



Comox Valley Division of Family Practice

An FPSC initiative



ANNUAL REPORT 2022-23

Acknowledgement

The Comox Valley Division of Family Practice acknowledges that we work, live, play, and grow on the traditional, ancestral, and unceded territories of the members of the K'ómoks First Nation.

Acknowledging that we are on the traditional territories of Indigenous communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally informed care to First Nations, Inuit, and Métis people in BC.

The Comox Valley Division of Family Practice is committed to promoting culturally safe engagement for all within primary care and strives to be humble in its approach to the personal and systemic biases within primary care, in an effort to develop and maintain respectful processes and relationships based on mutual trust.

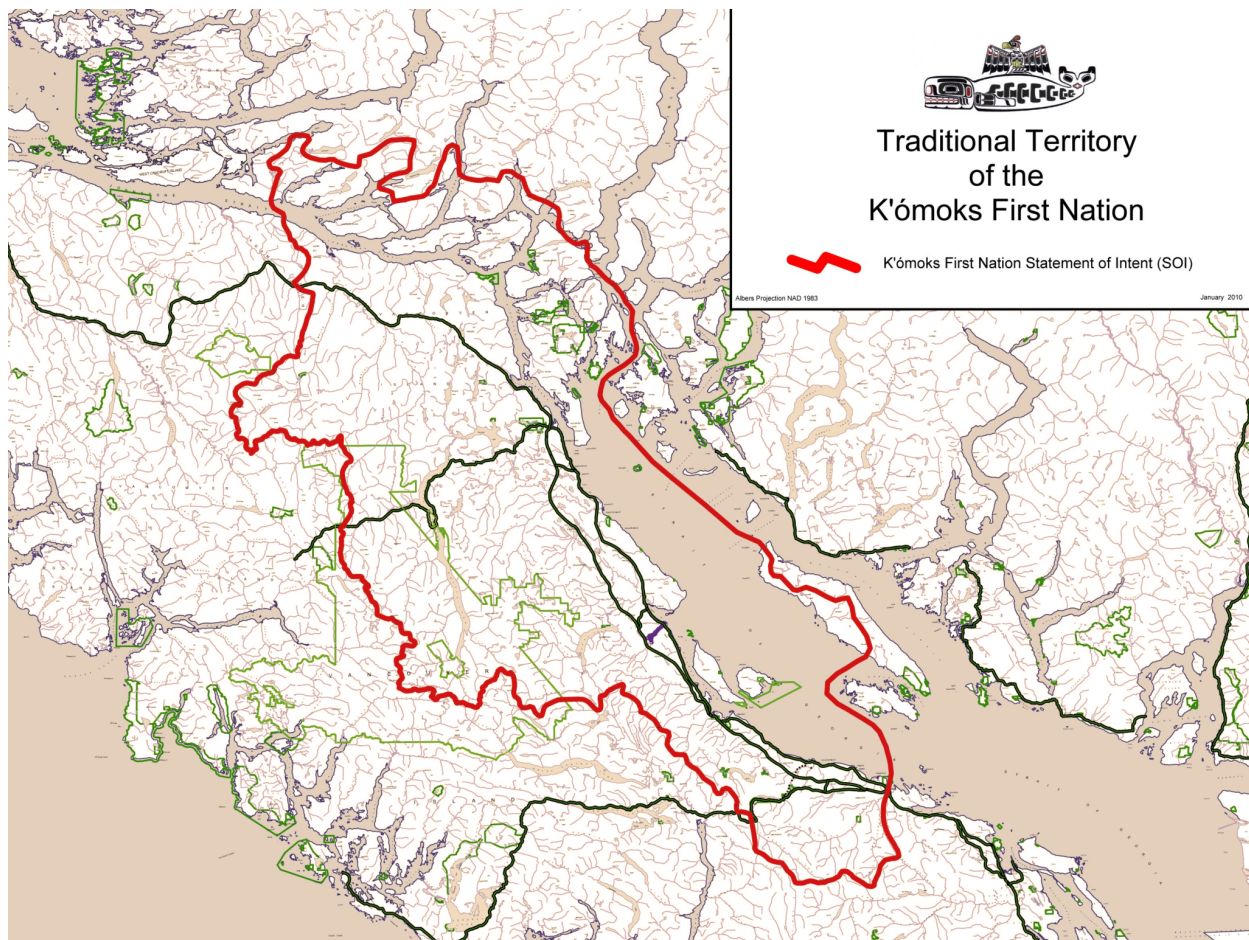


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Our Vision

- Healthy, Engaged Community

Our Mission

- To engage & support family physicians in our community to positively impact the health care system
- To increase professional satisfaction & physician wellbeing
- To be leaders through:
 - Promoting cooperation & collaboration with patients & partners
 - Anticipating, identifying & responding to health care needs

Our Values

- Fostering Inclusiveness and Diversity of Family Physicians in Practice in the Comox Valley
- Supporting Optimized/Improved Patient Care and Access to Care
- Supporting Collegiality
- Valuing Primary Care Providers



Connecting with residents! Clinic Crawl 'Speed Dating'

Our Strategic Priorities

SUPPORTING FAMILY PHYSICIANS

- Create robust mechanisms to hear and act on concerns from members to decrease stressors and encourage physician work-life balance
- Sustain and enhance quality, local Continuing Medical Education (CME) opportunities for a diversity of practices/interests / and transition provision of CME to align with new Rural CME model
- Evaluate how Information Management/Information Technology (IMIT) can be leveraged to support Family Physicians

ADDRESSING UPSTREAM ISSUES/PREVENTION

- Sustain current upstream/prevention initiatives
- Health Promotion
- Children and Youth Mental Health
- Address the Opioid Crisis
- Social Determinants of Health
- Address Climate Change
- Supporting Healthy Seniors

HOW WE DELIVER CARE

- Support development of team-based care
- Improve/increase collaborative care between Family Physicians and other health care providers
- Bolster support and ensure sustainability of the Doctor of the Day program
- Enhance care of elderly
- Coordinate after hours care and access

LEADERSHIP, PARTNERSHIP & COLLABORATION

- Provide local leadership
- Increase profile of the Division
- Sustain and enhance partnership

Co-Chairs' Report

Dr Samantha McRae & Aaron Macluskie, Co-Chairs



Thank you all for joining us at this year's AGM. We are so appreciative of this community that we get to be a part of and work to support.

Firstly, we would like to enthusiastically welcome Catherine Browne to the role of executive director. We couldn't be more happy to have someone step up that is so well known and loved within our community. From the work she has been doing within the division for years, recruitment and retention to project management, her understanding of our community is unparalleled and, as an organization, we welcome her to this leadership position.

We have also had some changes at the executive level. We welcomed Tina Pringle as our newest community board director. Dr Una Conradi has joined us as our resident representative, thank you to Dr Stephen Noble for his time on the board. Thank you to Dr Joshua Wiggins for stepping in to fill a temporary leave of absence over the last couple months, it was great to have you back.

This time last year, as a community we voted to make the necessary changes to welcome Nurse Practitioners as general members. The necessary legal steps and bylaw amendments have taken place and I am thrilled to be welcoming our NP colleagues to this AGM for the first time as full general members!

The primary care network team continues to work away helping to build and strengthen our program. Thank you to Dr Bonnie Bagdan for your tireless service to this cause, your passion and patience will be greatly missed. Dr Lucia Ma has taken over the role of physician lead for this project and brings a zest for team based care and a fresh perspective. A full report will be provided from the PCN team.

The longitudinal family practice model represents a long awaited change in compensation for family

physicians. While there has been overall good uptake and improved recruitment to longitudinal family practice, it has come with challenges to the other types of care family physicians provide in this community. In particular, we have been facing increasing challenges with attached and unattached inpatient care provincially as well as locally. This has resulted in ongoing work trying to support both types of care, both of which continue to be in crisis.

Long-term care has seen increased uptake in physicians attaching to patients, in particular with the influx of stabilization funding. We also have welcomed NPs into the LTC world, speeding up the placement of patients in available beds. There is ongoing work to ensure there is a sustainable supported framework to integrate FP and NP care in LTC.

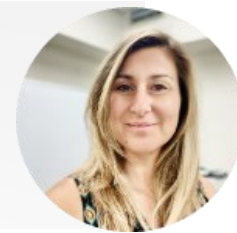
Work has been ongoing supporting and expanding the After Hours Urgent Care Clinic. We have been lucky to have the support and open collaboration with our Island Health partners to keep what is important to our community of FP/NPs at the forefront. We are grateful to the physicians staffing this clinic on the evenings and weekends. We are also thankful for the FP/NP leadership guiding this work forward. We continue to do our best to ensure this provides the needed 24/7 college requirements for after hours care, that is an ongoing challenge. We have also heard the need to ensure this work minimizes any competitive impact on recruitment and retention of providers and staff in our primary care clinics.

Primary care in BC is an ever changing landscape and we are grateful to be here as your Comox Valley Division of Family Practice to support our community of providers through challenges and successes as they arise.

Respectfully submitted by
Dr Samantha McRae and Aaron Macluskie.

Executive Director's Report

Catherine Browne, Executive Director



As we approach the end of another year and I reflect on our community and our work, I am truly inspired and filled with gratitude for the compassionate, hard-working, and highly engaged physicians and nurse practitioners in the Comox Valley. Your unwavering commitment and dedication to patient care is the driving force behind our successes, and I am immensely proud of what we have achieved together.

In the last year, primary care has implemented a novel payment model for longitudinal physicians, promoting continuity of care and effectively closing our community attachment gap from 10,000 to 2,000 residents. This progress is owed in large part to the success of our recruitment, retention, and attachment initiatives, fostering a thriving community of FPs and NPs who can better address patient needs. Nevertheless, capacity constraints in facility-based care persist. We remain optimistic that our local endeavors and forthcoming provincial announcements will offer some much-needed respite in these realms of care.

We have seen our creative community-led solutions effectively tackle some of the most challenging issues faced by our community. Through intentional collaboration with Island Health partners, we were able to 'lift and shift' our After Hours Urgent Care Clinic, transforming it into a permanent Island Health-owned and operated site. This accomplishment is a true testament to sustaining grassroots solutions that improve access to healthcare.

We have also embarked on a proof-of-concept pilot with Island Health to integrate nurse practitioners into long-term care, which has added capacity to LTC and has plans to spread across the island. Moreover, our primary care network (PCN) is making strides to integrate team-based care across multiple clinics, with plans to expand access to more clinics soon.

We continue to support our remote communities through Division and PCN initiatives. In June, our Virtual Care Coordinators implemented a virtual care hub on Denman Island, allowing for more consistent access to PCN allied health care providers, while our MOA Network continues to bring office staff together to share learnings and connect.

As a Division, we are able to pursue innovative and inclusive initiatives because of the dedication and caring nature of our membership. We are so lucky to have family doctors and nurse practitioners who collaborate with each other and with the community to advance primary care in Comox Valley.

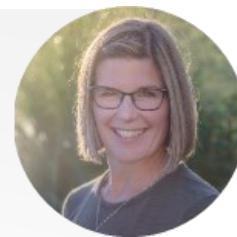
I'd like to thank our co-chairs, together with the Division Board, for their leadership and support for as I transitioned into this new role. I look forward to representing this incredible community.

This year has been marked by significant achievements and milestones. We hope that you will join us on this journey of celebration and gratitude as we highlight the incredible work!

Respectfully Submitted by
Catherine Browne

Treasurer's Report

Tina Pringle, Treasurer



I am pleased to sit on the Board of Directors as the Treasurer. I was elected into this role in December 2022. I would like to thank Keeley Young, past Treasurer, for her guidance and support as I stepped into this role over the last year.

As reported in last year's Treasurers report, the Division continued to work with an external bookkeeping service (Enkel) last year. Challenges continued with this arrangement and many hours of clean up of the work performed was required by your Executive Director, Operations Manager and staff. Issues included inaccuracy of coding of transactions, late and missed payments (which impacted many of you), delayed reporting as well as incorrect tax filings, which were rectified.

Many hours of the Finance Committee's time were put into managing and trying to resolve these issues. It became clear in the spring that this arrangement was not working and could not be fixed. The Board decided to terminate services with Enkel effective May 31, 2023, and to hire a Finance Manager to handle all of the Division's bookkeeping and financial reporting internally. During the recruitment phase and transition away from Enkel, the Division contracted an interim bookkeeper to maintain our books. We are thoroughly pleased to announce that we have now hired a Finance Manager and would like to introduce Parveen Chand. Parveen is a Certified Professional Accountant (CPA) and he began work with the Division in September.

In addition, this year, the Division contracted an independent consultant (Humanity Financial) to review our financial processes and provide us with a report of their recommendations for improvement. This report was valuable, and the Division is

implementing many of their recommendations. We further contracted Humanity to redesign our accounting system to better utilize Quick Books for more efficient reporting. These changes are being implemented now by our Finance Manager. The audit of the financial statements of the Division was completed in September 2023 and we have received a clean audit report. In the end we have a loss of \$4,333 for the year. This overspend will be recouped in the coming year. As outlined below, the Division carried over funding of \$306,253 for programs in the 2023/24 fiscal year. Funding of \$346,382 that was due back to the Doctors of BC was repaid in October 2023.

STUB FINANCIALS REPORTS TO SEPTEMBER 30, 2023

As required by the Society's act, we are including the financial statements to September 30, 2023, since we are more than 6 months from the end of the fiscal year. These reports show where we are with our funding year to date across the various funding agreements, services, and projects that the Division supports. The Division is anticipating some increased physician engagement expenses as we head into the last two quarters of this fiscal period. This will be mainly contributed to by events planned for the latter half of the year. The majority of program funding will carryover to March 2025, the end of the Physician Master Agreement. These reports follow the Financial Statement on [page 34](#) of this report.

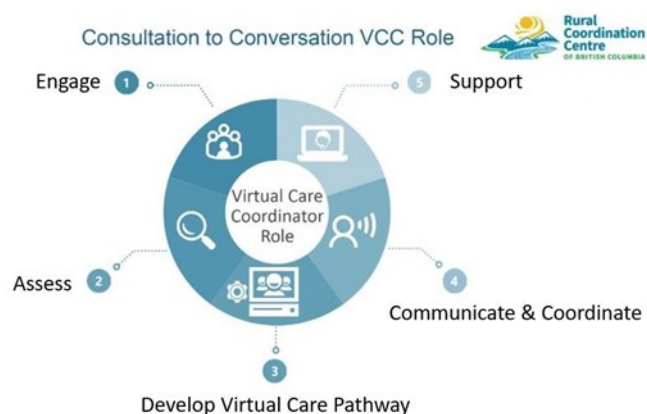
Respectfully submitted by
Tina Pringle

DEFERRED REVENUE—MARCH 31, 2023

	Balance March 31, <u>2022</u>	Funding Received	Revenue and Fund Transfers <u>Recognized</u>	Payable to <u>DoBC</u>	Balance March 31, <u>2023</u>
Infrastructure	\$ 9,235	\$ 545,831	\$ 555,066	\$ -	\$ -
Attachment Mechanism	-	75,000	65,592	28,722	9,408
Early Pregnancy Care	-	-	-	2,858	-
SC Enhancing Perinatal	8,904	-	4,242	4,662	-
SC Older Adults	918	-	795	-	123
Patient Medical Home Networking	-	-	-	17,042	-
Patient Medical Home Innovation	25,010	14,056	32,109	6,957	-
Primary Care Network	51,727	426,290	413,599	-	64,418
PCN Culturally Informed Care	61,801	-	19,285	-	42,516
GPSC Engagement	-	185,134	158,318	217,605	26,816
Health Emergency Management	-	10,000	-	-	10,000
Long Term Care Initiative	42,426	221,116	227,888	-	35,654
Unassigned Inpatient Care	37,671	966,348	870,768	-	113,326
FPSC Inpatient MOU	-	484,237	484,237	-	-
COVID Funding	74,756	-	17,596	57,160	-
SC CBT	-	-	-	1,919	-
Physician Integration and Retention	-	55,328	55,328	-	-
Minor Tenant Improvement	-	136,873	136,873	-	-
Health Connections Clinic	-	-	-	9,457	-
VCC	50,420	27,212	77,371	-	261
Interest	3,381	7,504	10,885	-	-
PCN Perinatal Integration	-	20,334	16,603	-	3,731
	<u>\$ 366,249</u>	<u>\$ 3,175,263</u>	<u>\$ 3,146,555</u>	<u>\$ 346,382</u>	<u>\$ 306,253</u>

Virtual Care Enablement in the Comox Valley

In partnership with the Rural Coordination Centre of BC's (RCCbc) [Real Time Virtual Support](#) program, the [Consultation to Conversation \(C2C\)](#) model aims to increase equity of access to care for rural, remote, and Indigenous citizens across BC. **Virtual Care Coordinators (VCCs)**, embedded within Divisions, support two and three-way video enabled calls between a patient, primary care provider and/or a specialist/specialized service provider to grow confidence, skills and access through virtual means.



A YEAR IN REVIEW

Building on local accomplishments that support access to virtual care in primary care homes, in March 2023, the Virtual Care Coordination program expanded the scope of service to work with Denman and Hornby Island clinics and the Comox Valley Primary Care Network (PCN) to facilitate increased access to virtual care options for patients in these remote communities.

Achievements/highlights over the past year include:

Through close work with Westward Medical Clinic and based on learnings garnered from supporting patients, the VCCs developed a [Patient Support Manual](#) for clinic staff which includes screen shots, step-step guides and workflow suggestions. An in-clinic knowledge session for physicians and staff was given to provide an overview of learnings followed by a discussion and Q&A.

Building on the work with Westward, the VCCs supported Dr. Jody Taylor and her team at Denman Island Clinic, together with the PCN Allied Care Providers (ACPs), to set up a virtual hub within the clinic for patients to use for Zoom for Healthcare

appointments. Virtual appointments enables increased ACP capacity due to time saved on travel, thus increasing access, and shortening wait times for patients. One ACP has successfully incorporated this virtual hub into their workflow. A second ACP is currently being onboarded.

Over the remainder of the year the VCCs will continue to provide in-clinic virtual hub support on Denman Island and continue to collect provider, patient, and staff feedback for quality improvement. The VCCs will work to expand the use of the virtual hub to other ACPs and leverage its use to enable the C2C model of care. The VCCs have engaged with leadership at the Hornby Island Clinic to determine needs around virtual care.

If you or your clinic are interested in receiving virtual care guidance or support, please contact:

virtualcare@comoxvalleydivision.ca

The VCCs thank the Comox Valley PCN team, and the physicians and staff at Westward Medical Clinic and Denman Island Medical Clinic for their ongoing participation and commitment to this initiative.

Respectfully submitted by:
Alida Sklarski and Kate Carlson, Virtual Care Coordinators

Comox Valley MOA Network

The Division recognizes the importance of the Office Managers, MOAs and other team members that support the effective operation of the clinics.

The MOA Network was created to connect, engage, and support clinic office staff - Office managers (OMs) and Medical Office Assistance (MOAs) to identify challenges and build innovative solutions across clinics in the Comox Valley.

Over the past year, the Division hosted two Mental Health First Aid courses, 3 MOA/OM lunches and our annual MOA Networking Dine and Learn event. We distribute e-newsletters to help inform and connect the MOA community.

THE HIGHLIGHTS OF THE YEAR INCLUDE:

The MOA Dine, Network and Learn Event in March 2023 where attendees learned how to handle stressful situations and set healthy boundaries from Dr. Reinette Dirksen van Schalkwyk. *A detailed summary of the event can be found [here](#).*



The quarterly MOA/OM lunches, where office managers and MOAs informally connect with each other and the Division to build relationships and share ideas "have been a great success.

Over the next year, we will continue to support the MOA community with information sharing and providing space for connection and celebration through an in-person networking/learning event, quarterly MOA/OM lunches and monthly newsletters.

We would like to thank all OM's and MOAs in the Comox Valley for their continued efforts to support primary care in our community.



Patient Attachment and the HCR

The Health Connect Registry (HCR) is a program that supports patients and primary care provider attachments in the geographic region of the Comox Valley from Fanny Bay to the Oyster River. Community members/patients must have a Comox Valley postal code to be attached within the Comox Valley. The HCR is a provincially developed database system that is locally administered with a locally developed model to support the specific needs of Comox Valley.

A YEAR IN REVIEW

During this past year, between October 15, 2022, to October 14th, 2023, the attachment gap declined from 9,746 to 2,113. Since the launch of the Health Connect Registry (HCR) in April 2021 approximately 12,273 individuals have registered seeking a primary care provider. Since April of 2021 there have been 9,311 attachments from the HCR and 6,414 have been attached in the past year. Currently 12 clinics, 20 physicians, and 3 nurse practitioners are actively using the HCR and being supported by the attachment team to attach patients. All clinics in the Comox Valley are directing people seeking a primary care provider to register for the HCR instead of maintaining their own waitlists.

This past year saw the development and implementation of a priority pathway for a subset of patients to be attached due to their complex status and care needs. Primary care providers who see a patient in a walk-in, emergency, public health or mental health all can priority refer patients for attachment based on their medical complexity.

The graphic shows a blue and yellow stethoscope on the left. To its right, the text reads: "Looking for a family doctor or nurse practitioner?" followed by "The Health Connect Registry can help" and "Comox Valley Primary Care Network" at the bottom. In the top right corner, the logos for "BRITISH COLUMBIA" and "HealthLinkBC" are displayed.

The HCR was initially only available for communities with a primary care network. Following a July 1st 2023 announcement by the provincial government, the HCR is now available to all communities. At the same time as this was announced, a new platform (software) was introduced for the HCR. In this next year the attachment program goals are to support primary care providers with their practice transitions, whether it be decreasing panel size or succession planning for retirement, as well as supporting New to Practice contracts fulfill their attachment requirements. We will also continue to communicate and promote the HCR to the public to ensure that those seeking primary care can be attached to a provider. We will continue to work to support the community, and practitioners in their practices.

A thank you to Dr. Olena Beattie who participated in supporting the attachment working group this past year and will be stepping aside. We are now seeking a new primary care practitioner lead for this work. Also, a big thank you to Alla Kulchiski the HCR administrative Assistant who will be taking a 1-year maternity leave starting December 1, 2023.

Respectfully submitted by:
Lisa McDougall-Lee, Attachment Coordinator

PATHWAYS PROVIDES PHYSICIANS, NURSE PRACTITIONERS, AND THEIR TEAMS QUICK ACCESS TO:

Current and accurate referral Information

Thousands of patient and clinician resources

Health Authority and Community Service Information

KEY AREAS OF FOCUS

- Promoting and supporting Pathways usage among primary care clinics including the provision of 3 in-clinic lunch and learn sessions and supporting 2 provincial webinars - one for physicians and one for MOAs.
- Supporting physicians and clinics to keep their profiles current and up-to-date by responding to user feedback and prompting specialist to review their profile every 6 months for accuracy.
- Encouraging all Comox Valley Specialists to have a Profile on Pathways by connecting with new physicians in the community.

COMOX VALLEY USAGE AT A GLANCE!

of FPs: **108** (10 new in 2023)

of NPs: **11** (2 new in 2023)

of Clinic Staff : **41** (10 new in 2023)

of Comox Valley Non-FP Specialists with Profiles: **60**
10 new in 2023!

- Profile Reviews done in the last 30 days: **10**

of Specialty types listed in the Comox Valley: **31**

of Page Views in September 2023

FPs: 2,960 - up 33% from 2022

NPs: 232 – up 8% from 2022

Staff : 1157 – up 24% from 2022

PATHWAYS FEATURES AND 2023 HIGHLIGHTS

Clinician Tools: including calculators, diagnostic tools, and more.

Patient info: including shared decision aids, handouts and more.

Forms: including referral forms, requisitions, consent forms and more.

NEW! Care Pathways: check out the new [depression care pathway](#), [chronic pain care pathway](#), and [early pregnancy care pathway](#) .

Home Page: provides local medical news including Island Health bulletins, new community and clinician services, as well as highlighting featured content.

YOUR LOCAL PATHWAYS TEAM!

Don't have access to Pathways? Have questions?

Reach out anytime!

Pathways Physician Lead: [Dr. Maciej Mierzewski](#)

Pathways Coordinator: [Alida Sklarski](#)

Continue to encourage your colleagues to whom you refer to join Pathways!

Recruitment, Retention and Succession

The Recruitment and Retention (RnR) program supports the recruitment of new family physicians (FPs) and Nurse practitioners (NPs), retention of existing FPs and NPs, and retirement and practice change.

RNR VISION

The RnR vision is to foster an inclusive and supportive community where physicians want to stay, and new physicians and nurse practitioners want to be part of.

A YEAR IN REFLECTION

With the new LFP model, there was an uptake in clinic visits from out of province FPs and NPs at the beginning of April and May 2023. We worked together with the community to roll out the red carpet with success!

Through the 7 clinic visits that took place, 5 physicians expressed interest in the Comox Valley, and 3 have started practice since.

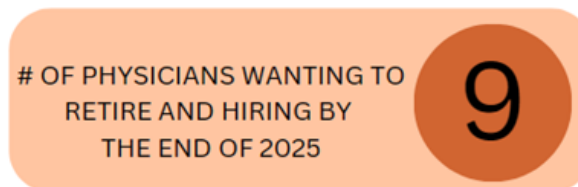
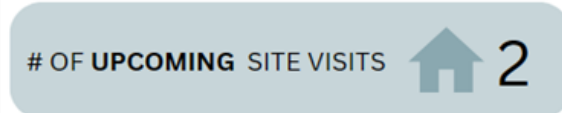
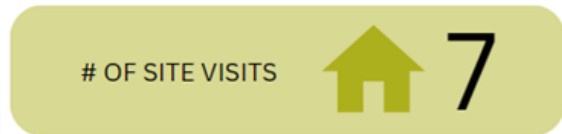
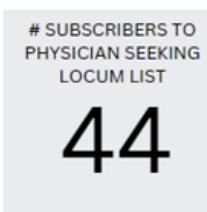
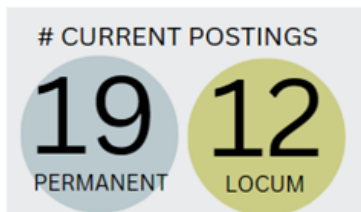
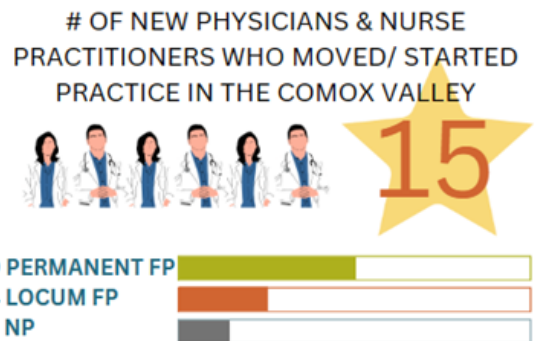
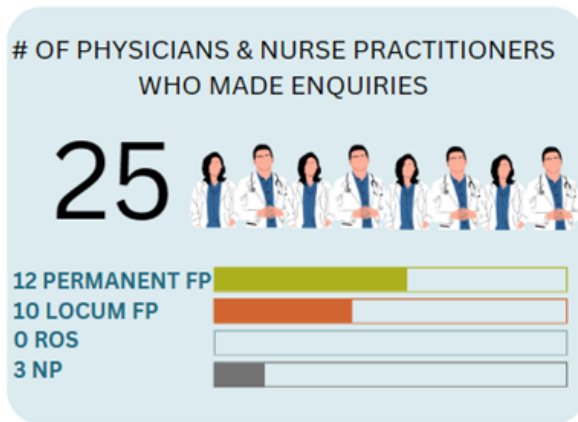
Our Supports and Services

The RnR Program and Advisory Committee continues to build partnerships, advocate, and support the members of the Comox Valley Division of Family Practice. We focus on:

- Promoting Comox Valley as a destination of choice by visiting conferences and Social Media outreach;
- Connecting physicians and residents;
- Ongoing conversation and development of the community locum contract ;

RNR COMOX VALLEY COMMUNITY STATS

AGM REPORTING 2022-2023. OCTOBER 2022 TO END OF SEPTEMBER 2023
A STATISTICAL OVERVIEW OF PHYSICIAN AND NURSE PRACTITIONER RECRUITMENT IN THE COMOX VALLEY



Recruitment, Retention and Succession



- Continuing to foster relationships with municipalities and community organizations to attract new physicians.

Fostering Community Partnerships

The Physician Recruitment and Retention Task Force (a collaboration between the Division, municipalities, community organizations and patient partners) continues to build partnerships and work together towards developing a sustainable family physician recruitment and retention strategy.

For more information on the recruitment and retention program, please contact

comoxvalleyrecruitment@comoxvalleydivision.ca

- Sharing community information and practice opportunities by rolling out the red carpet for interested FPs and NPs and making connections across community, including areas of practice;
- Continuing to support recruitment and practice transition needs by posting FP and NP opportunities and supporting physicians who want to retire;
- Providing information on alternative payment models; and

Respectfully submitted by

Ingrid Timmermans & Luba Hazeldine, RnR Coordinators



A partnership with the Community Health Care Foundation was developed to sponsor welcome boxes for new physicians!

Health Promotion

The Health Promotion work is a strategic focus of the Comox Valley Division of Family Practice that:

- Engages patients to increase physical activities and to make behavioral changes to reduce the risk of developing chronic disease and other morbidities.
- Increases and strengthens family physician participation in health promotion activities and campaigns.

THE YEAR IN REVIEW:

HealthSteps® Program

Over the next year, the Health Promotion Initiative will continue to promote the HealthSteps® at clinics by working closely with HealthSteps® program staff to provide promotional materials and supporting participant progress reports and communications.

Walk With Your Doc

[Walk With Your Doc](#) was held in May. This is a Doctors of BC initiative that is organized and delivered by the Division. It encourages physicians to walk with their patients to promote the benefits of daily activities.

As per last year's recommendations, one walk was hosted in Comox instead of two walks in Comox and Courtenay. The walk was well received with 51 participants!

Respectfully submitted by,

Dr. Ed Howard - Health Promotion Lead Physician and
Ingrid Timmermans - RnR and Project Coordinator



Children and Youth Matter—Comox Valley



The following is respectfully submitted to the Comox Valley Division of Family Practice from Children and Youth Matter Comox Valley (CYMCV).

Overview: [CYMCV](#) are a local group of caring community members and providers, who work to increase awareness and access to services supporting physical, mental, cultural, sexual, and social health for children and youth in the Comox Valley. We know all children and youth benefit from timely, affective, coordinated and culturally appropriate supports and services in our community, so that they can lead healthy, happy lives.

This group continues to be committed and fruitful in setting goals and achieving them. I have been grateful for my involvement with people so committed to supporting our youth and children.

ACTIVITIES OVER THE PAST YEAR:

- CYMCV community members and local organisations continue to meet monthly to connect, foster partnerships, and work towards our common goals.
- Initiating an integrated project including MCFD, SD71, JNH, and the CV Division of FP to address and identify gaps in care for children ages 6-12.
- Joining with Lake Trail community school to deliver a community resource day. This was a follow-up to our highly successful month-long presentation in 2022.

GOALS FOR THE FUTURE:

- Work to increase the level of trauma informed practices and resiliency in our community.
- Increase access to integrated child services for ages 0-12 to the community.

Thank you to the Division and our community partners for their ongoing support.

Dr. Janice McLaughlin

Chair CYMCV, Lead Physician Foundry Comox Valley



Patient Care at Comox Valley Hospital

Patient care at the Comox Valley Hospital (CVH) experienced a challenging year due to a shortage of health care workers, as experienced elsewhere across the health system. We have immense gratitude for the physicians and other health care workers who continue to support hospital care. Information on the hospital groups are detailed below.

ASSIGNED INPATIENT CARE

In partnership with Island Health and through Health System Redesign Funds, the Division has formed an Attached Inpatient Care Working Group to bring call group representatives (from the Red, Grey and Beige groups) together and facilitate discussions regarding how to develop and implement a sustainable call group model and address concerns about patient loads and work-life balance, with the overall goal to retain/increase the number of physicians providing inpatient care.

The anticipated outcomes are:

- Development of assigned inpatient care data reports to inform the delivery of care
- Utilization of reporting to have data driven discussions re. patient load distribution and call group design
- Reduced administrative burden on the Unassigned Inpatient Care Call Groups
- Build resilience in assigned inpatient care

AIC At a Glance

RED GROUP* = 14 Members

GREY GROUP = 7 Members

BEIGE GROUP = 5 Members

* Week at a Time Call

Upcoming meetings

October to March 2024

- Call Group Lead Meetings (monthly)
- Call Group Meetings (each group)

If any physicians are interested in joining Assigned Inpatient Care, please contact Dr. Lissa Benson at lissa.benson@islandhealth.ca

UNASSIGNED INPATIENT CARE

There are two groups that provide the Doctor of the Day program who provide care to unattached and unassigned patients at Comox Valley Hospital:

- **Purple Group:** Primarily hospital-based physicians that care for unassigned/ unattached CVH patients.
- **Rainbow Group:** Community physicians with practices who have full hospital privileges and voluntarily participate in the Doctor of the Day program.

In partnership with Island Health, the Division administers Doctor of the Day incentive funding. The Doctor of the Day program is currently in discussions with Island Health to become a hospitalist program.

If any physicians are interested in joining the Doctor of the Day Program, please contact Dr Adrian Nasager or Laxman Pradhan, co-Medical Leads, CVH Unassigned Inpatient Care at cvhpurplelead@gmail.com

Long-term Care Initiative (LTCI)

The Comox Valley Long-term Care Initiative (LTCI) brings together LTC MRPs (Most Responsible Practitioners, including Family Physicians and Nurse Practitioners), LTC home leadership, pharmacists and Island Health leadership, into a multidisciplinary working group to develop local solutions to improve patient care, improve care provider experiences, and address challenges in LTC.



YEAR IN REVIEW:

Clustering

This year, the LTCI supported “clustering” in LTC (MRPs concentrating their care at fewer LTC homes, details [here](#)), while also continuing to support clinicians who prefer to care for patients in all local facilities. As a result, several MRPs have now set up a roster system (target panel size) at the LTC homes where they are clustering. To support clustering, the LTCI facilitated several MRP-transfers and developed communications materials and best practice guidelines.

NPs in LTC

In 2023, the LTCI worked with Island Health (IH) on a pilot project integrating IH-employed Nurse Practitioners (NPs) into Comox Valley LTC care as MRPs. To date, one NP has attached 14 LTC patients, with another NP expected to start soon. The LTCI continues to work with our community and IH on quality improvement with the integration of NPs into LTC settings.

Developing Operations & Procedures

To support program sustainability, the LTCI has created an LTCI outreach package, orientation package and LTCI-onboarding checklist. We have also completed procedural reviews with the community including

reviewing and sharing of facility orientation processes and materials, and reviewing procedures related to MRP-contact processes, records updates and admissions.

LTC Recruitment & Sustainability

The highlights above support the LTCI’s focus on making LTC an attractive and sustainable part of a family practice. This was also supported by the 2023 LTC Stabilization Grant (released by FPSC in June). The LTCI promoted community access to these funds by supporting physicians in meeting the eligibility requirements, both for those already practicing in LTC and physicians new to LTC.



Long-term Care Initiative (LTCI), cont.

In June and July, 7 physicians added LTC into their practice, 11 physicians joined the LTCI, and newly-clustering physicians increased their panel capacity by a collective 50+ patients. Some of this new capacity allowed existing LTC physicians who were over-capacity to scale back, or to focus their care at fewer facilities.

Education

In March 2023 we held a multidisciplinary education conference focused on LTC, including presentations on specialized Wound Care and on Decision Making and Care planning in LTC. We thank all who contributed, including our guest speakers.

LOOKING FORWARD:

In addition to continuing work in the focus areas above, over the next year we will be working on:

LTC Call Innovation

At a community meeting in June 2023, Comox Valley LTC MRPs reviewed vulnerabilities and challenges in local LTC shared-coverage (on-call) arrangements and expressed support for exploring new 24/7 shared coverage options. A LTC Call-Innovation Working Group is moving this work forward.

Education

We are again planning a LTC-focused CME event for early 2024.

LFP Payment Model in LTC

BC Family Doctors and Doctors of BC are working with the Ministry of Health on plans to expand the new Longitudinal Family Practice Payment Model to include services in LTC settings. Once expansion plans are announced the LTCI will help support our community in any upcoming transitions.

ACKNOWLEDGMENTS

We are grateful for the ongoing dedication of all care-providers of LTC, from the patients' families to the Physicians, NPs and Nursing teams, Rehab, Recreation, Spiritual Care Providers, Care Aides, Pharmacists, organizational leadership and all others who give dignity and comfort to our elders.

I have served as the LTCI Physician Lead since March 2020 and will now hand over the reins to Dr. Rick Potter-Cogan, who has many years of experience in LTC. We acknowledge that we live and work on the traditional and unceded territories of the K'omox First peoples, the traditional keepers of this land, and appreciate the privilege to do so.

Submitted by:

Susan J Hunter, MD, CCFP(PC), FCFP
LTCI Physician Lead (up to October 2023)

Prepared in collaboration with Lynnette Hornung,
LTCI Project Coordinator



Primary Care Network (PCN)

The Primary Care Network is a team-based care model of primary care where providers work with allied care staff to provide care that is timely, seamless to the patient, comprehensive, and culturally safe. The PCN also aims to expand access to services for vulnerable patients and those with complex health conditions and support closing the local attachment gap.

Over the past year, the PCN has continued to work and expand our impact in the following areas of focus/strategies:

ALLIED CARE SUPPORTING PCN CLINICS.

The PCN team and ten clinics have continued working with Island Health to recruit and collocate allied care providers (ACPs). The year has seen us consolidate and adjust the clinic loads the ACPs carry by reducing the number of clinics each one supports. This shift is underway except for the role of PCN Clinical Pharmacist

as we are only funded for one role currently. The other funded ACP roles are: 2 dietitians, 3 social workers, 3 mental health and substance use clinicians, and 4 RNs. Currently 2 of the MHSU roles are vacant due to the very difficult recruitment landscape, and 2 RNs are vacant due to current adjustment of our RN model in PCN. The clinics currently hosting PCN ACPs and/or RNs are:

Southwood Medical Clinic, Highland Family Practice, Sea Cove Medical Clinic, Cottage Medical Clinic, 5th Street Family Practice, Courtenay Medical Clinic, Westward Medical Clinic, Denman Island Medical Clinic, Hornby Island Medical Clinic and Cumberland Village Health Care.

We have recently reached out to assess interest and space capacity of primary care clinics not yet supported with PCN resources. It is our goal for the coming year to broaden our support and include more clinics in this strategy within PCN.



PCN Team Day 2023!

Primary Care Network, cont.

PRIMARY CARE FOR PRIORITY POPULATIONS

PCN @ Health Connections Clinic (HCC) The PCN funds a team providing care for vulnerable patients at the HCC/Nursing Center. The team is 3 physicians (0.45 FTE of service, with Steven Griffith-Cochrane as the lead physician), 2 nurse practitioners, a registered nurse, a social worker, and a part-time administrator. The HCC clinic is typically at full capacity with a current waitlist to attach to the primary care providers there.

PCN @ The Foundry Comox Valley Foundry is now open to support youth (12-24) using a drop-in model . Led by Dr. Janice McLaughlin, 8 physicians are working in a group agreement (1.1 FTE total) funded through PCN to provide primary care at the Foundry. This is a unique model of care for youth who can be attached to a community primary care provider and access specialized support at the Foundry. The physicians are available on-site during drop-in hours (Monday / Wednesday 1-4:30 pm/ Tuesday / Thursday 1-6 pm).

PCN @ iHOST: 1 FTE of physician coverage is supported through PCN to work in collaboration with nursing, social work, peer support workers, and people with lived/living experience to provide community based primary care for marginalized populations.

INDIGENOUS PRIMARY CARE SUPPORT

Unfortunately, this last year saw our Indigenous Wellness Liaison and Indigenous Wellness Advocate leave their roles. This has created the opportunity to re-design the model for Indigenous Health roles within PCN. The Indigenous Health Working Group has provided guidance, and we are moving to create two new advocate/social support work roles and a lead

(manager) role for the local Indigenous Health strategy within PCN. We are close to initiating a 0.6 FTE contract for primary care services based out of K'ómoks First Nations Health Centre. As part of this strategy, we aim to add another 1 FTE primary care provider at community locations yet to be determined.

HELPING CLOSE THE ATTACHMENT GAP

(A) Building capacity for primary care. The PCN has continued to support local clinics who wish to place new to practice clinics or Nurse Practitioner contracts into their practices.

PCN clinics were supported to add 2.75 FTE physician contract capacity in the last year. Dr Jody Taylor started at the Denman Medical Clinic in January 2023, and we are supporting recruitment of a 2nd physician or a nurse practitioner to work with Dr Taylor in the Denman clinic.



The PCN Team connecting with Ministry Partners

Primary Care Network, cont.

(B) Cumberland primary care clinic. On September 5, 2023, after being closed for 2 years, saw the re-opening of the primary care clinic in Cumberland. PCN secured approvals for 5 FTE primary care providers and an RN to support the clinic. Beaufort Family Health Society is responsible for running the clinic and getting it operational. The clinic now has 4 Nurse Practitioners working there supported by a full time RN. Jamie Fortier is the clinical director for the group, and they are recruiting for 2 more providers. This has allowed primary care to return to Cumberland and is helping to significantly bring

down the local attachment gap.

I/we would like to thank: The PCN team, PCN clinic leads, Island Health team, Beaufort Health Society, Division colleagues in RnR and VCC to help us coordinate attachment gap reduction and access to care through some virtual support. And a huge thank you to Dr Bonnie Bagdan who stepped down as our PCN physician lead this summer, and welcome Dr Lucia Ma who is the new PCN physician lead.

After Hours Urgent Care (AHUCC)

The Comox Valley After Hours Urgent Care Clinic (AHUCC) began as a division member-driven community clinic providing extended hours access to urgent primary care for attached and unattached patients in our community. The clinic opened on March 10, 2022, in the Washington Park Medical Clinic and over two years [47 local family physicians](#) provided after hours care to close to 10,000 patients.

Following a membership vote held in January 2023 that was in favour of sustaining the clinic as an Island Health owned and operated site, AHUCC moved to the Comox Valley Nursing Centre on May 1, 2023.

The ‘lift and shift’ of this service to a new location has been a successful and productive partnership between Island Health and the Division. Many physicians continue to provide care at the new site and we are so fortunate and grateful to have Dr. Alfredo Tura continuing in his medical leadership role.

The clinic is continuing to grow to provide more hours and broaden access the team-based care.



Looking back, we have such pride and gratitude for all the physicians, office staff, and local leadership that supported the development and growth of this clinic.

The [Comox Valley After Hours Urgent Care Clinic](#), located at 615 10th Street is currently open:

- Monday to Friday, 5 p.m. – 9 p.m.; Thursday afternoon for referred follow-up visits; and
- Weekends and holidays, 9 a.m. – 2 p.m.

The Board of Directors



Dr. Samantha McRae
Co-Chair
General Member



Aaron Macluskie
Co-Chair
Community Member



Tina Pringle
Treasurer
Community Member



Keeley Young
Secretary
Community Member



Sasha Nowicki
Director-at-Large
Community Member



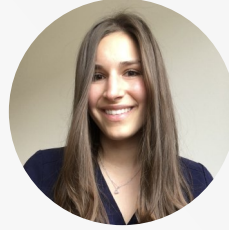
Dr. Darryl Macleod
Director-at-Large
General Member



Dr. Kevin Donak
Director-at-Large
General Member



Dr. Deni Hawley
Director-at-Large
General Member



Dr. Una Conradi
Resident Member
Associate Member



With a special thanks to our outgoing
resident board member,
Dr. Steve Noble.

Contact information

Comox Valley Division of Family Practice
Unit 1324,
2137 Comox Ave
Comox, BC, V9M 1P2

Website: <https://divisionsbc.ca/comox>
Email: comoxvalley@comoxvalleydivision.ca

Acknowledgements

The Comox Valley Division of Family Practice gratefully acknowledges the funding of the Family Practices Service Committee, Nurse and Nurse Practitioners of BC, Ministry of Health and the Rural Coordination Centre of BC, as well as the support of the Division of Family Practice provincial office.

We extend our thanks for the contributions of our many partners.

The Division Team



Catherine Browne
Executive Director



Gavin Arthur
PCN Manger



Susan Muller
Operations Manager



Parveen Chand
Finance Manager



Alida Sklarski
Virtual Care Coordinator &
Division Coordinator



Alla Kulchiski
Attachment Assistant



Ingrid Timmermans
Health Promotion &
Recruitment Coordinator
(Currently on Maternity leave)



Judy Darby
Executive Assistant &
Inpatient Care and
RCME Coordinator



Lauralynn Schaefer
PCN Assistant



Lisa McDougall-Lee
PCN Coordinator &
Attachment Coordinator



Lynnette Hornung
Long-term Care Initiative
Coordinator



Luba Hazeldine
Recruitment and Retention &
Inpatient Care Coordinator



Kate Carlson
Virtual Care Coordinator &
Health Emergency Management
Lead



Jacquie Kinney
PCN Change Lead



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

At a Glance

162

General Members

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New Members
This Year

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Division Programs &
Projects

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Members Engaged
in Division Work

**COMOX VALLEY DIVISION OF
FAMILY PRACTICE SOCIETY
Financial Statements - March 31, 2023**

Independent Auditors' Report
Statement of Financial Position
Statement of Operations and Changes in Net Assets
Statement of Cash Flows
Notes to Financial Statements



INDEPENDENT AUDITORS' REPORT

To the Directors of the Comox Valley Division of Family Practice Society

Opinion

We have audited the financial statements of the Comox Valley Division of Family Practice Society (the "Society"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2023, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNPO, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Society's financial reporting process. .

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements

As required by the Society Act (British Columbia), we report, that in our opinion, the accounting principles in Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with prior year.

Chen Nawrood Boatis Inc

Chartered Professional Accountants
Courtenay, BC

September 27, 2023

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Financial Position

March 31, 2023

2023

2022

ASSETS

Current Assets

Cash	\$ 401,722	\$ 247,901
Short Term Investments	-	553,232
Accounts Receivable	631,368	585,469
GST Receivable	16,872	8,714
Prepaid Expenses	<u>6,759</u>	<u>-</u>
	1,056,721	1,395,316

Equipment (Note 3)

<u>2,961</u>	<u>5,203</u>
\$ <u>1,059,682</u>	\$ <u>1,400,519</u>

LIABILITIES

Current Liabilities

Accounts Payable and Accruals	\$ 773,911	\$ 1,032,940
Government Remittances Payable	2,406	19,885
Deferred Revenues (Note 4)	<u>306,253</u>	<u>366,249</u>
	1,082,570	1,419,074

NET ASSETS (DEFICIT)

<u>(22,888)</u>	<u>(18,555)</u>
\$ <u>1,059,682</u>	\$ <u>1,400,519</u>

Approved by the Directors:



Director



Director

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Operations and Changes in Net Assets

Year ended March 31, 2023

2023

2022

Revenues

Grant Revenue	\$ 1,289,177	\$ 1,433,187
Long Term Care Incentive	227,888	253,748
Unassigned Inpatient	469,083	509,402
Doctor of the Day Supplemental	497,600	364,000
Inpatient Care MOU	484,237	500,000
Minor Tenant Improvement Grant	136,873	41,000
Interest	10,885	-
Expense Recovery and Other	30,812	-
	<u>3,146,555</u>	<u>3,101,337</u>

Expenditures

Accounting and Legal	79,824	14,556
Advertising	2,878	5,398
Amortization	3,044	2,230
Bank Charges and Interest	2,561	1,785
Board Expenses	75,458	84,127
Committee Expenses and Member Honoraria	212,984	240,793
Contracted Fees (Note 7)	171,356	202,746
Dues and Subscriptions	6,876	5,849
Education (Member and Board)	625	10,371
Honoraria - Non-Physicians	32,248	18,659
Inpatient Clinical Fees (DOD and Attached Inpatients)	1,346,903	1,407,157
Insurance	1,170	985
Long Term Care Initiative	269,592	218,006
Meeting Costs	16,485	4,328
Office Supplies and Printing Costs	27,674	23,396
Salaries and Benefits	896,563	852,059
Staff and Contractor Education	912	444
Travel	3,735	8,654
	<u>3,150,888</u>	<u>3,101,543</u>

Deficiency of Revenue Over Expenditures

(4,333)

(206)

Net Assets (Deficit) - Beginning of Year

(18,555)

(18,349)

Net Assets (Deficit) - End of Year

\$ (22,888)

\$ (18,555)

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Statement of Cash Flows

Year Ended March 31, 2023

2023

2022

Cash Flows From Operating Activities:

Cash Received from Funding	\$ 3,040,660	\$ 2,097,305
Cash Paid to Suppliers and Employees	<u>(3,439,269)</u>	<u>(2,479,665)</u>
	<u>(398,609)</u>	<u>(382,360)</u>

Cash Flows From Investing Activities:

Purchase of Equipment	(802)	(4,529)
Proceeds from Redemption of Investments	553,232	-
Purchase of Short Term Investments	<u>-</u>	<u>(3,172)</u>
	<u>552,430</u>	<u>(7,701)</u>

Net Increase (Decrease) in Cash 153,821 (390,061)

Cash - Beginning of Year 247,901 637,962

Cash - End of Year \$ 401,722 \$ 247,901

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

March 31, 2023

1. Organization and Commencement of Operations:

The Comox Valley Division of Family Practice Society ("the Division") was incorporated without share capital under the Society Act of British Columbia. The Society is a registered not-for-profit under the Income Tax Act and accordingly is exempt from income taxes, providing certain requirements of the Income Tax Act are met.

The Division works to improve patient access to local primary care, and provide professional support for physicians in the Comox Valley and on Denman and Hornby Islands.

2. Significant Accounting Policies:

Basis of Presentation

The financial statements of the Division have been prepared by management in accordance with Canadian accounting standards for non-for-profit organizations.

Revenue Recognition

The Division follows the deferral method of accounting for contributions. Restricted grants are recognized as revenue in the year in which the related expenses are incurred. Unrestricted grants are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Interest revenue is recognized as revenue when earned. Unassigned Inpatient income and Long Term Care Initiative income is recognized when the related fees for service is incurred.

Equipment

Purchased equipment is recorded at cost. Contributed equipment is recorded at fair market value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the declining balance method at rates intended to amortize the cost of equipment over its estimated useful life as follows:

Computer Equipment	55%
--------------------	-----

Amortization, useful lives and residual values are reviewed annually and adjusted if necessary.

Measurement Uncertainty

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Significant areas requiring the use of management estimates are accounts receivable which are stated after evaluation as to their collectibility and equipment, where the useful life of the equipment is estimated. Actual results could differ from the estimates.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

March 31, 2023

2. Significant Accounting Policies (continued):

Financial Instruments

The Division recognizes its financial instruments when the Division becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value, including financial assets and liabilities originated and issued in a related party transaction with management. At initial recognition, the Division may irrevocably elect to subsequently measure any financial instruments at fair value. The Division has not made such an election during the year. All financial assets and liabilities are subsequently measured at amortized cost. Short term investments fair value is estimated to approximate the amortized cost of the asset.

3. Equipment:

	2023		2022	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer Equipment	\$ <u>16,775</u>	\$ <u>13,814</u>	\$ <u>15,973</u>	\$ <u>10,770</u>
Net Book Value	\$ <u>2,961</u>		\$ <u>5,203</u>	

4. Deferred Revenue:

	Balance March 31, <u>2022</u>	Funding Received	Revenue and Fund Transfers Recognized	Payable to DoBC	Balance March 31, <u>2023</u>
Infrastructure	\$ 9,235	\$ 545,831	\$ 555,066	\$ -	\$ -
Attachment Mechanism	-	75,000	65,592	28,722	9,408
Early Pregnancy Care	-	-	-	2,858	-
SC Enhancing Perinatal	8,904	-	4,242	4,662	-
SC Older Adults	918	-	795	-	123
Patient Medical Home Networking	-	-	-	17,042	-
Patient Medical Home Innovation	25,010	14,056	32,109	6,957	-
Primary Care Network	51,727	426,290	413,599	-	64,418
PCN Culturally Informed Care	61,801	-	19,285	-	42,516
GPSC Engagement	-	185,134	158,318	217,605	26,816
Health Emergency Management	-	10,000	-	-	10,000
Long Term Care Initiative	42,426	221,116	227,888	-	35,654
Unassigned Inpatient Care	37,671	966,348	870,768	-	113,326
FPSC Inpatient MOU	-	484,237	484,237	-	-
COVID Funding	74,756	-	17,596	57,160	-
SC CBT	-	-	-	1,919	-
Balance Forward	<u>278,534</u>	<u>2,913,956</u>	<u>2,849,495</u>	<u>336,925</u>	<u>302,261</u>

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

March 31, 2023

4. Deferred Revenue (continued):

Balance Forward	<u>278,534</u>	<u>2,913,956</u>	<u>2,849,495</u>	<u>336,925</u>	<u>302,261</u>
Physician Integration and Retention	-	55,328	55,328	-	-
Minor Tenant Improvement	-	136,873	136,873	-	-
Health Connections Clinic	-	-	-	9,457	-
VCC	50,420	27,212	77,371	-	261
Interest	3,381	7,504	10,885	-	-
PCN Perinatal Integration	-	20,334	16,603	-	3,731
	<u>\$ 366,249</u>	<u>\$ 3,175,263</u>	<u>\$ 3,146,555</u>	<u>\$ 346,382</u>	<u>\$ 306,253</u>

Amounts payable to Doctors of BC at March 31, 2023 in the amount of \$346,382 (2022 - \$321,059) are presented on the statement of Financial Position within Accounts Payable and Accruals.

5. Economic Dependence:

The Division is dependent on the Doctors of BC (also known as the British Columbia Medical Association) with respect to revenues. Funding is generally determined on an annual basis.

6. Financial Instruments:

The Division, as part of its operations, holds financial instruments. It is management's opinion that the Division is not exposed to significant interest, currency, credit, liquidity, or other price risk arising from these financial instruments.

7. Contracted Fees:

Contracted fees represent expenses incurred by the Division that are typically non-recurring and are incurred to address a need for the Division that is not already provided by its employees. This includes costs for PCN change management support for PCN implementation through a funding agreement with the BC Patient Safety Quality Council.

8. Remuneration:

Directors are compensated for time spent on Division activities including meeting and committee involvement in their role as Directors. Total remuneration for Directors during the year was \$75,458 (2022 - \$84,127).

Total remuneration to employees and contractors paid over \$75,000 during the year was \$393,212 (2022 - \$250,720).

9. Commitments:

The Division is committed to rental payments for office premises. The office premises lease expired on August 31, 2023 and was extended until August 31, 2024. The total expected payments on this lease are \$4,221 for fiscal 2024.

COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

March 31, 2023

10. Comparative Figures:

Certain prior year figures have been reclassified, where necessary, to conform with the current years presentation.

CV DIVISION OF FAMILY PRACTICE

Balance Sheet

As of September 30, 2023

	TOTAL
Assets	
Current Assets	
Cash and Cash Equivalent	
1010 Bank CCCU - Chequing	1,429,363.37
1015 Bank CCCU - Savings 4877	412.01
1020 CCCU - Equity Shares	5.12
1025 Term Deposit	0.00
1032 Plooto Clearing	360.00
1042 Plooto Instant (Canada - CAD)	3,530.14
1040 Undeposited Funds	0.00
Total Cash and Cash Equivalent	\$1,433,670.64
Accounts Receivable (A/R)	
1200 Accounts Receivable	0.00
1220 Unbilled Accounts Receivable	0.00
Total Accounts Receivable (A/R)	\$0.00
1300 Prepaid Expenses	
1301 Funding receivable	3,754.87
1302 GST rebate receivable	0.00
1304 Overpayment	0.00
Total Current Assets	\$1,437,425.51
Non-current Assets	
Property, plant and equipment	
1700 Capital Assets	0.00
1820 Office Furniture & Equipment	17,492.33
1825 Accum. Amort. -Furn. & Equip.	-13,814.32
Total 1820 Office Furniture & Equipment	3,678.01
Total 1700 Capital Assets	3,678.01
Total Property, plant and equipment	\$3,678.01
Total Non Current Assets	\$3,678.01
Total Assets	\$1,441,103.52
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2100 Accounts Payable	521,854.32
Total Accounts Payable (A/P)	\$521,854.32
Credit Card	
2196 CREDIT CARD - Coastal Community- 6116	314.80
Total Credit Card	\$314.80
2101 Due To/From BC Medical Assoc	0.00
2105 FPSC Inpatient Care Funding Payable	0.00
2110 UIP Program Surplus	0.00
2115 Vacation Accrual	11,271.71
2120 UIP-HCP Holdback frm Purple Grp	113,322.07

CV DIVISION OF FAMILY PRACTICE

Balance Sheet

As of September 30, 2023

	TOTAL
2135 Accrued Expenses	0.00
2140 Payroll Taxes Payable - Current	-842.00
2198 Returned funding payable	346,386.15
2230 WCB Payable	1.92
2260 Benevolent Fund - Payable	0.00
2310 GST/HST Payable @ 50%	-3,431.80
2311 GST (HST) @ 50% Recoverable	0.00
2350 GST/HST Payable	0.00
Total 2310 GST/HST Payable @ 50%	-3,431.80
2400 Deferred Grant Revenue	192,928.50
Total Current Liabilities	\$1,181,805.67
Total Liabilities	\$1,181,805.67
Equity	
Retained Earnings	-22,888.49
Profit for the year	282,186.34
Total Equity	\$259,297.85
Total Liabilities and Equity	\$1,441,103.52

CV DIVISION OF FAMILY PRACTICE

Profit and Loss Comparison

April - September, 2023

	TOTAL	
	APR - SEP., 2023	APR - SEP., 2022 (PY)
INCOME		
4000 FLOW THROUGH INCOME		
4030 Inpatient Care (formerly UIP)		
4035 UIP Network Incentive Income	109,500.00	131,550.39
4036 UIP Patient Care Income		132,996.34
4037 Health Authority - Supplemental DOD	236,400.00	187,200.00
4038 FPSC Inpatient Care Funding	650,000.00	
Total 4030 Inpatient Care (formerly UIP)	995,900.00	451,746.73
4110 GPSC - Minor Tenant Improvement		25,624.85
4160 LTC Income	99,060.81	126,700.38
Total 4000 FLOW THROUGH INCOME	1,094,960.81	604,071.96
4200 FUNDING REVENUE		
4210 Govt Funding Restricted current year	670,037.00	807,735.78
4216 RCCbc funding	46,730.32	50,420.30
Total 4200 FUNDING REVENUE	716,767.32	858,156.08
4300 OTHER REVENUE		
4320 Expense Recovery	7,361.61	24,492.28
4330 Deferred Revenue		0.00
4340 Interest Revenue	35.30	3,451.71
Total 4300 OTHER REVENUE	7,396.91	27,943.99
7000 PCN	213,738.00	
Total Income	\$2,032,863.04	\$1,490,172.03
GROSS PROFIT	\$2,032,863.04	\$1,490,172.03
EXPENSES		
5001 FLOW THROUGH PAYMENTS		
5002 DOD Payments		
5002 A UIP Network Incent. and PG Stip	518,722.00	490,250.00
5002 B UIP Patient Care Fee	7,750.00	147,600.00
5002 B1 UIP Admin cost	4,987.50	
Total 5002 DOD Payments	531,459.50	637,850.00
5003 LTC Physician Payments	60,950.01	-54,539.42
5004 HCC Clinical Session Fees		25,624.85
Total 5001 FLOW THROUGH PAYMENTS	592,409.51	608,935.43
5002 F Inpatient Care - First Patient	466,320.00	-68,143.00
5005 PHYSICIANS and NURSE PRACTITIONERS		
5006 Physician - Board Honoraria	20,237.02	24,346.23
5007 Physician - Committee	35,238.63	52,430.55
5008 Physician - Member/Non-Member	29,286.30	34,617.26
5302 Nurse Practitioner - Committee	1,306.78	
Total 5005 PHYSICIANS and NURSE PRACTITIONERS	86,068.73	111,394.04

CV DIVISION OF FAMILY PRACTICE

Profit and Loss Comparison

April - September, 2023

	TOTAL	
	APR - SEP., 2023	APR - SEP., 2022 (PY)
5010 Non-Physicians and NON-NURSE PRACTITIONER		
5011 BOD - Honorarium - Non Physician	21,300.70	17,923.87
5012 Honoraria - Non-Physicians	3,793.75	15,289.80
Total 5010 Non-Physicians and NON-NURSE PRACTITIONER	25,094.45	33,213.67
5014 PAYROLL EXPENSE		
5015 Executive Director	57,427.75	53,625.00
5017 Operations Manager	40,660.00	39,920.00
5020 Financial Manager	1,104.00	
5021 Project Assistant	40,306.00	14,311.51
5022 Project Evaluator		3,485.00
5025 Project Coordinator	116,598.87	104,252.76
5026 Project Manager	88,917.25	120,902.92
5028 Administrative Assistant	1,218.75	27,360.00
5029 Executive Assistant	28,801.36	28,779.78
5030 Payroll Expenses		
5031 EI Expense	7,385.87	7,215.87
5032 CPP Expense	20,898.83	19,485.42
5033 WCB Expense	587.78	575.80
5034 Benefits Expense	28,599.40	27,245.28
Total 5030 Payroll Expenses	57,471.88	54,522.37
Total 5014 PAYROLL EXPENSE	432,505.86	447,159.34
5040 Contractor Fees	49,712.35	81,754.51
5050 OPERATING EXPENSES		
5055 Education & Training		
5070 Member Education & Training		624.54
5080 Staff/Contractor Education & Tr		912.29
Total 5055 Education & Training		1,536.83
5140 Membership/Dues		195.00
5165 Subscriptions & Fees Exp	4,268.53	2,329.27
5190 Insurance	487.50	1,170.00
5210 Accounting & Legal Fees	55,654.27	16,792.51
5215 Travel Expenses		
5220 Travel - Mileage, Meals, Ferry	391.67	914.96
5230 Travel - Airfare		251.85
Total 5215 Travel Expenses	391.67	1,166.81
5250 Event Expenses	7,416.39	7,747.04
5255 Advertising & Promotion	471.35	2,180.00
5256 Bank Charges & Interest	935.75	833.58
5260 Meeting Costs	4,422.28	7,227.96
5625 Telephone & Internet	5,200.69	4,771.89
5636 Rent or Lease of Buildings	2,049.77	2,312.64
5645 Office Supplies & Expense	693.63	74.92
5650 Computers (Hardware)	1,885.68	1,653.90
5660 Computers (Software)	13,830.81	266.36

CV DIVISION OF FAMILY PRACTICE

Profit and Loss Comparison

April - September, 2023

	TOTAL	
	APR - SEP., 2023	APR - SEP., 2022 (PY)
5690 Postage & Courier	144.50	
5700 Printing	666.99	2,876.20
Total 5050 OPERATING EXPENSES	98,519.81	53,134.91
5600 Gifts	45.99	188.86
5955 CRA - Penalties and Interest		13.30
5999 Bad Debt Expense		639.43
Total Expenses	\$1,750,676.70	\$1,268,290.49
OTHER EXPENSES		
5950 Miscellaneous Expense		1,848.49
8000 OTHER EXPENSES		
8010 Suspense	0.00	
Total 8000 OTHER EXPENSES	0.00	
Total Other Expenses	\$0.00	\$1,848.49
PROFIT	\$282,186.34	\$220,033.05