACY RISK REDUCTION

Strategic Areas of Focus: Collaborate with partners and decision makers. Promote interdisciplinary communication.

Objective: To improve communication and processes around medication reviews and management between the three care environments (acute/community/residential).

Expected Benefit/Impact:

- Increased communication around medications between the three care environments (acute/community/residential);
- Tools for meaningful medication review process in acute/community/residential; and
- Improved knowledge and relationships between physicians, pharmacists and care teams.

Outputs:

- Meeting minutes and meeting materials
- Reports
- Monthly Division Board reports
- Trial summaries
- Communication material

Budget Total: \$22,332

Funding: Shared Care

Physician Lead: Drs. Janet Bates and Joslyn Conley

Project Lead: Laura Becotte

SPECIALIZED SERVICES

Strategic Areas of Focus: Promote interdisciplinary communication.

Objective: To connect specialized services (including community allied health, specialists, and family physicians with a special focus) to Patient Medical Homes and networks.

Expected Benefit/Impact:

- Wrapping of specialized services to networks. This includes family physicians who have a special focus, specialists, and allied health providers in the community;
- Better understanding of how these services practice; and
- Develop community approach to articulate how PMH can better connect with these services.

Outputs:

- Agreement between networks and services
- Communication material of services
- Summary report

Budget Total: \$55,000

Funding: Patient Medical Home

Physician Lead: TBA

Project Lead: TBA

ORGANIZATIONAL LEADERSHIP

This portfolio oversees the management of the Division office to ensure it is run in a controlled and efficient manner and provides all necessary supports to the membership and staff. A brief summary of the objective and expected outcomes is provided below, along with the associated budget.

FINANCE, AUDIT, AND PLANNING

Strategic Areas of Focus: Collaborate with partners and decision makers.

Objective: To oversee all financial resources and administrative aspects of the Division ensuring the office is run in an efficient manner, contributing to the smooth implementation of initiatives and projects.

Expected Benefit/Impact:

- Integrity of the financial accounting and reporting; and
- Assuring compliance with guidelines and policies.

Outputs:

- Annual Budget Planning

- Annual Audit
- Annual Report
- Monthly and Quarterly Financial Reports
- All Financial and Regulatory Deadlines met
- All daily finance processed

Budget Total: \$98,671

Funding: Infrastructure

Physician Lead: Dr. Lennard Pretorius

Project Lead: Christopher Phillips

HUMAN RESOURCES ORGANIZATION

Strategic Areas of Focus: Collaborate with partners and decision makers. Emphasize wellness and engagement.

Objective: The objective of the Human Resources work is to maintain a healthy, effective, efficient team. The desire is to optimize individual and team efficiencies.

Expected Benefit/Impact:

- Effective tools are identified and used to support individual and team development; and
- Team members and the Board are networked and connected to create efficiencies, alignment and effectiveness in work.

Outputs:

- Quarterly On Target (performance management) for each staff
- Policies and protocols
- Professional development
- Staff meetings
- Health and Wellness in the workplace
- Knowledge Exchange
- Human Resources Manual

Budget Total: \$17,875

Funding: Infrastructure

Physician Lead: Dr. Graham Dodd

Project Lead: Monique Walsh

OFFICE MANAGEMENT

Strategic Areas of Focus: Collaborate with partners and decision makers.

Objective: To oversee all financial resources and administrative aspects of the Division ensuring the office is run in an efficient manner, contributing to the smooth implementation of initiatives and projects.

Expected Benefit/Impact:

- Timely day-to-day-management of offices & operational premises.

Budget Total: \$77,352

Funding: Infrastructure

Physician Lead: Dr. Graham Dodd

Project Lead: Christopher Phillips

APPENDIX 1: BUDGET SUMMARY

Thompson Region Division of Family Practice 2018-19
Annual Budget Forecast - working update 09/18/18

FP Development Fund (Grants/Donor) \$ 74,517

Description	Funding Confirmed / In Progress of Confirming														TOTAL		
	Infrastructure (2017/18)	Chronic Pain (EOI)	Maternity Care	IC - Specialty Services Integrated Care	Shared Care	Shared Care Steering Committee	Older Adult - Access and Continuity of Care	Polypharmacy - Risk Reduction	PPF Partnership	Residential Care	PMH - Networks	GPIC - Specialized Services (Dept Codes)	Innovation - Community Engagement	PMH - Integrated teams (Dept codes)		PMH - Strategy & Engagement	Royal Inland Hospital Foundation
Infrastructure	\$ 489,397																\$ 489,397
GPIC 17 Resonant L1	\$ 75,000																\$ 75,000
GPIC 2017/18 Carry Fwd	\$ 41,456																\$ 41,456
Shared Care		\$ 7,000	\$ 50,000	\$ 12,450	\$ 12,500	\$ 9,000,000	\$ 7,119	\$ 201,115	\$ 21,312								\$ 112,075
Shared Care 2017/18 Carry Fwd			\$ 1,001							\$ 346,800	\$ 10,000	\$ 100,000		\$ 40,000	\$ 9,000		\$ 262,617
GPIC																	\$ 446,800
GPIC 2017/18 Carry Fwd																	\$ 148,200
GPIC 2017/18 Carry Fwd										\$ 4,749							\$ 4,749
Other Revenue	\$ 699,843	\$ 7,000	\$ 44,001	\$ 15,450	\$ 91,000	\$ 26,794	\$ 201,115	\$ 21,312	\$ 4,749	\$ 491,800	\$ 32,000	\$ 66,000	\$ 100,000	\$ 48,000	\$ 9,000	\$ 10,000	\$ 1,738,023
Expenditures:																	
Medical Resources																	
Physician	\$ 140,892	\$ 2,632	\$ 20,055	\$ 4,535	\$ 14,000	\$ 20,314	\$ 61,951	\$ 8,147	\$ 803	\$ 27,848	\$ 3,102	\$ 10,977	\$ 2,493	\$ 3,487	\$ 5,851	\$ 10,272	\$ 688,636
Non-Physician	\$ 247,629	\$ 2,976	\$ 20,400	\$ 4,760	\$ 47,440	\$ 1,800	\$ 111,591	\$ 12,189	\$ 2,642	\$ 151,437	\$ 27,798	\$ 28,179	\$ 86,260	\$ 43,342	\$ 2,940	\$ 24,647	\$ 821,263
Total Human Resources	\$ 488,521	\$ 5,608	\$ 40,455	\$ 9,295	\$ 61,440	\$ 22,114	\$ 173,542	\$ 20,336	\$ 4,445	\$ 429,285	\$ 30,899	\$ 49,156	\$ 132,753	\$ 46,829	\$ 8,791	\$ 34,919	\$ 1,510,000
Administration																	
Total Administration	\$ 54,382	\$ 500	\$ 2,040	\$ 800	\$ 3,214	\$ 4,450	\$ 15,500	\$ 2,000	\$ 304	\$ 9,200	\$ 1,192	\$ 8,000	\$ 4,500	\$ 200	\$ 1,604	\$ 15,001	\$ 124,487
Taxi	\$ 17,000	\$ -	\$ 1,000	\$ -	\$ 850	\$ -	\$ 11,000	\$ -	\$ -	\$ 6,000	\$ -	\$ 1,500	\$ -	\$ -	\$ -	\$ 6,000	\$ 36,400
Total Travel	\$ 17,000	\$ -	\$ 1,000	\$ -	\$ 850	\$ -	\$ 11,000	\$ -	\$ -	\$ 6,000	\$ -	\$ 1,500	\$ -	\$ -	\$ -	\$ 6,000	\$ 48,200
Postages																	
Total Facilities	\$ 25,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,100
Supplies & Equipment																	
Total Supplies & Expenditure	\$ 20,000	\$ -	\$ 500	\$ 300	\$ 500	\$ -	\$ 89,000	\$ -	\$ -	\$ 5,313	\$ -	\$ 848	\$ 200	\$ 500	\$ -	\$ -	\$ 20,007
Other Expenditures	\$ 68,843	\$ 7,000	\$ 44,001	\$ 15,450	\$ 61,000	\$ 26,794	\$ 201,115	\$ 21,312	\$ 4,749	\$ 481,800	\$ 32,000	\$ 66,000	\$ 100,000	\$ 48,000	\$ 9,000	\$ 10,000	\$ 1,738,023
Other Funding	\$ 68,843	\$ 7,000	\$ 44,001	\$ 15,450	\$ 61,000	\$ 26,794	\$ 201,115	\$ 21,312	\$ 4,749	\$ 481,800	\$ 32,000	\$ 66,000	\$ 100,000	\$ 48,000	\$ 9,000	\$ 10,000	\$ 1,738,023
Amount Available	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Proposal Ideas / Pending Funding								Other Funding Sources				TOTAL
GPSC	Shared Care							Staff Professional Development		FP Development Fund - Funding Development		
Primary Care Networks	Gynecology	Access to Psychiatry reformed to Access Mental Health and Substance Use (EOI)	Internal Medicine and Cardiology	POLY - Risk Reduction - Community	Disaster Planning (EOI)							
											\$ 489,397	
											\$ -	
											\$ 75,000	
											\$ 41,456	
	\$ 50,000	\$ 15,000	\$ 50,000	\$ 50,000	\$ 15,000						\$ 292,675	
\$ 150,000											\$ 262,527	
											\$ 596,800	
											\$ 249,200	
											\$ 4,749	
											\$ -	
									\$ 9,000		\$ 50,000	
											\$ 16,219	
\$ 150,000	\$ 50,000	\$ 15,000	\$ 50,000	\$ 50,000	\$ -				\$ 9,000	\$ -	\$ 2,078,023	