



Annual Report 2011

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



Table of Contents

3	Chair's Report
5	Executive Lead Report
6	Cowichan Valley Division Summary of Accomplishments: 2011/2012
9	Attachment Initiative
9	Initiative Report
10	Facts and Figures
13	Quality Improvement Prototype Learnings
14	Cowichan Maternity Clinic
16	Aboriginal Health Initiative
19	Locum Coordinator Program
20	Chronic Pain Initiative
22	Physician Data Collaborative
23	Family Practice Hospital Support Program
24	Treasurer's Report
25	Statement of Financial Position
26	Statement of Operations

Chair's Report



Dr. Jonathan Griffin
Chair

It is an honour to have participated in our activities and represented you this past year as chair of the Cowichan Valley Division of Family Practice. As you will see in this annual report, we have continued to make substantive changes, both internally and through our partnerships. Our Division is maturing as an organization, transitioning from an idea to a reality as we learn and develop the design and structure we need to achieve our goals. Existing programs have been nurtured. The Cowichan Valley Maternity Clinic celebrated its first year in operation with accolades and awards to staff and the clinic for its accomplishments. Through our initiatives, a significant number of Cowichan Valley residents have been able to establish physician relationships where they had none before.

There are still substantive challenges we are working to address. Across the province and elsewhere, the ability of a person's physician to continue to offer care while they are in hospital remains uncertain. We are working in partnership with the community, the Vancouver Island Health Authority (VIHA) and the Ministry of Health (MoH) to develop solutions.

Ideas of what we are trying to achieve are crystallizing and being shared by our partners. VIHA has put forth exciting plans for system-wide transformation. These are based on the idea that a lifelong relationship between people (patients) and an integrated system of primary health care is the key enabler of healthy outcomes. The locus of control over achieving the desired health outcomes for an individual is completely in the patients' or designated caregivers' hands; thus, services will effectively 'wrap' around each individual. This requires primary care physicians and VIHA services to integrate. Our Division is collaborating with VIHA on how to transform this vision into reality. The significance and impact of this work on all aspects of health care in the Cowichan Valley cannot be underestimated.

I thank the General Practice Services Committee (GPSC) for its continued support of Divisions of Family Practice. I would also like to acknowledge the BC Medical Association (BCMA), MoH, VIHA, the Provincial Attachment Working Group (PAWG), the Practice Support Program (PSP), and Physician Information Technology Office (PITO) for their ongoing collaboration on Division initiatives. I especially acknowledge our family practice colleagues, specialists and emergency room physicians, for their efforts. Achieving sustainable, meaningful change

Continued on page 4

From page 3

requires collaboration with all within our community and those that impact it. It has been a privilege to collaborate with the many dedicated individuals who have shared and helped us on our journey. Thank you to all our Division members for your participation. Without you, we could not move forward. We are very fortunate to have exceptional staff and I thank them for their dedication and effort in all our endeavours. The year ahead holds promise for exciting changes on the road to better health care for all. I encourage you to become even more involved with this groundbreaking work.



Executive Lead Report



Valerie Nicol
Executive Lead

Another year of growth and change finds us preparing for, incredibly, our third annual general meeting. This year we witnessed and participated in a marked departure as we transitioned from our “start-up” phase to being an organization of transformation – both inside and out.

Over the past year, Cowichan’s Attachment Working Group has diversified and created an Operations Planning sub-committee to support the work toward opening our services for unattached patients. We implemented a quality improvement measurement framework and began collecting data about our various initiatives to determine if they are making improvements toward our goals. We have received approval and ongoing support from the General Practice Services Committee (GPSC) for our attachment strategy.

We have continued to support the Cowichan Maternity Clinic and have proudly watched it become a valued service in our community. Local work in support of improving and sustaining the Family Practice Hospital Support Program continues, while an ongoing provincial review seeks to provide a higher level of understanding of unresolved issues. In fall 2011, the Aboriginal Health Working Group participated in a moving and enlightening community meeting with the Stz’uminus First Nation that helped immensely, as we strive to learn more about how to partner and move forward with our local First Nations community. The Chronic Pain Working Group has seen a shift in support from Pain BC to the Shared Care Committee while it works toward a viable pain service model for our community.

The Cowichan Valley Division’s Locum Coordinator program continues to grow and work toward attracting locums to our region. In addition to the many locum placements that have been made, we are pleased to report that the efforts of the program resulted in one locum’s decision to relocate to Cowichan and to establish a full-service GP practice.

We continue to host monthly or bi-monthly general division meetings to provide our members with an opportunity to learn more about our work and to contribute to the process. We are currently developing ways to strengthen communications with members and to inform the community of our ongoing work.

As a division of family practice, we learn more each day about how to evolve as an organization and how to lead the transformation of health care in our region. As we learn, our “Triple Aim” goals remain to improve population health, to improve patient outcomes and provider satisfaction, and to reduce the overall cost to the system.

Cowichan Valley Division Summary of Accomplishments - 2011/2012

July 2011

- Physician Self-Assessment Survey concludes with 63 respondents, a nearly 85% response rate.

August 2011

- Payment of GP Attachment funding begins, applications continue to be gathered and processed.
- CVDFP website developed in conjunction with the Divisions provincial office.
- CVDFP is approved as one of three prototypes for PSP-PITO collaboration; Cowichan chooses to pursue practice coaching for both EMR optimization and office efficiencies.

September 2011

- Attachment Working Group is expanded to incorporate patients and specialist representation. Circle of Care modeling process begins at the Attachment Working Group to analyse data, contemplate scenarios and potential solutions, and generate recommendations to address patient attachment in the Cowichan region.
- CVDFP holds its second Annual General Meeting.
- Final report from the Physician Self-Assessment is completed.
- Quality improvement framework is implemented.

October 2011

- CVDFP is hosted by Stz'uminus First Nation for a community engagement session.
- The Cowichan Maternity Clinic holds a day long workshop to review its current state, identify barriers, and future plans.
- The CVDFP locum program adds guaranteed half-day minimums, in addition to guaranteed daily minimums.

November 2011

- Out of five potential solutions considered, a Community Health Centre emerges from the Circle of Care debates as the best fit for the patient attachment issues, pending further honing of the model.
- GPSC approves CVDFP practice coaching proposal and planning begins.

December 2011

- CVDFP is selected by Pain BC as a funding recipient for planning a community pain clinic (expected to form a component of the overall Community Health Centre).
- Conversations are initiated with specialists regarding potential future collaborations with the Division.



- CVDFP renews its membership with the Physician Data Collaborative, an initiative that will ultimately result in comprehensive aggregated data specific to the Cowichan region.

January 2012

- CVDFP holds its second annual board retreat.
- Investigation into potential accreditation of division work commences.

February 2012

- Attachment Working Group completes a multi-voting process to identify priority services for inclusion in a community health centre, which is expected to include internal features, co-located features and outreach services.
- Board chair and executive lead participate in an Institute for Healthcare Improvement (IHI) Innovation conference in Boston to gather learnings to be applied to Division planning.
- Locum program policy regarding minimum financial split increased to 70/30.

March 2012

- Cowichan Maternity Clinic celebrates its first anniversary.
- FPHSP contract renewed for one year, pending resolution of a province-wide review of inpatient care by the Ministry of Health (MOH).
- Attachment Working Group findings and recommendations presented to and endorsed at meetings of the CSC, CVDFP board, and CVDFP membership.

April 2012

- Final Circle of Care Expected Benefits report is formally received. The report recommends



a mixed approach to improve attachment for both the unattached and poorly attached, including:

- A central community health centre (dubbed “Warmland Health Services”) emerged as the best fit to address the needs of unattached patients.
- The poorly attached patients could then be served by: physician office improvement, enhanced Home and Community Care services, and integrated collaborative care services, by allowing GPs to offer patients greater access to services and resources, and ideally increase capacity within their own clinics.
- CME template drafted to aid members in obtaining credits for Division work; distribution pending final review.
- Cowichan Elders invite CVDFP to participate in their cultural safety committee on an ongoing basis.

May 2012

- The Cowichan Maternity Clinic receives the Success by Six Champions for Children group award; CMC nurse-lead Kathryn Coopsie also receives the individual award.
- The first CVDFP newsletter is produced.
- CVDFP holds a facilitated board governance session.
- Preliminary strategic planning begins; formal session scheduled for fall.
- Development of an overall CVDFP communications plan initiated.
- 2011-12 quality improvement report received, summarizing data collected over a nine month period.

June 2012

- Formal approval received from the CSC and CVDFP board to move forward with operational planning of Warmland Health services.
- Board chair and executive lead attend the annual Nuka Conference at Southcentral Foundation in Alaska to learn about their engagement with Aboriginal populations and integrated care team structure.
- GP support program created to assist Lake Cowichan colleagues in handling unanticipated patient attachment issues.
- Locum coordinator and past coordinator attend UBC conference and job fair to promote program.
- End of Life Working Group formed.
- First annual audit completed with positive results.
- Operational committees for finance and HR formed to support the board.

July 2012

- Operational planning discussions around Warmland Health Services begin.
- Second year of QI funding approved by the provincial Divisions office; contract with Impact BC updated and renewed.
- Dietician services secured for Cowichan Maternity Clinic via contract with VIHA.

Attachment Initiative Report

As one of three divisions in BC selected to prototype the Attachment initiative, the Cowichan Division has been working toward the goal that by 2015, everyone in the Cowichan region who wants a family physician will have access to one.

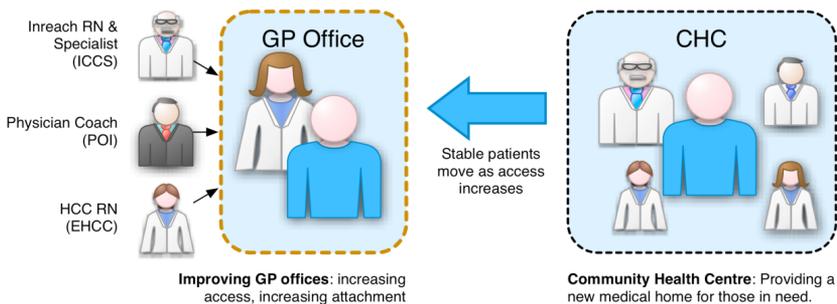
In the past year:

- 85% of Cowichan Valley Division physicians completed the Physician Self-Assessment, providing valuable data about the physicians, their practices and their patients.
- A Circle of Care modelling process was used to explore options for health system change in Cowichan Valley to better support attachment and improve care delivery. The process posed the question: "Does the delivery of primary health care services through the following models increase attachment?"

1. Community Health Centre
2. Integrated Collaborative Services
3. Enhanced Home and Community Care
4. Hospital based urgent care
5. Physician office improvement.

From this process, the division learned that no single option would address all of the patient needs that were presented. Therefore, a mixed approach to attachment was recommended, including:

- The Community Health Centre (see report below) emerged as the best fit to address the needs of unattached patients – this will become the cornerstone of the Division's work on the Attachment initiative.
- The poorly attached patients can then be served by:
 - Physician office improvements
 - Enhanced Home and Community Care
 - Integrated Collaborative Care Services.



The synergistic effect of taking a mixed approach allows the community to develop an overall vision and then implement portions of the vision as funding and resources allow.

The CVDFP Attachment Working Group has now amalgamated with the VIHA Integration Working Group to begin operational planning for a community primary care clinic with services for unattached patients. The planning process is expected to be completed in late fall 2012, after which proposals will be brought forward for members' consideration.

Thank you to the Attachment Working Group GP members: Drs. Brian Bass, Graham Brockley, Jim Broere, Stephen Faulkner, Jonathan Griffin, Kim Grymaloski, Jan Malherbe, Lyn Pascoe, Tom Rimmer, Paul Terlien, Jean-Marie Wilson, and Trudy Woudstra.

Attachment Facts and Figures

575 = Total patients attached

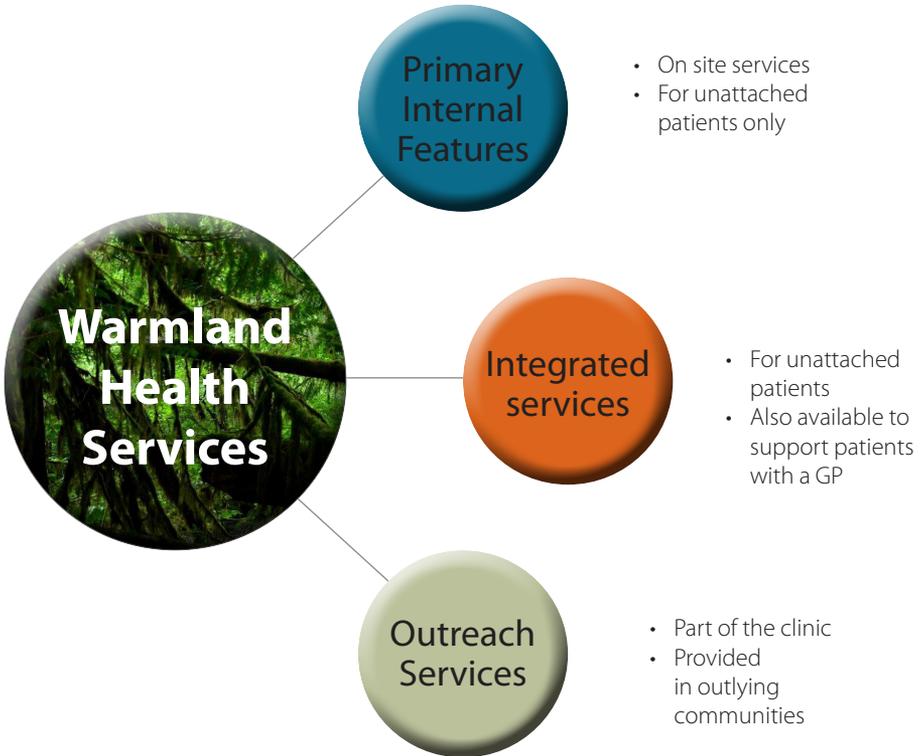
A total of 575 patients have been attached through Cowichan Valley Division clinics and programs as of March 31, 2012.

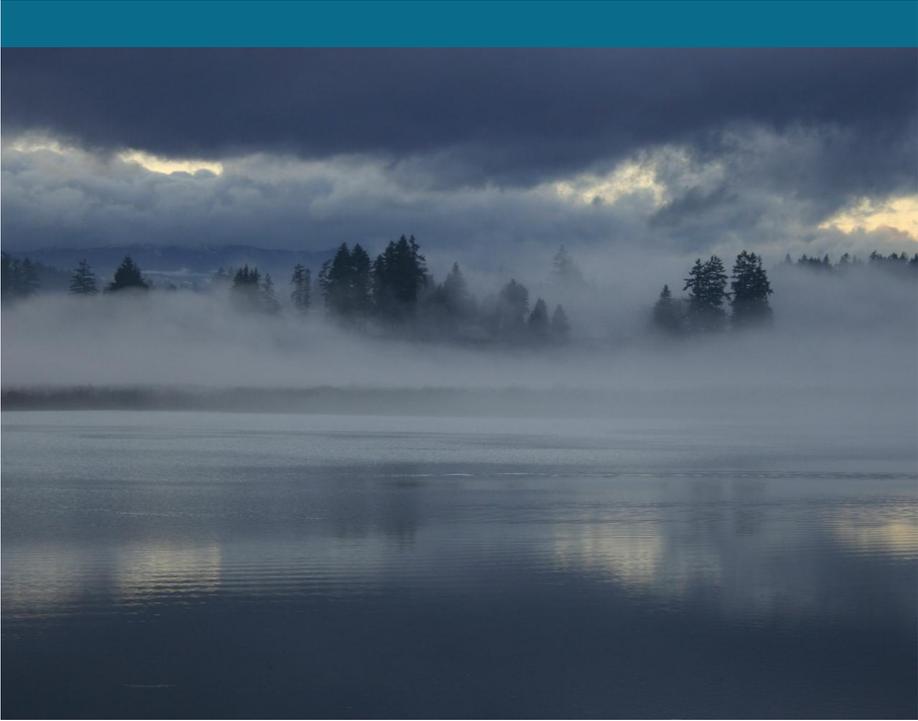
These include:

- **The Cowichan Maternity Clinic**
The clinic officially opened on March 1, 2011. Since opening, **133 clinic patients and family members** have been attached to a family physician.
- **The Locum Coordinator Program**
This program has facilitated numerous placements to date using existing locums and, this year, attracted a locum who decided to stay in Cowichan and start a full-service family practice. This GP alone has attached more than **420 patients**.
- **The Family Practice Hospital Support Program**
In the six months from October 2011 to the end of March 2012, the Family Practice Hospital Support Program attached **21 patients**: 50% of the total patients seen.

Community Health Centre – “Warmland Health Services”

As noted above, the proposed Community Health Centre has emerged as the cornerstone of the Cowichan Valley Division’s attachment strategy. The community health centre is anticipated to incorporate three main elements:





Attachment Initiative

Quality Improvement Prototype Learnings

September 2011 - March 2012

Attachment Working Group

- Number of unattached patients at the emergency department and the Silverfern Walk-In Clinic remained steady at 6%.

Cowichan Maternity Clinic

- 133 unattached patients were attached in a 12 month period.
- Number of patients who delivered full-term (with 13 or more prenatal visits) rose 23%: from 47% in October 2011, to 70% in March 2012.
- An average of 23.3% Aboriginal patients attended the maternity clinic from June 2010 to March 2011.

Family Practice Hospital Support Program

- 21 unattached patients were attached in a six month period.

Locum Coordinator Program

- One locum remained in Cowichan permanently as a result of a short term locum placement and attached 421 patients between January and March, 2012.
- As of the end of March, 2012, a total of 25 GPs used the service, with 17 short-term locums assigned.

Summary

As partners in the VIHA Integration Working Group, the Division will support and apply information collected in a system-wide program mapping exercise to determine primary health care services that will integrate with Warmland Health Services (Community Health Centre) model.

The Division anticipates opening unattached patient services at Warmland Community Health Centre in the fiscal year 2012-13, pending approval from the board and members of the CVDFP, and from VIHA executive.

The Division will use current and ongoing quality improvement data to determine and implement improvements across all Attachment initiatives as they progress, and create new measures for emerging Attachment programs and services.

The Division will implement the Attachment Evaluation Framework, in fall 2012.

Cowichan Maternity Clinic

It has been a busy year for the Cowichan Maternity Clinic.

The clinic celebrated its first anniversary in March; this offered an opportunity to reflect back on the successes it had achieved so far. In its first year the clinic delivered 287 babies, cared for 979 moms and babies, and attached 133 patients to family physicians in the community. The clinic is currently providing care to 187 women in the Cowichan Region. Its patient base is 23% Aboriginal and 77% non-Aboriginal.

There have been some staffing and physician changes over the year. In April 2012, Kerri Miller joined the staff as the clinic's second RN. Kerri has been an excellent addition and brings to the team much experience working with marginalized women, as well as breastfeeding and postnatal support. Lorna Cutt stepped off the physician roster in January 2012 after many years of excellent patient care to pregnant women in the Cowichan Region. She continues to practice at the Festubert Clinic.

The clinic was pleased to welcome Dr. Graham Blackburn to the team in November 2011. Dr. Blackburn, who recently moved from Port McNeil, completed some skills updating at the clinic, as part of the OB4BC program, prior to joining the team. His enthusiasm for teaching medical students and residents is infectious and rounds out the team nicely. Dr. Maki Ikemura was also welcomed to the clinic team in February 2012. Dr. Ikemura works as a full service locum in both the Cowichan Valley and in Bella Bella, and works shifts at the Cowichan Maternity Clinic. She also completed the OB4BC training at the Cowichan Clinic, as well as the Langley Maternity Clinic.

In June, the clinic was honored with a Champions for Children award from Success by Six. Kathryn Coopsie, the clinic's nurse-lead also won an award in the individual category for her commitment and service to the children of the region.

The clinic continues to look at ways to enhance patient services. As an example, the clinic recently secured funding from VIHA for the addition of part-time dietician services, to support clinic patients and care providers. The dietician is expected to start in the clinic by mid-September.

With such continued growth, the clinic is looking forward to another successful and no doubt busy year ahead.

Cowichan Maternity Clinic Initiative physician lead - Dr. Maggie Watt.

Thank you to the Cowichan Maternity Clinic GP members: Drs. Susan Barr, Graham Blackburn, Maki Ikemura, Karen McIntyre, Nicolette Pearce, Tom Rimmer, Deana Robertson, Anne Thompson, and Maggie Watt.



ABOVE - Staff at the Cowichan Maternity Clinic (left to right) Dr. Graham Blackburn, Dr. Deana Robertson, Kathryn Coopsie (RN), Dr. Maggie Watt, Dr. Ann Thompson, Denise MacDonald (MOA), Dr. Susan Barr, Dr. Karen McIntyre, Dr. Tom Rimmer and Kerrie Miller (RN).



Aboriginal Health Initiative

Formed in March 2011, the Aboriginal Health Working Group's (AHWG) mandate is to provide an opportunity for the Cowichan Collaborative Services Committee and the Aboriginal people of the Cowichan Valley to work in partnership to improve health outcomes for Aboriginal individuals, families and communities.

In the one and a half years since its inception, participation in the working group has swelled from four Division members and one VIHA representative to include the Hul'qumi'num' Hub coordinator, health directors from the Ts'ewulh-tun, H'ulh-etun, and Stz'uminus Health Centres, Cowichan Tribes Elders, as well as Ministry of Health and expanded health authority representation. The AHWG also enjoyed the contributions of Aboriginal Youth intern Cody Caruso during his six month internship with the General Practice Services Committee. Efforts to encourage regular representation of the Cowichan Valley Métis Association, Hiiye'yu Lelum, First Nations Health Council and Interim First Nations Health Authority will continue in the year to come.

The 2011-12 year included a highly successful community engagement session with the Stz'uminus First Nation in October. The session was well attended and provided a greater understanding of the opportunities and challenges of developing an operational plan to provide on-reserve services. It was hoped that this project could provide a template for future community partnerships, and engagement sessions with other First Nations were intended to take place over the winter.

Regrettably, a series of personnel changes resulting in a number of position vacancies and shifted priorities within the Stz'uminus First Nation precluded immediate follow up. It is hoped that with new health directors in place at all three First Nations Community Health Centres, progress will again be made on this initiative and the Division will be able to offer support and accountability to both GPs and community members, sustainability of the program, and coordinate multi-disciplinary services as part of its attachment and integration work.

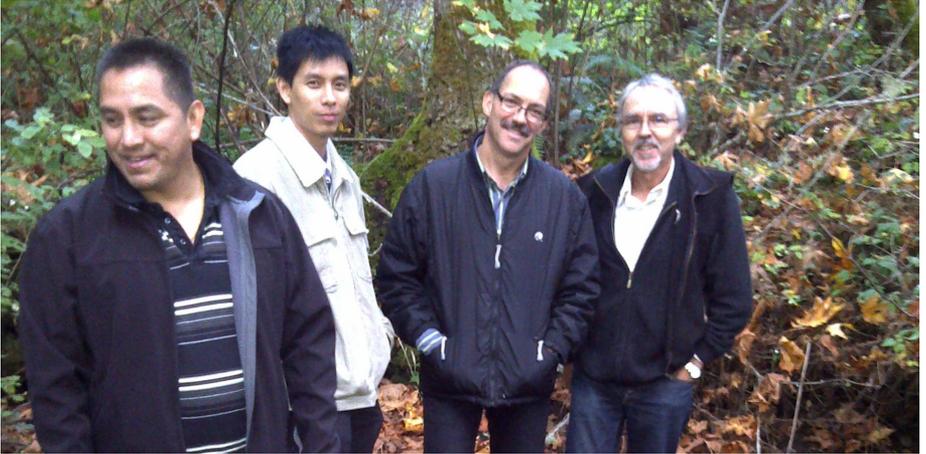
Throughout the year, AHWG members enjoyed the learning opportunities offered by presentations on subjects such as the BC Tri-partite Framework Agreement for First Nation Health, Ts'i'ts'uwatwul Lelum (Cowichan Elders Assisted Living), the Patient Voices Network (PVN), and Southcentral Foundation's Family Wellness Warriors Initiative.

This fall, the working group will be revisiting and reaffirming or revising its mandate, measures, and structure to ensure that they remain relevant and focused as it undertakes the challenging work ahead.

Plans for the coming year include using the information gathered during the community engagement sessions to provide recommendations to the CVDFP board and CSC for establishing on-reserve primary health care services, supporting the Mustimuhw / EMR

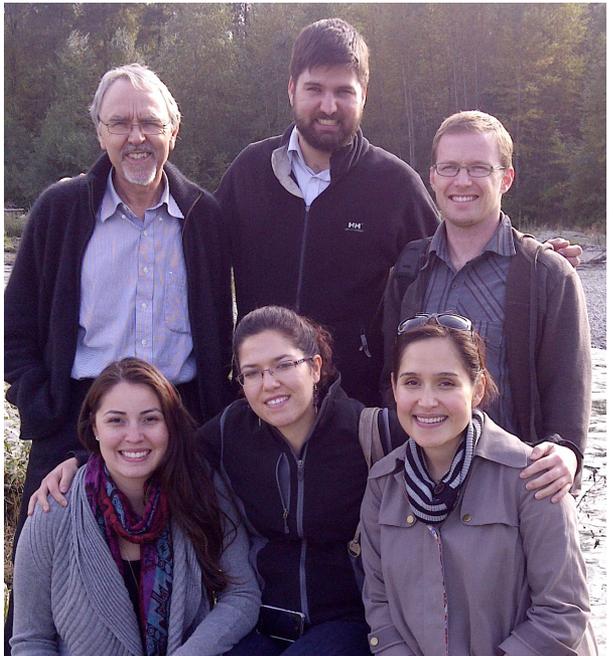
interoperability project, seeking out and providing opportunities for cultural learning opportunities, and working with the PVN in its efforts to engage more Aboriginal people in the Patients as Partners program, and in customizing the Talking with Your Doctor workshops to better engage Aboriginal patients.

Thank you to the Aboriginal Health GP members: Drs. Graham Blackburn, Graham Brockley, Juliette Eberhard, Stephen Faulkner, Jonathan Griffin and Emily Steeves.



ABOVE - The Division held an engagement session with members of the Stz'uminus First Nation community (left to right) two members of the Stz'uminus community with Drs. Graham Brockley and Stephen Faulkner.

RIGHT - An Aboriginal Family Practice Residency Site Academic Day hosted by Dr. Stephen Faulkner, Cowichan community members, health care team members and elders.





Locum Coordinator Program

This year saw a change in locum coordinator, with Krystal Poirier joining the team in April. Sincere thanks are extended to outgoing locum coordinator Stacey Taylor for her work over the past two years, which helped to shape the locum program.

Thanks are also extended to the administrative team for developing a locum program information package, distributed to all members earlier this year, which incorporated a program overview, readiness checklist, sample locum contract, pre and post locum surveys, and other relevant materials.

The locum program continues to be promoted in the outside community through journal advertising, liaising with family residency training programs, regular communications with established contacts, and other means as they become available.

For the second year in a row, representatives from the program attended the UBC Practice Survival Skills Conference, which took place on June 9. This year, the Division opted to sponsor a table at the conference job fair, which proved to be a very successful endeavour. It was clear once again from the feedback received that people are aware of the Division's program. Several potential locums attending this conference contacted Krystal following this event to enquire about the possibility of work.

The program is showing several signs of success, although the level of success has been somewhat difficult to quantify. The majority of locums continue to be booked directly by GPs, rather than through the Division's program, including locums initially brought to the valley through the locum coordinator program. The Division is currently trying to establish reasons for this, via locum physician surveys; perhaps further enhancements to the program need to be considered or current rules need to be reviewed.

Plans for next year include information-gathering and program review, as noted above, along with continued efforts to promote the Cowichan Valley as *the* place to work as a locum.

Locum Coordinator Program physician lead - Dr. Roy Gilbert.

Thank you to Locum Coordinator Program physician lead Dr. H. Roy Gilbert.

Chronic Pain Initiative

The Chronic Pain Working Group (CPWG) was formed in April 2011 in response to an expressed need for a local chronic pain resource, identified through patient and family physician surveys along with anecdotal reports from emergency room physicians and mental health and addictions case workers.

The goals of the CPWG are to provide a multidisciplinary service to assess, treat, support and educate patients, encourage individuals to actively participate in managing their health, increase provider knowledge and provide a resource to other health professionals in the treatment of chronic pain.

Late in 2011, the Division was able to secure funding through a Pain BC pilot project for the development of a community chronic pain clinic model. Development work commenced in January with the Division working in close collaboration with Pain BC. The conceptual model for a multidisciplinary chronic pain program, planned for co-location with a larger primary health care centre, was presented to, and supported by, the Attachment Working Group in February.

Progress on further operational planning was stalled in the spring due to ongoing funding discussions between Shared Care and Pain BC; however, it has recently been determined that Shared Care will fund the Division directly for pain services planning. Accordingly, the next phase of planning will commence in the fall.

Upcoming work includes surveying local GPs on specific needs and anticipated use of a pain clinic, defining referral and intake processes, determining what services should be included / not included, projecting clinic workloads and staffing requirements, identifying evaluation measures and performance targets, and identifying funding resources. In addition, working group members will continue to seek out learning opportunities to increase their ability to achieve the initiative's goals.

Chronic Pain Initiative physician lead - Dr. Graham Brockley.

Thank you to the Chronic Pain Working Group GP members: Drs . Graham Brockley, Jonathan Griffin, Jan Malherbe and Lyn Pascoe.



Physician Data Collaborative

The Cowichan Valley Division of Family Practice is one of 21 divisions that have contributed to the formation of the Physicians Data Collaborative (PDC). The PDC is a not-for-profit society working to develop a community and an electronic infrastructure that is trusted by family physicians. The core principles of the PDC are transparency of process, a collaborative approach to development, and ensuring that data is used in a manner that protects physician and patient privacy.

With the increasing use of electronic medical records (EMRs), there is tremendous potential to leverage practice-generated data to measure and drive system change, answer clinically relevant research questions, and improve clinical practice. Many provider groups around the world have set themselves up as networks in order to achieve these goals. Direct engagement of physicians in these activities has the potential to improve data quality and to transform data into knowledge that can improve both individual practice and population health.

The PDC is currently creating a frontline, physician-driven, division-owned and controlled infrastructure with the potential to achieve the following:

- Enable clinical quality improvement activities and continuing medical education (CME) reflective practice
- Answer research questions of interest to frontline practicing physicians
- Answer population health questions that may assist in health system management and improved patient care
- Produce data to drive and evaluate divisional initiatives.

In the last 12 months, the PDC has achieved the following goals:

- The PDC has become a fully operational society and has hired a coordinator, Claire Doherty
- In July, MEDIC (Mohawk eHealth Development and Innovation Centre) has been hired to begin the design of the PDC's technical infrastructure.
- The PDC has begun the process of developing a website and will also be sending out regular newsletters every four to eight weeks to update divisions on its progress.

The PDC is taking a grassroots approach to building its electronic infrastructure. In building this infrastructure from the bottom up, the ideas and input of divisions and division members will be critical to the development process and success of the PDC. To that end, the PDC looks forward to hearing from any division members regarding their thoughts or suggestions. Contact the PDC at physiciansdatacollaborative@yahoo.ca.

Physician Data Collaborative CVDFP representative - Dr. Kim Grymaloski.

Thank you to Physician Data Collaborative Initiative CVDFP representative Dr. Kim Grymaloski.

Family Practice Hospital Support Program (FPHSP)

The primary focus of the Family Practice Hospital Support Program (FPHSP) continues to be supporting the care of people who are admitted to hospital but who do not have a family physician. The Ministry of Health (MoH) has been very supportive of this initiative. There is recognition that the continued presence of family physicians at hospitals is threatened. Many areas of the province have already shifted to a 'hospitalist' model.

Locally, there remains strong interest for GPs to remain caring for inpatients. This aligns with the concept that a primary care physician should build long-term relationships with patients that span all aspects of their health care. The MoH acknowledges the Division's concerns and has undertaken a province wide initiative to understand the issues and work collaboratively to find solutions that work for specific communities. The Cowichan Valley Division will host a forum in late October to further examine and develop sustainable solutions. All members are encouraged to become involved.

FPHSP initiative lead - Dr. Jonathan Griffin.

Thank you to FPHSP physician lead Dr. Jonathan Griffin.



Treasurer's Report

On behalf of the board, I am pleased to present the Cowichan Valley Division of Family Practice audited financial statements for the fiscal year ending March 31, 2012.

KPMG LLP Chartered 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 the Division as at March 31, 2012, in accordance with Canadian generally accepted accounting principles.

The Division ended the fiscal year with a surplus of \$2,539, as a result of interest received on held funds.

During the year, the Division received phase two Attachment funding; \$526,097 to be used for Attachment operations and discretionary expenses, and \$526,097 for multidisciplinary resources. Based on membership levels, the Division also received \$269,000 in funding to pay for infrastructure costs. Additionally, the Division received \$26,400 from the GPSC Innovation Fund to prototype a quality improvement framework.

In the fiscal year 2011/2012 the Division recognized the \$159,669 carry-over of phase one Attachment funding, and from the total phase two funding, the Division recognized \$304,921 for operations and discretionary costs, and \$103,854 for multidisciplinary resources in the Cowichan Maternity Clinic.

From the infrastructure funds, the Division recognized \$250,830 for operations, and from the GPSC Innovation Fund, the Division recognized \$25,203 for the quality improvement contract costs.

Total expenses for the fiscal year were \$871,727. Support staff wages and benefits was the largest expense category at \$307,050, followed by physician meeting expenses of \$220,132, and Cowichan Maternity Clinic operating expenses of \$216,355.

Please see the pie chart on the opposite page for a visual representation of this information.

I would like to take this opportunity to thank the Division board and staff for their continued hard work, and commitment to the financial management of the Division's resources.

Dr. Mark Sanders

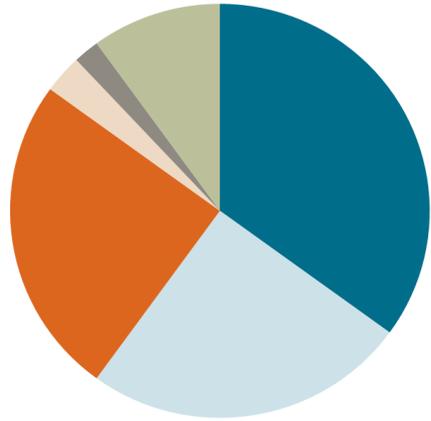
CVDFP Treasurer

Thank you to the Finance committee members: Drs. Jeinien Burger, Keith Laycock and Mark Sanders.

Expense Allocation

Total Expenses - \$871, 727

- Support staff wages and benefits - 35%
- Meeting costs - 25%
- Maternity Clinic operations - 25%
- Quality improvement projects - 3%
- Research projects - 2%
- Office, travel and general administration - 10%



Statement of Financial Position

March 31, 2012, with comparative information for 2011.

	Infrastructure	Service contracts	Attachment	2012 Total	2011 Total
Assets					
Current assets:					
Cash	\$ 7,102	\$ 47,533	\$ 683,562	\$ 738,197	\$ 183,814
Term deposit	-	-	5,000	5,000	-
Receivables:					
HST rebate	10,546	-	14,138	24,684	6,901
Due from shared care	-	-	198	198	-
Prepaid expenses	1,840	-	738	2,578	-
Interfund receivable	20,639	-	(20,639)	-	-
	40,127	47,533	682,997	770,657	190,715
Property, plant and equipment	1,546	-	9,411	10,957	-
	\$ 41,673	\$ 47,533	\$ 692,408	\$ 781,614	\$ 190,715

Continued on page 26

Continued from page 25

Liabilities

Current liabilities:

Accounts payable	\$ 7,548	\$ 47,513	\$ 14,423	\$ 69,484	\$ 44,183
Accrued liabilities	28,307	-	19,341	47,648	-
Deferred contributions	18,170	-	647,499	665,669	159,669
Unamortized deferred capital contributions	-	-	9,411	9,411	-
	\$ 54,025	\$ 47,513	\$ 690,674	\$ 792,212	\$ 203,852

Net Assets (Deficiency)

Unrestricted	(12,352)	-	-	(12,352)	(12,499)
Externally restricted	-	20	1,734	1,754	(638)
	(12,352)	20	1,734	(10,598)	(13,137)
Commitments					
Continuing operations					
	\$ 41,673	\$ 47,533	\$ 692,408	\$ 781,614	\$ 190,715

Statement of Operations

Year ending March 31, 2012

	Restricted Funds			2012 Total	2011 Total (unaudited)
	Infrastructure	Service contracts	Attachment		
Revenue:					
BCMA	\$ 250,830	\$ -	\$ 568,444	\$ 819,274	\$ 349,600
Cowichan District Hospital Foundation	-	-	4,705	4,705	-
Coast Salish Employment and training	-	-	3,117	3,117	-
Quality improvement contribution	-	-	25,203	25,203	-
PITO contribution for EMR	-	-	19,428	19,428	-
Interest	147	20	2,372	2,539	216

Donations	-	-	-	-	500
	250,977	20	623,269	874,266	350,316

Expenses:

Maternity clinic operating:

General and administrative	-	-	14,817	14,817	18,554
Amortization	-	-	4,705	4,705	
Wages and benefits	-	-	164,186	164,186	22,856
Rent – maternity clinic	-	-	6,814	6,814	1,136
Med Access - EMR	-	-	25,833	25,833	-
Total maternity clinic operations	-	-	216,355	216,355	42,546

Total meeting costs	70,639	-	149,493	220,132	158,328
----------------------------	---------------	----------	----------------	----------------	----------------

General and administrative:

Accounting and legal	13,527	-	-	13,527	10,205
Cowichan social planning	-	-	7,500	7,500	16,000
Support staff wages	130,913	-	176,137	307,050	116,444
Impact BC	-	-	25,203	25,203	2,520
IT projects	8,715	-	-	8,715	-
Research projects	-	-	20,000	20,000	-
Office, travel and general	26,263	-	26,209	52,472	17,410
Amortization	773	-	-	773	-

Total general and administrative	180,191	-	255,049	435,240	162,579
---	----------------	----------	----------------	----------------	----------------

Total expenses	250,830	-	620,897	871,727	363,453
-----------------------	----------------	----------	----------------	----------------	----------------

Excess of revenue over expenses	147	20	2,372	2,539	(13,137)
---------------------------------	-----	----	-------	-------	----------

Fund balances, beginning of year	(12,499)	-	(638)	(13,137)	-
----------------------------------	----------	---	-------	----------	---

Fund balances, end of year	\$ (12,352)	\$ 20	\$ 1,734	\$ (10,598)	\$ (13,137)
-----------------------------------	--------------------	--------------	-----------------	--------------------	--------------------

Cowichan Valley Division of Family Practice

331 St. Julien Street
Duncan, BC V9L 3S5
cvdfps@gmail.com

CVDFP Board of Directors

Dr. Jonathan Griffin - *Chair*
Dr. Mark Sanders - *Treasurer*
Dr. Graham Brockley
Dr. Kim Grymaloski
Dr. Tom Rimmer
Dr. Maggie Watt

Division Staff

Valerie Nicol - *Executive Lead*
Jennifer Berg - *Financial Administrator*
Tiffany Littmann - *Executive Administrator*
Tracey Powell - *Administrative Assistant*

Locum Coordinator

Krystal Poirier

Maternity Clinic Staff

Kathryn Coopsie - *Nurse Lead*
Kerri Miller - *RN*
Denise MacDonald - *MOA*
Sadie Thomas - *MOA*

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

www.divisionsbc.ca/cv

Maternity Clinic Physicians

Dr. Susan Barr
Dr. Graham Blackburn
Dr. Maki Ikemura
Dr. Karen McIntyre
Dr. Nicolette Pearce
Dr. Tom Rimmer
Dr. Deana Robertson
Dr. Anne Thompson
Dr. Maggie Watt

Initiative Leads

Aboriginal Health: *Dr. Stephen Faulkner, Dr. Juliette Eberhard*
Attachment: *Valerie Nicol*
Chronic Pain: *Dr. Graham Brockley*
Family Practice Hospital Support Program: *Dr. Jonathan Griffin*
Locum Coordinator Program: *Dr. Roy Gilbert*
Maternity Clinic: *Dr. Maggie Watt*
Physician Data Collaborative: *Dr. Kim Grymaloski*

Photographs courtesy of:

Victor Gough
Nicolette Pearce

