



Annual Report 2021-22

FOR THE PERIOD ENDING MARCH 31, 2022



Snuneymuxw Totem structured by Joel Good. Formerly the site of St'litlup, the original village of Snuneymuxw First Nation Departure Bay, Nanaimo, BC.

We acknowledge with gratitude that we work on the unceded and traditional territories of the Snuneymuxw First Nation, and Coast Salish Peoples – Stz'uminus, and Snaw-Naw-As Nations.

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Leadership Report



Taylor Swanson
Board Chair

Looking back over the last year I am hit by the immense challenge of our times. Struggling through a second full year of COVID has driven a broken and underfunded primary care system to the brink of collapse. There are approximately 30,000+ people in Nanaimo without access to their own family doctor, hours long waits at the UPCC and ER, and a backlog of cancers and other ailments that have gone undiagnosed and undertreated over the past few years. Then there is the enormity of a mental health crisis, worsened by isolation and stress through the recent years, affecting both patient and physician alike. Every day I hear stories of people that need care, who are worthy of care, who deserve care.

Personally, from just this year, these range from a middle aged woman needing a physician for breast and cervical cancer screening, to an elderly couple in their 80's waiting in line for hours at the UPCC for medications. They include a patient with a newly diagnosed brain tumour with good access to neurosurgery but no one around to pick up the pieces after; and a father lamenting the lack of family doctors as they weep for their daughter lost to suicide for lack of anyone to connect to services. There is no way around it, the situation is incredibly dire. As a family physician on the ground I feel the pressure, the stress, the burden of care and the need for drastic and rapid change.

The PCN has had some success stories. Although I know there are still challenges with implementation and details. I would be remiss to not mention the efforts of our PCN team as they have brought social workers to multiple clinics in town.

They are now working hard to bring community pharmacists as well. These members of our physician led teams will help enhance the work we do and improve the quality of care we can provide for our patients. However, ultimately this is slow change that will not, alone, save primary care.

Our Division has also worked hard alongside our Indigenous partners. Some of the achievements include an ongoing joint Truth and Reconciliation Committee; a new cultural relevance strategy for the Division Board (built upon the In Plain Sight report as its basis); and the recruitment for an Indigenous Relations Manager. These have contributed to strengthened relationships with Snuneymuxw and Snaw-Naw-As First Nations, Tillicum Lelum Friendship Centre, and the Mid Island Metis Nation, and support planning of enhanced primary care options for Indigenous community members in the near future.

While these undertakings undoubtedly improve the quality of care that our community is able to provide, again, I cannot ignore the threat to the fundamental foundation of our primary care system: Family doctors. I can guarantee that I will loudly advocate for reform and investment in primary care both locally at our Division, regionally through the Vancouver Island Division Collaborative and provincially as the Vancouver Island Division representative to the GPSC.

As always, I value and appreciate your input and perspective, please be in touch.

Taylor Swanson — Board Chair



Beccy Robson
Executive Director

As I sit down to write this report, I reflect on what has stood out to me in the 2021, as we transitioned through another year of pandemic. The word pivot has entered our everyday lexicon, and much as I have grown to despise this word in the context of seemingly endless crisis management initiatives, I thought about how often we in the Division use this principle (albeit it a more planned way). In our quest to support members and initiate quality improvement for primary care Physicians and Nurse Practitioners, we constantly evaluate, consult, review and amend our course so that we can provide the most current and sustainable version of QI possible at the time. This way of working, I believe, is why Nanaimo Division was able to collaborate with members and provincial, regional and local partners to implement new ways of working as parameters and guidelines continually changed.

Whilst some of our project activities and infrastructure programs were curtailed, I would like to take this opportunity to thank the Division staff (Team Awesome) and members for persevering in the face of ongoing changes and challenges to keep providing care for patients in Nanaimo. The human ability to adapt and overcome, and to support and lift each other up is inspirational. I have always considered myself lucky to work alongside members, partners, and staff in this field, but this year has amplified this awareness.

Thank you.

VISION

During 2021 the Board of Directors reviewed and realigned the Division's strategic compass to navigate the current challenges of Primary Health Care, to ensure the Division can be responsive,

effective and influential in an evolving Primary Care environment.

Whereas the vision of '*A healthy Nanaimo through empowering and supporting our primary Care Community*' remained our objective, a deep dive into the membership needs and current environment led to the development of a broader strategic framework which will provide the foundation of all our work. The outcomes will direct the leadership priorities of the Board of Directors and provide a touchstone against which the Division administration can guide their activities and focus.

In 2021 the Board of Directors also developed a Cultural Relevance strategy which will guide the way the Division works to understand Indigenous perspectives and embed cultural awareness in our strategy and day to day work. This thread is one we seek to weave into the fabric of all our work at the Division, and we are grateful for the guidance and support we receive from our colleagues and partners at Snuneymuxw and Snaw-Snaw-As First Nations, Tillicum Lelum, and the Mid-Island Metis Nation.

It is a testament to the membership and staff of the Nanaimo Division of Family Practice that together we are starting to emerge from the constraints of a world in pandemic crisis. Unfortunately, whilst one diminishes (at least in part), we must face together the unwelcome but much-predicted crisis in Primary Care. As alternatives to longitudinal Family Practice have become more available in recent years, we are facing a new health emergency right here in our own backyard.

The population of Nanaimo continues to increase whilst opportunities for attachment become more scarce. We look

to the Province to address larger system changes, but we recognize we have to also influence and collaborate with leaders across our own city so we can, together, build innovative primary care services which set the standard. We will work collaboratively to achieve our aim of

accessible, safe and sustainable primary care for everyone in Nanaimo and *strategically* pivot models of care so they work for both our members, and the community.

Beccy Robson — Executive Director

CULTURAL RELEVANCE STRATEGY

We strive to understand how to respect Indigenous perspectives and accept the responsibility to embed cultural awareness into every aspect of our work

Whilst embracing humility and vulnerability, we are committing to walk alongside our Indigenous partners in their approach to create transformation of Nanaimo's health system.

Honouring the work that has taken place and preparing to continue the journey of awareness and improvement alongside our Indigenous partners

Acknowledging our spheres of influence in the health system to create opportunities for culturally relevant and equitable health care delivery.

Monitoring development and sharing knowledge to improve and develop sustainable strategies and planning

Reviewing the fruits of our labours by acknowledging our journey and bringing lessons learned and successes to the strategic table



Recognizing the value of relationality and offering time and space to create meaningful connections.

Transforming conversations & relationships into programs and initiatives

Planting the seeds for growth and improvement

Recognizing how colonial trauma has diversified our Indigenous communities, we will leverage traditional knowledge and partnerships to enhance opportunities that lie within learning and sharing two eyed seeing.

Creating partnerships and opportunities to learn about both worlds & share knowledge

STRATEGIC VISION



ADVOCACY & LEADERSHIP

Amplifying the voices of the Nanaimo Physicians

- Seeking opportunities to strengthen the voice of the Division to fundholders and policy makers
- Creating a strong leadership culture within the Society
- Influencing laterally as well as upwards
- Demonstrating values

MINDFUL OF MEMBER NEEDS

Supporting and valuing our members

- Understanding the needs of our members
- Successfully recruiting and retaining Family Physicians
- Seeking solutions to common challenges
- Providing opportunities to improve continuity of care for patients

COMMUNITY CONNECTIONS

Strengthening relationships within the membership and between the primary care community.

- Providing opportunities for bottom up and top down communication to inform decision making
- Providing clear concise and regular communication to members and external stakeholders
- Providing opportunities for members to share experiences and meet other clinicians

ACCESS TO RESOURCES

Understanding the local landscape

- Strengthening links between Family Physicians and local health resources
- Seeking out synergies with current and potential partners
- Providing opportunities for education

DIVERSITY AND SAFETY

Embedding a lens of cultural safety in all we say and do

- Creating structures to support Cultural safety strategy
- Providing opportunities to understand and incorporate cultural safety into daily work and practice
- Addressing systemic racism in Primary Care

Initiatives

PRIMARY CARE NETWORK

OBJECTIVES

- Create a 4-year plan to implement the Nanaimo PCN Service Plan.
- Engage Division Members to inform the development of PCN Services.
- Complete detailed service design and planning for each Year 1 PCN Service and receive approval of PCN Steering Committee.
- Begin implementation of each year 1 services as per the 4-year hiring plan (*Funding is gated per each year of implementation*).
- Work with First Nations, Indigenous and Metis Community Partners to start work to develop a strategy to integrate cultural safety learning into Primary Care.
- Develop strategies/frameworks for PCN evaluation, communication, change management and engagement.
- They welcomed an MHSU Consultant in February 2022 and a Social Worker in April 2022. 2 additional clinics had started working with the team to prepare for the clinicians to join their clinic.
- **Fully executed 3 New to Practice Contracts.** In collaboration with Division Recruitment and Retention, we worked with 3 new to practice (NTP) Physicians to join 3 existing Family Practice Clinics. 2.0 FTE remained at the end of the fiscal year, with a 1.0 FTE contract pending for a New Physician starting in FY 2021-2022.
- **Worked with Physicians to address barriers to the Family Physician Contracts.** In 2021, the transition of several Primary Care services from short term or unsustainable funding to ongoing PCN funding began. The Ministry of Health provided APP FP contracts to support these PCN services, however, the amount earned on the contract minus FPs contribution to overhead would be considerably less than the current sessional rate. Physicians were brought together to discuss how to move forward and agreed that the concerns needed to be articulated to the Ministry of Health. The Division of Family Practice, with the endorsement of the Collaborative Services Committee, wrote a briefing note to the Ministry of Health to highlight the challenges and made recommendations for improvements. Nanaimo's Briefing Note has been discussed at multiple levels within the Ministry and they are currently working to find a solution. Meanwhile we have continued to receive COVID funding extensions while we work towards a solution.

ACCOMPLISHMENTS

- **Determined the Allied Health Service model to support existing family practice clinics and implemented in an initial pilot clinic.** A primary goal in year one was to ensure we moved forward with services that would directly support existing family practice clinics. One of the core guiding principles for this service was to ensure equity for clinics so that any clinic who wanted to work with allied health could. The team conducted an environmental scan of team-based allied health models and used what was heard from Physicians to arrive at the model. By the end of 2021-22 fiscal year, 5 clinics had expressed interest in being part of the service. Lexiton Medical Clinic was the first clinic out the gate and served as our pilot clinic for the service.



- **Launched the [Health Connect Registry \(HCR\)](#) in Nanaimo and started planning for the Patient Attachment Mechanism (PAM).**

An environmental scan was conducted across other PCNs to gain insight into how they use the HCR to enable an effective Patient Attachment Process. Nanaimo Division members were invited to participate in a focus group and survey about the HCR and PAM to help inform the design and identify potential barriers to provider uptake and use. The Nanaimo's HCR was officially launched on March 29th, 2022, which allows unattached patients in Nanaimo to register for a provider. Planning continues to determine the process for taking patients from the registry and attaching them to a provider in the community with a couple clinics helping to pilot the process.

- **Hired Nurses and Social Worker for the Low-Barrier Outreach Team and confirmed additional funding for a Medical Outreach Van.** 2 Registered Nurses and 1 Social Worker were successfully hired under PCN funding. The service also received \$155,000 to establish a permanent medical outreach van. In the next fiscal year, the new van will be operating on the

streets of Nanaimo, providing relational longitudinal care to people that are unsheltered, at risk of being unsheltered and/or underserved, that is low-barrier, trauma informed and culturally sensitive. The service is fondly referred to in the community as "The Van".

- **Mid Island Metis Healthcare Survey.**

The Nanaimo PCN Team worked closely with the Mid Island Metis Nation to develop and launch a patient survey to better understand primary health care needs of Metis People in the Nanaimo Area, identify what is currently missing and how we might make it better. The survey helped to address the gap in local health data about Metis people. A final report was put together to help inform PCN's cultural safety framework moving forward.

PHYSICIAN LEADS

Dr. David Sims — Patient Medical Home (PMH)
Dr. John Trepess — Primary Care Network (PCN)

PROJECT MANAGER

Laura Loudon

BEHAVIOURAL SUPPORT TEAM (BEST) CARE FOR DEMENTIA PATIENTS IN LONG TERM CARE (LTC)

OBJECTIVES

- Working in partnership with Family Physicians, Specialists, Island Health MHSU, and Long-Term Care Facilities in Nanaimo, this project aimed to improve the quality of long-term care for residents living with dementia through:
- Implementation of P.I.E.C.E.S. methodology and practice and creation of in-house behavioral teams.
- Improvement in resident outcomes by better supporting behavioral and psychological symptoms of dementia (BPSD) and improving processes.
- Development of standardized documentation and referral process and post referral feedback
- Improvement in collaboration and communication across Family Physicians (FP), Specialists, MHSU, and Facilities

ACCOMPLISHMENTS

- **Best in a Box.** To facilitate the spread of BeST Care to other facilities, BeST in a Box was created. This physical resource includes a how to guide to support facilities in adopting BeST Care as well as electronic copies of all of the standardized forms that were developed.
- **Medication Education Workshop.** This online workshop was designed to fill the gap identified by physicians and staff around the appropriate use of medications to support residents living with dementia. The workshop is designed for both staff and families to create a better understanding of common conditions residents may experience and the various treatment options that might be considered and why. The workshop can be accessed for free at bestcare.thinkific.com/

- **Project Spread.** BeST Care was presented at the 2021 BC Patient Safety and Quality Council Forum. This has led to a number of connections throughout the province with other Health Authorities who would like to incorporate BeST Care into their communities.
- The BeST project work will be sustained through strong relationships developed with Island Health LTC team during the project. It is anticipated that Island Health will implement P.I.E.C.E.S. training with long-term care staff, offer the BeST-in-a-Box education modules and workshops, and promote the medication education modules to staff and families who have a loved one in long-term care. Links to the resources will also be made available on the Nanaimo Division of Family Practice website.

PHYSICIAN LEAD

Dr Erfan Javaheri

PROJECT MANAGER

Brenda Adams



BeST in a Box How to Guide and resources.

ADULT MENTAL HEALTH AND SUBSTANCE USE (AMHSU)

OBJECTIVES

- Increase awareness of AMHSU services
- Improve the referral process to AMHSU resources
- Enhance the coordination of care and communication between providers
- Reduce the burden on Family Physicians, Psychiatry and MHSU
- Increased awareness of existing MHSU services, resources, and access points for patients and community.
- Pilot gained recognition from various regions and Divisions of Family Practices: Vancouver, Victoria, Thompson Region, Kamloops & Kelowna, Surrey North-Delta, South Island and continues to do so.

ACCOMPLISHMENTS

- Total project funding via Shared Care: \$70,000
- Ministry of Health's Primary Care Interim Covid Funding for Physician session
- Initial total Ministry funding: \$33,000 to cover up 5 sessions/ week + admin support for 12 weeks until end of August 2020. Funding continues in 2022 via the Ministry of Health.
- Increased coordination of care between providers: Virtual care GP appointments were provided for patients with a LOCUS of 3, 4, or 5, in conjunction with MHSU admin and Psychiatrist.
- Increased access to Psychiatry outpatient consultations: As of September 30, 2021, 412 patients were seen and thus removed from the Psychiatry waitlist directly related to the GP-Psych Consult Service. The service is on-going, and number of patients seen by GP-Psych consults continues to climb. Additionally, 15 to 20 hours of Psychiatrist time was recuperated per week with 5 GPs offering one ½ day session=10 patients per week.
- Improved provider experience: Opportunity for these GPs to diversify their family practice

- Project presentations: October 2021 Shared Care Annual Conference and November 2021 to Victoria and South Island Physicians and Psychiatrists.

CHALLENGES/BARRIERS

- Payment models: Early learnings demonstrated FFS payment model was inequitable for time required with GP-Psych consults. Early billing uplifts during the onset of pandemic and project helped, however, may not be sustainable. There remains a need for better physician compensation models for both Psychiatrists and GPs which is being negotiated as the program is implemented within PCN.
- The COVID-19 Pandemic: The project was accelerated due to the anticipated increase in mental health care needs during the pandemic, as a result there were some missed communication opportunities during the planning phases. This project was fully planned and implemented by the working group meeting virtually.
- When this project began there was less than 2.0 FTE psychiatrists in Nanaimo. Greater opportunity for engagement with psychiatrists would have expedited this work.

SUSTAINABILITY PLANS

- GP-Psych has been approved as a continued service through Nanaimo's Primary Care Network (PCN).
- In-kind agreement from MHSU, Island Health to continue hosting services and providing administrative support until PCN funding, and implementation is finalized.

PHYSICIAN LEADS

Dr. Joris Wiggers — Psychiatry
Dr. Jenny Bell — GP-Psych Lead
Dr. Derek Poteryko — GP

PROJECT MANAGER

Myla Yeomans-Routledge

AC & WG MEMBERS

Dr. Kristy Williams, Dr. Tracey Thorne, Dr. Joel Strautman, Dr. Sheila Findlay, and Amanda Lemon, Manager — MHSU

ADVISORY

Nanaimo community clinics, Nanaimo Mental Health & Substance Use, Nanaimo Medical Staff Engagement Society, and Nanaimo Hospital Foundation

SHARED CARE: OBSTETRICS COLLABORATIVE

OBJECTIVES

- The Obstetrics Collaborative is a community of Family Physicians who provide maternity care. The group is made up of Obstetrician and Gynecologists, Midwives, and Labour & Delivery Nurses. The professionals work together to enhance the understanding of roles across professions, improve relationships, streamline common work, and ultimately enhance the childbearing experience for women and families in Nanaimo.

ACCOMPLISHMENTS

- The Advisory Group met in February 2020 and reaffirmed their interest in pursuing a prenatal education program, however with COVID-19 this work was put on hold.

PHYSICIAN LEADS

Dr. Sheila Findlay — GP Maternity
Dr. Evelyn Eng — OB/GYN



PROGRAM MANAGER

Brenda Adams

LONG TERM CARE INITIATIVE (LTCI)

OBJECTIVES

The LTCI will improve patient outcomes and reduce unnecessary hospital admissions by removing barriers and improving processes to allow Physicians achieve the GPSC Best Practice Expectations of:

- Proactive Visiting (at least 1 x 3 months)
- Provision of 24/7 care
- Participation in care conferences
- Undertake meaningful medication reviews
- Complete documentation

ACCOMPLISHMENTS

Total expenditures funded by GPSC

- Total Budget: \$480,00
- Total QI (including Vacation Coverage) and Education: \$75,000
- Total NDoFP Staffing: \$73,000
- Total Physician Compensation: \$287,000 for a total of 27 LTCI physicians
- Total Expenses (including Engagement Event, Catering, Contingency): \$25,000
- 940 total number of beds for patient care
- 27 LTCI physicians
- 14 facilities covered

Vacation Coverage (previously PEAK on Call pilot)

- 35 weeks (some overlapping) of physician time away covered.
- 15 physicians and an NP participating.
- Coverage expanded to include vacation requests outside of PEAK holidays.
- Next steps: The Vacation Coverage expansion is due for 6-month review in June 2022.

LTCI Quality Improvement Project: ACP & MOST Status Changes

- Collaborators: Nanaimo LTC facilities (primarily focused on Affiliated sites) and the following

Island Health partners: Regional Seniors Care, Regional MOST & ACP Working Group, Regional LTC, Informatics, NRGH ER Department, NRGH Registration, and NRGH Ambulatory Care.

- Ability to update ACP and MOST statues for affiliate and private sites (Owned & Operated have eMOST).
- Ability to reflect status changes are reflected correctly before and after admission to hospital.

Recruitment, Clustering, and Engagement

- With over 250 patients needing new LTC providers this fiscal year, engagement & recruitment were a top priority of the LTCI this fiscal year. As of April 2022, all patients have a provider at every facility in Nanaimo.
- March 2022 LTC Engagement & Learning Event witnessed the Division's first-ever 100% RSVP success rate. The event's intention was to increase awareness of the LTCI and recruit new LTC physicians.
- Outcome: Following the engagement event, a LTC waitlist has been started for select facilities of new LTCI physicians. The clustering during this fiscal year, has decreased the oversized patient panels and increased sustainability amongst the LTC facilities and patients.

PHYSICIAN LEAD

Dr. Diane Wallis

PROJECT MANAGER

Myla Yeomans-Routledge

ADVISORY:

Representation includes Family Physicians from various community clinics; Directors of Care from various LTC facilities; ER Department; Pharmacy; Practice Support Program for Community Health & Care; Geri-Psychiatry; Vancouver Island Association of Family Councils; and Nurse Practitioners from an Island Health Owned and Operated.

CENTRALIZED INTAKE FOR PEDIATRIC REFERRALS

OBJECTIVES

- The main objectives of this project are to design, implement and evaluate a centralized intake system for pediatric referrals which allows for Primary Care Providers to select a particular Specialist Physician or the first available appointment.
- By centralizing referrals, Primary Care can expect a streamlined referral process, consistent & clear communication from the Specialist group and shorter wait times for their patients.



ACCOMPLISHMENTS

- Work to date has included the creation of a single database, a new workflow and triage system for Pediatricians and their office staff as well as standard communication tools for Primary Care.
- The group will continue to work over the summer months to prepare for a Fall 2022 launch.

“Centralizing referrals for Pediatric consults is going to create efficiencies for Physicians while improving care for patients and families” -Erin Hemmens

PHYSICIAN LEADS

Dr. Kirsty MacIlwaine (PCP)

Dr. Jane Pegg (SP)

MANAGER

Erin Hemmens

PHYSICIAN RECRUITMENT AND RETENTION (R&R)

Working in partnership with the Nanaimo UBC Residency Program, all Vancouver Island Divisions, Island Health Physician Recruitment, Health Match BC and Nanaimo's community clinics, the program objective is to cultivate successful recruitment of new Family Practice Physicians and the retention of UBC Family Medicine Residents to Nanaimo.

OBJECTIVES

- Attend previously successful recruitment conferences and explore new conferences/strategies for generating Physician candidate leads.
- Advertise local opportunities on a provincial, national & international scale.
- Provide red carpet welcome for newly relocated Physicians and outstanding site visits for Physician candidates visiting Nanaimo and considering relocating.
- Liaise with recruitment partners to ensure effective collaboration and recruitment success for the Island as a whole.
- Work collaboratively with the UBC Resident Coordinator to provide relevant Resident Learning Sessions and social/networking events which encourage engagement with the Division and members with the aim of retaining New Grad.
- Build connections and relationships with community partners with the goal of securing donations and/or sponsorships to support Physician recruitment & retention activities.

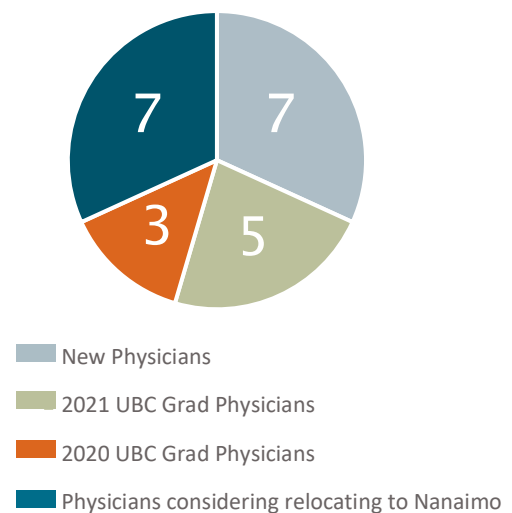
ACCOMPLISHMENTS

- **Funding.** Division Infrastructure and some specific events sponsored by community partners. Regional Recruitment Group (Island Docs) received \$106,000 in funding as of April 1, 2021, and the Nanaimo Division R&R team attended St. Paul's Conference (in person) in

Vancouver, BC, in November 2021 and the Pri Med conference (virtual) at no cost to the Nanaimo Division. Also, the Nanaimo Division has utilized the Island Docs Recruitment Coordinator for some administrative support.

- Regional Recruitment Collaborative Working Group (Divisions and Island Health).
- Five 2021 UBC Family Medicine graduates have remained in Nanaimo post-graduation.
- Three 2020 UBC Family Medicine graduates have remained in Nanaimo post-graduation.
- Eight Physicians recruited to Nanaimo, 5 joined clinics, 3 providing Locum coverage.
- Seven Family Practice Physicians are considering relocating to Nanaimo in 2022.

21-22 Recruited & Retained Physicians



CHALLENGES/ BARRIERS

- Receiving timely responses from clinics within a reasonable timeframe to set up appointments with visiting Physicians.
- Lack of space in existing clinics to accommodate the number of Family Physicians needed to attach new patients – this has been an ongoing recruitment issue spanning many years.
- Number of new Physicians relocating does not keep up with the number of Physicians retiring or leaving practice for personal reasons. This makes closing the attachment gap challenging as many Physicians relocating are not taking new patients but taking over orphaned patients.
- Lack of Locum Physician availability has led to Physicians closing practice and/or reducing hours to accommodate work life balance.
- Create new topics for Resident Learning Sessions and more opportunities for individual engagement.
- Attend conferences with Nanaimo Division recruitment as sole exhibitor to help us better understand the effectiveness of conference attendance able to focus solely on Nanaimo rather than entire island.
- Continue engaging City Council, collaborate with the Mayor for Physician visits and building new relationships with community partners to increase community engagement.
- Determine how the social media platform can be better utilized in recruitment efforts.
- Discover new opportunities to engage Physicians on a national and/or international scale.

GOALS FOR COMING YEAR

- Explore the feasibility of a Division supported Locum program, using Victoria Division's pilot Locum program as a guide/ resource for development.
- Focus on UBC Family Medicine Resident retention including reassessing the Colleague Connections Program and determining value/ results with Residents deciding future viability.

PHYSICIAN LEADS

Dr. Taylor Swanson (to October 1, 2022)
Dr. Cody Van Valkenburg (from November 1, 2022)

MEMBERS AT LARGE

Dr. Ryan Fyfe-Brown, R1 (to June 30, 2021)
Dr. Rebecca Wright, R1
Dr. Emily Maclean, R1 (from August 1, 2021)

PROJECT MANAGER

Myla Yeomans-Routledge

CONTINUING MEDICAL EDUCATION (CME) & EVENTS

OBJECTIVES

- Provide educational opportunities (accredited where possible) in Nanaimo, based on gaps in local knowledge
- Increase colleague connections and encourage community through social and networking events

ACCOMPLISHMENTS

- December 2021: Paediatric Mental Health CME. An evening with Nanaimo's Paediatricians and community organizations, including a presentation from FNHA. Participants attended 4 of 8 table discussions, but went home with a [resource package](#) covering all topics presented.
- February 2022: Membership Needs Assessment completed, reflecting learning needs and preferences from 67 participants
- March 2022: CFPC application approved for CME accreditation (2022-23) year. The Nanaimo Division has 15 Mainpro+ group learning credits available to distribute this year. (1 credit/hour)

CHALLENGES/BARRIERS:

- Covid-19 restrictions shifted the Division's priorities in April 2020, and program was placed on hold. There was no CME and Events again until October 2021.
- Further restrictions were reinstated January-March 2022, once again eliminating the opportunity for in-person events.

Goals for Upcoming Year:


- Plan and execute 4-5 accredited CME events, both in person and virtual, based on the top priorities reflected in the needs assessment: Care of Sexual Assault Patients; Transgender Health

The Nanaimo Division of Family Practice
invites you to attend:

Paediatric Mental Health

In the Primary Care Setting

*An evening of small group presentations & discussions
with Nanaimo's Paediatric Specialists & Community Partners*



By the end of the session, participants will:

1. Assess, identify, and diagnose common paediatric mental health presentations
2. Acquire skills and gain confidence when prescribing psychiatric medications in children and youth
3. Integrate appropriate community partners and resources into office-based paediatric mental health treatment plans

This event is free for all Nanaimo Division & NMSES members. Non-members are welcome to register for a \$500 fee. Please contact Karita Sedun at: k.sedun@nanaimodivision.ca with any questions or concerns.

DATE: Wednesday, December 8, 2021
TIME: 1730-2030 hrs
(Registration opens at 1715. Presentation begins at 1745. Dinner is provided.)
LOCATION: VI Conference Centre*
Mt Benson Ballroom D
101 Gordon St, Nanaimo

RSVP by Wednesday, December 1, 2021 at: www.bookeo.com/nanaimodivision

*Proof of Vaccination and Government ID required

Accredited by UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This program meets the criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to 23 Mainpro+ Group Learning credits. Each physician should claim only those credits received through participation in this activity. CPD Session ID#: 195674-001

NMSES
Nanaimo Division of Family Practice

- Internal Medicine (Cardiology, Endocrinology, Respiratory, Dermatology, Rheumatology, Nephrology, Hepatology); Pelvic Health
- Reinstate pre-pandemic social offerings, such as the 'Annual Summer BBQ' and 'Splash into the New Year'

PHYSICIAN LEADS

Dr. Kelvin Houghton
Dr. Jessica Otte

BOARD LEADS

Dr. Danielle Downe
Dr. Michelle Workun-Hill

COORDINATOR

Karita Sedun (October 2021 – Present)
Beccy Robson, Executive Lead

BOARD OF DIRECTORS AND STAFF 2021-22

BOARD MEMBERS



Dr. Taylor Swanson
Director at Large



Dr. Danielle Downe
Director at Large



Dr. Diane Wallis
Director at Large



Dr. John Trepess
Director at Large



Dr. Duncan MacGillivray
Resident, Director at Large



Dr. Luke Zawadiuk
Resident, Director at Large



Courtney Defriend
Director at Large



Dr. Laura Schanner
Director at Large



Dr. Michelle Workun-Hill
Resident, Director at Large

Thank you to our previous
Directors at Large Board
Members:

Dr. Roger Walmsley, Chair
Doug Torrie, Director at Large

STAFF & CONTRACTORS



Beccy Robson
Executive Director



Myla Yeomans
Routledge Operations
& Program Manager



Laura Loudon
Project Manager



Regan Grill
Coordinator



Meghan Bajzath
Coordinator



Karita Sedun
Coordinator



Michaela Daniels
Office Assistant



Kathy Shaw
Executive Administrator



Victoria Wilson
PCN Administrator



Janice Schmidt
Nanaimo Pathways
Administrator



Brenda Adams
Project Manager



Kelsey Chandler
Coordinator

Financial Statements

STATEMENT OF FINANCIAL POSITION

NANAIMO DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Financial Position

March 31, 2022

2022

2021

ASSETS

Current Assets

Cash	\$ 1,996,050	\$ 992,585
Short Term Investment	207,378	207,378
Accounts Receivable	11,766	55,169
GST Recoverable	7,143	3,793
Deposit on Lease	<u>1,648</u>	<u>1,648</u>
	2,223,985	1,260,573

Tangible Capital Assets (Note 3)

<u>58,938</u>	-
\$ <u>2,282,923</u>	\$ <u>1,260,573</u>

LIABILITIES

Current Liabilities

Accounts Payable (Note 4)	\$ 1,359,831	\$ 133,944
Wages Payable	42,832	38,880
Government Remittances Payable	18,605	15,633
Deferred Revenue (Note 5)	<u>770,760</u>	<u>1,040,159</u>
	2,192,028	1,228,616


Deferred Capital Contributions (Note 10)

<u>58,938</u>	-
2,250,966	1,228,616

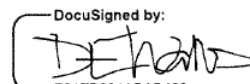
NET ASSETS

<u>31,957</u>	<u>31,957</u>
\$ <u>2,282,923</u>	\$ <u>1,260,573</u>

Approved by the Directors:



Director

DocuSigned by:

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Director

6/13/2022

STATEMENT OF OPERATIONS

NANAIMO DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Operations and Changes in Net Assets

Year Ended March 31, 2022

2022

2021

Revenue

Government Funding	\$ 1,818,080	\$ 1,426,526
Interest	-	2,737
	<u>1,818,080</u>	<u>1,429,263</u>

Expenditures

Administrative (Schedule 1)	1,652,324	1,277,265
Conferences	3,772	5,687
Events	5,571	17,356
Office	88,400	69,453
Professional Fees	21,044	12,443
Promotion and Member Engagement	2,217	5,133
Rent	40,612	36,454
Telephone	4,140	2,735
	<u>1,818,080</u>	<u>1,426,526</u>

Excess of Revenue Over Expenditures - 2,737

Net Assets - Beginning of Year 31,957 29,220

Net Assets - End of Year \$ 31,957 \$ 31,957

STATEMENT OF CASH FLOWS

NANAIMO DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Cash Flows

Year Ended March 31, 2022

2022

2021

Cash Flows From Operating Activities:

Cash Received from Funding	\$ 2,725,863	\$ 1,483,013
Cash Paid to Suppliers and Employees	(1,663,460)	(1,354,990)
Interest Received	-	2,737
	<u>1,062,403</u>	<u>130,760</u>

Cash Flows From Investing Activities:

Proceeds from Redemption of GIC	207,378	207,378
Purchase of GIC	(207,378)	(207,378)
Purchase of Tangible Capital Assets	(58,938)	-
	<u>(58,938)</u>	<u>-</u>

Net Increase in Cash 1,003,465 130,760

Cash - Beginning of Year 992,585 861,825

Cash - End of Year \$ 1,996,050 \$ 992,585

Contact Us



CONTACT INFORMATION

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