



## ANNUAL PLAN 2017-2018



February 6, 2017

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## EXECUTIVE SUMMARY

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The landscape of primary care is changing.

Beginning in 2010 and building on the formative years, the Division has and will continue to define member needs; address system barriers to attracting and retaining family physicians; work collaboratively with the Interior Health Authority on redesigning integrated primary care services; and develop innovative care models.

To strategically support the membership's goals and desired future state of being a model community for the delivery of family medicine and primary care by 2020 the organizational design has identified the following four bodies of work that require particular attention in the coming year.

- Actively engaging the Division's membership in the process and direction of primary care transformation;
- Building strong and diverse partnerships in our local, regional, and provincial community;
- Communicating our process, progress, and accomplishments more effectively; and
- Diversifying our funding sources.

As a non-profit organization there are two fundamental roles for the Board to approach our work. Fiscal responsibility for every task we take on and a strategic role requiring accountability. This annual plan demonstrates both qualities and highlights how each of our bodies of work align with the Division's four strategic areas of focus outlined in the Strategic Plan 2015-2017. This annual plan also allows the organization to know the financial impact for each of these areas of focus. As the work progresses we acknowledge there may be unexpected requirements to support the members which also need a strategy and funding.

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 are organized by the categories of Organizational Design, Services, Innovation, and Organizational Leadership. Projected Budgets include program and administrative support where known. Details on budget by funding source are located in Appendix 1.

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## ORGANIZATIONAL DESIGN

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This portfolio comprises of 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 and the partnerships and engagement required to achieve these objectives. A brief summary of the objective and expected outcomes of the activities are provided below along with the associated budget.

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### GOVERNANCE

**Strategic Areas of Focus:** Organization design that enables physician leadership and engagement.

**Purpose:** 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 and leadership
- Successfully advocates for local physician needs at a provincial level
- Shares provincial and regional Division updates with membership

**Outputs:**

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

**Budget:**

Activities	Budget
Annual General Meeting and Annual Report	\$12,733
Board Meetings and Strategic Sessions	\$77,301
Executive and Chair Meetings	\$16,788
Finance and Audit Committee	\$13,324
Interdivisional Strategic Council	\$28,168
GPSC Round Table	\$21,297

**Budget Total:** \$ 169,611

**Funding:** Infrastructure

**Physician Lead:** Dr. Chip Bantock

**Project Lead:** Monique Walsh

## COMMUNICATIONS

**Strategic Areas of Focus:** Organization design that enables physician leadership and engagement.

**Objective:** To improve the communications 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 physicians updated and informed about the work of the Division and relevant information.

**Expected Benefit/Impact:**

- Improved and more effective communication with membership
- Standardized approach in Division office around communication material
- Increased traffic and awareness to the Division website and use of available tools
- Membership has better understanding of the Division services

**Outputs:**

- Monthly newsletter
- Website
- External websites moved under Division site
- Annual communications plan
- Discussion papers
- Media strategy, including Division press releases
- Media tracker
- Information publications
- Correspondence
- Website statistics
- Promotional materials

**Budget:** \$ 54,897

**Funding:**

\$ 31,073 Infrastructure  
\$ 18,000 Primary Medical Home  
\$ 5,824 Other

**Physician Lead:** Executive Committee

**Project Lead:** Chelsea Brookes

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## MEMBERSHIP AND ENGAGEMENT

**Strategic Areas of Focus:** Organization design that enables physician leadership and engagement.

**Objective:** To inform members about the on-going work of the Division and gather feedback on strategic direction. To consult with, listen to, advocate for, and support project work of members about matters that impact them and their practices.

**Expected Benefit/Impact:**

- An updated and informed membership
- Increased communication and collegiality between physicians and the Division
- Effective communications with members
- Updated information about Division members to assist with start-ups, transitions, and retirements
- Physician built solutions and ideas are supported
- Increased community and partner engagement
- Better integration and retention of Practice Ready Assessments and International Medical Graduates
- Exploration of membership to include Nurse Practitioners and Specialists

**Outputs:**

- Member engagement strategy
- Division member registry
- Member welcome package
- Member surveys
- Engagement events
- Event reports
- Brochure of division services
- Discussion papers
- Start up and Succession workshops
- Expressions of Interests

**Budget:** \$ 50,799

**Funding:**

\$ 20,914 Infrastructure

\$ 29,885 Primary Medical Home

**Physician Lead:** Dr. Servaas Swart

**Project Lead:** Chelsea Brookes

## PARTNERSHIPS

**Strategic Areas of Focus:** Division leadership and collaboration with our partners.

**Objective:** To create a community wide physician recruitment and retention strategy. To secure alternative/in-kind funding for engagement, recruitment, and Primary Medical Home (PMH) development. To enhance the positive relationship between key stakeholders\* and family physicians. To evaluate this strategy to inform Division strategic planning for 2018-2019.

*\*Key Stakeholders include: Boardvoice, STEP, Health Match BC, PSP, First Nations, RIHPA, MoH, GPSC, Dr of BC, UBC, TRU, IHA, Shared Care Steering Committee, PVN, City of Kamloops (incl Venture Kamloops), Community agencies (United Way and Phoenix Centre), general public*

**Expected Benefit/Impact:**

- Stronger awareness of physician needs in Thompson Region across care environments.
- 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 are then available to wrap around the PMH.
- Enhanced relationship between key stakeholders and family physicians.
- Ease of access and communication between all of the specialized services that the PMH will need to have wrapped around.

**Outputs:**

- Functioning Community Physician Recruitment and Retention 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 model with key partners (PSP and IHA)
- MOU or Terms of Reference with partners when applicable (Health Match BC, PSP, MoH)
- Membership/involvement with non-profit community health board, RIHPA, and Board voice
- Inclusion in City Council strategic plan
- Articulated integrated system of care

**Budget:**

Activities	Budget
Collaborative Services Committee	\$41,271
CSC – WG on Integrated System of Care	\$10,146
Community Physician Recruitment and Retention Committee	\$14,280
Integration of Specialized Services	\$61,575
Involvement in Community Boards	\$85,720
PSP – shared work plans	\$5,117
Share Care Steering Committee	\$14,287

<b>Budget Total:</b> \$ 287,015	<b>Funding:</b>	\$ 90,817 Infrastructure	\$ 30,986 Four Point Action Plan
		\$ 50,925 PMH	\$ 14,287 Shared Care
		\$ 100,000 Innovation	\$ 5,117 IPSI MOU

**Physician Lead:** Board at large

**Project Lead:** Monique Walsh

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## SERVICES

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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.

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### ASSIGNED IN PATIENT CARE NETWORK

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To provide administrative support to the Royal Inland Hospital Assigned In Patient call group network of family physicians with active hospital privileges.

**Expected Benefit/Impact:** Enhanced continuity of care for patients of family physicians in the community. Reduced physician stress as a result of collegial support.

**Outputs:**

- Annual meetings
- Call group schedules
- Yearly and quarterly billing reminders
- Quarterly active member confirmations with call group leads
- Meeting minutes

**Budget Total:** \$ 7,507

**Funding:**

\$ 6,871 Infrastructure

\$ 636 Primary Medical Home

**Physician Leads:** Dr. Peter Gorman, SUMGOOD  
Dr. Kraig Montalbetti, Tuesday  
Dr. Brian Poelzer, TRFO

**Project Lead:** Brenda Phillips

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### ASSOCIATE & COMMUNITY CALL GROUP

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To provide administrative support to the Associate and Community on Call group, a voluntary service to ensure 24/7 care coverage from patients of family physicians with associate or no hospital privileges. This is separate from hospital call groups. The service covers:

- Calls from the lab
- Call from care homes



- Emergency visits to care homes
- Call from community nurses

**Expected Benefit/Impact:** Enhanced continuity of care for patients of family physicians in the community. Reduced physician stress as a result of collegial support.

**Outputs:**

- Annual meeting
- Quarterly Call group schedule
- Annual report on impacts

**Budget Total:** \$ 4,877

**Funding:**

\$ 4,559 Infrastructure  
\$ 318 Primary Medical Home

**Physician Leads:** Dr. Rob McLaren, Associate & Community

**Project Lead:** Brenda Phillips

**FAMILY PHYSICIAN DEVELOPMENT FUND**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To successfully apply for grants and 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
- Expressions of Interest
- Provide grants and loans for start ups

**Budget:** \$ 6,842

**Funding:** Primary Medical Home

**Physician Lead:** Dr. Lennard Pretorius

**Project Lead:** TBA

**KAMLOOPS MATERNITY WEBSITE**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To maintain a website to improve awareness to the Kamloops Obstetric Group. The Division provides administrative support.

**Expected Benefit/Impact:**

Increase traffic and awareness to the Maternity Care Website and services and information offered.

**Outputs:**

- Website Statistics
- Annual report on impacts

**Budget Total:** \$ 5,090

**Funding:** Infrastructure

**Physician Leads:** Dr. Liz Ewart

**Project Lead:** Chelsea Brookes

**PATIENT ATTACHMENT SYSTEM**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To provide a service where by complex care patients have the means to find a family doctor via their provider, the health system has a means to attach patients from acute care and community programs, retiring physicians have the means to attach complex care patients who will be orphaned, and new physicians have a means to fill their practices.

**Expected Benefit/Impact:** To be able to identify complex care patients in need and attach patients to family doctors as practice space becomes available. This includes a series of focussed referral processes so that the health system (acute and community) has a means to attach high needs patients.

**Outputs:**

- Quarterly reports
- Annual report
- Meeting minutes and materials
- Attachment processes protocols
- Confirmed patient attachments

**Budget:** \$ 32,488

**Funding:**  
\$ 14,830 Infrastructure  
\$ 5,444 Primary Medical Home  
\$ 12,214 Impact

**Physician Lead:** Dr. Krista Bradley

**Project Lead:** Brenda Phillips / Tessa Girodat

## PATHWAYS

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:**

To maintain the Thompson Region data on the Pathways referral website, while increasing the physicians' awareness and usage of Pathways and how it can enhance their 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.
- Physicians Pathways usage increases and is a tool used daily in their practice

**Outputs:**

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

**Budget Total:** \$ 17,714

**Funding:**

\$ 9,974 Infrastructure  
\$ 7,740 Impact

**Physician Lead:** Dr. Graham Dodd

**Project Lead:** Tessa Girodat

## RECRUITMENT

**Strategic Areas of Focus:** Optimizing physician capacity – physician recruitment and retention.

**Objective:** The objective of the Recruitment work is to attract, retain and optimize primary care capacity in the Thompson Region. The desire is to optimize physician capacity to meet the needs of the patient population in our area by increasing the number of family physicians and introducing allied health in the region.

**Expected Benefit/Impact:** The expected benefit and impact of the Recruitment service will be:

- Partnerships and advocacy efforts resulting in a sustainable more attractive area,
- Knowledge transfer and increasing capacity to increase awareness, advocate, and produce the most effective Recruitment & Retention strategy,
- Marketing & advertising to attract family physicians and increase candidate communications,
- Website supporting physicians decisions to move and stay in the area,
- Site support services & delivery provide further information to inform best-fit,
- Practices are able to source, hire and retain nurses and allied health professionals,
- New physicians successfully integrate into the system and area,
- The Division will be able to better support its members and population.

**Outputs:**

- Meeting minutes,
- Supporting 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 and opportunities listed on partnering sites,
- Attendance at webinars, division meetings, and other knowledge transfer activities,
- Attendance at poster sessions, and exhibiting events,
- Evaluated and PDSA cycles of activities,
- Final report

**Budget Total:** \$ 109,873

**Funding:**

\$ 27,803 Infrastructure  
\$ 26,627 Primary Medical Home  
\$ 26,418 Impact  
\$ 29,025 Innovation

**Physician Lead:** Dr. Servaas Swart

**Project Lead:** Christine Matuschewski

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## INNOVATION

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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.

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### ACCESS AND CONTINUITY OF CARE FOR OLDER ADULTS

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**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 Specialists Physicians as well as other health care providers.

**Expected Benefit/Impact:** This project will increase continuity of care in 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:**

- Monthly reporting
- Communication tools and processes
- Continuous quality improvement cycles
- Geriatric tool kit/information
- Summary reports (per WG/Topic)
- Interim Report
- Evaluation Report

**Budget Total:** \$ 121,870

**Funding**

\$ 114,450 Shared Care

\$ 7,420 In-kind Interior Health

**Physician Lead:** Drs. Phil Sigalet (FP) and Sitma Varma (SP)

**Project Lead:** Laura Becotte

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### BREAST HEALTH JOURNEY

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To enhance the access and continuity of care in Breast Health across the Thompson Region by mapping opportunities for improvement in the patient journey, establishing a ‘warm hand-over’ transition tool and providing recommendation to key stakeholders in address the disconnect between family physicians, specialists physicians and diagnostic imaging protocols in the prioritization of patients.

**Expected Benefit/Impact:** This project will increase the continuity of care for patients and enhance the relationships between physicians and allied health. This project will also improve the communication between providers, reduction in fragmentation, and maintenance of longitudinal care for patients.

**Outputs:**

- Project minutes
- Patient flow map
- Monthly reporting
- Warm hand-over transition tool
- Final report

**Budget Total:** \$ 16,650

**Funding:**

\$15,000 Shared Care  
\$ 1,650 In-kind Interior Health

**Physician Lead:** Drs. Dr Liz Ewart (FP) and Rob Colistro (SP)

**Project Lead:** Laura Becotte

**CHRONIC PAIN (EXPRESSION OF INTEREST)**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

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

**Expected Benefit/Impact:** This patients this project would increase current clinical services and expand chronic pain treatment options. It would increase the relationship between providers and promote team based care.

**Outputs:**

- Meeting minutes
- Process map
- Monthly reporting
- Quality improvement report (PDSA cycle)
- Shared Care proposal

**Budget Total:** \$ 16,468

**Funding** \$ 14,998 Shared Care  
\$ 1,470 In-kind Interior Health

**Physician Lead:** Drs. Rob Baker (FP) and Rod Cameron (SP)

**Project Lead:** TBA

## GPSC RESIDENTIAL CARE INITIATIVE

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** This initiative will build local networks between physicians, residential care homes, patients and family and community pharmacy, which will improve resident satisfaction and improve clinical care. The initiative will increase opportunities for physicians to work on quality improvement activities, increase awareness of Polypharmacy, and increase educational opportunities for physicians and circle of care team.

### Expected Benefit/Impact:

#### Local Benefits:

- Build local network between physicians, residential care homes and pharmacy
- Improve relationships between physicians, residential care homes and pharmacy
- Increase patient satisfaction of patient care
- Improve geriatric clinical skills
- Opportunity to participate in quality improvement opportunities
- Increase physician understanding of residential care homes strengths and challenges
- Increase opportunities to work on quality improvements
- Increase circle of care case conferences (including medication reviews)
- Increase access to residential care homes

#### System Level:

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

### Outputs:

- Meeting minutes and meeting materials
- Reports
- Monthly Division Board Reports
- Quarterly physician invoices, physician self-evaluation, residential care home evaluation, Residential Care Initiative Improvement reports and physician chart audit
- Polypharmacy Educational Opportunities: Mentorship program, clinical learning session and circle of care learning session
- Residential care homes education on physician communication
- Bi-annual emergency department transfer information
- Bladder Scanner evaluation
- Family Medicine Care for the Elderly Physician orientation and evaluation support
- Care for the Elderly physician focus group

**Budget:** \$ 346,800 2017 -18  
\$ 40,000 (estimated 2016-17 carry over)  
\$386,800

**Funding:** GPSC Residential Care

**Physician Leads:** Dr. Phil Sigalet

**Project Lead:** Laura Becotte

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## INTEGRATED TEAM PRACTICES

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** Working with Family Physicians to move to and/or support team based care within their practices. This will involve supporting physicians adding to their team with a nurse or nurse practitioner through FFS, NP4BC, or alternative funding models. This may also include the supports required for physicians to establish new integrated team based practices in the Thompson Region with the expansion of teams including residents, IMGs, nurses, 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).
- 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



**Budget Total:** \$ 278,459

**Funding:**

\$ 77,741 Primary Medical Home

\$ 200,718 GPSC

**Physician Lead:** TBC

**Project Lead:** TBA

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### MATERNITY CARE (EXPRESSION OF INTEREST)

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To host an engagement event around primary care obstetrics and involve Obstetrics Family Physicians, Midwives and Obstetricians. The purpose would be to review consultations and how best to support each practice.

**Expected Benefit/Impact:** At the end of the engagement session they group would have a better understanding of the each discipline, how to access each group and improve patient care.

**Outputs:**

- Engagement event
- Minute Meetings
- Engagement Report
- Monthly Report
- Shared Care Expression of Interest (EOI) proposal
- Shared care Project proposal

**Budget Total:** \$15,000

**Funding:** Shared Care

**Physician Lead:** Drs. Grant Del Begio (FP) and TBC (SP)

**Project Lead:** Chelsea Brookes

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### NETWORKS

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** To look at how best to integrate primary and community services by supporting the development of formal networks in the community. Currently there are informal networks such as multiple call groups that exists, as well as population-specific networks of self-organized physicians. This funding would allow us 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.

**Benefits**

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

- After Hours care for patients is provided in the community through the development of networks and neighborhoods and exploring after hours care.

**Outcomes**

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

**Budget Total:** \$ 47,909

**Funding:** Primary Medical Home

**Physician Lead:** TBC

**Project Lead:** TBA

**POLYPHARMACY RISK REDUCTION**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community.

**Objective:** Improved communications 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)
- Improved patient awareness of their medications
- Tools for meaningful medication review process in acute/community/residential
- Robust physician knowledge exchange around polypharmacy risk-reduction

**Outputs:**

- Monthly reporting
- Interim Report
- Final Report
- Mentorship program
- Knowledge exchange/educational events
- Trial summaries
- Communication material (pamphlets/media)

**Budget Total:** \$ 42, 414

**Funding:** Shared Care

**Physician Lead:** Dr. Janet Bates (FP) and Dr. Joslyn Conley (SP) **Project Lead:** Laura Becotte

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## ORGANIZATIONAL LEADERSHIP

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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.

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### CONTRACT AND GRANT APPLICATION MANAGMENT

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community

**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 funding contracts and reporting requirements
- Assure compliance with guidelines and policies

**Outputs:**

- Contract Management
- Monthly and Quarterly Financial Reports
- Submission of Reports

**Budget:** \$ 5,340

**Funding:** Infrastructure

**Physician Lead:** Dr. Lennard Pretorius

**Project Lead:** Brenda Phillips

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### FINANCE, AUDIT AND PLANNING

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community

**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
- Assure 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 processing

**Budget:** \$ 45,633

**Funding:** Infrastructure  
[Recovered across project funding as appropriate]

**Physician Lead:** Dr. Chip Bantock, Dr. Lennard Pretorius

**Project Lead:** Brenda Phillips

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**HUMAN RESOURCE AND PROGRAM MANAGEMENT**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community

**Objective:** The objective of the Human Resources work is to maintain an 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.
- Team members and the Board are networked and connected to create efficiencies, alignment and effectiveness in work.

**Outputs:**

- Performance management tools and implementation
- Policies and protocols
- Professional development
- Staff meetings
- Knowledge Exchange
- Programs delivered

**Budget Total:** \$34,377

**Funding:** Infrastructure  
[Recovered across project funding as appropriate]

**Physician Lead:** Dr. Chip Bantock

**Project Lead:** Monique Walsh, Brenda Phillips

**OFFICE MANAGMENT**

**Strategic Areas of Focus:** Collaborating where we make the biggest difference at our practice and in our community

**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:**

- Day-to-day-management of offices & operational premises

**Total Budget:** \$ 131,198

**Funding:** Infrastructure  
[Recovered across project funding as appropriate]

**Physician Lead:** Dr. Chip Bantock

**Project Lead:** Brenda Phillips

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**APPENDIX 1 - BUDGET SUMMARY**

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The planned distribution of funds by funding source is illustrated in Figure 1. Detailed allocation by funding from confirmed source is available in Figure 2 and funding by sources in progress or to commence in Figure 3.

Figure 1

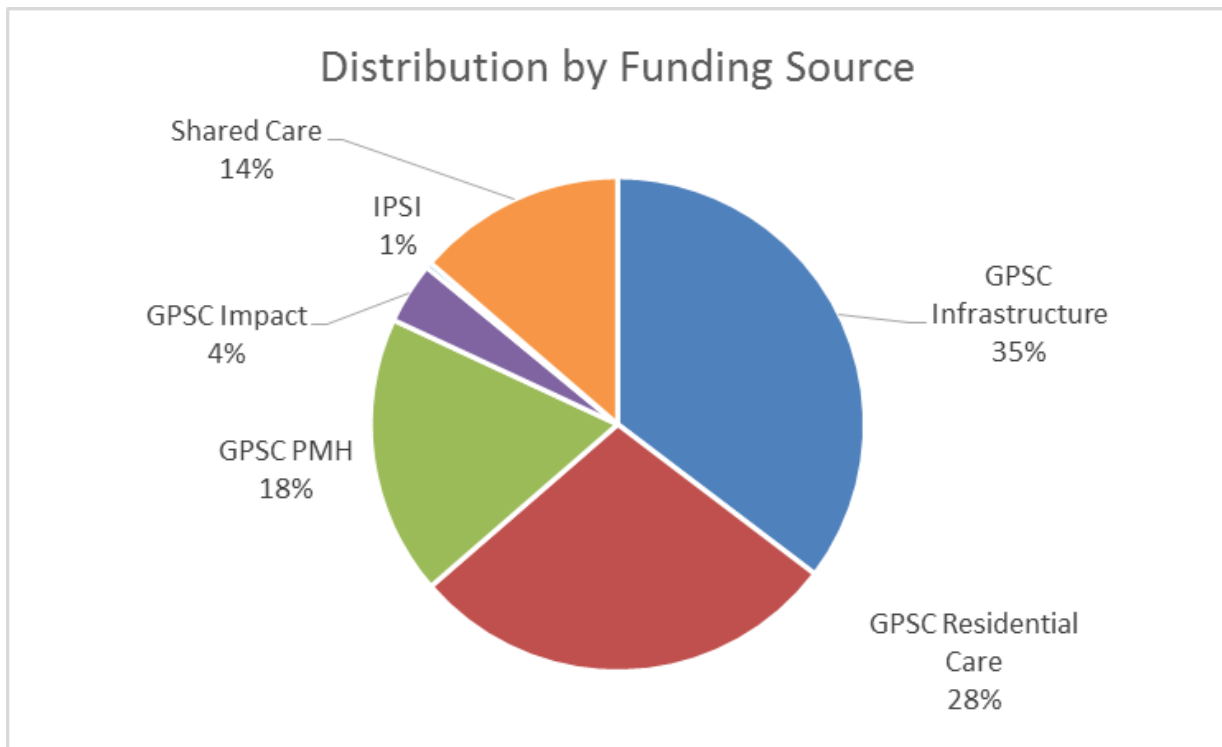


Figure 2

<b>Description</b>											
Funding Status	<b>Funding Confirmed / In Progress of Confirming</b>										
Funding Source	<b>Infrastructure</b>	<b>Shared Care</b>				<b>IPSI</b>	<b>GPSC</b>				
<b>Revenue Source:</b>	Infrastructure (2017/18)	Chronic Pain (EOI)	Breast Health (EOI)	Older Adult - Access and Continuity of Care	POLY - Risk Reduction	PSP Partnership	Residential Care	Impact Funding (carryover 6 months)	PMH	<b>TOTAL</b>	
2017/18 Infrastructure	\$ 441,397									\$ 441,397	
2017/18 Prov. Collaboration Incentive	\$ 41,456									\$ 41,456	
Shared Care		\$ 14,998	\$ 15,000	\$ 114,450						\$ 144,448	
GPSC / MOH					\$ 42,414		\$ 346,800		\$ 250,000	\$ 639,214	
GPSC Carry Over 2016/17							\$ 40,000	\$ 55,000		\$ 95,000	
IIPSI						\$ 5,117				\$ 5,117	
Other Sources TBA										\$ -	
<b>Total Revenue</b>	<b>\$ 482,853</b>	<b>\$ 14,998</b>	<b>\$ 15,000.00</b>	<b>\$ 114,450</b>	<b>\$ 42,414</b>	<b>\$ 5,117</b>	<b>\$ 386,800</b>	<b>\$ 55,000</b>	<b>\$ 250,000</b>	<b>\$ 1,366,632</b>	
<b>Expenditure:</b>											
<b>Human Resources</b>											
Physician	\$ 123,703	\$ 7,389	\$ 7,202	\$ 40,713	\$ 22,204	\$ 508	\$ 261,077	\$ 15,003	\$ 50,063	\$ 527,863	
Non Physician	\$ 301,710	\$ 6,334	\$ 6,387	\$ 55,625	\$ 14,950	\$ 4,393	\$ 89,255	\$ 31,597	\$ 156,050	\$ 666,299	
<b>Total Human Resources</b>	<b>\$ 425,412</b>	<b>\$ 13,723</b>	<b>\$ 13,589</b>	<b>\$ 96,338</b>	<b>\$ 37,154</b>	<b>\$ 4,901</b>	<b>\$ 350,331</b>	<b>\$ 46,600</b>	<b>\$ 206,113</b>	<b>\$ 1,194,163</b>	
<b>Administration</b>											
<b>Total Administration</b>	<b>\$ 39,160</b>	<b>\$ 895</b>	<b>\$ 945.00</b>	<b>\$ 10,700</b>	<b>\$ 4,860</b>	<b>\$ 216</b>	<b>\$ 22,589</b>	<b>\$ 2,400</b>	<b>\$ 37,887</b>	<b>\$ 119,652</b>	
Travel	\$ 16,700	\$ -	\$ -	\$ 7,412	\$ -	\$ -	\$ 5,000	\$ 4,000	\$ -	\$ 33,112	
<b>Total Travel</b>	<b>\$ 16,700</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,412</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,000</b>	<b>\$ 4,000</b>	<b>\$ -</b>	<b>\$ 33,112</b>	
<b>Facilities</b>											
<b>Total Facilities</b>	<b>\$ 22,800</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,000</b>	<b>\$ 2,000</b>	<b>\$ -</b>	<b>\$ 28,800</b>	
<b>Supplies &amp; Equipment</b>											
<b>Total Supplies &amp; Expenditure</b>	<b>\$ 18,590</b>	<b>\$ 380.00</b>	<b>\$ 466.00</b>	<b>\$ -</b>	<b>\$ 400</b>	<b>\$ -</b>	<b>\$ 4,880</b>	<b>\$ -</b>	<b>\$ 6,000</b>	<b>\$ 30,716</b>	
<b>Total Expenditure</b>	<b>\$ 522,662</b>	<b>\$ 14,998</b>	<b>\$ 15,000</b>	<b>\$ 114,450</b>	<b>\$ 42,414</b>	<b>\$ 5,117</b>	<b>\$ 386,800</b>	<b>\$ 55,000</b>	<b>\$ 250,000</b>	<b>\$ 1,406,443</b>	
Minus Funding	\$ 482,853	\$ 14,998	\$ 15,000.00	\$ 114,450	\$ 42,414	\$ 5,117	\$ 386,800	\$ 55,000	\$ 250,000	\$ 1,366,632	
<b>Amount remaining</b>	<b>-\$ 39,810</b>	<b>-\$ 0</b>	<b>\$ -</b>	<b>-\$ 0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>-\$ 39,810</b>	

Thompson Division Annual Work Plan 2017/18

Figure 3

Thompson Region Division of Family Practice 2017-18										
Annual Budget Forecast 22FEB17										
Description										
Funding Status	Proposal Ideas / Pending Funding									
Funding Source	GPSC / MOH		Shared Care			Other Funding Sources				TOTAL
Revenue Source:	TOTAL	4 Point Action Plan	Innovation Funding (Recruitment Committee and Community Partnership Committee)	Shared Care Steering Committee	Access to Psychiatry reformed to Access Mental Health and Substance Use (EOI)	Maternity Care (EOI)	Recruitment Marketing	Communications & Engagement	Staff Professional Development	TOTAL
2017/18 Infrastructure	\$ 441,397									\$ 441,397
2017/18 Prov. Collaboration Incentive	\$ 41,456									\$ 41,456
Shared Care	\$ 144,448			\$ 14,287	\$ 15,000	\$ 15,000				\$ 188,736
GPSC / MOH	\$ 639,214	\$ 239,798	\$ 100,000							\$ 979,012
GPSC Carry Over 2016/17	\$ 95,000									\$ 95,000
IIPSI	\$ 5,117									\$ 5,117
Other Sources TBA	\$ -						\$ 29,025	\$ 5,824	\$ 9,000	\$ 43,849
<b>Total Revenue</b>	<b>\$ 1,366,632</b>	<b>\$ 239,798</b>	<b>\$ 100,000</b>	<b>\$ 14,287</b>	<b>\$ 15,000</b>	<b>\$ 15,000</b>	<b>\$ 29,025</b>	<b>\$ 5,824</b>	<b>\$ 9,000</b>	<b>\$ 1,794,567</b>
<b>Expenditure:</b>										
<b>Human Resources</b>										
Physician	\$ 527,863	\$ 109,772	\$ 23,328	\$ 11,063	\$ 6,902	\$ 10,046	\$ 3,125	\$ 2,032		\$ 694,131.65
Non Physician	\$ 666,299	\$ 107,661	\$ 66,671	\$ 2,024	\$ 6,387	\$ 3,730	\$ 8,500	\$ 3,224	\$ 9,000	\$ 873,497
<b>Total Human Resources</b>	<b>\$ 1,194,163</b>	<b>\$ 217,433</b>	<b>\$ 90,000</b>	<b>\$ 13,087</b>	<b>\$ 13,289</b>	<b>\$ 13,776</b>	<b>\$ 11,625</b>	<b>\$ 5,256</b>	<b>\$ 9,000</b>	<b>\$ 1,567,629</b>
<b>Administration</b>	\$ -									
<b>Total Administration</b>	<b>\$ 119,652</b>	<b>\$ 19,740</b>	<b>\$ 10,000</b>	<b>\$ 1,200</b>	<b>\$ 1,211.00</b>	<b>\$ 1,224</b>	<b>\$ 10,700</b>	<b>\$ 568</b>	<b>\$ -</b>	<b>\$ 164,295</b>
Travel	\$ 33,112						\$ 6,700			\$ 39,812
<b>Total Travel</b>	<b>\$ 33,112</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,700</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 39,812</b>
<b>Facilities</b>										
<b>Total Facilities</b>	<b>\$ 28,800</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 28,800</b>
<b>Supplies &amp; Equipment</b>										
<b>Total Supplies &amp; Expenditure</b>	<b>\$ 30,716</b>	<b>\$ 2,625</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 33,841</b>
<b>Total Expenditure</b>	<b>\$ 1,406,443</b>	<b>\$ 239,798</b>	<b>\$ 100,000</b>	<b>\$ 14,287</b>	<b>\$ 15,000</b>	<b>\$ 15,000</b>	<b>\$ 29,025</b>	<b>\$ 5,824</b>	<b>\$ 9,000</b>	<b>\$ 1,834,377</b>
Minus Funding	\$ 1,366,632	\$ 239,798	\$ 100,000	\$ 14,287	\$ 15,000	\$ 15,000	\$ 29,025	\$ 5,824	\$ 9,000	\$ 1,794,567
<b>Amount remaining</b>	<b>-\$ 39,810</b>	<b>-\$ 0</b>	<b>\$ 0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-\$ 39,810</b>