

2022

CVDFP Annual Report



*Photo: Dr. Keith Laycock*



**Cowichan Valley**  
**Division of Family Practice**  
A GPSC initiative

# CVDFP ANNUAL GENERAL MEETING

Wednesday, September 28<sup>th</sup> | 6 pm

## Procedural matters:

- Adoption of agenda
- Approval of previous minutes (*June 29/22 General Meeting*)

## AGM Business

- Audit report
- Appointment of Auditor (ordinary resolution - 50% majority)
- Board of Directors election
  - No terms expiring; no nominations received
  - Portfolio vacancies: LTCI, Recruitment

Treasurer's report: Q1 financials

Check in: Family Practice Sustainability Project

Check in: Family Practice Residency Site

Focused discussion: Inpatient care sustainability

# CHAIR'S REPORT

*Dr. Bryan Bass*

Dear Membership:

As another summer slips away and another annual general meeting looms, it is apparent another year has somehow quickly passed. As I reflect over the last year, I remember thinking a year ago that Covid was in our rearview mirror; however, it has dogged us and taken its toll on both our personal and professional lives, and continues to have a significant impact on our society and our healthcare system. What has been unmasked is the true depth of the primary care crisis that is upon us and as a Division, has made us sharpen our focus and reallocate some of our resources. Although recruitment and retention has always been a key priority, it has taken on a whole new sense of urgency, and all feasible models of care need to be entertained.



Getting back to my report, last year we saw the board expand to 7 members. However, unfortunately, over the year for family and personal reasons, we had Dr. Jan Malherbe and Dr. Pat Gallagher step off the board, which has left us with a current board of Bryan Bass in the chair position,

Len Roy as treasurer, Megan Chabot, Emily Steeves and Carole Williams. I definitely want to thank all present and past board members for their ongoing guidance and commitment over the last year. Although a 5-person board is still giving us adequate geographic representation, it does leave us vulnerable, especially as board members come to the end of their terms, and I believe it is strongly advantageous to get back to a co-chair model to share the load and to maintain broader perspectives on the executive.

We have also had John Lewis-Schneider step down as a contract employee, for personal reasons. It was great having John's wealth of knowledge on our finance committee, and he will be sorely missed. John was also assisting our Director of Finance, Jennifer Berg, in both the billing and accounting areas, and will be missed. We had a successful audit through our new firm, KPMG, and once again there were no issues or concerns brought up. I definitely would like another member of the Division to partake in the finance committee, which are well run affairs that give one good insight into the inner workings and budgeting of the Division.

## 2021-22 BOARD OF DIRECTORS

Bryan Bass, Chair  
Len Roy, Treasurer  
Megan Chabot  
Emily Steeves  
Carole Williams

While on manpower, we were pleased to hire Erin Kilcommons in January this year to support our long-term care mandate and some admin support functions. Unfortunately, Erin has recently stepped down from her role for personal reasons. Although only with the Division a short time, she will be missed as a member of the team.

We remain fortunate that we have maintained our core staff, with Tiffany Littmann, Director of Operations, Jennifer Berg, Director of Finance, and Carlo Bortoletto, Director of Strategic Priorities. There is a huge amount of work that is done within the Division with all its projects, running of programs, new initiatives, and



coordinating communication with partners, and we all owe our staff a big thanks for the incredible and professional work that they do on our behalf. So thank you. Our executive team meets on a weekly basis, Tuesdays at lunch, and participate in numerous other local and regional meetings.

Within our advisory structure, we have had Sue Barr step down from our Hospice House liaison role. With the Hospice House firmly established, we have decided not to replace Sue's position on the advisory committee. Sue has done a Yeoman's job in getting Hospice up and running, and will continue to support the Division by sharing pertinent information coming from Hospice House. We encourage all members to continue to support the Hospice in our community.

Joining our advisory in the Information Technology portfolio is Bruce Hobson, who has already given an in-service at one of our meetings. We are very fortunate to have Bruce on board. Maki Ikemura has transitioned from a member at large to Diversity Inclusiveness and Cultural Awareness lead, while Patricia Seymour has taken on the position of CVDFP Mental Health Liaison.

Roy Gilbert and Stacey McDonald had given notice last year of their intention to step down from the lead roles in Recruitment and Retention and Long Term Care, respectively. While both Roy and Stacey continued to support the Division beyond their intended end date, we truly need members to take on the physician lead roles in these portfolios. Anne Thompson and Peter Postuk have also stepped away as members of the Recruitment & Retention Committee due to retirement and personal reasons. I appreciate all the work my colleagues have done in this portfolio over the years. I would also like to thank Kate Wratten, who has served as Recruitment & Retention Coordinator and admin support for the past three years. Kate stepped down over the summer for personal reasons, and we now face a complete re-build of the Recruitment & Retention portfolio. We've received expressions of interest from two members wishing to serve on the committee, so we're off to a good start, but will need a physician lead for this portfolio.

We also saw Gisela Wenzel-Smith step away as CDMS co-liaison. We thank her for taking on this role and the significant time commitment in attending meetings of both organizations. Continuing on with their advisory roles are Graham Blackburn - CDH Redevelopment, Jim Broere - PCN, Zaan Davies - CDMS liaison, Ryan Gallagher - Pathways, Paul Harris - Substance Use, Tom Rimmer - Inpatient Care, Maggie Watt and Donna Wachowich - Cowichan Maternity Clinic co-leads. Once again, thank you all for your great dedication to our Division. We truly appreciate it and would be lost without you.

In the last year, the Division and its members remained actively involved in many previous programs and initiatives, and have started up some new ones. We saw the winding down of the Covid working groups and the respiratory assessment clinic. We have seen new treatment regimes become available for Covid and it is great being able to contact our colleagues with clinical expertise for assistance in this regard.

## 2021-22 ADVISORY COMMITTEE

- Sue Barr, Hospice House
- Graham Blackburn, CDH Redevelopment
- Jim Broere, PCN
- Zaan Davies, CDMS co-liaison
- Ryan Gallagher, Pathways
- Roy Gilbert, Recruitment & Retention
- Paul Harris, Substance Use Liaison
- Bruce Hobson, IT
- Maki Ikemura, Diversity, Inclusiveness and Cultural Awareness
- Stacey McDonald, LTCI
- Tom Rimmer, Inpatient Care
- Donna Wachowich, Maternity Clinic co-lead
- Maggie Watt, Maternity Clinic co-lead
- Gisela Wenzel-Smith, CDMS co-liaison

One of our major initiatives in the last year has been the long-term care initiative where we hired a project manager, Lisa Ebel-Wiebe, and formulated a working group to look at the sustainability of long-term care. The recommendations from this working group were to use part of our residential care initiative monies to pilot an after-hours backup call rota, to alleviate the 24/7 burden on longitudinal practitioners. I would encourage more members to join this call group to make it more sustainable, and I hope it would recruit members, particularly new to Cowichan members, into doing long-term care work. A specific incentive is also available for accepting unattached long-term care patients and we hope to see more physicians willing to put their names forward to accept these patients.



We continue to invest Division resources in the Primary Care Network initiative, with Jim Broere remaining our PCN lead and with Carla Bortoletto and Bryan Bass sitting on the PCN steering committee, along with our Island Health and Indigenous partners. Besides ongoing supportive team-based care with our social workers, pharmacy, respiratory therapist, and integrating nurse practitioners into our community, there has been more work in the last year around engaging our Indigenous partners with Metis representation as well as ongoing project evaluation and communication roll out. More recently, focus has been on taking unattached patients off the Health Connect Registry, forming their profiles to make them more attachable to a primary care provider. As you are well aware, in bringing UPCC type model of care in to compliment the PCN, particularly for after-hours and weekend work, we have been working with our Island Health partners on a proposal, with the additional request of having inpatient care component and community locum support. A proposal is still pending. The PCN, and Carla in particular, is developing expertise around contracts for nurse practitioners and new to practice contracts for family physicians which, as it stands, need to be under the PCN umbrella. The earliest that we would see a UPCC come to fruition would be March 2024.

The Division continues to support inpatient care as a priority, and thanks once again for the time and commitment of Tom Rimmer, our inpatient care lead, and Graham Blackburn, CDH family medicine lead. Unattached inpatient care continues to be a challenge and thank you for those doing the Doctor of the Day and the “UNIT” (Doctor of the Week) work. We continue to support the mentorship program to help new physicians transition to hospital work. The Division continues to advocate for the maintenance of the GPSC bridging funding, \$500,000 per year, which supports our weekend stipend and provides the top up on unattached inpatient care fees.



More recently, the Division, with our CDMS and Island Health partners, have retained the service of Rory Allen as project manager for the Cowichan District Hospital inpatient sustainability project. Rory has now completed this project and his report and recommendations are now before the CDMS and Division boards and have been circulated to the membership for contemplation and deliberation during the upcoming AGM. Rory has proposed several potential options for inpatient care and we look forward to the membership’s opinion on the

viability of these options. Thank you Rory for this volume of work. It is a very complete and readable document. The number of physicians doing the DOD service is down to 11, who share the duties with the UNIT physicians and any help in this service from the general membership would be much appreciated.

As I mentioned at the beginning of my annual report, we are facing a crisis in longitudinal family practice in our community, and with the lack of recruitment of young physicians as those of us retire, it threatens the viability of most of our clinics. As such, a small group of our colleagues visited the Shore Line medical clinic in Saanich and have wondered if this model of care would be a viable option for the future of our community, and in retaining and recruiting physicians to our community. As such, we have heard Mark Sanders give us presentations at both our March and June meetings, and the board has supported a project manager for the Family Practice Sustainability Project and the formation of a working group to this end, looking at the community health center type model and other alternatives that might fit well in Cowichan. This last month, we were fortunate to hire Sheri Fielding as the project manager, to work with us to explore other models of primary care.

I would also like to remind membership that we continue to support the Pathways program with our physician lead, Ryan Gallagher. Ryan has also been involved with our ongoing Island Health computer rollout, which gives me faith that it will be a success.

Your executive and board continues to advocate on your behalf at provincial tables and regional tables. All Divisions are struggling with issues around primary care manpower, PCN, UPCC, and internal Division succession and viability issues.

One of the things we were able to do this past year was an in-person planning session with Board and Advisory to reevaluate where we are and where we are going. It was reinforced that the Division should remain a member-driven organization that focuses on serving our local needs and membership, with main focus on recruitment and retention and membership wellness. With this in mind, the Division did organize a social summer event with the family fun day barbecue on July 16 which, although could have been better attended, was successful in getting everyone together and I think was a good event to build on for next year. We are planning a future CME event. We have taken some of our spare capital and have elected to align and support clinics with a private recruiting agency. We hope to continue to support our clinic staff/management in coordinating care.

Once again I would like to give a shout out to our scholarship committee who once again gave out a \$1000 regional scholarship for a student pursuing a medical degree, as well as 4 bursaries for students heading into healthcare. Congratulations to the 2021/2022 recipients.

As we wind up another year, it is obvious that we are facing lots of challenges. Our strength is in our collegiality amongst our membership, maintaining our strong partnerships and being open to change and uncertainty. As always, we look forward to every member's constructive input into the direction they wish the Division to be heading.

Dr. Bryan Bass  
Board Chair





# MEMBER UPDATES



*Please join us in giving a warm welcome to the following new arrivals in our community over the past 12 months:*

*Rusul Al-Kutbi, Coleman Clinic  
Azzam Azmy, Duncan Family Practice  
Safaa Mukhtar, Valley Medical Clinic  
April Nilsen-Nunn, Duncan Family Practice  
Sawsan Yahya Al-khoshi, Shawnigan Village Family Practice  
Danielle Diaz, Locum  
Mark Diaz, Locum  
Nick Hargrove, Seniors Outpatient Clinic  
Nina Howatt, FP Resident, Mill Bay  
Jonathan Yotakahron, FP Resident, Indigenous Program  
Avery Palmer, FP Resident, Indigenous Program  
Jayne Hardy-Cathro, NP, Coleman Clinic*

*Also during the past year, we saw the following members retire from full time family practice:*

*Tim Britton-Foster, Hillside Medical  
Greg Ikafia, Ladysmith Family Practice  
Glenn Robinson, Coleman Clinic  
Ann Thompson, Coleman Clinic*



*Photo: C. Mann, Rotten Apple Studio*



*We wish the best of luck to those members who left our community during the same time period:*

*Salem Alghbli, Shawnigan Village Family Practice  
Adnan Iftikhar, Coleman Clinic  
Manuela Lowo, Duncan Family Practice  
Matt Paquette, Valley Medical Clinic  
Vidya Racherla, Duncan Family Practice  
Kishen Sihota, Ingram Family Physicians  
Lal Singh, Valley Medical Clinic  
Janele Frechette, FP Resident, Hillside Medical  
Jordan Rycroft, locum*

# TREASURER'S REPORT

*Dr. Len Roy*

On behalf of the Board, I am pleased to present The Cowichan Valley Division of Family Practice Society's audited financial statements for the fiscal year ending March 31, 2022.

KPMG LLP Chartered Professional Accountants have examined the financial statements, comprised of the statement of financial position, statement of operations, changes in fund balances and cash flows. In their opinion, the financial statements present fairly, in all material respects, the financial position of Cowichan Valley Division of Family Practice Society as at March 31, 2022, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## **Statement of Financial Position as at March 31, 2022**

- Total cash assets held were \$1,680,158 and Investments totalled \$5,715
- Accounts Receivable at March 31, 2022 of \$8,540 includes \$7,288 for GST rebates, \$1,026 for the CDMS portion of Pathways, and \$224 from the GPSC for IT reimbursement
- Infrastructure ended the fiscal year with \$25,000 in deferred GPSC contributions that will be carried over into fiscal 2022/2023.
- The balance of funds remaining in deferred included \$353,644 related to the Primary Care Network, \$50,000 for long-term care, \$48,615 for in-patient care, \$120,658 for COVID-19 planning, and \$137,118 for Shared Care.
- Amounts to be paid back to the Doctors of BC total \$552,190

## **Statement of Operations to March 31, 2022**

- Infrastructure recognized \$1.67M in revenue against the equivalent operating costs of \$562,539, \$634,800 for in-patient care incentives, \$459,102 for long term care incentives, \$9342 for COVID planning, and \$1,850 for Maternity Vulnerable Community Initiative.
- Attachment recognized revenue of \$631,269 against the associated costs relating to the Primary Care Network.
- Interest revenue for fiscal 2021/2022 of \$2210 was recognized in Attachment, and the Net Asset balance in Infrastructure was \$39,552 with the total net assets of \$41,762.

I would like to thank the board, and general membership for the opportunity to serve as the Division Treasurer. I would also like to thank the Division staff for their continued hard work, support and commitment to the financial management of the Division's resources.

## 2021/22 STAFF

Jennifer Berg, Director of Finance  
Carla Bortoletto, Director of Strategic Priorities  
Tiffany Littmann, Director of Operations  
John Lewis-Schneider, Financial Assistant  
Kate Wratten, Recruitment Coordinator  
Erin Kilcommons, Administrative Coordinator  
Paula Dunford, Admin Support

