

COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

Program Data Summary Report

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2013-14

2013-14
Program Data Summary Report

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Introduction

In 2011, the Cowichan Valley Division of Family Practice (CVDFP) secured Innovations funding through the General Practices Services Committee to contract with Impact BC for Quality Improvement Supports. The scope of work was to include creation of Project Charters (aim statements, process measures, outcome measures and balancing measures) for each of the active CVDFP initiatives, and to create a “QI Learning and Innovation Community Reporting Structure” for groups to use.

Although intended as one-time funding, a second application was approved and the work continued through the 2012-13 year. In 2013, Division staff took over the data collection work, including a comprehensive review and update of the data fields and collection processes. This is the first report on that work.

Data Summary Family Practice Hospital Support Program

PROCESS

Data for the Family Practice Hospital Support Program (FPHSP) is collected from several sources:

Cowichan District Hospital (CDH) provides copies of patient assignment rosters from both the emergency department and administration (surgical pre-admits), including patient Medical Health Record (MHR) number, date of assignment, and name of the GP assigned to the patient. This offers absolute data on overall FPHSP patient volumes, and provides a record of how many patients are referred to the respective GPs and how often (the latter information is extracted for troubleshooting purposes only). The CDH information also offers data on repeat admissions through the ER.

The CVDFP Finance Department provides a summary of GP billings, including patient Personal Health Number (PHN), patient category, and whether the patient is known to have been attached. These records provide information on billing trends, patient attachment levels, and patient attachment categories.

Individual GP clinics – 10 of 17 GP clinics (49 of 75 GPs – 65%) have been reporting on patients attached through their clinics on a monthly basis, including patients first encountered through the FPHSP program. This data is extracted and cross referenced with attachment information reported on GP FPHSP billings to eliminate duplication. Although every reasonable effort is made to ensure accuracy of reported data, a margin of error should be expected.

All data and data formulas are reviewed for accuracy, sorted and tabulated for inputting into the CVDFP master data sheets.

Protection of personal information

- Patient names are not included in any of CVDFP's data collection processes; CDH information is provided in the form of MHRs, CVDFP billing data in the form of PHN.
- Patient identifiers such as PHN and MHRs are held in raw data form only and are not included in any data summaries or other publicized reports.
- All data is stored securely by Division staff.
- Data is shared only as necessary for data assessment purposes.

2014 TRENDS

See pages 5 -7 for graphic summaries.

- The number of FPHSP participating GPs stayed relatively constant at 30 for most of the year, a significant improvement over the 21 participants during the previous year.
- An average of 82 patients per month were admitted to the FPHSP program through the ER, with a low of 57 patients in February 2014, and a high of 102 patients in January 2014.
- An average of 24 patients per month were assigned to the FPHSP program through pre-admits, with a low of 9 patients in December 2013 and a high of 33 patients in October 2013.
- There is an average of 8 reported patients per month who are truly unattached with no family doctor (12% of total *reported* FPHSP patients).
- There is an average of 28 reported patients per month in the 14082 category – those who have a family doctor that does not have hospital privileges (41% of total *reported* FPHSP patients).
- There is an average of 32 reported patients per month in the 14083 category – those who have an out of town family doctor (46% of total *reported* FPHSP patients).
- There is an average of 3.5 patients attached via the FPHSP program each month.
- There were 69 patients over the year who had two or more ER admits per month.
- There were 27 patients who had three or more ER admits over the year - 19 with three visits, 2 with four visits, 3 with five visits and 3 with six visits over the year.
- On average, 64% of assigned patients are reported, and 61% of assigned patients are billed. Reported encounters were lowest in November 2013 at 50% of all patients assigned, and highest in February 2014 at 79.5%. Reporting levels may have some correlation to the proportion of ER admits to surgical pre-admits, with the latter generally resulting in fewer actual encounters; however, no obvious trend is discernable for the 2013-14 year.

Year over year trends

The Impact BC QI work failed to capture any FPHSP data during its two year contract period, as such, no year to year comparisons can be made. With an effective data framework and collection processes now in place, it is anticipated that future year to year trends will be readily available.

Physician survey results

Number of respondents: 14 of 30 participants (47%)

- Of the respondents, 8 had been on the program continuously since its inception, 5 were returning participants who rejoined in 2013; 1 was a new participant in 2013.
- Overall, 78% are satisfied or very satisfied with the program, with the balance being neutral (no dissatisfied or very dissatisfied).

- Of those who experienced the previous version of the FPHSP (about 90% of respondents), 100% felt the program had improved.
- 57% of respondents are part of a clinic where all GPs participate.
- Number of patient assignments: once per week - 28%, once per 10 days - 28%, once per 2 weeks - 14%, less than 2 weeks - 7% (n/a - 21%).
- 100% of respondents indicate they take on unattached patients.
- Frequency of patient assignment varied considerably, but 57% indicate they receive an assignment either once per week or once every 10 days.
- 65% of respondents feel the program has either no significant difference, or a positive impact upon their practice, while 35% feel the program negatively impacts their practice.

Suggested Improvements (physician survey):

- Increased remuneration; Remuneration for out of province patients
- Notification of surgical admits
- Improved pharmacy support
- Better definition of roles in shared care situations
- Better patient information – history and physical
- Patient education about DOD
- More consistency in rota assignments, minimize clerical errors
- Better communication around admissions made by surgeons / specialists

Other

- Information requested on how surgical assignments are carried out and why ER and surgical assignments sometimes come up close together.

SUMMARY

The FPHSP data process has effectively documented program trends for the 2013-14 year. While informative, this data will be even more useful when year-to-year comparisons can be drawn. Accordingly, it is recommended that the data fields be maintained for the 2014-15 year, with one addition: the average number of patients assigned per GP, per month.

The data and data collection process has also aided in achieving strategic priorities for the FPHSP program; specifically, the assessing of program success, and identifying areas of improvement.

Recommended areas of focus for the coming year:

Improved reporting and billing (communications to members re importance of); investigate the feasibility of expanding the data fields to document the average number of patient assignments per GP on a monthly basis; address communications issues raised by survey respondents (see above).

OUR AIM STATEMENT: We aim to provide FP care to unattached patients admitted to CDH, including those who have no doctor, those who have a doctor out of the catchment area, and those who have a doctor without active privileges. We further aim to support GPs who provide inpatient care in CDH.

SPECIFIC PROGRAM GOALS INCLUDE:

1. Increasing the number of GPs providing inpatient care, and FPHSP participants
2. Engaging GPs in outlying communities
3. Attaching orphan patients (those with no GP)
4. Mining FPHSP data to identify reasons for unattachment.
5. To ensure ongoing satisfaction with the program and to minimize impact upon individual practices.

PHYSICIAN PARTICIPATION/SATISFACTION

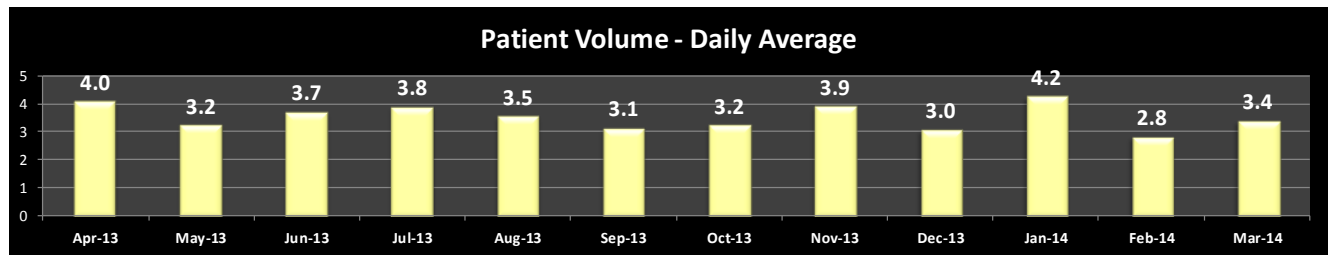
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	MAX	AVERAGE
No. of GPs participating in FPHSP	31	31	31	30	30	30	30	30	30	30	30	30	31	30
Total no. of GPs providing inpt care	--	--	--	--	--	--	72	--	--	--	--	--	72	72
No. of FS GPs providing inpt care	--	--	--	--	--	--	57	--	--	--	--	--	57	57
No. of locums providing inpt care	--	--	--	--	--	--	15	--	--	--	--	--	15	15
% of total participating in FPHSP	Data prior to October 2013 not available.						42%						42%	42%
% of total that are FS GPs	Data prior to October 2013 not available.						79%						79%	79%
% of total that are locums	Data prior to October 2013 not available.						21%						21%	21%

The average number of GPs providing in-patient care at Cowichan District Hospital: **72**

Of those, **42%** participate in FPHSP.

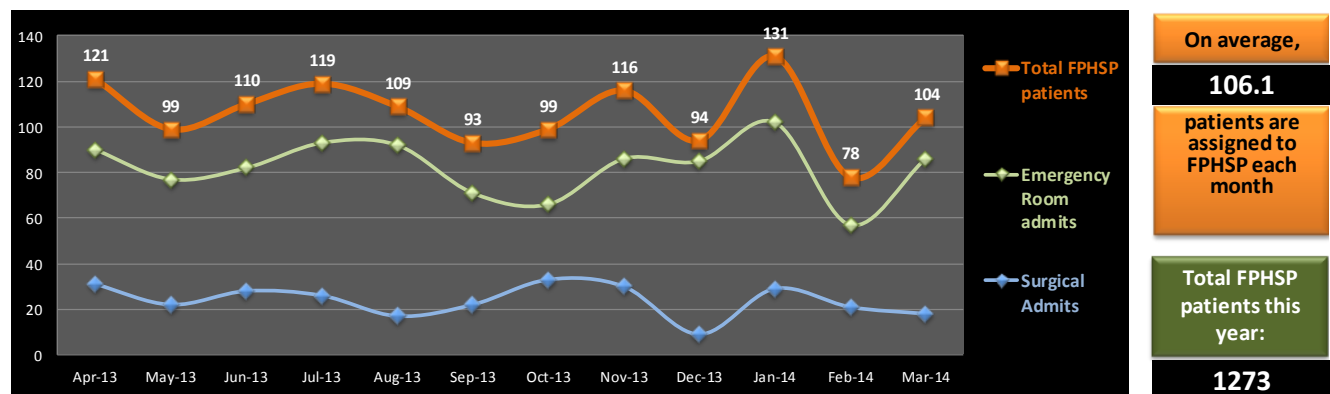
ANNUAL PHYSICIAN SATISFACTION SURVEY

Percentage of FPHSP participants who responded to the satisfaction survey.	47%	FPHSP participants who rate themselves as satisfied or very satisfied: 78%
% of respondents who are satisfied or very satisfied (excludes those who are neutral).	78%	
% of respondents who are dissatisfied or very dissatisfied w/ the program.	0%	



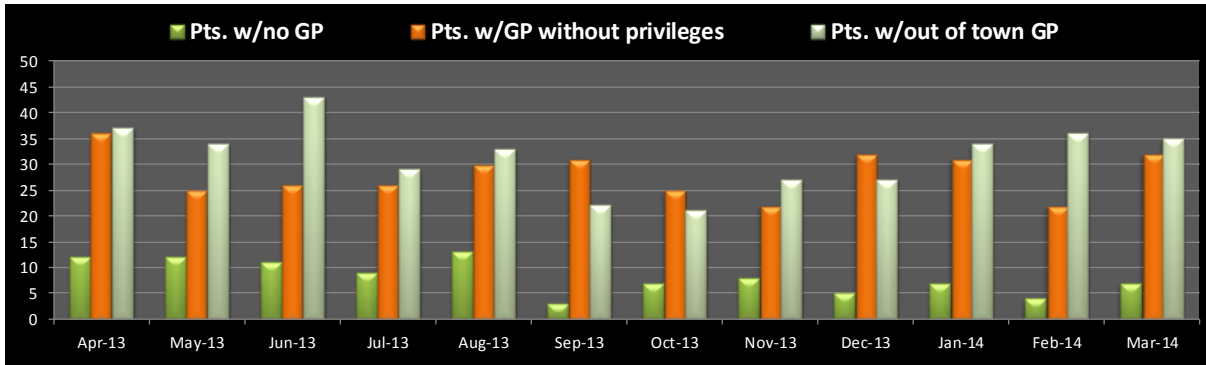
PATIENT VOLUMES

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL MAX	AVERAGE
Pt. totals - ER	90	77	82	93	92	71	66	86	85	102	57	86	987	82
Pt. totals - surgical admits	31	22	28	26	17	22	33	30	9	29	21	18	286	24
Total FPHSP patients - ER & admin	121	99	110	119	109	93	99	116	94	131	78	104	1273	106
Pt volume - daily average	4.0	3.2	3.7	3.8	3.5	3.1	3.2	3.9	3.0	4.2	2.8	3.4	-	3.5
% of Total - ER	74%	78%	75%	78%	84%	76%	67%	74%	90%	78%	73%	83%	90%	78%
% of Total - surgical admits	26%	22%	25%	22%	16%	24%	33%	26%	10%	22%	27%	17%	33%	22%



PATIENT CATEGORIES cont.

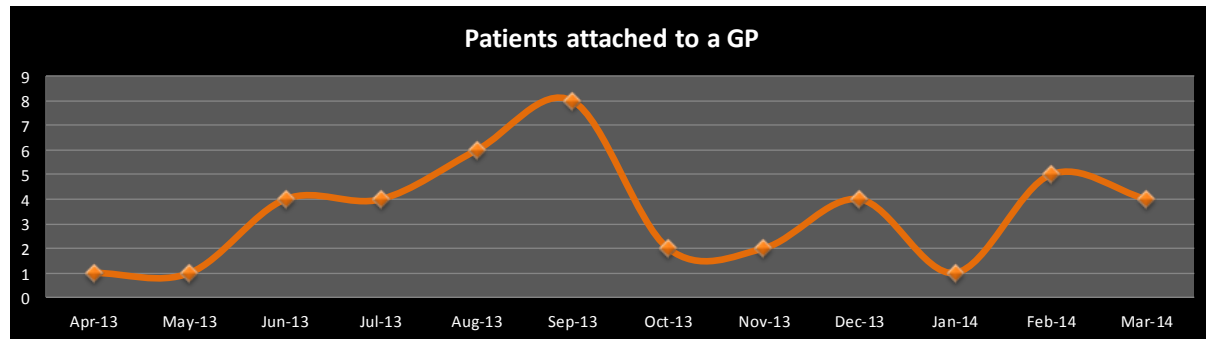
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL_MAX	AVERAGE
Pts. with no GP (14081)	12	12	11	9	13	3	7	8	5	7	4	7	98	8
Pts. w/ GP without privileges (14082)	36	25	26	26	30	31	25	22	32	31	22	32	338	28
Pts. w/out of town GP (14083) *	37	34	43	29	33	22	21	27	27	34	36	35	378	32
Category unspecified	0	0	0	1	0	0	0	1	1	2	0	0	5	-
Ttl recorded encounters (cross ref)	85	71	80	65	76	56	53	58	65	74	62	74	819	68
% Pts. w/no GP	14%	17%	14%	14%	17%	5%	13%	14%	8%	9%	6%	9%	17%	12%
% Pts. w/GP without privileges	42%	35%	33%	40%	39%	55%	47%	38%	49%	42%	35%	43%	55%	42%
% Pts. w/out of town GP	44%	48%	54%	45%	43%	39%	40%	47%	42%	46%	58%	47%	58%	46%



Unattached patients account for **12%** of all FPSP assignments

PATIENT ATTACHMENT

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total Max	Average
Pts attached - FPSP billing sheets	1	1	4	1	1	1	2	1	3	0	1	2	18	1.5
Pts. attached - clinical reporting	0	0	0	3	5	7	0	1	1	1	4	2	24	2.0
Total no. of pts. attached	1	1	4	4	6	8	2	2	4	1	5	4	42	3.5
Total to month, no. of attached pts.	1	2	6	10	16	24	26	28	32	33	38	42	42	-

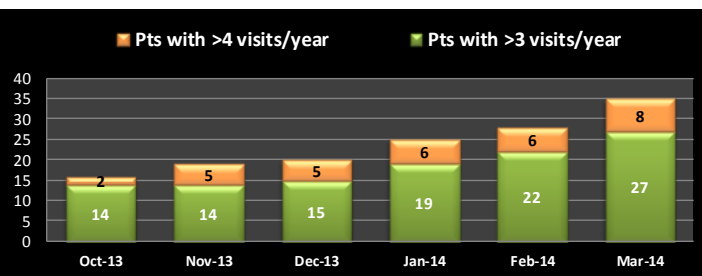
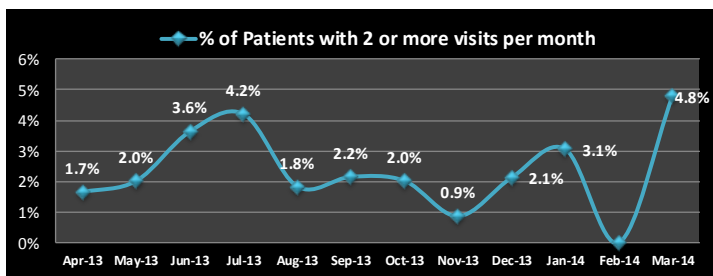


To date this year, there have been **42** patients attached to a GP through FPSP

On average, for the 2013-2014 reporting year, **43%** of unattached patients cared for by FPSP GPs have become attached

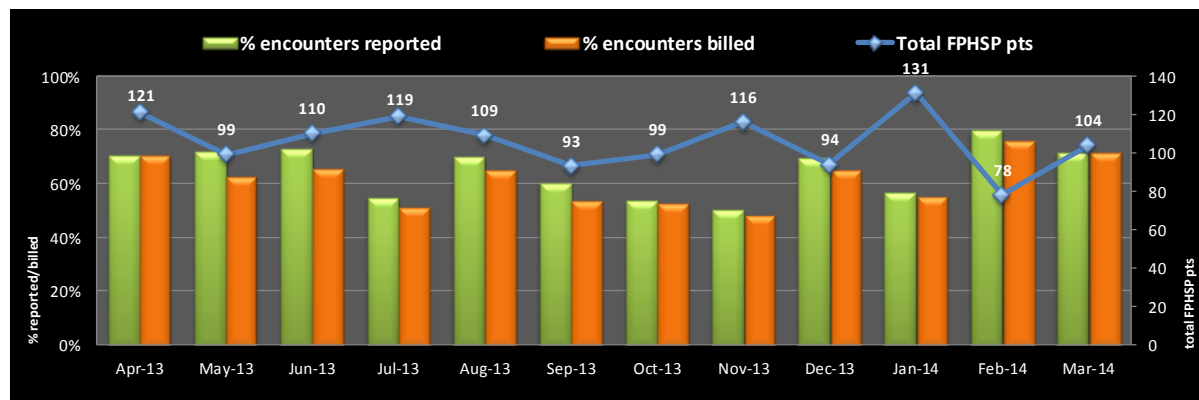
REPEAT PATIENTS

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total Max	Average
Total FPHSP patients - ER & admin	121	99	110	119	109	93	99	116	94	131	78	104	1273	106.1
Total to month, FPHSP patients	121	220	330	449	558	651	750	866	960	960	1169	1273	131	-
Pts w/ 2 or more ER admits in the mo	2	2	4	5	2	2	2	1	2	4	0	5	31	2.8
Total to month, pts. w/2 or more visits per month	2	4	8	13	15	17	19	20	22	26	26	31	-	-
Pts w/ 3 or more ER admits thru the yr.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	14	14	15	19	22	27	18.5
Pts w/ 4 or more ER admits thru the yr.	n/a	n/a	n/a	n/a	n/a	n/a	2	5	5	6	6	8	8	5.3
% of monthly pts w/2 or more ER admits/mo	1.7%	2.0%	3.6%	4.2%	1.8%	2.2%	2.0%	0.9%	2.1%	3.1%	0.0%	4.8%	4.8%	2.4%
% of monthly pts w/3 or more ER admits/yr	n/a	n/a	n/a	n/a	n/a	n/a	14.1%	12.1%	16.0%	14.5%	28.2%	26.0%	28.2%	18.5%
% of monthly pts w/4 or more ER admits/yr	n/a	n/a	n/a	n/a	n/a	n/a	2.0%	4.3%	5.3%	4.6%	7.7%	7.7%	7.7%	5.3%



BILLING TRENDS

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Total Max	Average
Total FPHSP patients - ER & admin	121	99	110	119	109	93	99	116	94	131	78	104	1273	106.08333
Total no. reported encounters	85	71	80	65	76	56	53	58	65	74	62	74	819	68.3
Total no. patient billings	85	62	72	61	71	50	52	56	61	72	59	74	775	64.6
% of reported encounters that are billed	100%	87%	90%	94%	93%	89%	98%	97%	94%	97%	95%	100%	100%	95%
% of total encounters reported	70%	72%	73%	55%	70%	60%	54%	50%	69%	56%	79%	71%	79%	65%
% of total encounters billed	70%	63%	65%	51%	65%	54%	53%	48%	65%	55%	76%	71%	76%	61%



64.6

Average number of billings/month

95%

of reported encounters are billed

Data Summary Cowichan Maternity Clinic

PROCESS

Data is collected directly from the Cowichan Maternity Clinic (CMC) as raw data, in accordance with the framework provided to clinic staff; although some manual records are maintained, the majority of data is extracted from the clinic's Electronic Medical Record (EMR).

All data and formulas are reviewed for accuracy, sorted and tabulated for inputting into the CVDFP master data sheets.

Protection of personal information

- No patient identifiers are included in the data exchange.

2014 TRENDS

See pages 11 -12 for graphic summaries.

PATIENT VOLUMES

- Total patients cared for since opening stands at 2003.
- Total patient volume increased by 478 patients in 2013-14, the CMC's third year of operation (see year over year trends for further comparisons).
- There was an average of 25 new patients each month; 86% of whom were referred by GPs, a relatively static percentage, with the exception of October 2013, which dipped to 64% GP-referred.
- There was an average of 208 different patients seen each month, with an average of 372 total appointments booked per month.
- Patient volumes showed a general downward trend over the year in all categories – number of active patients, number of post-partum patients, number of different patients seen in a month (previously referred to as "discrete patients"), and total number of patient visits per month. See graphic summaries and year over year trends for further comparisons.

ABORIGINAL PATIENTS

- Aboriginal patients comprise 32% of active patients, with an average of 5 new Aboriginal patients per month (a low of 2 was experienced in September of 2013, highs of 10 and 11 new Aboriginal patients were seen in July and April 2013 respectively).
- Of the Aboriginal patients, an average of 19% live on Penelakut Island.

PATIENT ATTACHMENT

- Over the year, the clinic saw an average of 4 unattached patients per month, and attached a total of 84 patients to a family doctor (49 CMC patients and 35 family members).

DELIVERY VOLUMES

- There was an average of 19 CMC patients per month who delivered at Cowichan District Hospital, for a total of 225 deliveries over the year.
- Deliveries peaked at 24, in both August and September 2013, and were lowest in February 2014 at 10.
- The CMC accounts for an average of 45% of all CDH deliveries, with a high of 53% in January 2014, and a low of 29% in February 2014.
- There were a total of 44 patients who delivered by c-section, 14 elective, 30 non-elective.
- 92% of patients delivered at or over 37 weeks, 8% at less than 37 weeks.
- There were 5 patients who transferred out for delivery elsewhere over the year, although data for August and September was not available.

BALANCING DATA

- There were a total of 18 patients over the course of the year who switched to the care of a midwife.
- There were 34 c-section assists performed for midwives.
- There were a total of 16 after-hours call-ins for non-CMC patients, in the 3 months in which this measure was recorded.

YEAR OVER YEAR TRENDS

	2011-12	2012-13	2013-14
Average no. active patients per month (antenatal)	168	165	142
Average no. new patients per month	30	26	25
Percentage new patients GP-referred	85%	87%	86%
Total number of different patients seen each month	235	238	208
Total number of patients (running total) *	979	1525 (+546)	2003 (+478)
Average no. of unattached patients per month	2.7	3	3.4
Total number of patients attached	112	118	84
Percentage of patients who are Aboriginal	23%	34%	32%
Percentage of Aboriginal patients from Penelakut	11%	10%	19%
Total number of CMC deliveries	289	262	225
Percentage of deliveries at CDH	51%	45%	45%
C-sections, elective	6%	12%	6%
C-sections, non-elective	18%	18%	13%
Deliveries at less than 37 weeks	11%	13%	8%
No. of patients who switched to midwife	22 (1%)	24 (1%)	18 (1%)
No. of c-section assists for mid-wives	15	14	34

* The total number of patients will reflect the number of patient charts held by the Cowichan Maternity Clinic – repeat patients will not be counted twice, which therefore skews the growth in subsequent years. Trends are likely to level out over time.

SUMMARY

Division staff worked closely with CMC staff to review and evaluate past data collection processes, and to redefine and rebuild data fields for the 2013-14 year. The result is a much more streamlined and effective program, recording data with improved accuracy and greater relevance to clinic operations and quality improvement goals.

Although past years' summary reports developed by Impact BC are not entirely consistent with the 2013-14 program, past data was mined to develop year to year comparisons, which provide a solid basis for documenting long-term trends.

Recommended areas of focus for the coming year:

Continue with the status quo – the process developed this year is working effectively and will offer simplified comparative analysis in future years.

THE COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

Cowichan Maternity Clinic - Quality Improvement Summary Report

April 2013 to March 2014

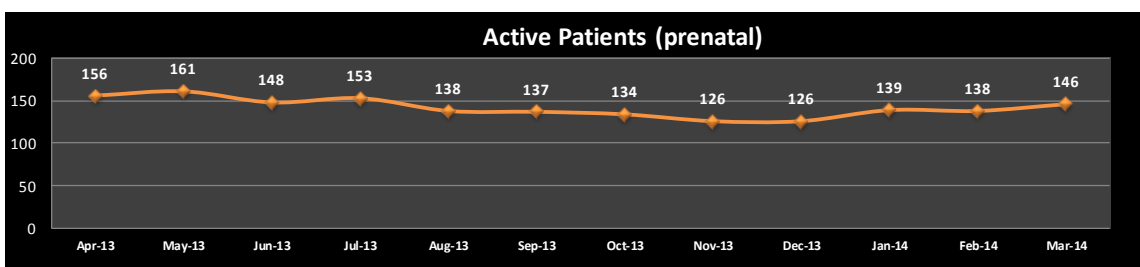
OUR AIM STATEMENT: We aim to improve care for maternity patients in the Cowichan region - those who don't have a GP, and those who have a GP that does not provide maternity care - by providing seamless, full-service care during pregnancy and labour, and up to six weeks post-partum.

SPECIFIC GOALS INCLUDE:

1. Connecting patients to community resources; ensuring patients have easy access to other hospital services at Cowichan District Hospital.
2. Helping to meet the unique socioeconomic, cultural and needs of Aboriginal women (25-30% of maternity patients in the region)
3. Creating a sustainable model of community care.
4. Supporting family physicians in the region by offering specialized maternity care services to which patients can be referred.
5. Supporting CMC doctors to enable them to continue providing sustainable care
6. Providing a teaching centre for under and post graduate learning.

PATIENT VOLUMES

Total Patients	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	MAX	AVERAGE
Total number of CMC patients, since opening	1546	1592	1629	1663	1705	1750	1789	1805	1857	1926	1955	2003	-	2003	-
Active Patients															
Number of active patients in the CMC (antenatal)	156	161	148	153	138	137	134	126	126	139	138	146	1702	161	142
Number of postpartum patients in the CMC (mothers only)	41	42	30	29	36	41	38	31	39	44	32	31	434	44	36
Number of different patients who have been seen at CMC each month	223	239	214	213	208	210	214	181	193	211	197	194	-	239	208
Total number of patient visits per month	402	415	362	400	390	372	388	346	357	405	310	319	4466	415	372



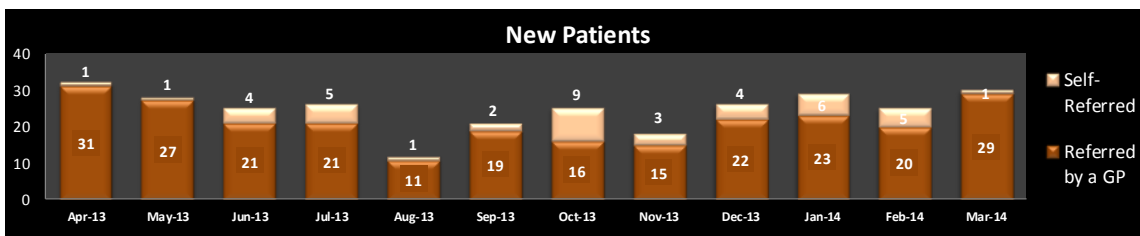
Total number of patients since opening

2003

Average number of patient visits per month

372

New Patients	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	MAX	AVERAGE
Total number of new patients, per month	32	28	25	26	12	21	25	18	26	29	25	30	297	32	24.8
Number of new patients referred by GP	31	27	21	21	11	19	16	15	22	23	20	29	255	31	21.3
Number of new patients self-referred	1	1	4	5	1	2	9	3	4	6	5	1	42	9	3.5
New patients as a % of active patients	20.5%	17.4%	16.9%	17.0%	8.7%	15.3%	18.7%	14.3%	20.6%	20.9%	18.1%	20.5%	-	21%	17.4%
% of new patients referred by a GP	96.9%	96.4%	84.0%	80.8%	91.7%	90.5%	64.0%	83.3%	84.6%	79.3%	80.0%	96.7%	-	97%	86%
% of new patients who self-referred	3.1%	3.6%	16.0%	19.2%	8.3%	9.5%	36.0%	16.7%	15.4%	20.7%	20.0%	3.3%	-	36%	14%



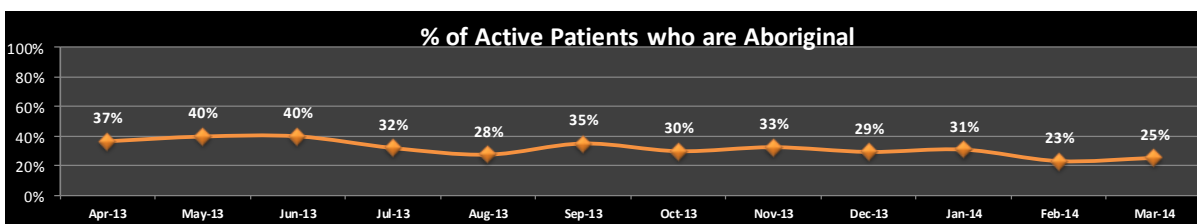
Average number of new patients each month

24.8

Average % of patients who self-refer

14%

Aboriginal Patients	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	MAX	AVERAGE
Number of new patients who are Aboriginal	11	5	6	10	3	2	3	5	4	4	3	6	62	11	5.166667
Number of active patients who are Aboriginal	57	64	59	49	38	48	40	41	37	43	32	37	-	64	45.4
Number of active aboriginal patients from Penelakut (Kuper) Island	7	12	4	4	8	9	11	13	11	7	5	9	-	13	8.3
Number of active patients who are uninsured	0	0	0	0	0	0	0	1	1	1	1	1	-	1	0.22
% of new patients who are Aboriginal	0.344	0.1786	0.24	0.385	0.25	0.095	0.12	28%	15%	14%	12%	20%	-	38%	21%
% of active patients who are Aboriginal	37%	40%	40%	32%	28%	35%	30%	33%	29%	31%	23%	25%	-	40%	32%
% of Aboriginal patients from Penelakut Island	12%	19%	7%	8%	21%	19%	28%	32%	30%	16%	16%	24%	-	32%	19%
% of active patients from Penelakut Island	4%	7%	3%	3%	6%	7%	8%	10%	9%	5%	4%	6%	-	10%	6%

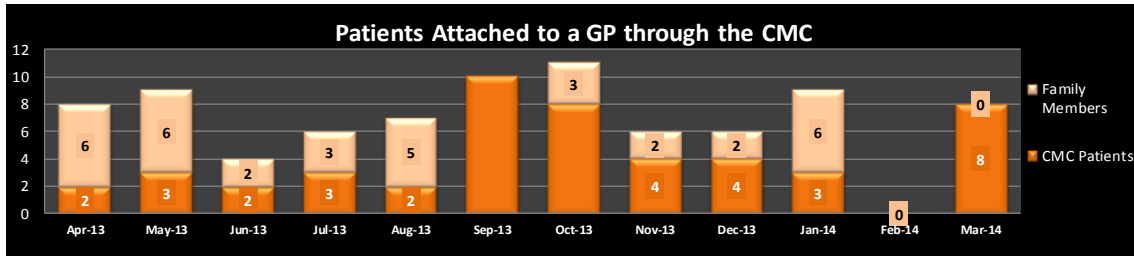


Average number of active patients from Penelakut Island

8.3

PATIENT ATTACHMENT

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	MAX	AVERAGE
Number of new patients that arrive unattached, each month	3	4	6	3	0	3	6	3	3	4	7	1	43	7	3.9
Number of CMC patients who have been attached to a GP	2	3	2	3	2	10	8	4	4	3	0	8	49	10	4.5
Number of family members who have been attached to a GP	6	6	2	3	5	0	3	2	2	6	0	0	35	6	3.9
Total number of patients who have been attached to a GP	8	9	4	6	7	10	11	6	6	9	0	8	84	11	7.6
% of new patients who arrive unattached	9%	14%	24%	12%	n/a	14%	24%	17%	12%	14%	28%	3%	-	28%	16%



Average number of unattached new patients each month

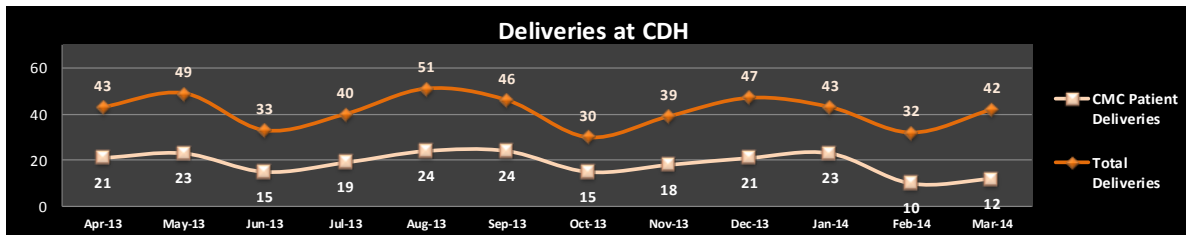
3.9

Patients attached to a GP this year

84

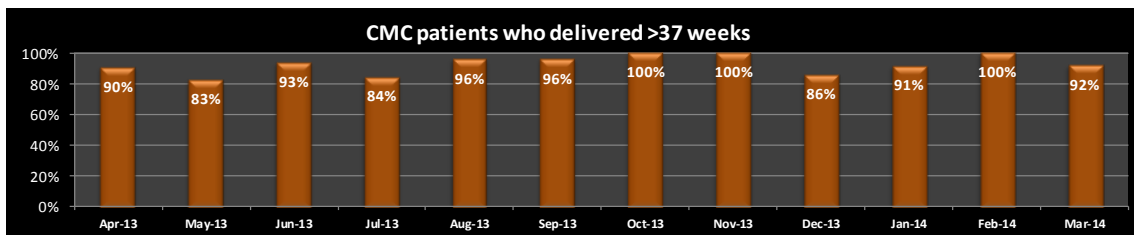
DELIVERY VOLUMES

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	MAX	AVERAGE
Total number of deliveries @ CDH	43	49	33	40	51	46	30	39	47	43	32	42	495	51	41.3
Number of CMC patient deliveries @ CDH	21	23	15	19	24	24	15	18	21	23	10	12	225	24	18.8
Number of CMC patients who have delivered @ CDH >37 weeks	19	19	14	16	23	23	15	18	18	21	10	11	207	23	17.3
Number of CMC patients who have delivered @ CDH <37 wks	2	4	1	3	1	1	0	0	3	2	0	1	18	4	1.7
Number of clinic patients who delivered elsewhere	1	0	0	0	n/a	n/a	0	0	1	0	1	2	5	2	0.3
Number of patients who delivered via C-Section, elective	0	1	0	1	2	1	1	3	1	1	3	0	14	3	1.1
Number of patients who delivered via C-Section, non-elective	1	5	5	3	1	4	1	4	1	4	1	0	30	5	2.8
CMC deliveries as % of all deliveries @ CDH	49%	47%	45%	48%	47%	52%	50%	46%	45%	53%	31%	29%	-	53%	45%
% of CMC patients who delivered >37 weeks	90%	83%	93%	84%	96%	96%	100%	100%	86%	91%	100%	92%	-	100%	93%
% of CMC patients who delivered <37 weeks	10%	17%	7%	16%	4%	4%	n/a	n/a	14%	9%	n/a	8%	-	17%	10%
% of CMC elective C-Section deliveries	0%	4%	0%	5%	8%	4%	7%	17%	5%	4%	30%	0%	-	30%	6%
% of CMC non-elective C-Section deliveries	5%	22%	33%	16%	4%	17%	7%	22%	5%	17%	10%	0%	-	33%	14%
Total C-Section deliveries (elective and non-elective)	1	6	5	4	3	5	2	7	2	5	4	0	44	7	4.0
% of deliveries via C-Section	5%	26%	33%	21%	13%	21%	13%	39%	10%	22%	40%	n/a	-	40%	22%



Total CMC deliveries this year

225



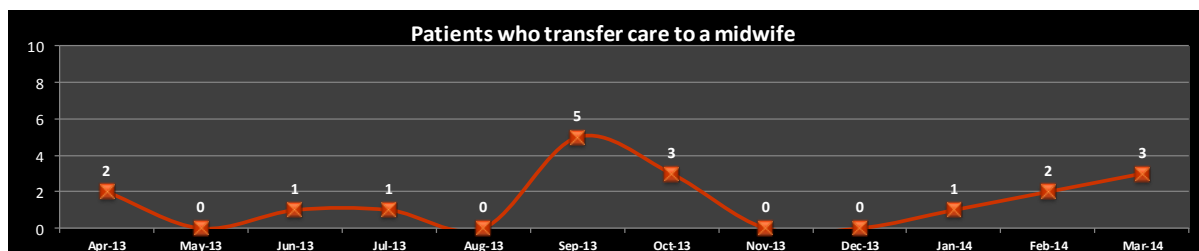
On average, CMC patients account for

45%

of deliveries at CDH

BALANCING DATA

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	MAX	AVERAGE
Number of patients w/ confidentiality concerns	0	0	0	0	0	0	0	0	1	1	0	0	2	1	0.11
Number of patients who switched to a midwife	2	0	1	1	n/a	5	3	0	0	1	2	3	18	5	1.5
Number of C-Section assists for midwives	1	2	2	1	2	2	4	4	3	4	3	6	34	6	2.8
Total number of after hours call-ins for non-CMC patients	0	0	0	0	0	0	0	0	0	5	5	6	16	6	-



The CMC performs an average of

2.8

C-Section assists for midwives per month

Data Summary Locum Coordinator Program

PROCESS

Data is collected directly from the Locum Coordinator who tracks the current locum pool and documents the requests for coverage, when they were received, if they were filled and, if so, by which locum.

All data and formulas are reviewed for accuracy, sorted and tabulated for inputting into the CVDFP master data sheets.

Protection of personal information

- *No patient identifiers are included in the data exchange; physician names are removed from statistical summaries.*

2014 TRENDS

See page 15 for graphic summaries.

Data for the January – March 2014 period is not available due to a technological malfunction; however, the following trends were documented over the first 9 months of the fiscal:

- As of December 2013, there had been 29 different GPs making requests for coverage. This number increased on average by 3 GPs each month; statistically, this would extrapolate out to 38 different GPs submitting request by the end of the year.
- With 75 full service family physicians in CVDFP, data suggests approximately 50% have submitted requests to the Locum Coordinator during the year.
- The Locum Coordinator receives an average of 2.5 communications per month; however, as requests often include multiple dates, the number of coverage requests is 4.4 per month.
- Of the months for which data was available, the demand for coverage was highest in August and November (6 coverage requests), followed by July, September and December (5 requests for coverage).
- Of the months for which data was available, the demand for coverage was lowest in October (2 coverage requests).
- As of December 2013, there were 14 locums in the program pool.
- The Locum Coordinator filled 52% of requests for coverage.

Year over year trends

Although an initial QI framework was developed, the Impact BC QI work failed to capture any Locum Coordinator Program data during its two year contract period, as such, no year to year comparisons can be made. With an effective data framework now in place, and work to further streamline collection processes underway, it is anticipated that future year to year trends will be readily available.

SUMMARY

A number of the locum program measures were not developed until part way through the year and could not be compiled retroactively. Further, a computer malfunction resulted in the loss of several months' data. Regardless, the data that was collected demonstrated some interesting overall trends. With the standardized data fields now in place, and with work to improve collection processes continuing, it is anticipated that future years will offer useful statistical overviews and comparables.

Recommended areas of focus for the coming year:

Work to streamline collection processes and timeliness of reporting.

THE COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

Locum Program Data Analysis - Summary Report

April 2013 - December 2013

OUR AIM STATEMENT: We aim to improve the process and experience of locum assignments from both the locum incumbent and the physicians perspectives. This will be done through a Locum Coordinator who will be a central point of contact for both parties. This will enable effective communication and information exchange, and coordination of all aspects of locums. Physicians requesting locum coverage will be asked for their specific requirements (schedule, etc). Locum incumbents will also be asked for their specific requirements including accommodation, hospital privileges and EMR training.

SPECIFIC PROGRAM GOALS INCLUDE:

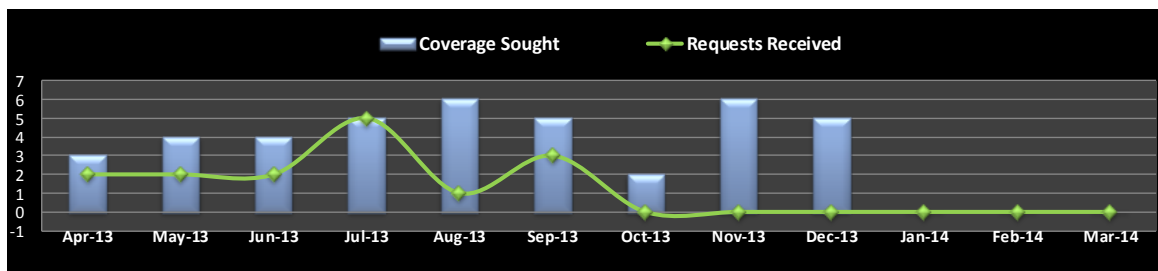
1. To increase numbers of locum physician inquiries, via advertising, networking, etc.
2. To increase numbers of locum physician participants.
3. To increase the number of GP members using the program through continued promotion and encouragement.
4. To increase number of placements made by increasing the number of participating locums.
5. To track the number of locums who transition to FS practice, and the no. of pts subsequently attached to the GP.
6. To maintain or increase physician and locum satisfaction levels year over year.

AWARENESS

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	AVERAGE
No. of locum inquiries	--	--	--	--	--	--	--	--	n/a	n/a	n/a	n/a	0	
No. of different GPs inquiring	16	--	18	--	22	--	23	--	29	--	n/a	--	29	-
No of additional GPs making inquiries	-		2		4		1		6					3.25

PARTICIPATION

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	AVERAGE
No. of locums participating	--	--	--	--	--	--	--	--	14	--	n/a	--	0	
No. of GP coverage requests received	2	2	2	5	1	3	n/a	n/a	n/a	n/a	n/a	n/a	15	2.5
Coverage sought for this month	3	4	4	5	6	5	2	6	5	n/a	n/a	n/a	40	4.4

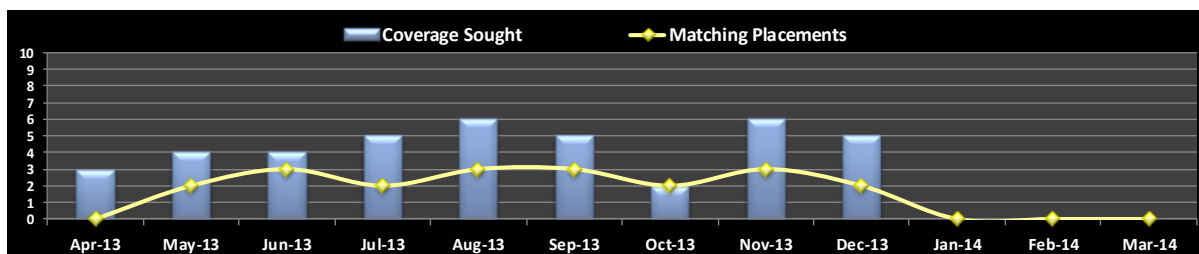


ADVANCE REQUESTS
 On average, fulfilled requests were made 126 days in advance.
 Unfulfilled requests were made an average of 100 days in advance.

Demand for coverage is highest in August and November On average, the locum program receives **4.4** requests for coverage each month.

FULFILLMENT

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	AVERAGE
Coverage sought for this month	3	4	4	5	6	5	2	6	5	n/a	n/a	n/a	40	4.44
No. of matching placements	0	2	3	2	3	3	2	3	2	n/a	n/a	n/a	20	2.50
Percentage of requests filled	0%	50%	75%	40%	50%	60%	100%	50%	40%	n/a	n/a	n/a	-	52%



Since April 2013, the Locum Coordinator Program has filled **52%** of requests for coverage.

Data Summary Physician Recruitment

PROCESS

Data is collected from the Recruitment Lead and from Division records as appropriate to the data field.

All data and formulas are reviewed for accuracy, sorted and tabulated for inputting into the CVDFP master data sheets.

Protection of personal information

- *No patient identifiers are included in the data exchange.*

2014 TRENDS

See page 17 for graphic summaries.

- Physician openings decreased over the year from 7 to 2, with several physicians successfully recruited; while the majority were recruited by the individual GP clinics, CVDFP contributed to the successful recruitment of two physicians for the Lake Cowichan community.
- Two recruitment events were attended over the year, with minimal immediate benefit recorded.

Year over year trends

2013-14 is the first year recruitment data was recorded and therefore no year to year comparisons are available.

SUMMARY

Recruitment related volumes are exceedingly low and data sources have been somewhat anecdotal (ie number of inquiries), making statistical evaluation difficult. Contact information on advertisements has been moved to Division staff, which may assist in documenting the number of formal inquiries made of the Division. Further, collaborations have been initiated with Economic Development Cowichan which may generate additional data collection opportunities, dependent upon the processes developed.

Recommended areas of focus for the coming year:

Conduct a review of individual data fields to determine the necessity of same; delete, revise or add to fields as deemed appropriate to the scope of work undertaken by the Recruitment & Retention working group; work on improving data capture processes for the remaining fields. Potential new fields include advertising related data, to look for correlation to the number and timing of inquiries received.

THE COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

Recruitment Program Data Analysis - Summary Report

April 2013 - January 2014

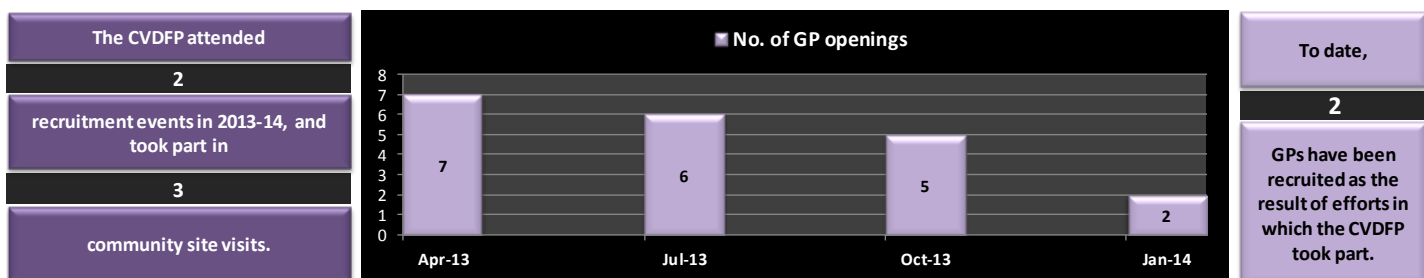
OUR AIM STATEMENT: We aim to promote the Cowichan region and CVDFP to potential new GPs; to support individual clinics in their recruitment efforts, including the provision of recruitment guidelines, promotion of career opportunities, and making connections with potential recruits via various events and recruitment mechanisms;

SPECIFIC PROGRAM GOALS INCLUDE:

1. To monitor and maximize effectiveness of recruitment events.
2. To increase numbers of physician inquiries via various mechanisms established by CVDFP.
3. To increase numbers of physicians considering a move to Cowichan
4. To increase the number of GP successfully recruited to Cowichan.
5. To collect information from recruits to ID potential areas of focus, confirm awareness of CVDFP programs, etc.
6. To collect information from GPs new to the region to validate or ID gaps in CVDFP programs/recruitment efforts.

RECRUITMENT DATA

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	TOTAL	AVERAGE
No. of GP openings	7	--	--	6	--	--	5	--	--	2	--	--	-	5
No. of recruitment events attended	0	0	1	0	0	0	0	1	0	0	0	0	2	0.17
No. of inquiries received	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
No. of GPs making community site visits	0	0	0	0	0	1	2	0	0	0	0	0	3	0.25
No. of GPs recruited	0	0	0	0	0	0	0	0	2	0	0	0	2	-



Data Summary Patient Attachment

PROCESS

Patient Attachment is achieved through a number of programs and supports, including all of the programs identified in this report, and via GP practice supports, which are intended to increase capacity within individual clinics. Data on the number of patients attached is collected through the established data frameworks described throughout this report, and via reports submitted to CVDFP by individual GP offices.

All data and formulas are reviewed for accuracy, sorted and tabulated for inputting into the CVDFP master data sheets.

Protection of personal information

- Although PHN and MRNs are included in several of the data collection instruments, patient names are not included in any of CVDFP's data collection processes.
- Patient identifiers such as PHN and MRNs are held in raw data form only and are not included in any data summaries or other publicized reports.
- All data is stored securely by Division staff.
- Data is shared only as necessary for data summary purposes.

PATIENT ATTACHMENT TOTALS

Although processes continue to be fine-tuned, patient attachment data has been effectively recorded during 2013-14. Past years' records were less comprehensive and in order to establish a cumulative patient attachment total, recorded data has been extrapolated to create reasonable estimates for any data gaps. The following chart summarizes all patient attachment totals to-date.

PRIMARY PROGRAMS	To Mar 31-2013	2013-14	Cumulative totals
Maternity Clinic	230	84	314
FPHSP ¹	21	42	98.0
Extrapolated data for missing 10 months (Jun 2012-Mar 2013) ²	35.0	n/a	n/a
Locum & Recruitment ³	421	0	421
Sub-total	707	126	833
GP SUPPORTS			
Lake Cowichan closure	500	n/a	500
Ind. Clinic submissions ⁴	n/a	1334	1334
Sub-total	500	1334	1834
TOTALS	1207	1460	2667

¹ First measure includes only October 2011 to May 2012 pt/mo average, Oct 2011-May 2012: 3.5
pt/mo average, Apr 2013-Mar 2014: 3.5

² Estimated number of patients attached via FPHSP for Jun 2012-Mar 2013

³ Attachment achieved via a locum physician choosing to stay in Cowichan and open a new full service practice

⁴ 49 GPs contributing data; 4 of whom are new GPs (but not net-new practices)