



**Comox Valley**  
**Division of Family Practice**  
An FPSC initiative



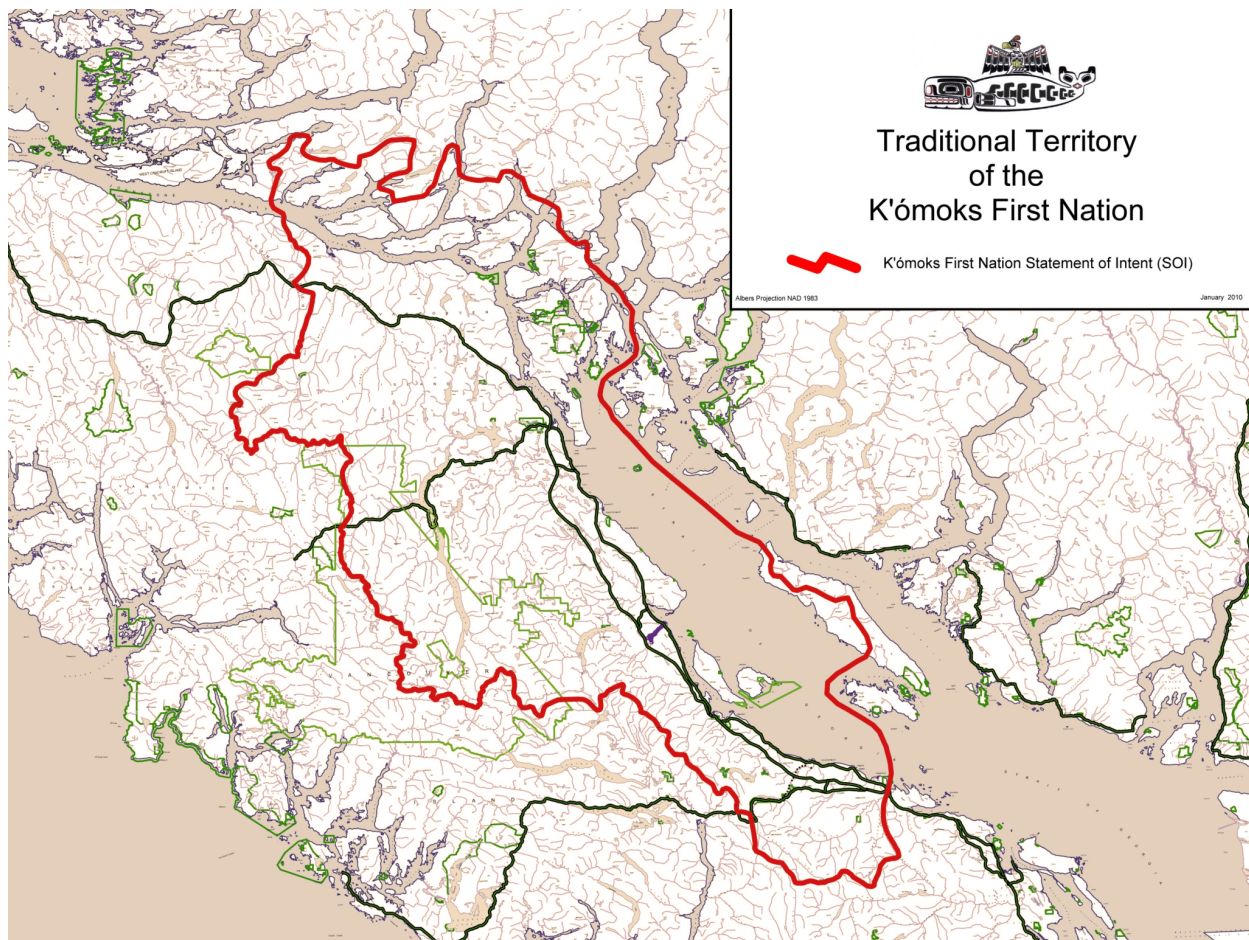
# ANNUAL REPORT 2023/24

# 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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*Thank you to all the Members for the care you provide to our community! From all the Division Staff.*

## Our Vision

- Healthy, Engaged Community

## Our Mission

- To engage & support family physicians and nurse practitioners 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 and Nurse Practitioners in Practice in the Comox Valley
- Supporting Optimized/Improved Patient Care and Access to Care
- Supporting Collegiality
- Valuing Family Physicians and Nurse Practitioners



*Gearing up for the Walk With Your Doc community event in June 2024.*

# Our Strategic Priorities

## SUPPORTING MEMBERS

- Create robust mechanisms to hear and act on concerns from members to decrease stressors and encourage 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 members.

## 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, Nurse Practitioners, 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' & Executive Director's Report

Dr Samantha McRae & Aaron Macluskie, Co-Chairs  
Catherine Browne, Executive Director



Dear Members,

Reflecting on the past year, we're filled with gratitude for the resilient and dedicated primary care community we have in the Comox Valley. It's been a year of change, challenges, and some impressive achievements that truly highlight our commitment to improving primary care and strengthening our connections as a community.

We take great pride in our membership and have worked hard to enhance the Division over the past year. To address financial challenges, we established the roles of Finance Manager, Jason Brown, and Financial and Operations Assistant, Tara Richardson, bringing our financial operations in-house. We also welcomed a Programs Manager, Kris Johnson, and introduced the Clinic Liaison, Alida Sklarski, position to boost communication between clinics and the Division, making sure we're all informed and ready to address the common challenges affecting primary care.

We extend our appreciation to our longstanding staff members, whose dedication has been instrumental in enhancing the core programs that support primary care delivery in our community.

At the executive level, we welcomed Dr. Sallie Skinner as our resident representative and thank Dr. Una Conradi for her valuable contributions. We are also very grateful to Dr. Deni Hawley for stepping in as co-chair while Dr. Samantha McRae focused on her growing family. Most recently, the Board has engaged in self-assessment activities to improve our effectiveness, plan for the future, and adapt to changes.

To ensure we stay connected with all members, we have revitalized our Division Member Advisory Committee by starting clinic visits. We want to hear all your voices, understand your successes, concerns, and suggestions.

We've made significant strides this year in supporting our members. Our dedicated recruitment and retention team, along with our partners, stakeholders and dedicated community FPs/NPs, successfully welcomed 18 family physicians and nurse practitioners to our community. These new members are making a difference in long-term care, hospital services, and longitudinal family practice. With many physicians approaching retirement, we recognize the importance of highlighting the value of taking over established practices to ensure smooth transitions.

The Comox Valley Long-term Care Initiative has adapted to a new funding model, launching a community on-call group that has been well received. We're committed to focusing on quality improvement to ensure its sustainability and success.

The Primary Care Network has also evolved, solidifying its governance structure and creating pathways for community engagement to expand access to services while prioritizing equity in our offerings.

We know this year hasn't been without its challenges. Inpatient care is facing an unprecedented crisis, with many physicians feeling overwhelmed. The Division has worked closely with hospital physician leaders to allocate

stabilization funds and address new on-call funding parameters that haven't aligned well with community practices.

Despite these hurdles, we've thrived together, thanks to the dedication and resilience of our members and team. None of our successes would have been possible without your unwavering support and trust. You are at the heart of our work, and we're committed to strengthening our community and enhancing the quality of care for everyone.

Looking ahead, we're excited about our upcoming strategic planning to chart our next three years based on what we heard from you. Together, we'll continue to build a healthier community.

**Thank you for your ongoing support and dedication!**

Warm regards,

**Dr. Samantha McRae**

Co-Chair, Division of Family Practice  
 Comox Valley

**Aaron Macluskie**

Co-Chair, Division of Family Practice  
 Comox Valley

**Catherine Browne**

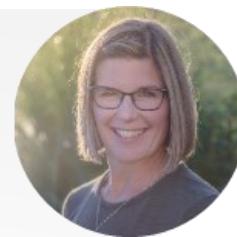
Executive Director, Division of Family Practice  
 Comox Valley



*Dr. Bonnie Bagdan and Dr. Patricia Johnson with PCN Allied Health Staff at a Cultural Learning Journey Event.*

# Treasurer's Report

Tina Pringle, Treasurer



I am very pleased to report that this year we have achieved the stabilization of the financial processes for the Division. Following a few years of challenges in working with an external bookkeeping service, we now have a finance manager in place to oversee all of our financial needs. Although the recruitment process encountered some initial challenges with turnover, we successfully onboarded our current financial manager, Jason Brown, in March 2024. Under his leadership as a Chartered Professional Accountant, the Division now benefits from a stable and effective finance team, robust systems, and timely, accurate reporting.

The audit of the Division's financial statements was completed in June 2024 and we received a clean audit report. The results for the year show a net of 0 revenue over expenditures which means we spent the funding we were awarded, and the remainder has been deferred for use in the next fiscal year. The Audit was the smoothest ever in the Division's history according to the Auditor's thanks to our Executive Director and Financial Manager's hard work and dedication.

## STUB FINANCIALS REPORTS TO SEPTEMBER 30, 2024

As required by the Society's act, we are including the financial statements to September 30, 2024, since we are more than 6 months from the end of the fiscal year. These reports are prepared on the accrual basis of accounting which means funding is recognized as income to the extent that it is spent. These reports show where we are with our deferred funding year-to-date and what has been spent on program delivery.

These reports follow the Financial Statement on page 22 of this report.

Respectfully submitted by  
Tina Pringle



AGM 2023: Remembering our colleagues

# Treasurer's Report, con't

## DEFERRED REVENUE—MARCH 31, 2024

### 4. Deferred Revenue:

	Balance March 31, 2023	Funding Received	Revenue and Fund Transfers Recognized	Payable to DoBC	Balance March 31, 2024
Infrastructure	\$ -	\$ 664,037	\$ 598,999	\$ -	\$ 65,038
Attachment Mechanism	9,408	100,000	83,116	-	26,292
SC Older Adults	123	-	-	123	-
Primary Care Network	64,418	348,537	382,824	-	30,131
PCN Culturally Informed Care	42,516	-	1,908	-	40,608
FPSC PMH/PCN Engagement	26,816	233,333	146,683	-	113,466
Health Emergency Management	10,000	-	6,149	-	3,851
Long Term Care Initiative	35,654	237,932	229,888	-	43,698
Unassigned Inpatient Care	-	720,629	720,629	-	-
FPSC Inpatient Bridge and Stabilization	-	900,000	900,000	-	-
Physician Integration and Retention	-	57,500	57,500	-	-
Health Connections Clinic	-	9,457	-	-	9,457
Virtual Care Coordinator	261	81,818	77,500	4,579	-
PCN Governance Refresh - Gate 1	-	100,000	3,019	-	96,981
PCN Perinatal Integration	3,731	-	1,342	2,389	-
	<u>192,927</u>	<u>3,453,243</u>	<u>3,209,557</u>	<u>7,091</u>	<u>429,522</u>

Amounts payable to Doctors of BC at March 31, 2024 in the amount of \$7,091 (2023 - \$346,382) are presented on the statement of Financial Position within Accounts Payable and Accruals.

# 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.

## A YEAR IN REFLECTION

The LFP payment model continues to attract physicians from across Canada and around the world to BC. Vancouver Island and the Comox Valley continue to be popular destinations for physicians and nurse practitioners looking to start a practice or make a change, with the community, lifestyle, and outdoor recreation opportunities being cited as the top reasons for choosing the Comox Valley.

This year, we worked together with our partners, stakeholders, and the community to welcome 5 permanent family physicians, 2 locum family physicians, 4 hospitalist (doctor of the day) family physicians, and 5 permanent nurse practitioners to the Comox Valley between October 1, 2023, and September 31, 2024.

## CURRENT FOCUS

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

- Promoting Comox Valley as a destination of choice for FPs/NPs interested in Vancouver Island;
- Welcoming new residents to the community and helping to make community connections;
- Continuing to support recruitment and practice transition needs by posting FP/NP opportunities and supporting physicians looking to retire
- Sharing community information and practice opportunities by rolling out the red carpet for

interested FPs and NPs and making connections across community;

- Continuing to foster relationships with municipalities and community organizations to attract new FPs/NPs

## FUTURE GOALS

- Host meet and greet social gatherings for new family physicians and nurse practitioners to meet and mingle with their colleagues
- Work with the Attachment Working Group to ensure incoming and retiring physicians are seamlessly supported with patient (de)rostering needs
- Build a social media campaign to promote the Comox Valley as a destination of choice for family physicians and nurse practitioners.

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

[comoxvalleyrecruitment@comoxvalleydivision.ca](mailto:comoxvalleyrecruitment@comoxvalleydivision.ca)

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

Respectfully submitted by  
Dr. Jonathan Kerr, Recruitment & Retention Lead Physician



*Residents Clinic Crawl at Church Street Taphouse*

# Recruitment, Retention and Succession



## RNR COMMUNITY STATS

AGM REPORTING: OCTOBER 1, 2023 - SEPTEMBER 31, 2024

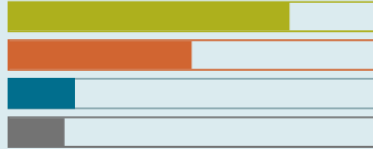
A STATISTICAL OVERVIEW OF FAMILY PHYSICIAN (FP) AND NURSE PRACTITIONER (NP) RECRUITMENT IN THE COMOX VALLEY

# OF NEW LEADS (FPS/NPS INTERESTED IN THE COMOX VALLEY:

47



- 23 PERMANENT FP
- 15 LOCUM FP
- 5 DOD LOCUM FP
- 4 NP

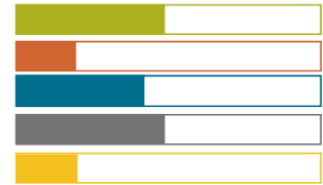


# OF FPS/NPS WHO BEGAN PRACTICING IN THE COMOX VALLEY:



18

- 5 PERMANENT FPS
- 2 LOCUM FPS
- 4 DOD LOCUM FPS
- 5 PERMANENT NPS
- 2 RESIDENTS GRADS



# CURRENT POSTINGS

14  
PERMANENT

10  
LOCUM

# SUBSCRIBERS TO PHYSICIAN SEEKING LOCUM LIST:

51

# OF SITE VISITS:



8

# CONFERENCES ATTENDED:



3

# OF FPS/NPS WHO LEFT PRACTICE:



4

- 4 PERMANENT
- 0 LOCUM
- 0 PRA-BC



# OF FPS/NPS WANTING TO RETIRE/LEAVE AND CURRENTLY HIRING:

4

# OF FPS/NPS WANTING TO RETIRE WHO HAVE SECURED A REPLACEMENT:

3

UPCOMING SITE VISITS SCHEDULED (OCTOBER - DECEMBER, 2024)

0

# 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 4 MOA/OM networking and information sharing lunches, and our annual MOA Networking Dine and Learn event in March 2024. We also distributed e-newsletters to help inform and connect the MOA community on a quarterly basis.

## THE HIGHLIGHTS OF THE YEAR INCLUDE:

The **MOA Network Dine and Learn** event brought together 34 staff (30 MOAs and 4 OMs) across 13 clinics to network and connect. Tatiana Baron, Registered Clinical Counsellor gave a presentation on mindfulness techniques to support

mental wellness in the workplace and beyond. The presentation was followed by a meaningful group discussion on strategies for promoting mental wellness in the workplace.

The **quarterly MOA/OM lunches**, where office managers and lead MOAs informally connect with each other and the Division to build relationships and share ideas were well attended and have proved to be a great way to make connections across family practice clinics.

Over the next year, we will continue to support the MOA community with information and resource sharing, opportunities for professional development, and opportunities for connection and networking.

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

Respectfully submitted by  
Alida Sklarski, Project Coordinator



*Participants at the MOA Network Dine and Learn Event.*

# Patient Attachment Program & the HCR

The Patient Attachment Program is a locally developed model that supports patients and primary care provider attachments in the geographic region of the Comox Valley from Fanny Bay to the Oyster River. The patient must have a Comox Valley postal code to be attached within the Comox Valley. The Health Connect Registry (HCR) is a provincially developed database tool that is utilized to support the locally administered model which supports the specific needs of the Comox Valley.

## A YEAR IN REVIEW

Between October 15, 2023, to October 4th, 2024, the attachment gap maintained around 2500 or less for most of the year. In the early fall, we saw the attachment gap increase to approximately 3000 due to two family physician departures and community growth.

During the past year there were 4019 attachments from the Health Connect Registry list across 16 clinics, 47 physicians, 10 nurse practitioners and 9 attachments outside our geography. Most of these attachments occurred via the patient attachment mechanism. Currently all clinics are directing patients to register for the HCR instead of maintaining their own clinic waitlists. The Attachment program team supported 10 physicians with *New to Practice* contracts and 7 nurse practitioners meet their contract attachment targets.

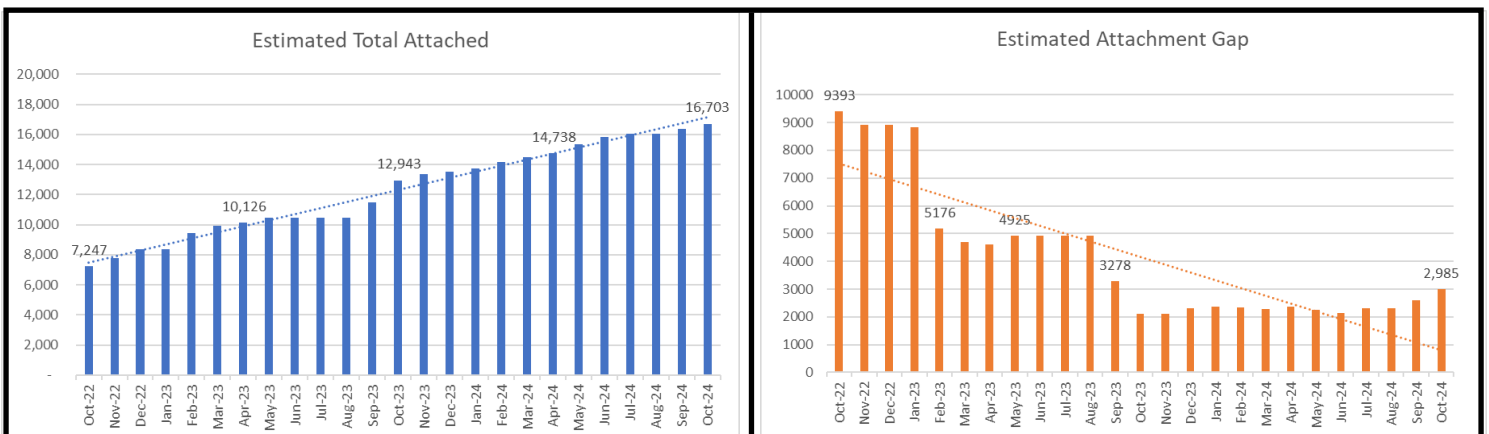
The program continues to evolve and support optimizing the size of provider panels by transitioning patients to other providers if



requested. We were able to use a priority pathway to support patients transitioning to new providers quickly and the remainder of the patients were registered on the HCR. Currently we are supporting two departing practitioners by using the priority pathway for patients who can not be without primary care. The remainder will go on the HCR for reattachment when capacity becomes available.

During the past year we also saw a change in platforms supporting the program as the Provincial Attachment System (PAS) was rolled out at the clinic level. The goals are to move to an end-to-end attachment mechanism using HCR and PAS.

Respectfully submitted by  
 Jamie Fortier, Nurse Practitioner, Program Lead., and  
 Lisa McDougall-Lee, PCN & Attachment Coordinator



## Pathways Comox Valley: 2023/2024 Summary

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

Don't have access to Pathways? Reach out to the [Alida Sklarski](#), Comox Valley Pathways Coordinator

### Pathways provides physicians, nurse practitioners, and their teams quick access to:

Current and accurate referral Information



Thousands of clinician and patient resources



Health Authority and Community Service Information

### Key Areas of Focus

- **Supporting access** to Pathways for all Comox Valley family physicians, nurse practitioners, clinic staff, and PCN allied care providers.
- **Keeping information up-to-date** by responding to user feedback, staying informed of local practice changes, and prompting profile reviews every 6 months.
- **Supporting specialist participation** by connecting with new physicians in the community to request they create a Pathways profile.
- **Sharing [Pathways Pearls](#)** to highlight new features and share tips & tricks

### Pathways Annual Highlights

- **Care Pathways:** Over 30 care pathways are now available to assist clinicians in determining whether a specialist referral is needed and to provide support navigating medical and community services. Check out the new [Alcohol Use Disorder \(AUD\) Treatment Care Pathway](#), and [Autism Spectrum Disorder Enhanced Care Pathway](#).
- **Expansion beyond BC:** Newfoundland is rolling out their own Pathways site and as the Yukon has been using Pathways for several years to make referrals into BC, we're happy to say that Pathways is now accessible coast to coast!

### Pathways Usage in Primary Care

- # of **Family Physicians** using Pathways: **119** - 11 new in 2024
- # of **Nurse Practitioners** using Pathways: **13** - 2 new in 2024
- # of **FP/NP Clinic Staff** using Pathways: **53** - 12 new in 2024
- # of Page Views by **FPs** in September 2024: **2705** – down 9% from 2023
- # of Page Views by **NPs** in September 2024: **681** – up 188% from 2023!
- # of Page Views by **Staff** in September 2024: **2246** – up 94% from 2023!

### Consultants on Pathways

- # of Comox Valley **Consultants with Profiles:** **66** - 6 new in 2024
- Specialist **Profile Reviews** done in the last 30 days: **5**
- # of **Specialties** available in the Comox Valley: **31**

Help us by encouraging specialists to join Pathways!

Respectfully submitted by  
 Alida Sklarski, Project Coordinator

# Health Promotion

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

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

## THE YEAR IN REVIEW

[Walk With Your Doc](#) (WWYD) is a Doctors of BC initiative that is organized and delivered by Divisions. It encourages physicians and nurse practitioners to get out of a clinical setting and walk alongside their patients to promote the benefits of daily physical activity.

The annual Walk With Your Doc & NP event was held on June 14, 2024. It was our best turn out to date with 98 participants who registered for the walk representing 11 clinics in the Comox Valley!

We received support from Comox Community Centre and Cumberland Rec Centre with recreation passes to hand out to participants. The warm-up was led by local personal trainers (and local celebrities) Allie and Eddie, who were a team on the Amazing Race Canada in 2023. They also graciously donated a personal training package to a participant.

Congratulations to Comox Medical Clinic: With a total of 43 participants (including patients, staff and physicians) their clinic brought the highest number of participants to this year's walk!

The Division offers a very special thanks to:

- Dr. Ed Howard for helping to plan and lead this year's walk
- Justin Wolfe and the Comox Community Centre
- Karly Fredrickson and the Cumberland Rec Centre
- Allison Seller and Eddie Parinas, Amazing Race contestants and local fitness gurus!

Respectfully submitted by

Dr. Ed Howard - Health Promotion Lead Physician and  
Alida Sklarski, Clinic Liaison

Walk with your Doc



*Walk With Your Doc event hosted at Marina Park on June 14, 2024*

# 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).*

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, effective, 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

- Engaged with several project partners, with support from the CV Division of Practice, to submit an Expression of Interest (EOI) to Shared Care in response to the need for more robust and cohesive health and wellness services for children ages 6-12 in the Comox Valley. The EOI funding was awarded for the *Integrated Child Wellness Project* as an important step to support the development of a larger project proposal.
- Hosted a presentation on the social determinants of health by a local family physician

- CYMCV community members, service providers, and local organisations continue to meet monthly to connect, foster partnerships, and work towards our common goals.

## GOALS FOR THE FUTURE

- Establish an integrated multi-disciplinary team offering wrap around supportive care and services for under 12's at an Integrated Child Wellness hub.
- Work to increase the level of trauma informed practices and resiliency in our community.
- Work to build capacity in the community to address the social determinants of health.

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

Respectfully submitted by

Dr. Janice McLaughlin

Chair CYMCV, Lead Physician Foundry Comox Valley



*Ingrid & Janice at the Shared Care Conference, Fall 2024.*

# Perinatal Care

## OVERALL GOAL

- Ongoing support and integration of community perinatal services with the Comox Valley Division of Family Practice and the Comox Valley Primary Care Network.
- Establishment of regular meetings with Comox Valley Division Perinatal Care Lead Physician to support Comox Valley Hospital co-leadership model with current Registered Midwife and Obstetrician.

## CURRENT FOCUS

- Embed Maternity Tracker - build sustainability though incentives to promote standardized use
- Invest in interdisciplinary team building and morale building opportunities
- Invest in team coaching and education

## ACHIEVEMENTS

- Increased interprofessional engagement, understanding and respect
- Leveraged ROAM (Rural Obstetrical and Maternity Program) efforts to bring and empower new voices to participate
- Improved communications and collaboration
- Improved participation in community perinatal efforts, decreasing silos
- Sustained momentum for key initiatives



*Dr. Sara Sandwith at the 2023 Rural Maternity Summit, Courtesy of the RCCbc*

## FUTURE GOALS

- Utilize the Maternity Tracker to prioritize and identify areas for quality improvement
- Utilize ROAM funding to support ongoing team building and education activities
- Refine and sustain the Perinatal Quality Committee

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

Respectfully submitted by  
Dr. Sara Sandwith, Perinatal Care Lead Physician

# Inpatient Care at Comox Valley Hospital

## OVERVIEW

This past year has seen substantial changes in inpatient care funding and services. The hospital faced a reduction in its physician workforce, leading to a consolidation of Assigned Inpatient Care call groups from three to two—Red and Grey—while the unassigned inpatient care group, Purple Group, saw an increase in patient numbers alongside workforce challenges. To fill care gaps, Comox Valley Hospital engaged specialists, community-based physicians, and emergency room doctors to strengthen inpatient services.

Through FPSC funding, the Division has worked closely with both assigned and unassigned physician groups and the health authority to adapt to the shifting landscape of funding and payment models. Our efforts have concentrated on supporting assigned inpatient care call groups through data collection aimed at balancing patient loads and improving work-life balance, ultimately to retain and attract more physicians to provide both assigned and unassigned inpatient care.

## YEAR IN REVIEW

- Assigned Inpatient Care Working Group** – Through Health System Redesign (HSR) funding, the Division brought together an Assigned Inpatient Care Working Group to consider and develop new options for call coverage, how to address existing challenges and plan for the future of assigned inpatient care at the Comox Valley Hospital (CVH).
- FPSC Funding:** In March 2024, the Division secured funding to support inpatient care services until the new LFP facility-based payment model was implemented on June 24, 2024. However, it quickly became apparent that the LFP facility-based model and the newly announced On-call Availability funding did not adequately meet the diverse needs

of physicians in inpatient care, leading to the pause of On-call Availability Funding and the introduction of Transition Funding in August 2024. This funding has now been extended to March 31, 2025, allowing the Division to continue supporting inpatient care services while assessing the impact of the new facility-based LFP model.

- Orientation to Inpatient Care:** Starting in 2024, the Division introduced quarterly hospital inpatient care orientation sessions for physicians interested in inpatient care.

We extend our gratitude to all inpatient care and hospital-based physicians for their unwavering dedication to delivering essential services.

*A special thank you to Dr. Lissa Benson, outgoing CVH Division of Family Practice Medical Lead for her dedication and relentless support of inpatient care services.*

*A warm welcome to Drs. Sara Sandwith and Dan Wainberg, as the new co-Leads for the CVH Division of Family Practice.*

*Kudos to Dr. Adrian Nasager and Dr. Laxman Pradhan, Division of Hospitalist co-Leads, supporting unassigned inpatient care and work towards securing a hospitalist contract for CVH!*



# Long-term Care Initiative (LTCI)

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



## YEAR IN REVIEW

**Call Innovation Working Group:** From September 2023 – March 2024 this group reviewed coverage, gaps, feedback and satisfaction with current LTC call arrangements and the Comox Valley LTC contact process.

**NPs in LTC:** We continued collaboration with Island Health (IH) on their pilot project of integrating IH-employed NPs into Comox Valley LTC care as Most Responsible Practitioners (MRPs). Feedback from the LTC homes has been positive, and there are currently 3 NPs providing care at 5 LTC homes for a combined total of approximately 81 residents.

**Education:** In March 2024, LTCI hosted a Continuing Medical Education evening with 33 attendees including: physicians, nurse practitioners, nurses, pharmacists, social workers, and administrative or leadership members from LTC homes and Island Health. Two topics were presented including an update on medications for osteoporosis, and a project on appropriate use of antipsychotics in LTC.

**LTC Supporting ALC care:** The LTCI helped foster stronger community-focused collaborations by recruiting one new LTC physician to provide care for hospital patients in Alternate Level of Care (ALC) beds while they await admission to LTC. There are now two LTC physicians providing this type of care focused on continuity of care for patients, and on matching the style of care provided to the patients' needs.

**LFP Payment Model:** LTCI supported our members through the expansion of the LFP Payments to LTC in June 2024, along with the associated winding-down of former LTCI clinical incentives.

**LTC On-Call Payments:** 23 physicians attended a community meeting in June 2024 to decide on the best approach to fund on-call availability in our community. Starting in July we implemented a new approach to LTC after-hours coverage and the associated on-call availability payments.

## UPCOMING PRIORITIES

**LTC RnR:** Continued focus on recruitment and retention of FPs and NPs to LTC by promoting LTC as a sustainable and attractive aspect of a family medicine practice.

**After-Hours QI:** Our new approach to LTC after-hours coverage was developed as a pilot project and has plans for continual evaluation, review and quality improvement.

We would like to thank all the LTC physicians, NPs, our community partners and the Division admin team for their continued dedication and expertise in keeping this program moving forward.

Respectfully submitted by  
Dr. Rick Potter-Cogan, LTCI Physician Lead

# Primary Care Network

The Primary Care Network (PCN) is a team-based care focused model of primary care where family physicians and nurse practitioners work with allied care staff to provide timely, accessible, comprehensive and culturally safe care. The PCN aims to expand access to care by closing the local attachment gap and increasing access to those with challenging living situations and complex health conditions.

Over the past year, the PCN has continued to evolve and innovate to increase impact through the following focus areas/strategies:

## ALLIED HEALTH SUPPORTING TEAM BASED CARE IN FAMILY PRACTICE CLINICS

We have continued to build out allied health staffing collocated in primary care clinics. The PCN now supports 11 clinics with allied team members. Clinics have a range of allied team members including, dietitians, social workers, mental health and substance use clinicians, some RNs and a clinical pharmacist. Some clinics have also

recently applied for RN or LPN staffing through the new nurse in practice program available through the ministry of health.

Of note this year is the introduction of group education sessions for nutrition education. These programs have enabled patients from any clinic in the region to participate in PCN educational sessions such as Nutrition 101, Carbs for Health, Balancing Protein and Sodium, Anti-Inflammatory Eating, and Demystifying Fats. Approximately 30 sessions have been provided and 3 Craving Change programs designed to facilitate patients' ability to alter their nutrition and benefit their health. We continue to evolve and look for innovative ways to support the local primary care community.

## EQUITABLE ACCESS TO PRIMARY CARE

**PCN @ Health Connections Clinic (HCC)** This PCN funded team of family physicians and nurse practitioners continues to provide care for vulnerable patients at the HCC/Nursing Center. The lead physician



*Connecting and sharing at a Cultural Safety Learning Journey gathering.*

## Primary Care Network, cont.

is Steven Griffith-Cochrane and the team is supported by a registered nurse, a social worker, and a part-time administrator.

**PCN @ The Foundry Comox Valley** has been supporting primary care for 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). 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 continues to do outreach into the community to support marginalized populations in collaboration with nursing, social work, and people with lived/living experience as peer support workers.

### **Comox Valley Urgent Primary Care Centre (UPCC):**

Led by Dr Alfredo Turo, the evolution of the grassroots after hour urgent care clinic model has continued as a foundational part of the UPCC model. The clinic operates with a full compliment of staff, including family physicians and nurse practitioners, registered nurses, and allied health providers (social work and mental health support workers). Several physicians in the community have committed to regular shifts and many others fill casual shifts on a recurring basis to support a robust and sustainable model. Open weekdays from 1pm-9pm and on weekends and statutory holidays from 8am-8pm, the clinic had over 4000 visits in the past year. 84% of these visits were outside of normal hours (after 5pm). Patients' acts of gratitude for the service and to the staff are noted on daily basis, especially on weekends and statutory holidays when the ER is the only other option.

## INDIGENOUS PRIMARY CARE SUPPORT

Under this strategy we have placed a 0.6 FTE physician contract hosted at K'ómoks First Nations Health Centre for Dr's Vanessa Brcic and Nancy MacPherson. We aim to add another 1 FTE primary care provider at community locations yet to be determined. Work continues to establish two new advocate/social support work roles in community and a lead (manager) role for the PCN Indigenous Health strategy.

## HELPING CLOSE THE ATTACHMENT GAP

Aligned closely with the work of the local Recruitment and Retention coordinator and the attachment program team, the PCN has continued to focus on supporting effective attachment to primary care.

Clinics who added new to practice contracts or nurse practitioner contracts into their practices were a focus for support, with 10 New to Practice contracts currently in place. During the last year the Beaufort Family Health Society led recruitment of 7 NPs for a total of 6 FTE at the Cumberland Village Health Care Clinic. The NP team are supported by a full time RN, and a day per week SW, MHSU and dietitian through PCN. The clinic model continues to evolve.

*Thank you to all the PCN team and Dr Lucia Ma, our PCN physician lead/convenor of the PCN Steering Committee.*

Respectfully submitted by  
Gavin Arthur (PCN manager)



# 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. Sallie Skinner**  
Resident Member  
Associate Member



*With a special thanks to our outgoing  
resident board member,  
**Dr. Una Conradi.***

## 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](mailto: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



**Judy Darby**  
Executive Assistant &  
Inpatient Care and  
RCME Coordinator



**Kris Johnson**  
Programs Manager



**Susan Muller**  
Operations Manager



**Jason Brown**  
Finance Manager



**Tara Richardson**  
Administrative Assistant



**Lynnette Hornung**  
Long-term Care Initiative  
Coordinator



**Ingrid Timmermans**  
Health Promotion &  
Recruitment Coordinator



**Gavin Arthur**  
PCN Manger



**Lisa McDougall-Lee**  
PCN Coordinator &  
Attachment Coordinator



**Alida Sklarski**  
Clinic Liaison



**Lauralynn Shaefer**  
PCN Assistant



**Lianne Drew**  
Attachment Assistant



**Alla Kulchiski**  
Attachment Assistant  
*(Currently on Maternity leave)*



**Jacquie Kinney**  
PCN Change Lead—Consultant

*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

**176**

General Members

**12**

New Members  
This Year

**10**

Division Programs &  
Projects

**75**

Members Engaged  
in Division Work

**COMOX VALLEY DIVISION OF  
FAMILY PRACTICE SOCIETY**  
**Financial Statements - March 31, 2024**

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 "Division"), which comprise the statement of financial position as at March 31, 2024, 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 (the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Division as at March 31, 2024, 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report.

We are independent of the Division 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 Division'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 Division or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Division'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 auditor's 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 Division'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 Division's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' 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 Division 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.
- We 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 Societies Act (British Columbia), we report that, in our opinion, the accounting principles in ASNPO have been applied on a basis consistent with the prior year.

*Chan Nawrosad Bontis Inc*

Chartered Professional Accountants  
Courtenay, BC

June 25, 2024

# COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

## Statement of Financial Position

March 31, 2024

2024

2023

### ASSETS

#### Current Assets

Cash	\$ 809,341	\$ 401,722
Accounts Receivable	157,601	631,368
GST Receivable	7,191	16,872
Prepaid Expenses	<u>2,918</u>	<u>6,759</u>
	977,051	1,056,721

#### Equipment (Note 3)

<u>1,852</u>	<u>2,961</u>
<u>\$ 978,903</u>	<u>\$ 1,059,682</u>

### LIABILITIES

#### Current Liabilities

Accounts Payable and Accruals	\$ 569,377	\$ 887,237
Government Remittances Payable	2,892	2,406
Deferred Revenues (Note 4)	<u>429,522</u>	<u>192,927</u>
	1,001,791	1,082,570

#### NET ASSETS (DEFICIT)

<u>(22,888)</u>	<u>(22,888)</u>
<u>\$ 978,903</u>	<u>\$ 1,059,682</u>

Approved by the Directors:

*Tina Pringle*

Director



Director

# COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

## Statement of Operations and Changes in Net Assets

Year ended March 31, 2024

2024

2023

### Revenues

Grant Revenue	\$ 1,341,851	\$ 1,289,177
Long Term Care Incentive	229,888	227,888
MSP Unassigned Inpatient Network	219,029	469,083
Doctor of the Day Supplemental	501,600	497,600
FPSC Inpatient Bridge and Stabilization Funding	900,000	484,237
Minor Tenant Improvement Grant	-	136,873
Interest	-	10,885
Expense Recovery and Other	<u>17,189</u>	<u>30,812</u>
	<u>3,209,557</u>	<u>3,146,555</u>

### Expenditures

Accounting and Legal	88,033	79,824
Advertising	717	2,878
Amortization	1,826	3,044
Bank Charges and Interest	1,414	2,561
Board Expenses	99,823	75,458
Committee Expenses and Member Honoraria	167,424	212,984
Contracted Fees (Note 7)	113,240	171,356
Dues and Subscriptions	11,427	6,876
Education (Member and Board)	-	625
Honoraria - Non-Physicians	11,860	32,248
Inpatient Clinical Fees (DOD and Attached Inpatients)	1,605,629	1,346,903
Insurance	2,480	1,170
Long Term Care Initiative	143,767	269,592
Meeting Costs	8,454	16,485
Office Supplies and Printing Costs	55,832	27,674
Salaries and Benefits	891,145	896,563
Staff and Contractor Education	240	912
Travel	<u>6,246</u>	<u>3,735</u>
	<u>3,209,557</u>	<u>3,150,888</u>

Deficiency of Revenue Over Expenditures

- (4,333)

Net Assets (Deficit) - Beginning of Year

(22,888) (18,555)

Net Assets (Deficit) - End of Year

\$ (22,888) \$ (22,888)

# COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

## Statement of Cash Flows

Year Ended March 31, 2024

2024

2023

### Cash Flows From Operating Activities:

Cash Received from Funding	\$ 3,806,716	\$ 3,040,660
Cash Paid to Suppliers and Employees	<u>(3,398,379)</u>	<u>(3,439,269)</u>
	<u>408,337</u>	<u>(398,609)</u>

### Cash Flows From Investing Activities:

Purchase of Equipment	(718)	(802)
Proceeds from Redemption of Investments	<u>-</u>	<u>553,232</u>
	<u>(718)</u>	<u>552,430</u>

Net Increase in Cash 407,619 153,821

Cash - Beginning of Year 401,722 247,901

Cash - End of Year \$ 809,341 \$ 401,722

## Notes to Financial Statements

March 31, 2024

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### 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 and nurse practitioners 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, 2024

### 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:

	2024		2023	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer Equipment	\$ 17,492	\$ 15,640	\$ 16,775	\$ 13,814
Net Book Value	\$ 1,852		\$ 2,961	

### 4. Deferred Revenue:

	Balance March 31, 2023	Funding Received	Revenue and Fund Transfers Recognized	Payable to DoBC	Balance March 31, 2024
Infrastructure	\$ -	\$ 664,037	\$ 598,999	\$ -	\$ 65,038
Attachment Mechanism	9,408	100,000	83,116	-	26,292
SC Older Adults	123	-	-	123	-
Primary Care Network	64,418	348,537	382,824	-	30,131
PCN Culturally Informed Care	42,516	-	1,908	-	40,608
FPSC PMH/PCN Engagement	26,816	233,333	146,683	-	113,466
Health Emergency Management	10,000	-	6,149	-	3,851
Long Term Care Initiative	35,654	237,932	229,888	-	43,698
Unassigned Inpatient Care	-	720,629	720,629	-	-
FPSC Inpatient Bridge and Stabilization	-	900,000	900,000	-	-
Physician Integration and Retention	-	57,500	57,500	-	-
Health Connections Clinic	-	9,457	-	-	9,457
Virtual Care Coordinator	261	81,818	77,500	4,579	-
PCN Governance Refresh - Gate 1	-	100,000	3,019	-	96,981
PCN Perinatal Integration	3,731	-	1,342	2,389	-
	<u>192,927</u>	<u>3,453,243</u>	<u>3,209,557</u>	<u>7,091</u>	<u>429,522</u>

Amounts payable to Doctors of BC at March 31, 2024 in the amount of \$7,091 (2023 - \$346,382) are presented on the statement of Financial Position within Accounts Payable and Accruals.

**Notes to Financial Statements**March 31, 2024

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**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.

**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 \$99,823 (2023 - \$75,458).

Total remuneration to 3 employees and contractors paid over \$75,000 during the year was \$309,648 (2023 - \$393,212).

**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 \$2,108 for fiscal 2025.

**10. Comparative Figures:**

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



# Stub Reports to September 2024

# CV DIVISION OF FAMILY PRACTICE

## Balance Sheet

As of September 30, 2024

	TOTAL
<b>Assets</b>	
Current Assets	
Cash and Cash Equivalent	
1010 Bank CCCU - Chequing	120,618.41
1015 Bank CCCU - Savings 4877	415.81
1020 CCCU - Equity Shares	5.12
1025 Term Deposit	811,460.68
1032 Plooto Clearing	24.96
1042 Plooto Instant (Canada - CAD)	15,443.28
1040 Undeposited Funds	0.00
<b>Total Cash and Cash Equivalent</b>	<b>\$947,968.26</b>
Accounts Receivable (A/R)	
1200 Accounts Receivable	127,400.00
1220 Unbilled Accounts Receivable	0.00
<b>Total Accounts Receivable (A/R)</b>	<b>\$127,400.00</b>
1300 Prepaid Expenses	993.41
1301 Funding receivable	0.00
1302 GST rebate receivable	0.00
1304 Overpayment	0.00
<b>Total Current Assets</b>	<b>\$1,076,361.67</b>
Non-current Assets	
Property, plant and equipment	
1700 Capital Assets	0.00
1820 Office Furniture & Equipment	17,492.33
1825 Accum. Amort. -Furn. & Equip.	-15,640.31
<b>Total 1820 Office Furniture &amp; Equipment</b>	<b>1,852.02</b>
<b>Total 1700 Capital Assets</b>	<b>1,852.02</b>
<b>Total Property, plant and equipment</b>	<b>\$1,852.02</b>
<b>Total Non Current Assets</b>	<b>\$1,852.02</b>
<b>Total Assets</b>	<b>\$1,078,213.69</b>
<b>Liabilities and Equity</b>	
Liabilities	
Current Liabilities	
Accounts Payable (A/P)	
2100 Accounts Payable	302,489.16
<b>Total Accounts Payable (A/P)</b>	<b>\$302,489.16</b>
Credit Card	
2196 CREDIT CARD - Coastal Community- 6116	79.00
<b>Total Credit Card</b>	<b>\$79.00</b>
2101 Due To/From BC Medical Assoc	0.00
2105 Current Year Deferred Revenue	658,662.70
2110 UIP Program Surplus	0.00
2115 Vacation Accrual	21,803.81
2120 UIP-HCP Holdback frm Purple Grp	7,370.65

	TOTAL
2135 Accrued Expenses	0.00
2140 Payroll Taxes Payable - Current	-1,382.27
2198 Returned funding payable	0.00
2230 WCB Payable	1.46
2260 Benevolent Fund - Payable	0.00
2310 GST/HST Payable @ 50%	-10,974.88
2311 GST (HST) @ 50% Recoverable	-242.31
2350 GST/HST Payable	0.00
<b>Total 2310 GST/HST Payable @ 50%</b>	<b>-11,217.19</b>
2400 Prior Year Deferred Grant Revenue	111,297.60
<b>Total Current Liabilities</b>	<b>\$1,089,104.92</b>
<b>Total Liabilities</b>	<b>\$1,089,104.92</b>
Equity	
Retained Earnings	-18,772.38
Profit for the year	7,881.15
<b>Total Equity</b>	<b>\$ -10,891.23</b>
<b>Total Liabilities and Equity</b>	<b>\$1,078,213.69</b>

# CV DIVISION OF FAMILY PRACTICE

## Profit and Loss

April - September, 2024

	TOTAL	
	APR - SEP., 2024	APR - SEP., 2023 (PY)
<b>INCOME</b>		
4000 FLOW THROUGH INCOME		
4030 Inpatient Care (formerly UIP)	951,821.79	995,900.00
4160 LTC Income	77,198.86	99,060.81
<b>Total 4000 FLOW THROUGH INCOME</b>	<b>1,029,020.65</b>	<b>1,094,960.81</b>
4200 FUNDING REVENUE		
4210 Govt Funding Restricted current year	257,539.06	670,037.00
4211 Gov funding restricted previous year	308,671.41	
4216 RCCbc funding		46,730.32
<b>Total 4200 FUNDING REVENUE</b>	<b>566,210.47</b>	<b>716,767.32</b>
4300 OTHER REVENUE	14,113.18	7,396.91
7000 PCN	104,256.10	213,738.00
<b>Total Income</b>	<b>\$1,713,600.40</b>	<b>\$2,032,863.04</b>
<b>GROSS PROFIT</b>	<b>\$1,713,600.40</b>	<b>\$2,032,863.04</b>
<b>EXPENSES</b>		
5001 FLOW THROUGH PAYMENTS		
5002 DOD Payments		
5002 A UIP Network Incent. and PG Stip	665,420.00	550,420.00
<b>Total 5002 DOD Payments</b>	<b>665,420.00</b>	<b>550,420.00</b>
5003 LTC Physician Payments	68,288.31	61,100.01
<b>Total 5001 FLOW THROUGH PAYMENTS</b>	<b>733,708.31</b>	<b>611,520.01</b>
5002 F Inpatient Care - First Patient	283,901.78	466,320.00
5005 PHYSICIANS and NURSE PRACTITIONERS	88,443.67	86,068.73
5010 Non-Physicians and NON-NURSE PRACTITIONER	25,551.26	25,094.45
5014 PAYROLL EXPENSE	392,920.04	432,506.96
5040 Contractor Fees	83,110.85	49,712.35
5050 OPERATING EXPENSES	97,244.67	98,475.69
5600 Gifts	838.67	45.99
<b>Total Expenses</b>	<b>\$1,705,719.25</b>	<b>\$1,769,744.18</b>
OTHER EXPENSES	\$0.00	\$0.00
<b>PROFIT</b>	<b>\$7,881.15</b>	<b>\$263,118.86</b>