

Cowichan Valley  
Division of Family Practice



2014-15

# Program Data Summary Report

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Tiffany Littmann  
CVDFP Executive Administrator

# 2014-15 Program Data Summary Report

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Tracey Powell for the graphic summaries

## **2014-15 Program Data Summary Report**

### **Introduction**

In 2013, the Cowichan Valley Division of Family Practice (CVDFP) took over the collection and analysis of its program data from Impact BC, with whom a Quality Improvement contract was originally held. The resulting data collection and analysis framework developed by CVDFP now serves to support the organization's strategic priorities, day to day operations and long range planning by documenting progress of its measurable initiatives, analysing performance and functionality, identifying gaps and successes, and highlighting areas of improvement in real time.

This report includes statistical summaries of CVDFP's primary, measurable initiatives for 2014-15 year; where applicable, identifies how the data framework and processes allowed for changes to be made during the year to create improvement; and, where data is available, identifies multi-year trends and provides year over year statistical analysis.

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## Data Summary

### Family Practice Hospital Support Program / Inpatient Care

#### 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 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** – during the 2014-15 year, 54 GPs in 12 different clinics provided reports on a monthly basis of those patients attached by their clinics, including patients first encountered through ER referrals and the FPHSP program. The latter 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 and is used only by authorized CVDFP staff.*
- *Data is shared only as necessary for data assessment purposes or in specific instances where troubleshooting is required.*

## 2015 TRENDS and 2014 COMPARIBLES

See pages 9-11 for graphic summaries.

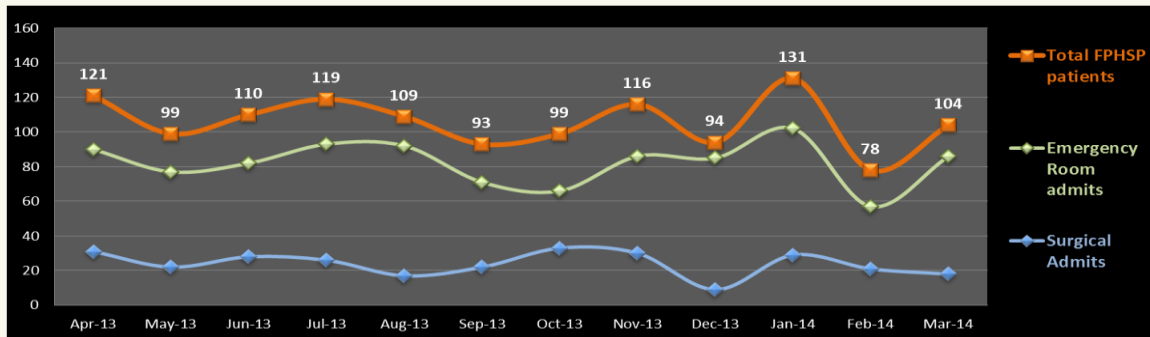
### PARTICIPANT NUMBERS

- The number of FPHSP participating GPs stayed relatively constant throughout the year, finishing with and averaging 31 participants for the year.
  - This is up slightly from the average of 30 the year prior.
  - There were no significant changes in member composition.

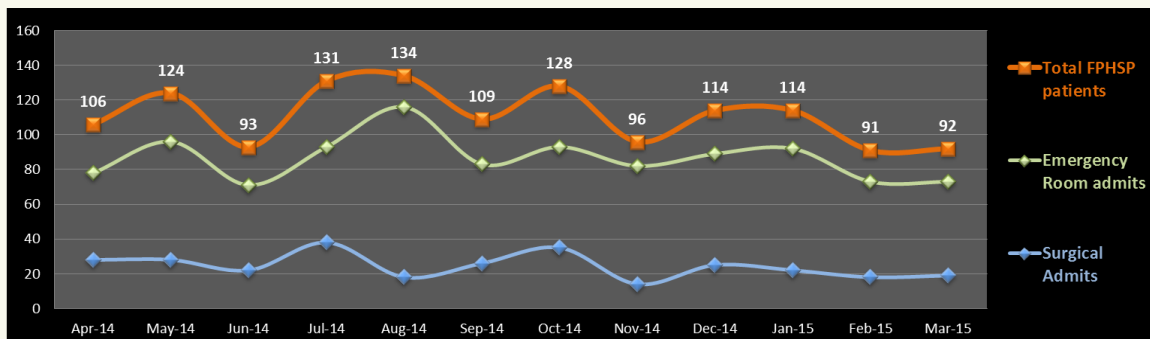
### PATIENT VOLUMES

- An average of 87 patients per month were assigned to the FPHSP program through ER admissions, an increase of 5.25% over 2013-14.
  - There was a low of 71 ER patients in June 2015, and a high of 116 patients in August 2015.
- An average of 24.5 patients per month were assigned to the FPHSP program through surgical pre-admits, an increase of 2.5% over 2013-14.
  - There was a low of 14 pre-admit patients in November 2014 and a high of 38 patients in July 2014.
- High and low volumes occurred in different months than in 2013-14 and overall trend patterns were quite different; see comparison charts below.

2013-14 patient volumes



2014-15 patient volumes



- NEW for 2014-15: There were an average of 3.6 patients per month assigned to each FPHSP GP over the course of the year; 2.8 attributable to ER admits, .8 attributable to surgical pre-admits.
  - Statistically, participating GPs received on average 1 patient assignment every 11 days through the ER, and every 38 days through surgical pre-admits.
  - August of 2014 saw a high average of 6 patients assigned per GP; 5 of those coming through the ER, 1 through pre-admits.

## PATIENT CATEGORIES

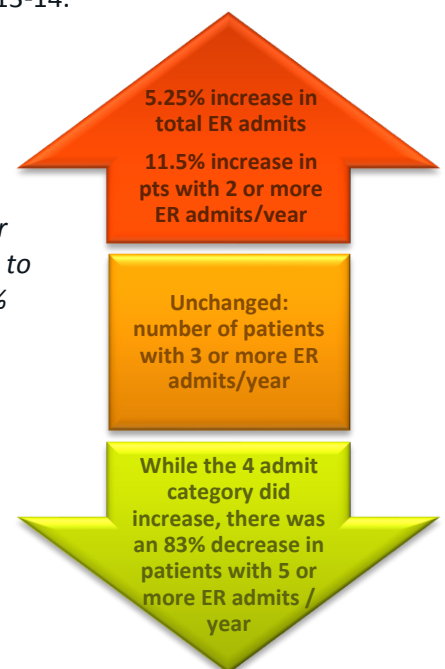
- There was an average of 8 reported patients per month who were truly unattached with no family doctor (12% of total *reported* FPHSP patients). These numbers are the same as for 2013-14.
- There is an average of 27 reported patients per month in the 14082 category – those who have a family doctor that does not have hospital privileges (39% of total *reported* FPHSP patients).
  - This is a slight reduction over the 42% recorded in 2013-14.
- There is an average of 32 reported patients per month in the 14083 category – those who have an out of town family doctor – comprising 46% of total *reported* FPHSP patients.
  - This percentage is equal to that recorded in 2013-14.
- Over the year, 2.5% of assignments reported to CVDFP did not specify the patient category.

## VISIT FREQUENCY

- There were 36 patients over the course of the year who had two or more ER admits per month, compared to 31 in 2013-14, a 16% increase.
- There were 107 patients who had two or more ER admits over the course of the year, compared to 96 in 2013-14, an 11.5% increase. Of those:
  - There were 27 patients who had three or more ER admits over the year, the same as in 2013-14. Of those 27:
    - There were 19 patients with 3 admits over the year, the same as in 2013-14.
    - There were 7 patients with 4 admits, compared to 2 in 2013-14.
    - There were no patients with 5 admits, compared to 3 in 2013-14.
    - There was 1 patient with 6 admits over the year, compared to 3 in 2013-14.

*Notable trends – the 11.5% increase in number of patients who had 2 or more admits through the ER during the year likely has some correlation to the increase in overall patient volumes admitted through the ER (a 5.5% increase).*

*While patients with 3 admits or more for the year remained the same, and patients with 4 admits increased by 250% (though remained numerically low at 7), those patients with 5 admits decreased by 100% to nil, and those with 6 admits decreased by 66%. This likely correlates to the work of the GP run “ER Familiar Faces” program which develops collaborative care plans for frequent users of the ER.*



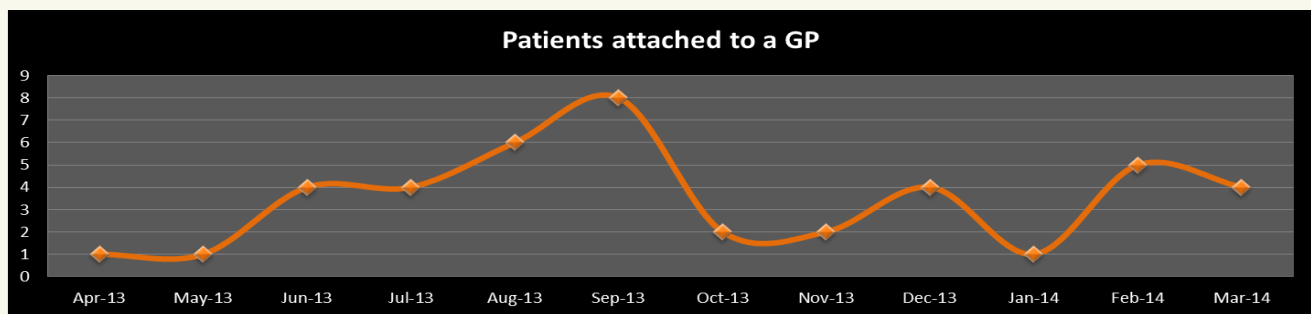
## BILLING TRENDS

- On average, 62% (versus 64% in 2013-14) of assigned patients are reported, and 61% of assigned patients are billed (the same percentage as in 2013-14).
  - Reported encounters were lowest in April 2014 at 44% of all patients assigned (compared to the lowest billed month in 2013-14 at 50%, recorded in the month of November).
  - Reported encounters were highest in February 2015 at 70% (compared to the highest billed month in 2013-14 at 79.5%, also recorded in the month of February).
  - Reporting levels are relatively consistent, with all but three months landing in the 60-68% range.
  - The majority of surgical pre-admit patients do not actually require care from the assigned GP - with surgical pre-admits comprising 22% of all patient assignments, this likely accounts for a portion of the unreported/unbilled patients.

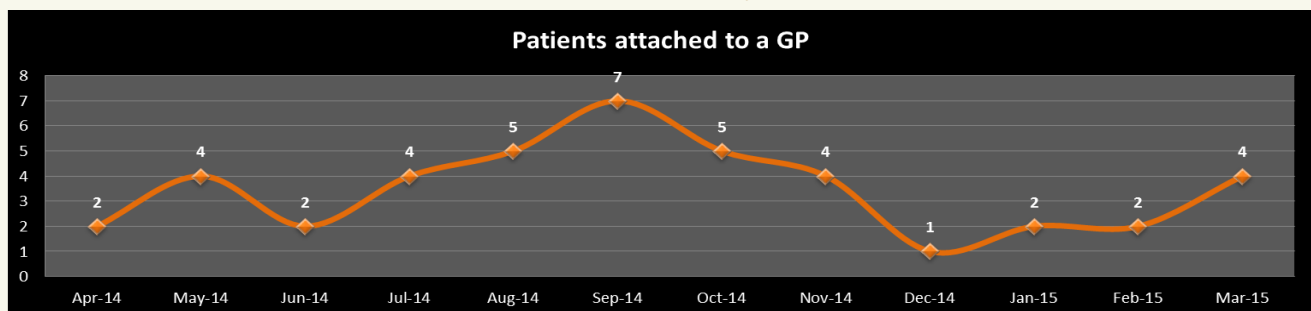
## PATIENT ATTACHMENT

- There is an average of 3.5 patients attached via the FPHSP program each month, for a total of 42 over the year, or 45% of those truly unattached, up slightly from the 42% in 2013-14.

**FPHSP Patients Attached, 2013-14:**



**FPHSP Patients Attached, 2014-15**



## YEAR OVER YEAR TRENDS

Statistics around the Family Practice Hospital Support Program has remained remarkably consistent from year to year; comparable data is included in the overall program summary above, with areas of note highlighted.

## Physician survey results

Number of respondents: 10 of 31 FPHSP participants (32%)

- Of the 10 respondents, 5 had been in the program continuously since its inception in 2010, 2 since 2011-12, and 3 were relatively new members who joined during 2013-14. Although total respondent levels were low, this range of program experience offers a variety of perspectives and a good overall assessment of the program.
- Of those who responded, 100% indicated they were satisfied or very satisfied with the program, with no respondents being neutral, dissatisfied or very dissatisfied.
  - The 2013-14 survey had a total of 14 respondents (47% of program participants), with 78% indicating they were satisfied or very satisfied with the program, and 22% being neutral in their opinion.
- 40% of respondents are part of a clinic where all GPs participate, compared to 57% in 2013-14; only one respondent was aware of another GP in their clinic thinking of joining the FPHSP.
- Number of patient assignments: once every 10 days – 60% of respondents, once every 2 weeks – 10%, with the remaining respondents part of a weekly rotating call group.
  - In 2013-14, 57% indicated they received an assignment either once per week or once every 10 days.
  - Comparing two years of survey responses, there is indication that frequency of assignments has decreased and that the program has stabilized overall. *See previous page for statistical analysis of the frequency of patient assignments.*
- 90% of respondents indicate they take on unattached patients, compared to 100% in 2013-14.
- 90% of respondents feel the program has either no significant impact, or has a positive impact upon their practice, compared to 65% in 2013-14.
  - 10% feel the program negatively impacts their practice, compared to 35% in 2013-14.

## Suggested Improvements from 2014-15 physician survey:

- Improved communications re surgical admits
- RN support for collection of patient information/history; more overall support from CDH team
- Funding for invalid PHN patients (was implemented by CVDFP during the 2014-15 year)
- Develop list of GPs willing to accept unattached patients going into nursing homes
- Provide a copy of GPs accepting new patients to CDH; support unattached patients to find a GP.

## Status of suggested improvements from 2013-14 survey:

- Notification of surgical admits  
*UPDATE: Communications have been initiated with relevant parties and remain ongoing.*
- Improved pharmacy support  
*UPDATE: No way to measure improvements in this area; however, no further concerns have been brought forward.*
- Better definition of roles in shared care situations  
*UPDATE: As with notification of surgical admits, communications have been initiated with relevant parties and remain ongoing.*
- Better patient information (history and physical)  
*UPDATE: Communications have been initiated with ERPs and improvements have been noted in this area.*



- Patient education about DOD  
*UPDATE: No way to measure improvements in this area; however, no further concerns have been brought forward.*
- More consistency in rota assignments, minimize clerical errors  
*UPDATE: This area shows considerable improvement, save a few minor issues toward the end of the fiscal year. Overall the program has stabilized administratively.*
- Better communication around admissions made by surgeons / specialists  
*UPDATE: As with notification of surgical admits, communications have been initiated with relevant parties and remain ongoing.*

## SUMMARY

The FPHSP data processes have once again effectively documented program trends for the 2014-15 year. Collection mechanisms are well established and, with the exception of a single month during which data was inaccessible in Cowichan District Hospital records, are operating smoothly.

Both the hard data and anecdotal evidence this year indicate that the Family Practice Hospital Support Program and inpatient care in general have stabilized and are operating effectively, both from care provider and administrative perspectives.

With the addition of per-GP assignment averages for the 2014-15 year, the FPHSP inpatient care statistics appear sufficiently comprehensive to provide an effective appraisal of program operation. The data and data collection process has also continue to support CVDFP in achieving strategic priorities for the FPHSP program; specifically, assessing of program success and identifying areas of improvement.

### Recommended areas of focus for the coming year:

*Note: FPHSP/Inpatient care has been transitioned to a standing CVDFP operating committee as of 2015-16, rather than an area of strategic priority; however, statistics will continue to be collected and analysed on an ongoing basis.*

- Working to improve the level of reporting and billing of encounters will continue to be a focus for the coming year; a new process was implemented early in the year whereby monthly assignment summaries are provided to individual GPs with reminders to submit their encounter reports. Early indications are that this process is boosting the reporting percentage.
- Continuing conversations around improved communications and supports, as noted in the physician survey responses.

## GRAPHIC SUMMARIES

### THE COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

#### FPHSP Data Analysis - Summary Report

April 2014 - March 2015

**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.

#### PARTICIPATION

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	MAX	AVERAGE
No. of GPs participating in FPHSP	30	31	31	31	31	31	31	32	32	32	31	31	32	31
Total no. of GPs providing inpt care	--	--	--	72	--	--	--	--	--	--	--	--	72	72
No. of FS GPs providing inpt care	--	--	--	58	--	--	--	--	--	--	--	--	58	58
No. of locums providing inpt care	--	--	--	14	--	--	--	--	--	--	--	--	14	14
No. of full service GPs in CVDFP region	73	73	73	73	78	78	78	78	78	78	78	78		
% FS GPs in region who provide inpt care				79%									79%	79%
% of total FS GPs that participate in FPHSP				42%									42%	42%
% of inpt care providers that are locums				19%									19%	19%

The total number of full service GPs providing in-patient care at CDH:

**58**

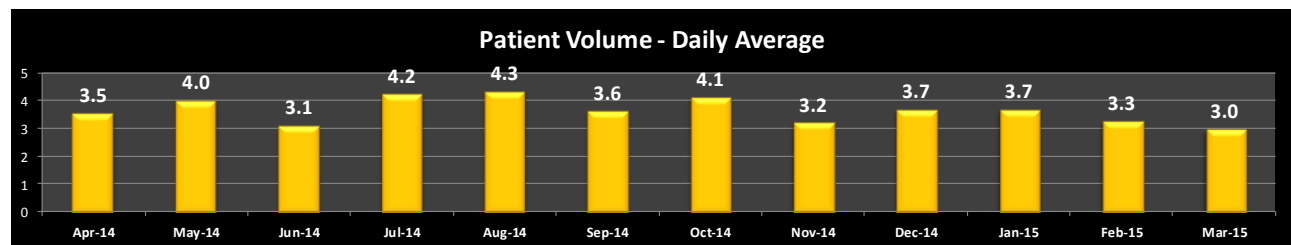
Of those,

**53%**

participate in FPHSP.

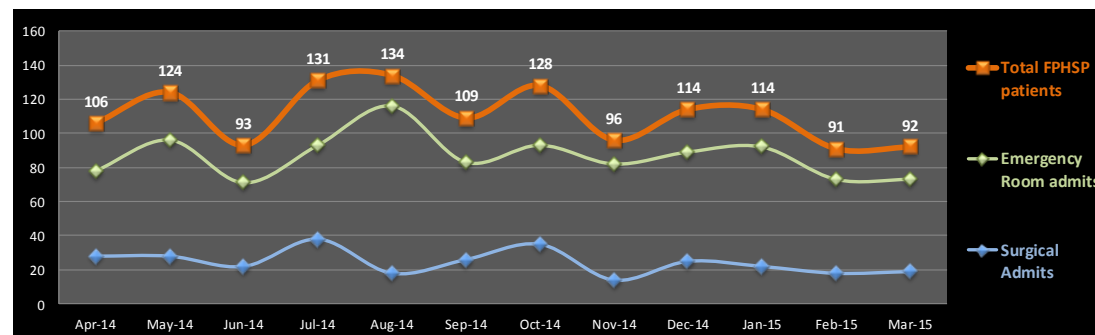
**79%**

of FS GPs in the region provide inpt care at CDH.



#### PATIENT VOLUMES

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL MAX	AVERAGE
Pt. totals - ER	78	96	71	93	116	83	93	82	89	92	73	73	1039	87
Pt. totals - surgical admits	28	28	22	38	18	26	35	14	25	22	18	19	293	24
Total FPHSP patients - ER & admin	106	124	93	131	134	109	128	96	114	114	91	92	1332	111
Pt volume - daily average	3.5	4.0	3.1	4.2	4.3	3.6	4.1	3.2	3.7	3.7	3.3	3.0	-	3.6
% of Total - ER	74%	77%	76%	71%	87%	76%	73%	85%	78%	81%	80%	79%	87%	78%
% of Total - surgical admits	26%	23%	24%	29%	13%	24%	27%	15%	22%	19%	20%	21%	29%	22%



On average,

**111.0**

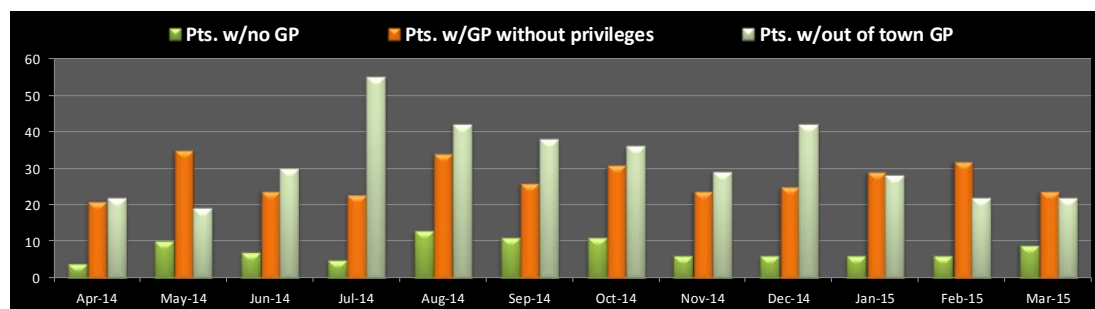
patients are assigned to FPHSP each month

Total FPHSP patients this year:

**1332**

## PATIENT CATEGORIES

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL MAX	AVERAGE
Pts. with no GP (14081)	4	10	7	5	13	11	11	6	6	6	6	9	94	8
Pts. w/ GP without privileges (14082)	21	35	24	23	34	26	31	24	25	29	32	24	328	27
Pts. w/out of town GP (14083) *	22	19	30	55	42	38	36	29	42	28	22	22	385	32
Category unspecified	0	1	2	3	3	0	1	0	0	6	4	0	20	-
Ttl recorded encounters (cross ref)	47	65	63	86	92	75	79	59	73	69	64	55	827	69
% Pts. w/no GP	9%	15%	11%	6%	14%	15%	14%	10%	8%	9%	9%	16%	16%	11%
% Pts. w/GP without privileges	45%	54%	38%	27%	37%	35%	39%	41%	34%	42%	50%	44%	54%	40%
% Pts. w/out of town GP	47%	29%	48%	64%	46%	51%	46%	49%	58%	41%	34%	40%	64%	46%



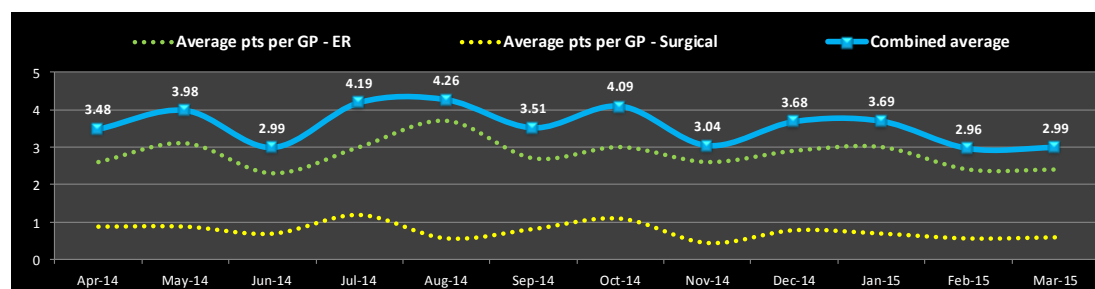
Unattached patients account for an average of

**11%**

of all FPHSP assignments

## PATIENT ASSIGNMENTS

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	MAX	AVERAGE
Average pts per GP - ER	2.6	3.1	2.3	3	3.7	2.7	3	2.6	2.9	3	2.4	2.4	3.70	2.81
Max. assigned patients - ER	4	4	3	4	5	3	4	3	4	4	3	4	5.00	3.75
Average pts per GP - surgical admits	0.875	0.875	0.6875	1.1875	0.5625	0.8125	1.09	0.44	0.78	0.69	0.56	0.59	1.1875	0.7625
Max. assigned pts - surgical admits	1	1	1	2	1	1	2	1	1	1	1	1	2	1.1666667
Combined average ER & surgical admits	3.475	3.975	2.9875	4.1875	4.2625	3.5125	4.09	3.04	3.68	3.69	2.96	2.99	4.2625	3.57



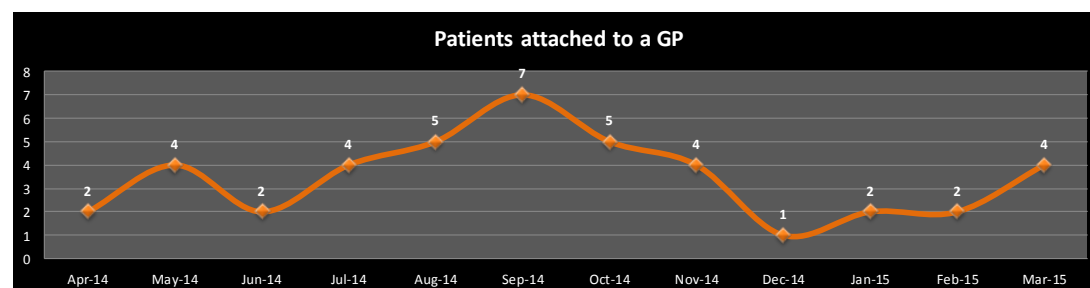
GPs are assigned a combined average of

**3.57**

patients per month

## PATIENT ATTACHMENT

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL MAX	AVERAGE
Pts attached - FPHSP billing sheets	0	1	2	1	3	6	2	3	1	1	2	4	26	2.2
Pts. attached - clinical reporting	2	3	0	3	2	1	3	1	0	1	0	0	16	1.3
Total no. of pts. attached	2	4	2	4	5	7	5	4	1	2	2	4	42	3.5
Total to month, no. of pts. attached	2	6	8	12	17	24	29	33	34	36	38	42	42	-



To date this year, there have been

**42**

patients attached to a GP through FPHSP

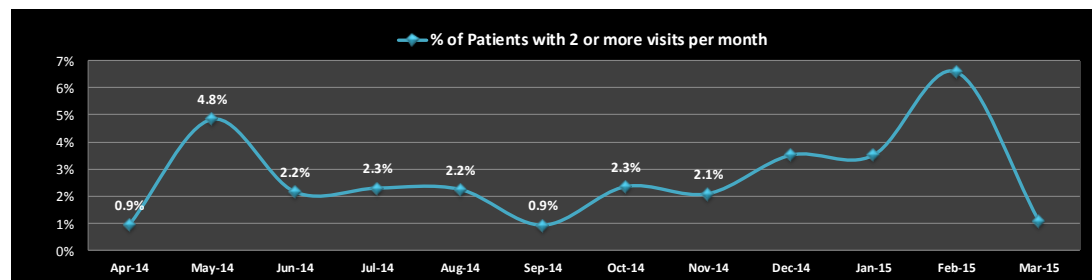
On average, for the 2014-2015 reporting year,

**45%**

of unattached patients cared for by FPHSP GPs have become attached

## REPEAT PATIENTS

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL MAX	AVERAGE
Total FPHSP patients - ER & admin	106	124	93	131	134	109	128	96	114	114	91	92	1332	111.0
Total to month, FPHSP patients	106	230	323	454	588	697	825	921	1035	1035	1240	1332	134	-
Pts w/ 2 or more ER admits in the mo	1	6	2	3	3	1	3	2	4	4	6	1	36	3.0
Total to month, pts. w/2 or more visits per month	1	7	9	12	15	16	19	21	25	29	35	36	-	-
Pts w/ 3 or more ER admits thru the yr.	1	2	3	3	7	9	12	14	16	20	23	27	27	11.4
Pts w/ 4 or more ER admits thru the yr.	0	0	1	2	2	3	4	4	4	6	7	8	8	4.1
% of monthly pts w/2 or more ER admits/mo	0.9%	4.8%	2.2%	2.3%	2.2%	0.9%	2.3%	2.1%	3.5%	3.5%	6.6%	1.1%	6.6%	2.7%
% of monthly pts w/3 or more ER admits/yr	0.9%	1.6%	3.2%	2.3%	5.2%	8.3%	9.4%	14.6%	14.0%	17.5%	25.3%	29.3%	29.3%	11.0%
% of monthly pts w/4 or more ER admits/yr	0.0%	0.0%	1.1%	1.5%	1.5%	2.8%	3.1%	4.2%	3.5%	5.3%	7.7%	8.7%	8.7%	3.3%



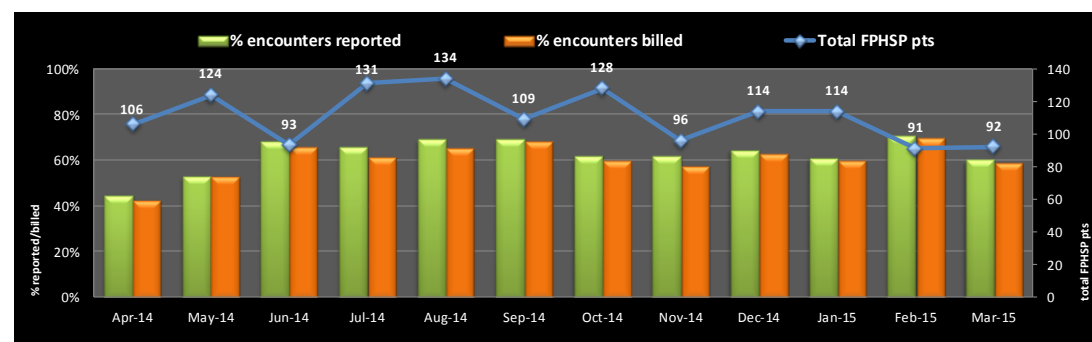
On average,  
FPHSP GPs see

**3.0**

patients who  
have had 2 or  
more ER visits in  
the month

## BILLING TRENDS

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL MAX	AVERAGE
Total FPHSP patients - ER & admin	106	124	93	131	134	109	128	96	114	114	91	92	1332	111.00
Total no. reported encounters	47	65	63	86	92	75	79	59	73	69	64	55	827	68.9
Total no. patient billings	45	65	61	80	87	74	76	55	71	68	63	54	799	66.6
% of reported encounters that are billed	96%	100%	97%	93%	95%	99%	96%	93%	97%	99%	98%	98%	100%	97%
% of total encounters reported	44%	52%	68%	66%	69%	69%	62%	61%	64%	61%	70%	60%	70%	62%
% of total encounters billed	42%	52%	66%	61%	65%	68%	59%	57%	62%	60%	69%	59%	69%	60%



**66.6**

Average  
number of  
billings/month

**97%**

of reported  
encounters are  
billed

## Data Summary Cowichan Maternity Clinic

### PROCESS

The Cowichan Maternity Clinic (CMC) data processes have once again effectively documented program trends for the 2014-15 year. Collection mechanisms are well established and are operating smoothly. Data is collected directly from CMC staff as raw data. Although some manual records are used, 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.*

### 2015 TRENDS

*See pages 16 & 17 for graphic summaries.*

#### PATIENT VOLUMES

- Total patients cared for since opening stands at 2501.
- The cumulative number of CMC patients grew by 498 patients in 2013-14, the clinic's fourth year of operation, an increase of 20 patients over the year prior.
- There was an average of 157 active patients each month, an increase of 15 patients per month over the 2013-14 monthly average.
- There was an average of 40 postpartum patients being seen by CMC each month, versus a monthly average of 36 in 2013-14.
- There was an average of 27 new patients each month, 80% of whom were referred by GPs, whereas in 2013-14 there was an average of 25 new patients each month, 86% of whom were referred by GPs.
- There was an average of 222 different patients seen each month, with an average of 404 total appointments booked per month.
- Whereas 2013-14 showed an overall downward trend in patient volumes, 2014-15 increased in all relevant categories – number of active patients, number of post-partum patients, number of different patients seen in a month, and total number of patient visits per month. See graphic summaries and year over year trends for further comparisons.

#### ABORIGINAL PATIENTS

- Aboriginal patients comprise 33% of active patients, with an average of 6.5 new Aboriginal patients per month; while the overall percentage is relatively static, the total *number* of new Aboriginal patients grew by 26% – 78 new patients for 2014-15, versus 62 last year.
- Of the Aboriginal patients, an average of 17% lives on Penelakut Island.

## PATIENT ATTACHMENT

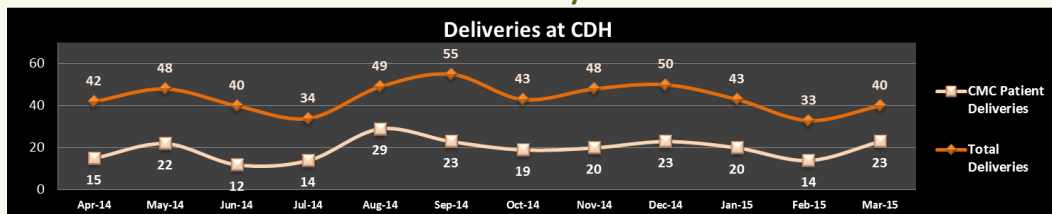
- Over the year, the clinic saw an average of 3 unattached patients per month, and attached a total of 130 patients to a family doctor (83 CMC patients and 47 family members), a significant increase over the total of 84 in 2013-14.

Patient attachment reached 130 in 2014-15, a 55% increase over 2013-14

## DELIVERY VOLUMES

- There was an average of 20 CMC patients per month who delivered at Cowichan District Hospital, for a total of 234 deliveries over the year, levels relatively consistent with 2013-14.
- Deliveries levels peaked at 29 in August 2014 and were lowest in June 2014 at 12.
- The CMC accounts for an average of 44% of all CDH deliveries, a relatively static percentage.
  - A high of 59% was achieved in August 2014, with March 2015 a close second at 58%.
  - A low of 30% was seen in June 2014.
  - Highs and lows in percentage of total deliveries both correspond to the highs and lows of overall CMC delivery volumes.
- There were a total of 44 patients who delivered by C-section, the same *number* as in 2013-14.
  - Of these 17 were elective, compared to 14 elective in 2013-14.
  - 27 were non-elective, versus 30 in 2013-14.
  - See table on page 14 for C-sections expressed as a *percentage* of total deliveries.
- 92% of patients delivered at or over 37 weeks, 8% at less than 37 weeks, both of which match 2013-14 levels.
- There were a total of 11 patients who transferred out for delivery elsewhere over the year, a 120% increase over the 5 patients in 2013-14.

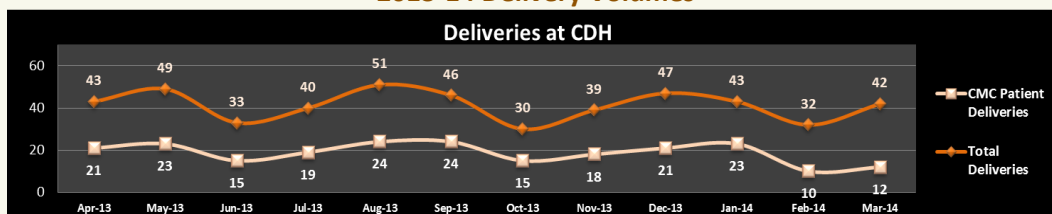
### 2014-15 Delivery Volumes



Total CMC deliveries for 2014-15:

234

### 2013-14 Delivery Volumes



Total CMC deliveries for 2013-14:

225

## BALANCING DATA

- There were a total of 14 patients over the course of the year who switched to the care of a midwife, down from the 18 who transferred in 2013-14.
- There were 26 c-section assists performed for midwives, down from 34 in the previous year.
- There were a total of 43 after-hours call-ins logged for non-CMC patients.
  - In 2013-14 this data was collected for only the last 3 months; however, by extrapolating the data, an estimate of 64 call outs is generated for the previous year, indicating an overall reduction in the number of non-CMC after hour call outs during the 2014-15 year.

## YEAR OVER YEAR TRENDS

Measure	2011-12	2012-13	2013-14	2014-15
Average number of active patients per month ( <i>antenatal</i> )	168	165	142	157
Total number of patients <i>Expressed as running total and net new for given year *</i>	979	1525 <i>Net new: 546</i>	2003 <i>Net new: 478</i>	2501 <i>Net new: 498</i>
Average number of new patients per month	30	26	25	27
Percentage of new patients GP-referred	85%	87%	86%	80%
Total number of different patients seen each month	235	238	208	222
Average number of patient visits per month	n/a	n/a	372	404
Average number of unattached patients per month	3	3	4	3
Total number of patients attached	112	118	84	130
Percentage of active patients who are Aboriginal	23%	34%	32%	33%
Percentage of Aboriginal patients from Penelakut	11%	10%	19%	17%
Total number of CMC deliveries	289	262	225	234
Percentage of deliveries at CDH	51%	45%	45%	44%
C-sections, elective <i>(expressed as percentage of total CMC deliveries)</i>	6%	12%	6%	7%
C-sections, non-elective <i>(expressed as percentage of total CMC deliveries)</i>	18%	18%	13%	11.5%
Deliveries at less than 37 weeks <i>(expressed as percentage of total CMC deliveries)</i>	11%	13%	8%	8%
No. of patients who switched to midwife <i>(expressed as total yearly number and as percentage of total new patients for the year)</i>	22 (2%)	24 (4%)	18 (4%)	14 (3%)
No. of c-section assists for mid-wives	15	14	34	26
After hours call outs, non CMC patients	n/a	n/a	64 <i>Extrapolated</i>	43

\* 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

In the 2013-14 year, Division staff work closely with Maternity Clinic staff to review and evaluate past data collection processes, and to redefine and rebuild data fields. The result was a much more streamlined and effective process, documenting data with improved accuracy and greater relevance to clinic operations. This improved framework has allowed CVDFP to start accumulating sufficient historical data to identify useful long term trends.

Trends of note between the 2013-14 and 2014-15 years include:

- An increase in all patient volumes and flows, along with a corresponding increase in number of deliveries:
  - Growth in the cumulative number of patients (total patient charts) over the year – up 4.25%.
  - Total number of new patients over the year – up 9.5%.
  - Total number of new aboriginal patients – up 26%
  - Average number of active patients per month – up 10.5%.
  - Average number of different patients seen each month – up 6.75%
  - Average number of patient visits booked per month – up 8.75%.
  - Number of deliveries – up 4%.
- A 55% increase in the number of patients attached to a GP.
- The first notable decrease in the percentage of patients who were referred by a GP, versus self-referred, from 86% to 80%.
- Relatively static *percentages* in the number of c-sections, both elective and non-elective.
- An increase in the percentage of patients who transferred elsewhere for their delivery from 2.25% to 4.75%.
- An overall decrease in balancing measures: the *number* of patients who switched to a midwife (down 22%); the *number* of c-section assists (down 23%); and the *number* of afterhours call outs for non-CMC patients (down 32.5%).

Four years' worth of data shows generally consistent overall volumes and outcomes; however, a few areas have been identified that show more significant changes over the four year period between March 1-2011 to March 31-2015:

- CMC patients undergoing non-elective C-sections has reduced from 18% to 11.5%.
- CMC patients undergoing elective C-sections spiked from 6% to 12% in 2012-13, but has settled again at 7% for 2014-15.
- CMC patients delivering prematurely (less than 37 weeks) has reduced from 11% to 8%, having spiked at 13% in 2012-13.
- The percentage of Aboriginal patients who are from Penelakut has grown from 11% to 17%, with a spike to 19% in 2013-14.

The CMC data and data collection process has continued to support CVDFP in achieving strategic priorities; specifically, in assessing program success and supporting discussions around clinic sustainability and operational models.

### 2015-16 Data Recommendations:

Continue with the status quo – the framework and collection mechanisms are well established and operating smoothly.



## GRAPHIC SUMMARIES

### THE COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

#### Cowichan Maternity Clinic - Quality Improvement Summary Report

April 2014 to March 2015

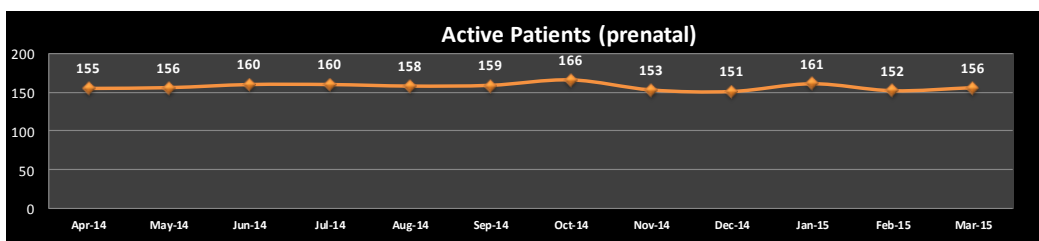
**OUR AIM STATEMENT:** We aim to improve care for maternity patients in the Cowichan region - those who don't have a GP, and those who have a GP that does not provide maternity care - by providing seamless, full-service care during pregnancy and labour, and up to six weeks post-partum.

#### 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-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	MAX	AVERAGE
Total number of CMC patients, since opening	2040	2084	2114	2153	2204	2256	2301	2341	2381	2428	2467	2501	-	2501	-
<b>Active Patients</b>															
Number of active patients in the CMC (antenatal)	155	156	160	160	158	159	166	153	151	161	152	156	1887	166	157
Number of postpartum patients in the CMC (mothers only)	25	36	43	38	40	31	47	41	42	49	44	42	478	49	40
Number of different patients who have been seen at CMC each month	200	196	228	224	226	238	246	216	214	239	223	215	-	246	222
Total number of patient visits per month	352	384	401	440	413	427	458	375	399	404	378	419	4850	458	404



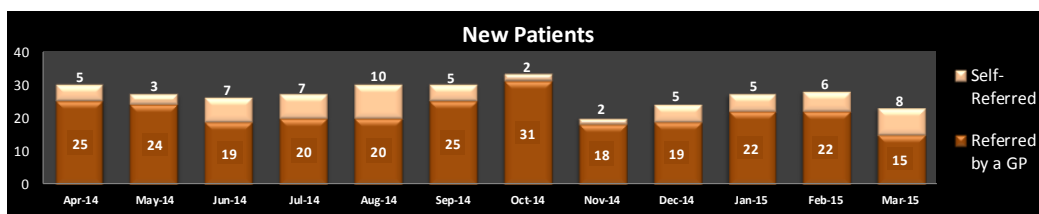
Total number of patients since opening

2501

Average number of patient visits per month

404.2

New Patients	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	MAX	AVERAGE
Total number of new patients, per month	30	27	26	27	30	30	33	20	24	27	28	23	325	33	27.1
Number of new patients referred by GP	25	24	19	20	20	25	31	18	19	22	22	15	260	31	21.7
Number of new patients self-referred	5	3	7	7	10	5	2	2	5	5	6	8	65	10	5.4
New patients as a % of active patients	19.4%	17.3%	16.3%	16.9%	19.0%	18.9%	19.9%	13.1%	15.9%	16.8%	18.4%	14.7%	-	20%	17.2%
% of new patients referred by a GP	83.3%	88.9%	73.1%	74.1%	66.7%	83.3%	93.9%	90.0%	79.2%	81.5%	78.6%	65.2%	-	94%	80%
% of new patients who self-referred	16.7%	11.1%	26.9%	25.9%	33.3%	16.7%	6.1%	10.0%	20.8%	18.5%	21.4%	34.8%	-	35%	20%



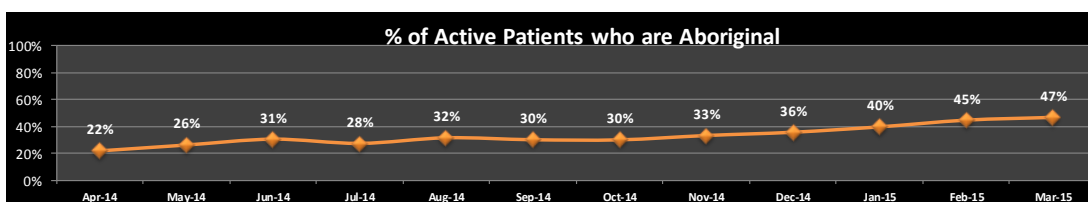
Average number of new patients each month

27.1

Average % of patients who self-refer

20%

Aboriginal Patients	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	MAX	AVERAGE
Number of new patients who are Aboriginal	4	5	7	6	12	5	9	10	7	7	5	1	78	12	6.5
Number of active patients who are Aboriginal	34	41	49	44	50	48	50	51	54	64	68	73	-	73	52.2
Number of active aboriginal patients from Penelakut (Kuper) Island	9	9	11	7	8	9	10	8	5	8	6	9	-	11	8.3
Number of active patients who are uninsured	1	0	0	2	2	3	3	3	2	0	0	0	-	3	1.78
% of new patients who are Aboriginal	0.133	0.1852	0.269	0.222	0.4	0.167	0.273	50%	29%	26%	18%	4%	-	50%	24%
% of active patients who are Aboriginal	22%	26%	31%	28%	32%	30%	30%	33%	36%	40%	45%	47%	-	47%	33%
% of Aboriginal patients from Penelakut Island	26%	22%	22%	16%	16%	19%	20%	16%	9%	13%	9%	12%	-	26%	17%
% of active patients from Penelakut Island	6%	6%	7%	4%	5%	6%	6%	5%	3%	5%	4%	6%	-	7%	5%

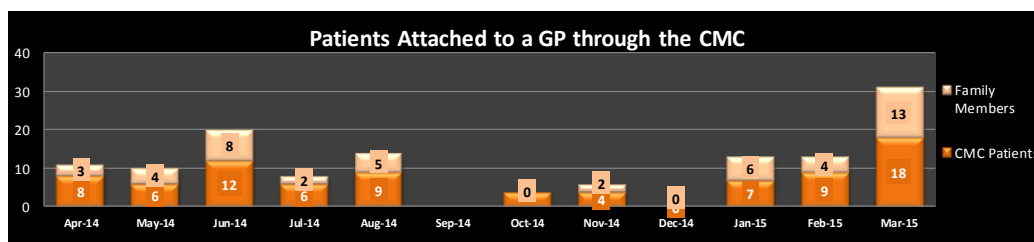


Average number of active patients from Penelakut Island

8.3

## PATIENT ATTACHMENT

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	MAX	AVERAGE
Number of new patients that arrive unattached, each month	1	4	4	5	4	4	1	1	3	3	6	5	41	6	3.4
Number of CMC patients who have been attached to a GP	8	6	12	6	9	0	4	4	0	7	9	18	83	18	8.3
Number of family members who have been attached to a GP	3	4	8	2	5	0	0	2	0	6	4	13	47	13	5.2
Total number of patients who have been attached to a GP	11	10	20	8	14	0	4	6	0	13	13	31	130	31	13.0
% of new patients who arrive unattached	3%	15%	15%	19%	13%	13%	3%	5%	13%	11%	21%	22%	-	22%	13%



Average number of unattached new patients each month

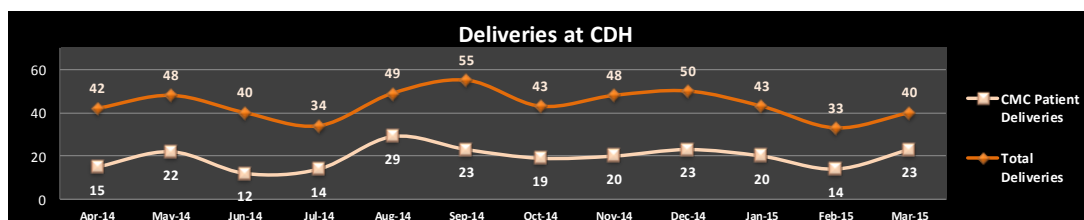
3.4

Patients attached to a GP this year

130

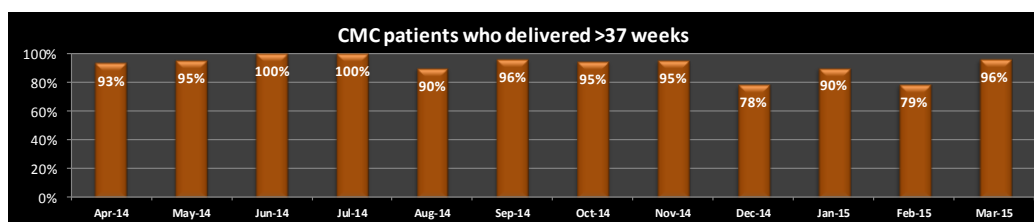
## DELIVERY VOLUMES

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	MAX	AVERAGE
Total number of deliveries @ CDH	42	48	40	34	49	55	43	48	50	43	33	40	525	55	43.8
Number of CMC patient deliveries @ CDH	15	22	12	14	29	23	19	20	23	20	14	23	234	29	19.5
Number of CMC patients who have delivered @ CDH >37 weeks	14	21	12	14	26	22	18	19	18	18	11	22	215	26	17.9
Number of CMC patients who have delivered @ CDH <37 wks	1	1	0	0	3	1	1	1	5	2	3	1	19	5	1.4
Number of clinic patients who delivered elsewhere	2	1	2	0	1	1	0	0	2	2	1	1	11	2	0.8
Number of patients who delivered via C-Section, elective	1	0	1	0	1	1	3	2	4	1	2	1	17	4	1.4
Number of patients who delivered via C-Section, non-elective	4	2	1	2	2	2	5	3	3	0	0	3	27	5	2.7
CMC deliveries as % of all deliveries @ CDH	36%	46%	30%	41%	59%	42%	44%	42%	46%	47%	42%	58%	-	59%	44%
% of CMC patients who delivered >37 weeks	93%	95%	100%	100%	90%	96%	95%	95%	78%	90%	79%	96%	-	100%	92%
% of CMC patients who delivered <37 weeks	7%	5%	n/a	n/a	10%	4%	5%	5%	22%	10%	21%	4%	-	22%	9%
% of CMC elective C-Section deliveries	7%	0%	8%	0%	3%	4%	16%	10%	17%	5%	14%	4%	-	17%	7%
% of CMC non-elective C-Section deliveries	27%	9%	8%	14%	7%	9%	26%	15%	13%	0%	13%	-	-	27%	14%
Total C-Section deliveries (elective and non-elective)	5	2	2	2	3	3	8	5	7	1	2	4	44	8	3.7
% of deliveries via C-Section	33%	9%	17%	14%	10%	13%	42%	25%	30%	5%	14%	17%	-	42%	19%



Total CMC deliveries this year

234



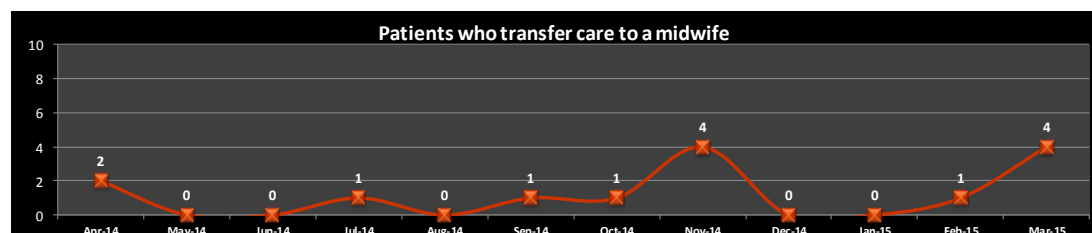
On average, CMC patients account for

44%

of deliveries at CDH

## BALANCING DATA

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	MAX	AVERAGE
Number of patients w/ confidentiality concerns	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Number of patients who switched to a midwife	2	0	0	1	0	1	1	4	0	0	1	4	14	4	1.0
Number of C-Section assists for midwives	5	0	2	4	3	1	2	4	1	3	1	0	26	5	2.6
Total number of after hours call-ins for non-CMC patients	6	2	3	7	6	2	4	4	2	3	2	2	43	7	-



The CMC performs an average of

2.6

C-Section assists for midwives per month

## Data Summary Retention & Recruitment Program

### PROCESS

#### Locum Program

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.

#### Recruitment Program

Recruitment advertisements now include CVDFP admin staff contact information; therefore, a portion of the recruitment data is received directly by staff, is documented, and entered into the master data sheets. Other data is collected from the Recruitment Lead.

*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.*

### 2015 TRENDS and 2014 COMPARIBLES

*See page 21 for graphic summaries.*

With 2013-14 locum program data lost for the months of January to March, comparisons will be based on extrapolated data from numbers collected for the first 9 months of the previous fiscal year.

#### LOCUM PROGRAM VOLUMES

- In 2014-15 there were 39 different GPs who inquired about coverage, compared to 38 (extrapolated) in the previous year.
- With 78 full service family physicians in CVDFP during most of the year, data suggests approximately 50% have submitted requests to the Locum Coordinator during the year, equal to last year.
- The Locum Coordinator received an average of 6 communications per month, a significant increase over the 2.5 per month in 2013-14.
  - Communications from GPs often include multiple dates; however, in 2013-14 the instances of coverage needed equaled the number of communications per month at 6, up 36% from the 4.4 per month last year. However, volumes varied considerably month to month.
    - The greatest number of communications was received in October 2014 and January 2015, at 18 each month.
    - The lowest number of communications was received in August 2014 and December 2014 at 1 request each month.

- The demand for coverage was highest for March 2015, with 14 instances of coverage being sought, followed by October with 10.
  - The demand for coverage was lowest for June, with 2 instances of coverage being sought, followed by July and September, at 3 instances of coverage being sought in each month.
- The locum pool grew from 10 locum physicians in April 2014 to 14 in March 2015, equaling the number last recorded in the 2013-14 year.

### LOCUM FULFILLMENT RATES

- The Locum Coordinator filled 43% of the coverage requirements, compared to a 52% fulfillment rate in 2013-14.
  - The total *number* of coverage requirements increased by 41% (53 during the previous year, increasing to 75), while the *number* of locums filled increased by 21% (26.5 to 32).
  - The month for which the most requests were filled was November 2014 at 83%, followed by October at 80% (this reflects the date of the coverage requirement, not the date it was filled by the Locum Coordinator).
  - The months for which the fewest requests were filled were July and August 2014, for which no requests were filled, followed by February 2015 at 14% fulfillment.

### PROGRAM SATISFACTION

- A survey of physicians and locums was conducted in the fall of 2014-15 to determine the level of satisfaction with the Locum Program in its present form.
  - There were 11 GP responses, with a 63% satisfaction rate.
  - There were 5 locum physician responses, with a 100% satisfaction rate.
- There were no satisfaction surveys completed in the previous year and therefore no year to year comparisons are available.
- Four of five new GPs completed surveys to inform the recruitment process by identifying how they went about selecting Cowichan as their practice community.

### RECRUITMENT

- Physician openings fluctuated between 3 and 4 over the year, ending the year with 4 available positions, an increase of two over the end of 2013-14, but still down significantly from the 7 positions available at the start of the previous year.
- There were no GPs new to the area that CVDFP played a role in recruiting during the 2014-15 year.
- The Cowichan region saw five new GPs arrive in the area during the year; however, these were physicians actually recruited during the previous fiscal year and therefore are not reflected in this year's data.
- CVDFP saw several GPs either retire or move from the Cowichan area:
  - Three GPs moved from the region – two locums and one full service family physician (the latter one of the more recent recruits; this practice was not filled during the 2013-14 year).
  - One full service GP retired during the year and shifted to locum work; this practice was assumed by another full service GP already in the area.
  - One locum physician retired.
  - One ERP moved from the region.

## PROMOTIONAL ACTIVITIES

- Two recruitment events were attended over the year, in the months of May and June 2014.
  - Two recruitment events were attended the previous year, in June 2013 and February 2014.
  - Neither year showed recorded any notable benefit from attending these events.
- CVDFP placed three ads in the course of the 2014-15 fiscal year, having expanded its advertising efforts at the end of the 2013-14 year.
- CVDFP enhanced its online presence via updating of the website and information included therein.
- There were a total of 10 inquiries received from GPs; 6 in relation to locum opportunities, 4 in relation to full service permanent opportunities.
  - This is a significant increase over the previous year where only 1 GP inquiry was recorded; however, it must be noted that data from the previous year was incomplete.
- In instances where CVDFP played a role in recruiting a new GP to the area and that GP opens a net-new practice, the unattached patients taken on by that practice (per their monthly attachment reports) are attributed to the recruitment program for first 6 months after the clinic opens.
  - In 2014-15 there were 80 attached patients attributed to the Recruitment Program.

## YEAR OVER YEAR TRENDS

**Locum Program:** With only partial data available for the 2013-14 year, and no data available for previous years, no absolute comparisons can be made; however, it can be clearly seen that overall volumes through the locum program have been trending upward, indicating that the efforts to increase awareness of the program with members has been successful. With a more effective reporting process now in place, it is anticipated that future years will offer more year over year comparables.

**Recruitment:** With low overall volumes, few useful year to year comparisons can be made after only two years of recording data; however, there was considerably greater response to advertising efforts than in the previous year, indicating that the enhanced protocols in that area are netting the desired results.

## SUMMARY

Efforts to standardize locum program reporting, and to amalgamate the locum and recruitment data framework have resulted in a more streamlined and more easily assessed statistical summary. This improved reporting has allowed for more real time adjustments to be made during the year, particularly in the locum program.

Recruitment related volumes remain low and data sources are somewhat anecdotal (ie number of inquiries), making statistical evaluation difficult. However, overall awareness, for both the locum program and recruitment activities has increased significantly, a positive development which will support longer term efforts in both areas.

The program data and data collection process support CVDFP in achieving strategic priorities for the locum and recruitment programs; specifically, in assessing effectiveness of the program, and the efforts to increase awareness of the program through more visible advertising and enhanced promotional efforts.

### Recommended areas of focus for the coming year:

- Extract additional data around inquiries received by CVDFP to ascertain where interested GPs are looking to relocate from – ie within BC, within Canada, international – to allow for more focused advertising efforts.
- Redirect resources from recruitment events to advertising, as this has shown better return on investment.

## GRAPHIC SUMMARIES

### THE COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

#### Locum & Recruitment Program Data Analysis - Summary Report

April 2014 - March 2015

**LOCUM PROGRAM 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 FMR training.

**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.

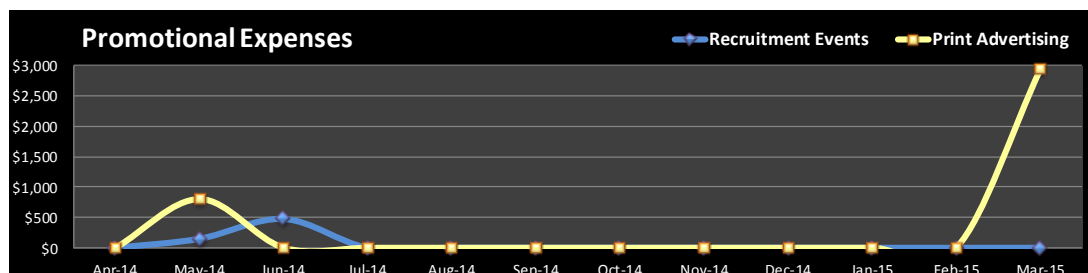
**RECRUITMENT PROGRAM AIM STATEMENT:** We aim to promote the Cowichan region and CVDFP to potential new GPs; to support individual clinics in their recruitment efforts, including the provision of recruitment guidelines, promotion of career opportunities, and making connections with potential recruits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

**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.

#### PROMOTIONAL ACTIVITIES & RESPONSIVENESS

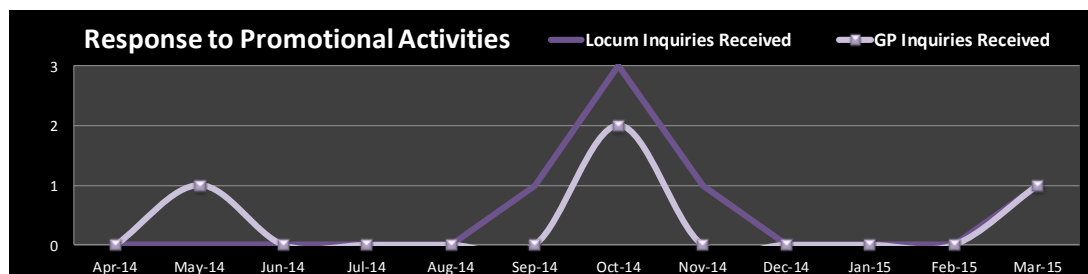
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	AVERAGE
No. of GP openings	3	3	3	3	3	4	4	3	3	3	3	4	-	3.25
No. of recruitment events attended	0	1	1	0	0	0	0	0	0	0	0	0	2	-
Cost of recruitment events	0	149	474	0	0	0	0	0	0	0	0	0	\$ 623	\$ 52
Number of ads placed	0	1	0	0	0	0	0	0	0	0	0	2	3	-
Cost of advertising	0	800	0	0	0	0	0	0	0	0	0	2934	\$ 3,734	\$ 311
No. of locum inquiries received	0	0	0	0	0	1	3	1	0	0	0	1	6	-
No. of GP inquiries received	0	1	0	0	0	0	2	0	0	0	0	1	4	-



Advertising costs include full-colour ads in the BCMJ and the CMJ.

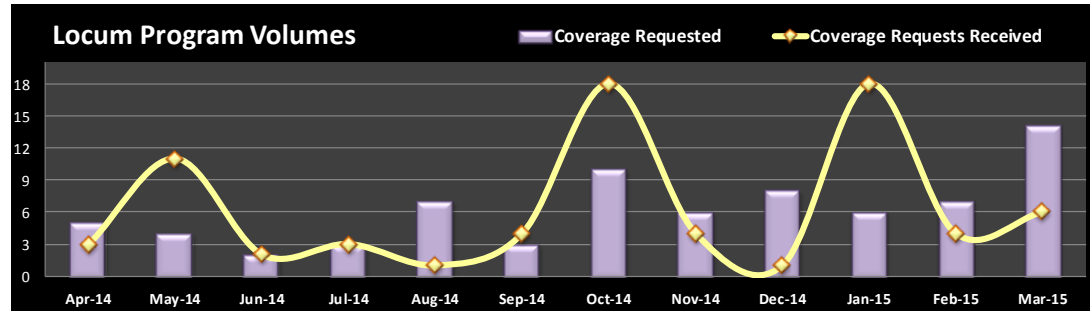
The CVDFP attended recruitment events in Nanaimo and Vancouver.

The number of GP openings has remained constant at 2.



## LOCUM PROGRAM - AWARENESS & UTILIZATION

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	TOTAL	AVERAGE
No. of different GPs inquiring about coverage	7	12	13	15	15	18	30	31	31	36	36	39	283	-
No. of locums participating in the program	14	10	10	10	10	11	13	13	14	14	14	13	-	12
No. of locum inquiries received	0	0	0	0	0	1	3	1	0	0	0	1	6	0.50
No. of GP communications (coverage requests)	3	11	2	3	1	4	18	4	1	18	4	6	75	-
Instances of coverage requested	5	4	2	3	7	3	10	6	8	6	7	14	75	6.25
No. of matching placements made	2	2	1	0	0	2	8	5	4	3	1	4	32	3.2
Percentage of requests filled	40%	50%	50%	0%	0%	67%	80%	83%	50%	50%	14%	29%	-	43%
No. of locums transitioning to FS	0	0	0	0	0	0	0	0	0	0	0	0	0	-
No. of GPs making community site visits	0	0	0	0	0	0	0	0	0	0	0	0	0	-
No. of GPs recruited	0	0	0	0	0	0	0	0	0	0	0	0	0	-



On average,  
the Locum  
Coordinator is  
able to fulfill

**43%**

of requests for  
coverage.

## Data Summary

### Patient Attachment

#### PROCESS

As outlined in the 2014-15 CVDFP strategic plan, Patient Attachment is being achieved through a number of programs and supports, including all of the programs identified in this report, ER referrals (see description below) and via GP practice supports, the latter of which are intended to increase capacity within individual clinics. Data on the total number of patients attached is collected both through the established data frameworks described throughout this report, and via reports submitted to CVDFP by individual GP offices. Information collected from GP clinics includes:

- Patients attached through the Family Practice Hospital Support Program. In these instances, the data is cross referenced with the attachment reporting included on the FPHSP billing sheets, and any duplication removed. This ensures that CVDFP systems capture as many attached patients as possible.
- Patients attached through the ER Referral Program. This program involves providing to the CDH Emergency Department a roster of GPs willing to accept referrals from ER physicians. Focusing on the higher needs patients, ERPs will use the roster to try and connect a patient in need with an available family physician, in a matching geographic area.
- Patients attached through net-new GP practices. In instances where CVDFP played a role in recruiting a new GP to the area and that GP opens a net-new practice, the unattached patients taken on by that practice (per their monthly attachment reports) are attributed to the recruitment program for first 6 months after the clinic opens.

#### YEAR OVER YEAR TRENDS

In the 2014-15 year, 12 of 19 GP clinics (63%) and 54 of 78 GPs (69%) provided reports on patients attached through their clinics, including patients first encountered through ER referrals and the FPHSP program.

In 2013-14, there were 10 of 17 clinics (59%) and 49 of 75 GPs (65%) reporting on their patient attachment efforts.

The positive variance is likely attributable both to clinic office staff's familiarity of the reporting, an increase in the frequency of reminder notices issued, and the addition of new GPs to the area keen to contribute to the GP for Me efforts.

***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 and is used only by authorized CVDFP staff.*
- *Data is shared only as necessary for data summary purposes.*



## PATIENT ATTACHMENT TOTALS

In 2014-15, there were 54 GPs in 12 different clinics providing monthly attachment reports, an increase of 11% over the 49 GPs reporting in 2013-14. Of these, two had opened net new practices and therefore had a portion of their attached patients attributed to the recruitment program.

Collection of clinical attachment data is somewhat arduous as many office staff find it difficult to fit the extra work into their days. Routine reminders and notes of appreciation are issued to encourage regular reporting. Although there is often some delay in the submission of reports, there has been a positive trend in the total number and frequency of reports received.

The following chart summarizes all patient attachment totals to-date.

PRIMARY PROGRAMS	To Mar 31- 2013	2013-14	2014-15	Cumulative totals
Maternity Clinic	230	84	130	444
FPHSP <sup>1</sup>	21	42	42	105
Extrapolated data for missing 10 months (Jun 2012-Mar 2013) <sup>2</sup>	35	n/a	n/a	35
ER Referral Program	n/a	n/a	16	16
Locum Program <sup>3</sup>	421	0	0	421
Recruitment <sup>4</sup>	0	0	80	80
<b>Sub-total</b>	<b>707</b>	<b>126</b>	<b>268</b>	<b>1101</b>
<b>GP SUPPORTS</b>				
Lake Cowichan closure	500	n/a	n/a	500
Ind. Clinic submissions <sup>5</sup>	n/a	1338	1543	2881
<b>Sub-total</b>	<b>500</b>	<b>1338</b>	<b>1543</b>	<b>3381</b>
<b>TOTALS</b>	<b>1207</b>	<b>1464</b>	<b>1811</b>	<b>4482</b>

Updated July 16-2015

<sup>1</sup> First measure includes only October 2011 to May 2012

Patient/month average, Oct 2011-May 2012: 3.5

Patient/month average, Apr 2013-Mar 2014: 3.5

<sup>2</sup> Estimated number of patients attached via FPSHP for Jun 2012-Mar 2013, based on previous monthly averages

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

<sup>4</sup> Achieved via recruitment of 2 new GPs for the Lake Cowichan Community in 2013-14; other net new GPs not included in this tally as they arrived in Cowichan of their own accord.

<sup>5</sup> Data for April 1-2014 to March 31-2015 was collected from 54 GPs in 12 different clinics.