



2011

Annual Report

Full Steam Ahead



The 2011 Perspective from the Thompson Region Division of Family Practice

Full Steam Ahead!



Dr. Shirley Sze
President

I feel privileged to present the 2nd Annual General Report for our Division. Through our "leap of faith" in creating the Thompson Region Division of Family Practice last year, we have progressed to a journey of "full steam ahead" with no braking in sight. We continue our focus on the triple aim mandate to improve both patient and provider experience of care, contribute to better population health and to be cost effective. Consistent with that goal, we have come up with a Mission and Vision Statement that we hope will be supported by all of you through a motion at this meeting.

This past year has been one of solidifying our infrastructure and more so, it has been a year of building relationships with our members, our specialist colleagues, and with our healthcare partners in both Interior Health and with the Ministry of Health. This journey has not been without its challenges but I believe that we have achieved a better understanding of what different perspectives and strengths each group brings to the table and the realization from all of us that some problems are absolutely too large for any one of us to solve, but collectively, there is hope that we can gradually make some of the changes that will ultimately improve the system of care in our community.

I am delighted to report that we have a dedicated office for our Division that also provides space for our members and our partners to meet and discuss issues of common interest. We have been fortunate in engaging Chris Hollstedt, a very experienced and talented Executive Director, to work for our Division and have the continued administrative support of Jewel Calibaba, and our bookkeeper, Sandy Taylor.

I again wish to express my gratitude to your Board of Directors for their dedicated service to your Division. Dr. Peter Gorman, vice-President, Dr. Chip Bantock, treasurer, Dr. Kraig Montalbetti, secretary, Dr. Wayne Dong, Dr. Krista Bradley, and Dr. Graham Dodd are to be commended for their commitment to all matters pertaining to improving primary care in our community and have spent countless hours and untold efforts in supporting that goal.

Above all, I would like to thank all of you, our members, for providing our Board with tremendous input via responses to our surveys, attendance at our engagement meetings along with email and hallway conversations as to what the top priorities and concerns that you wish our Division to address. With your provision of this clear mandate, our Board can be confident in representing your wishes when we meet with outside parties and are able to steer our Division in a manner that honours your invaluable input.

I firmly believe that we have been given a window of opportunity to have a voice in influencing the much needed changes. However, beyond that, we also have the responsibility to become the agent of change for our community. Since physician leadership is a paramount factor in the most effective healthcare systems in the world, I would like at this time to challenge each and every one of us to step up in whatever capacity we can manage to become that leader within our sphere of influence and to ensure that we can also have one of the best healthcare systems in our community. I would like to reaffirm that collectively, with all of us working together, we can fulfill our mission of excellence in healthcare.

Addressing the Issues that are Important to Our Members

Our membership now stands at 121 members out of a potential 122. We continue to embrace all primary care physicians in whatever capacity and sphere that they practice in and seek to listen and address concerns in their order of priority.

In Hospital Care

As you all know, we were successful in securing a Memorandum of Understanding (MOU) with our partners to provide financial recognition to those family physicians that continue to provide in hospital care for their patients. We have further extensions to that MOU until the end of March 2013. Furthermore, we continue to participate on a provincial steering group on this issue in the hope that future funding for this invaluable service will be maintained in some form.

I am particularly proud to say that we are the sole community out of 11 communities getting funding for in hospital care that is actually tackling the systems issues that create “headaches” for the physician and their patients. This is entirely through the advocacy role that a number of our members have provided in two working groups – the Systems group and the Access and Flow group. Our members are participating and have a strong influence over changes that will provide positive impacts to service delivery and quality improvement.

The King Street Project

A long time vision is realized through the creation of the King Street Clinic whose goal is to provide primary care and multidisciplinary support to complex mental health patients that do not have a family physician. I am still astounded at the energy and enthusiasm of all parties that came together to make this happen. This very motivated group included our own members, our psychiatrist colleagues, the mental health staff, pharmacists, nurses, addiction counselors and IHA administration. As an off-shoot of this initiative, we have had two learning modules on management of substance use and chronic pain delivered in our community.

Support for Recruitment and Retention

We continue to support initiatives that are of the highest priority to you. In the area of Recruitment and Retention, Dr. Wayne Dong and his committee members are working with Venture Kamloops and Interior Health to develop better ways of attracting new doctors to our community and retaining the ones that we have. A new website outlining the joys of working and playing in our community will be posted soon along with formation of a welcome group to meet and greet all potential newcomers. As a part of recruitment, our Division is very supportive of the Family Medicine Residency program coming to Kamloops in 2014.

Integration

We are representing our members as IHA evolves out of the Integrated Health Networks that provided good support to a few practices in our community to a broader and more equitable support to all primary care practices in our community over the next year. We have your input as to what will work for our community and are at the table to ensure that the rollout will be functional and consistent with your wishes.

Patient Journey Mapping and Addressing Gaps in Transitions in Care

As part of the MOU for In Hospital Care, we undertook two patient journey mappings for the frail elderly to find out the gaps in care at the system level and how we can address them. A number of our members, specialists, IHA acute care staff and community staff along with patients participated in 2 separate day long events and came up with very similar responses to the gaps in care. The most glaring gaps are the ones involving communications and discharge planning. Our Division is committed to continue work on bringing solutions to these system gaps and will be seeking additional funding for project management as an initial step in the process.

The Residential Care working group was created to address the manpower issue that has emerged as some of our physicians that care for LTC patients near retirement. This group has been successful in coming up with innovative solutions to solve the imminent problem but also will be looking at sustainability of physician resources for the future. They are also collaborating on provincial initiatives to improve care for the elderly in the LTC facilities.

Other Important Work

We now also have members participating along with IHA staff in looking at IMIT, Chronic Pain Strategy, and a recently approved and funded project for PITO and PSP to collaborate and work to improve efficiencies in your practices. Further meetings to define the goals of this project will be held and information will be available to those that are interested in this area.

So, full steam ahead and no turning back is how I am envisioning the next year will be – the train has left the station. Please hop on if you wish and when you can. You are all most welcomed on this ride.



Thompson Division member Dr. Miranda du Preez

Right – Board President Dr. Shirley Sze with a VIP Clinic patient

Far Right – Directors, Dr. Graham Dodd, Dr. Chip Bantock, Dr. Kraig Montalbetti, Dr. Wayne Dong, Dr. Peter Gorman, Dr. Shirley Sze, and Dr. Krista Bradley



Right – Dr. Lennard Pretorius with a patient.

Far Right – Division Staff, Jewel Calibaba (Administrative Assistant), Sandy Taylor (bookkeeper), Chris Hollstedt (Executive Director)



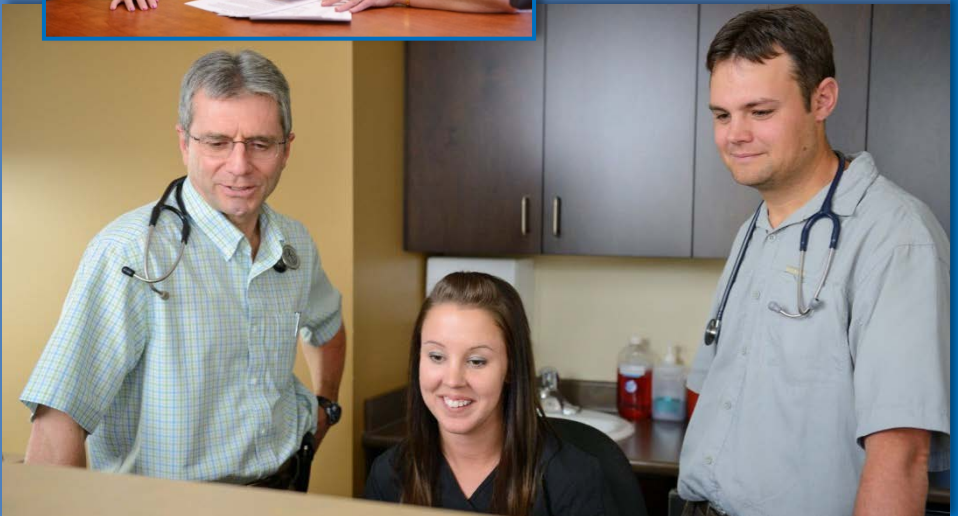
Right – Dr. Phil Sigalet with his Medical Office Assistant,

Far Right – Drs. Peter Gorman and Lennard Pretorius with their Medical Office Assistant, Marisa Charbonneau





Missing In Action:
Dr. Krista Bradley



Financial Statement

The following consolidated Statement of Financial Position and Statement of Operations is based on audited financial statement for the fiscal year ending March 31, 2012.

Statement of Financial Position

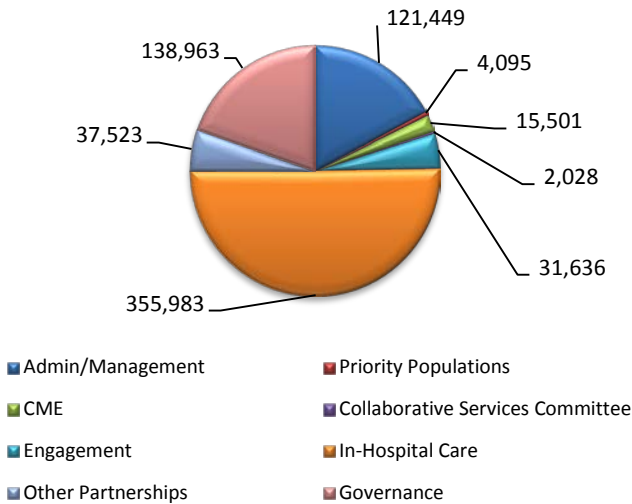
Assets	2012	(Restated) 2011
Cash	\$ 158,951	\$ 82,256
Accounts Receivable	\$ 27,899	\$ 2,869
Prepaid Expenses	\$ 2,588	\$ 2,588
Total Assets	\$ 189,438	\$ 87,713
Liabilities		
Accounts Payable	\$ 38,104	\$ -
Deferred Revenue	\$ 102,546	\$ 87,713
Total Liabilities	\$ 140,650	\$ 87,713
Net Assets		
Operating Fund	\$ 48,788	\$ -
	\$ 189,438	\$ 87,713

Statement of Operations

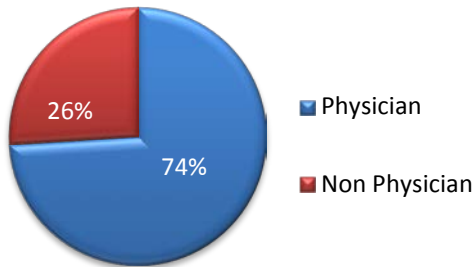
Income	2012	(Restated) 2011
Infrastructure	\$ 318,223	\$ 192,208
In Hospital MOU	\$ 420,924	-
Events	\$ 19,700	\$ 3,080
Total Revenue	\$ 758,847	\$ 195,288
Expenses		
Governance	\$ 196,088	\$ 195,288
Program Delivery	\$ 513,971	-
Total Expenses	\$ 710,059	\$ 195,288
Excess Revenue over Expenses	\$ 48,788	-

During the year the Board worked with management to restructure the chart of accounts to better report how Division funds are allocated to member-identified priorities. The following figure illustrates the allocation of expenditures by priority areas of focus.

Expenditures By Area Of Focus



Distribution of Funds



Accomplishments of the Thompson Region Division

- ✓ Establishing a non-profit society with an effective Board and revitalizing the Board with two new members.
- ✓ Establishing an office as a base of operations.
- ✓ Hiring a part time Executive Director and full time Administrative Assistant.
- ✓ Enrolled all but one eligible Family Physician to join the Division
- ✓ Forming a Collaborative Services Committee (CSC) comprising of representation from our Division, the BCMA, the General Practice Services Committee, the Ministry of Health and Interior Health Authority (including Acute Care and Home & Community Care). The CSC is enabling direct communication between all partners to common goals.
- ✓ Attendance at the RIH Medical Advisory Committee in a non-voting capacity to give voice to all Division members, not just those with hospital privileges, and enabling the Division to stay informed and possibly influence decisions that affect Family Physicians.
- ✓ Maintaining the number of full service Family Physicians providing in-hospital care to their patients at RIH since the introduction of the Memorandum of Understanding.
- ✓ Increasing remuneration to full service Family Physicians providing MRP functions in-hospital.
- ✓ Instituting systems changes in the hospital in the form of “Hot Files” and other improvements on the wards.
- ✓ Partnering to form the King Street Clinic which opened November 1st to provide vital services to complex mental health clients who do not have a primary care physician.
- ✓ Promoting and moving forward with plans for a Family Medicine Residency Program which will eventually be instrumental in solving our physician and locum shortages.
- ✓ Engaging with members through focus workshops, surveys and social events.
- ✓ Partnering with other Divisions to promote the use of EMRs in the process of continuing medical education and practice innovation.
- ✓ Walking the talk with our patients at the first annual Walk with Your Doc event.
- ✓ Forming a Community Call Group to provide weekend coverage for our long term care patients. Also looking at long term solutions for the care of our long term care patients.
- ✓ ***And above all, uniting Family Physicians on issues and highlighting the central role that we all play in the health care system.***

Board of Directors

Dr. Shirley Sze, *President*

Dr. Peter Gorman, *Vice-President*

Dr. Chip Bantock, *Treasurer*

Dr. Kraig Montalbetti, *Secretary*

Dr. Wayne Dong, *Director*

Dr. Krista Bradley, *Director*

Dr. Graham Dodd, *Director*



Thompson Region Division of Family Practice

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Photos of the Kamloops area courtesy of PictureBC.com:

Cover – Ashcroft Steam Train
Page 7 – Kamloops Hoodoos

Photos of the Kamloops area courtesy of Tourism Kamloops:
Back Cover

Photos of Division Directors, Members and staff by Bill Frymire.



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

www.divisionsbc.ca