COWICHAN VALLEY DIVISION OF FAMILY PRACTICE

Program Data Summary Report

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2018

Providing leadership in healthcare innovations,
in collaboration with our community.

2017-18
Program Data Summary Report

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Introduction

In 2013, the Cowichan Valley Division of Family Practice (CVDFP) took on 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 the 2017-18 year; where applicable, the report 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.

With five years of comparable data now in hand, some longer term trends are beginning to emerge. Any such notable trends have been highlighted throughout the report.

Data Summary

Family Practice Hospital Support Program / Inpatient Care

INITIATIVE OVERVIEW

Developed by CVDFP in 2010, and put in place to replace the original Doctor of the Day program at Cowichan District Hospital, the Family Practice Hospital Support Program (FPHSP) provides support to GPs who provide inpatient care to patients admitted to Cowichan District Hospital without a family doctor. FPHSP is structured so that unattached patients are assigned one at a time to participating physicians, on a rotating basis.

Funding for care delivery is provided by the Ministry of Health, but administered and distributed by CVDFP. FPHSP physicians are provided $150 per assigned patient, plus a quarterly network incentive, an annual amount of $219,000 ($54,750 per quarter) divided evenly among the FPHSP participants.

During the 2017-18 year, considerable time and effort was invested in finding ways to further support family doctors working in hospital, with an immediate goal to prevent further attrition from both the FPHSP program and inpatient care in general, and with the ultimate goal to grow the number of participating physicians further. This work was undertaken via close collaboration with several key stakeholders, including community GPs, Island Health and GPSC.

As a result of these efforts, additional funding in the amount of $500,000 for the 2018-19 year has been secured through the GPSC to support the continuation of inpatient care in seven mid-size communities in the province, including Cowichan. In Cowichan, these funds will be used to financially incentivize weekend hospital work, and to enhance the existing FPHSP per-patient compensation. See more detail on page 5.

DATA COLLECTION 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, once analyzed, provides a record of how many patients are referred to the respective GPs and how often. The CDH information also offers sufficient data to identify repeat admissions through the ER.

During the 2017-18 year, in an effort to reduce overall patient volumes seen by the FPHSP program, surgeons agreed to serve as MRP for their own patients, with FPHSP GPs available for consults as needed. As a result, the pre-admit roster was discontinued. Stats included in this report reflect this transition, with notations included where applicable.

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 the types of unattached patients seen.

Individual GP clinics – over the course of the 2017-18 year, 31 GPs in 5 different clinics provided reports on the number of patients attached to their practices, including patients first encountered through the FPHSP program, plus ER referrals and those referred by the GP for Me call line.

Data from clinical reports is cross referenced with other attachment reporting mechanisms, such as GP FPHSP billing sheets, to eliminate duplication. Although every reasonable effort is made to ensure accuracy of reported data, a margin of error should be expected. Based on anecdotal feedback and billing trends, it is likely that patient attachment through the various CVDFP programs, including the Family Practice Hospital Support Program, is under-reported.

Island Health has in previous years supplied a list of family physicians with privileges at CDH. This information was validated against CVDFP records and was used to document levels of participation in hospital work, including geographic breakdowns. However, during the 2017-18 year, Island Health changed their privacy policies in a way that no longer allowed CVDFP access to this information. While total numbers of physicians with privileges has been provided, such information does not allow for filters to be applied and limits the usefulness of the data.

Notwithstanding the above, with the implementation of additional inpatient care funding for the 2018-19 year, a process for calculating weekend call stipend was established which entails the review and analysis of CDH weekend call schedules. These schedules provide a snapshot of which family doctors are actively providing inpatient care, and will be used going forward as the basis for assessing the number and percentage of GPs providing inpatient care.

All incoming data and data formulas are reviewed for accuracy prior to being extracted for inclusion in 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.*
- *Raw data is shared only as necessary for data assessment purposes or in specific instances where troubleshooting is required.*

INPATIENT CARE / FPHSP TRENDS & COMPARISONS

PARTICIPANT NUMBERS

- As of March 2018, 57 full service family physicians held privileges at Cowichan District Hospital, comprising 68% of family doctors within the CVDFP catchment area, compared to 75% recorded in 2016-17.
    - Of the 57 GPs with privileges, only 52 (62% of all family doctors) were providing regular inpatient care.
    - Narrowing the parameters to focus on the Duncan region showed that 88% (43 of 49) of Duncan-based family doctors held privileges at CDH, as of March 31-2018, compared to 92% (45 of 49) recorded in 2016-17.
        - Of the 43 Duncan-based GPs with privileges, 40 (82% of the 49 Duncan-based family doctors) were providing regular inpatient care.
    - -The 2017 data report projected a further decrease in 2017-18 of the numbers of GPs doing hospital work due to retirements, changes in practice, and a trend among new physicians who opt not to do hospital work.
        - Between November 2016, when the privilege count was last performed, and March 2018, the total number of full service family doctors providing inpatient care decreased by 12 from 64 to 52.
- A comparative review of November 2016 and March 2018 privileging information showed that 4 new physicians had obtained privileges during that time, while 16 had ceased providing inpatient care. Of those 16:
    - 3 retired from full service family practice
    - 5 left the region to practice elsewhere
    - 4 left full service family practice for other practice types (ie transitioned to locum)
    - 4 still held privileges but were not providing regular inpatient care.
- **Notable trend:** Of the 52 GPs with privileges at March 2018, 38% were participating in the FPHSP, a decrease over the 42% participation in 2016-17, and 56% participation in 2015-16.
    - FPHSP averaged 23 GP participants over the course of the 2017-18 year, compared to the average of 27 participants during 2016-17.
        - The 2017-18 year ended with 20 GPs on the roster.
        - 2017-18 saw highest participant levels in April and May 2017 at 28 GPs, with a low of 19 recorded in February 2018.
    - Over the 2017-18 year, there were 2 new GP participants added to the roster, both of whom were new to the area.
    - Simultaneously, there were 8 GPs who departed the roster: 2 who left the region; 1 who retired; 1 from a clinic that encountered recruitment difficulties; and the remaining 4 for personal reasons.
- FPHSP participation continued to trend downward over the 2017-18 year, as did the overall number of family physicians providing inpatient care, significantly increasing the workload for those remaining. Notwithstanding, the burden of this work has been eased somewhat by two notable interventions established during the 2017-18 year:
    - **Intervention #1 – surgical MRP:** Starting September 2017, surgeons at CDH agreed to take on MRP for their patients, decreasing overall FPHSP volumes (see stats on next page)
    - **Intervention #2 – enhanced financial incentives:** Working collaboratively with CVDFP members, Island Health and the GPSC, additional funding in the amount of $500,000 for the 2018-19 year has been secured through the GPSC to support the continuation of inpatient care in Cowichan. In

consultation with community GPs, a program was developed whereby weekend hospital work will be compensated and FPHSP assignments will be further enhanced:

- Weekend call: $70 per physician, paid to the doctor on call, to a maximum of $500 per call group, per day.
- Enhanced FPHSP fees: $50 per patient, in addition to the existing $150 per patient paid through MSP.
- Approximately 6% of the funding is set aside for administration of the program

- **Intervention #3 – RADU:** The Rapid Assessment Discharge Unit, launched April 2-2018, is staffed by existing CDH ER physicians, on a voluntary basis. The RADU program will support the FPHSP program by completing histories and physicals; networking with MRPs; and being otherwise available to assist family doctors during daytime hours.

  RADU will complete order sets for certain patients in the ER less than 24 hours such as those with psychiatric or substance use concerns. By having the ER admit these patients to RADU for monitoring, rather than FPHSP, patient volumes should be further decreased. If after 24 hours these patients cannot be discharged, they will be admitted to the FPHSP program or their own family doctor if they have one.

- **Implications**: While recruiting additional participants to the FPHSP program and hospital work continues to be challenging, it is anticipated that the above interventions will serve to stabilize the program by decreasing the burden on those who continue to do the work. Patient and GP participant volumes will be closely monitored over the coming year. CVDFP continues to work closely with Island Health in this regard.

PATIENT VOLUMES

As noted above, 2017-18 saw the discontinuation of the surgical pre-admit roster mid-way through the year, removing such patients from the FPHSP assignments. Where relevant, patient volumes are reported for the period before and after this change, as well as overall yearly averages.

- In total, the FPHSP program saw 1,518 admitted patients (an average of 127 per month, 4 per day) over the course of the 2017-18 year. Of the 1,518 FPHSP patients:
  - 920 patients (an average of 153 per month, 5 per day) were seen during the first six months of the year, when surgical pre-admits were still being assigned through FPHSP.
  - 598 patients (an average of 100 per month, 3.3 patients per day) were seen during the latter six months of the year, after surgical MRP was removed from the FPHSP program.
  - **Notable variance:** 1,374 patients were admitted through the ER – an average of 115 per month, 3.8 per day – representing a decrease of 8.5% over the 1,488 seen in 2016-17.
    - There was a high of 154 ER patients admitted to FPHSP in May 2017, compared to a high of 146 seen the previous year (Dec 2016).
    - There was a low of 87 ER patients admitted to FPHSP in February 2018, compared to a low of 105 seen the previous year (April 2016).
  - A total of 144 patients were admitted through surgical pre-admits from April to September 2017. *As of September 2017, surgical pre-admits to the FPHSP program were discontinued.*
- Although surgical pre-admits were discontinued part way through the year, data collected between April and August of 2017 showed an average of 27 patients per month were admitted through surgical pre-admits, slightly below the average of 28 per month recorded during the 2016-17 year.
- **Notable variance:** Overall combined patient volumes showed a decrease of 17% over 2016-17, a positive development following the 38% increase recorded the previous year.

GP ASSIGNMENT VOLUMES

- There was an average of 5.5 patients per month assigned to each FPHSP GP over the course of the year; 5 attributable to ER admits, .5 attributable to surgical pre-admits (6 months only).
    - This equals the 5.5 patients per GP per month assigned during the 2016-17 year (ER 4.5 pts/mo, and admitting 1 pt/mo).
    - The first six months of the 2017-18 year showed an average of 6.4 patient assignments per month per GP (5.4 through ER; 1 through surgical pre-admits), while the final six months decreased to an average of 4.5 patient assignments per month per GP (ER only).
    - Statistically, participating GPs received on average 1 patient assignment every 5.5 days over the year, including ER and pre-admits, comparable averages to 2016-17, which saw higher patient volumes but also had higher GP participation in the FPHSP program.
        - During the first half of 2017-18, when surgical pre-admits were still assigned to FPHSP, GPs received a patient assignment every 4.5 days on average.
        - **Notable variance:** During the second half of 2017-18, after surgical pre-admits were removed from FPHSP, GPs received a patient assignment every 7 days on average.
    - Highest average per-GP patient assignments through the ER occurred in August 2017, at an average of 7.2 patients per GP per month, significantly above the high of 5.6 recorded in 2016-17.
        - The peak number of assignments, by individual GP, also occurred in August 2017, where 10 ER patients were assigned to two individual GPs; again, this is significantly above the peak level of 7 assignments recorded in 2016-17.
    - The highest average per-GP patient assignments from surgical pre-admits occurred in July 2017 at 1.4 per GP per month, slightly below the 1.7 for the 2016-17 year.
        - The peak number of assignments in a month, by individual GP, occurred in May 2017, where 3 pre-admit patients were assigned to six different GPs, the same peak levels seen in the previous year.

PATIENT ATTACHMENT CATEGORIES

- Over the year, 4% of patient assignments reported to CVDFP were not categorized, an increase over the 2% recorded in 2016-17.
- As such variance would skew the patient category breakdown, percentages have been calculated using only those encounters for which a patient category was recorded. See below for details.

PATIENT CATEGORIES – CODED ENCOUNTERS

PATIENT CATEGORY	2013-14		2014-15		2015-16		2016-17		2017-18	
	Total	%	Total	%	Total	%	Total	%	Total	%
No family doctor (14081)	98	**12%**	94	**12%**	109	**13%**	123	**11%**	167	**16%**
GP with no privileges (14082)	338	**42%**	328	**41%**	304	**37%**	553	**48%**	500	**49%**
GP who is out of town (14083)	378	**46%**	385	**48%**	410	**50%**	487	**42%**	363	**35%**
Total coded encounters	814	100%	807	100%	823	100%	1162	100%	1030	100%
No category provided	5		20		48		28		42	
Total reported encounters	819		827		871		1191		1072	

- As the preceding table demonstrates, based upon the reported, categorized FPHSP encounters, patient volumes have shown the following trends:
    - **Notable variance:** The volume of truly unattached patients has shown its first significant change in five years of tracking program data.
        - Expressed as a percentage of all reported FPHSP patients, the truly unattached has increased by 5 percentage points in 2017-18, to 16%.
        - Expressed as numbers of patients, the truly unattached has increased 35.5% from 123 in 2016-17, to 167 in 2017-18. This is particularly notable given the decrease in overall patient volumes for the year.
    - The percentage of patients who have a family doctor without hospital privileges has increased by another 1 percentage point of total FPHSP patients in the past year and now represents 49% of all FPHSP patients.
        - Notwithstanding the above, when expressed as numbers of patients, this category has actually seen a decrease of 9.5% from 553 to 500.
    - The percentage of patients who have a family doctor outside of the Cowichan region has decreased 7 percentage points over the 2016-17 year, from 42% to 35%.
        - Similarly, the actual numbers of patients in this category has decreased 25.5% from 487 to 363.

ADMISSION FREQUENCY

- There were 71 patients over the course of the year who had two or more ER admits in a given month, down slightly from the 74 recorded in 2016-17.
- There were 181 patients who had two or more ER admits over the course of the year, compared to 198 in the previous year. Of the 181, there were:
    - 129 patients with 2 admits during the year
    - 33 patients with 3 admits
    - 10 patients with 4 admits
    - 6 patients with 5 admits
    - 2 patients with 6 admits
    - 1 patient with 7 or more admits.
- There was slight decrease in the overall number of patients with multiple admissions, as well as a decrease in most frequency categories. *See chart below for year over year comparisons.*
    - This is a positive development following the 75% increase in multiple admission patients recorded in 2016-17.

Admission frequency, multi-year comparison

Multiple admissions, further breakdown	2013-14	2014-15	2015-16	2016-17	2017-18
2 visits / year	69	80	86	139	129
3 visits / year	19	19	16	37	33
4 visits / year	2	7	5	9	10
5 visits / year	3	0	5	8	6
6 visits / year	3	1	1	1	2
7 visits / year	0	0	0	4	1
	96	*107*	*113*	*198*	*181*

BILLING TRENDS

- On average, 71% of assigned patients were reported to CVDFP and 71% of assigned patients were billed, compared to 65% and 64% respectively in 2016-17.
    - Reporting levels have remained relatively constant over the previous four years, never exceeding 66%. This year represents the highest volume of reported and billed encounters to-date.
    - It has been surmised in the past that the low reporting/billing was in part due to the surgical pre-admit patients who rarely required care from a family physician. This year's increase in the proportion of encounters reported and billed likely correlates to the discontinuation of the surgical pre-admits from the FPHSP program.
        - **Notable variance:** The percentages showed a marked increase in October 2017, the month after surgical pre-admits were discontinued, jumping from 66% to 84% for both reported and billed encounters during that month.
        - When considering only the latter half of the year, the months of October 2017 through March 2018, an average of 78% of assigned patients were reported to CVDFP, and the same percentage were billed.

PATIENT ATTACHMENT

- **Notable variance:** There was an average of 1.2 patients attached via the FPHSP program each month, for a total of 14 over the year, or 8% of the truly unattached.
    - This is a significant decrease over 2016-17 which saw 56 patients attached, 46% of the truly unattached.
    - All previous years recorded similar attachment levels, ranging from 42% to 49%.
    - This trend is likely the result of capacity issues within practices, and FPHSP physicians being generally overburdened.

ROLE OF COWICHAN MATERNITY CLINIC

The Cowichan Maternity Clinic, although not formally included on the FPHSP roster, serves a specific role in providing care to pregnant unattached patients admitted to Cowichan District Hospital. When such patients are admitted, they are not assigned a GP through the FPHSP roster; rather, they are assigned to the maternity clinic. These patients are then found a permanent family doctor through the CMC's attachment efforts. Specific details can be found under the Maternity Clinic section of this report *(see page 12)*.

PHYSICIAN SURVEY RESULTS

In the spring of 2017, an extensive and detailed survey was conducted among Cowichan GPs, including those not part of FPHSP and those not doing hospital work. Those results were reported in detail in the 2017 data report.

The 2017-18 year saw a number of interventions and supports put in place to help stabilize inpatient care and FPHSP, results of which will not be discernable for at least 6 months.

For these reasons, the decision was made to not conduct a physician satisfaction survey at the end of 2017-18; surveying will likely resume at the end of the 2018-19 fiscal.

MENTORSHIP PROGRAM:

In 2016-17, CVDFP developed an inpatient care mentorship program which pairs new grads, new recruits, long term locums, and doctors already working in the local community who are new to or are returning to inpatient care, with an experienced full-service physician. Mentors provide education, training and support to encourage mentees to take on hospital work and provide full service care to patients in the community.

In 2017-18, there were two Mentorship Program cohorts, with intakes in April and November 2017.

- Each cohort consisted of 4 mentor-mentee pairs, for a total of 8 different mentors and 8 mentees during the year; there were no repeating participants in year 1.
- Of the 8 mentees, 6 (75% of participants) are now providing regular inpatient care; 2 of these 6 came from the first cohort, 4 from the second.
    - Of the 2 who did not move into inpatient care, one left the area to practice in another community, the other concluded early on that they did not want to work in hospital, and did not complete the mentorship program.
- Of the 8 mentees, 3 (38% of all participants) are now providing care to unattached inpatients through the Family Practice Hospital Support Program; all 3 of these FPHSP participants were from cohort 2.
- Average estimated time invested per mentor: 12 hours.
    - Estimates were supplied by 6 of the 8 participating mentors, equal to the number of mentees who completed the program, averaged over both cohorts.
- Average estimated time invested per mentee: 25 hours.
    - Estimates were supplied by all 6 of the mentees who completed the mentorship program, averaged over both cohorts.

Both statistically and anecdotally, the mentorship program has been a success, with positive outcomes that continue to build as the program develops. Additional statistics, including some around retention and long term sustainability, will be monitored as subsequent years' of data is collected.

YEAR OVER YEAR TRENDS

Statistics around the Family Practice Hospital Support Program had remained remarkably consistent year to year up until 2016-17 when several notable changes occurred; specifically, significantly higher patient volumes, lower FPHSP participation levels, and shifting proportions in the patient categories. The majority of these areas have seen further notable changes in 2017-18, as follows:

- Overall patient volume decreased by 17%, the result of an 8% decrease in ER admits and the discontinuation of surgical pre-admits.
    - This is a positive development for 2017-18 following the 38% increase in overall patient volumes recorded in 2016-17.
- FPHSP participant levels dropped 15% from an average of 27 participants in 2016-17 to an average of 23 participants in 2017-18
    - The follows a 14% decrease recorded in 2016-17, a concerning overall trend
- The percentage of FPHSP patients who have a local family doctor, but one who opts out of hospital work, increased by another 1 percentage point to a total of 49% of all FPHSP patients
    - This follows an 11 percentage point increase in the same category recorded in 2016-17.

In addition to the above, a number of other program stats have recorded notable changes for the first time in 2017-18, as follows:

- The actual number of FPHSP patients who are without a family doctor increased by 35.5%.
    - These truly unattached patients made up 16% of all FPHSP patients in 2017-18, up from 11% the previous year.
- The percentage of encounters reported and billed increased by 6 and 7 percentage points, respectively.
- The percentage of truly unattached patients who found a family doctor through FPHSP decreased to only 8% during 2017-18, with just 14 patients attached over the entire 2017-18 year, whereas in 2016-17, 56 patients, or 46% of the truly unattached found a family doctor.

FPHSP / INPATIENT CARE SUMMARY

The FPHSP / inpatient care data collection mechanisms are well established and for the most part have operated smoothly throughout the 2017-18 year. The exception is the limited access to privileging information, due to new privacy policies implemented at Island Health. To ensure real time data is readily accessible and the information can be validated against other CVDFP data, the decision has been made to use weekend call sheets to identify family doctors actively providing inpatient care. This information is the most pertinent for assessing the FPHSP program, and the Division's efforts around stabilizing inpatient care, as it's reflective of which GPs are actively and regularly doing hospital work.

Data collection and statistical analysis of FPHSP and inpatient care have been sufficiently comprehensive to provide an effective appraisal of program operation, and to support CVDFP in achieving certain strategic priorities for the FPHSP program; specifically, monitoring the level of success of certain interventions, identifying gaps, and highlighting areas for improvement. The results align, support or otherwise compliment data analysis done by Island Health that conducts some similar analysis internally, but delves further into hospital-based trends, such as average length of stay, number of beds occupied by FPSHP patients at midnight census, etc.

Over the past year, the FPHSP program data has proven particularly relevant, with patient volumes being used as one marker of success of the various interventions implemented through the 2017-18 year. Although strains on the system still exist, primarily relating to the number of family doctors not working in hospital, the system has been somewhat stabilized, creating the opportunity to further nurture the programs and attempt to grow GP participation levels to a more sustainable level.

A satisfaction survey is expected to be conducted at the end of 2018-19 to gather feedback directly from physicians on the state of inpatient care and the FPHSP program and to further assess the success of the 2017-18 interventions. This information, along with the real time program data will provide a basis for discussions with stakeholders and planning for longer term solutions and sustainability.

Data Summary

Cowichan Maternity Clinic

INITIATIVE OVERVIEW

Opened in March 2011, the Cowichan Maternity Clinic (CMC) was developed to fill a growing void in the community, with a steadily decreasing number of family doctors providing obstetric care. Located in the Cowichan District Hospital, CMC provides maternity care to pregnant women up to 6 weeks post-partum.

One of the clinic's goals is to help close the care gap faced by Indigenous women, who face unique cultural, socioeconomic and medical needs during pregnancy. This population has consistently comprised approximately 30% of CMC patients. The clinic's mandate also includes attaching patients who did not previously have a family doctor. Statistical details of both endeavours are found in the data summary on the following pages.

The CMC is staffed by family physicians, an RN, a contracted part-time dietician and an MOA.

DATA COLLECTION PROCESS

Cowichan Maternity Clinic (CMC) 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 incoming data and data formulas are reviewed for accuracy prior to being extracted for inclusion in the CVDFP master data sheets.

Protection of personal information

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

CMC TRENDS & COMPARISONS

PATIENT VOLUMES

- Total patients cared for by the CMC in the 7 years since opening stands at 3,960.
    - *Note: returning patients are not re-counted; the total number of patients cared for equals the total number of patient charts held by CMC.*
    - This cumulative number of CMC patients, a number including moms and the babies delivered, grew by 503 patients during 2017-18 year, 16 patients more than in the previous year.
- There was an average of 154 active patients each month, an increase of 6 patients per month over the 2016-17 average.
- There was an average of 219 different patients seen each month (up by 5 from 2016-17), with an average of 390 appointments booked per month (down from the average of 410 in 2016-17).
- There was an average of 40 postpartum mothers being seen by CMC each month, down slightly from the average of 41 per month seen in 2016-17.
- There was an average of 26 new patients each month, the same as in 2016-17, 54% of whom were referred by GPs.

- **Notable trend**: although the average number of new patients arriving at the CMC each month has remained relatively constant, the proportion of new patients who are self-referred has continually increased since 2012-13 (year 2):

REFERRALS TO COWICHAN MATERNITY CLINIC

	Year 1 *(2011-12)*	Year 2 *(2012-13)*	Year 3 *(2013-14)*	Year 4 *(2014-15)*	Year 5 *(2015-16)*	Year 6 *(2016-17)*	Year 7 *(2017-18)*
Self-referred	15%	13%	14%	20%	29%	44%	46%
GP referred	85%	87%	86%	80%	71%	56%	54%

INDIGENOUS NATIONS PATIENTS

- **Notable variance:** In 2017-18, Indigenous patients comprised 25% of active patients, down measurably from the 34% in 2016-17.
  - This is the first significant drop in the proportion of Indigenous patients since the clinic opened in 2011, although still slightly higher than the starting percentage of 23% recorded in 2011-12.
  - During 2017-18, there were a total of 65 new Indigenous patients (average of 5 per month), a slight increase over the 61 recorded in 2016-17, following a notable decrease from the 84 new Indigenous patients (average of 7 per month) in 2015-16.
- **Notable variance:** Of the Indigenous patients, an average of 13% lived on Penelakut Island, an increase over the 9% recorded in 2016-17, but still below the 16% seen in 2015-16.

The Cowichan Maternity Clinic has attached a total of

756 patients

Since opening in 2011

PATIENT ATTACHMENT

- Over the 2017-18 year, the clinic saw an average of 5 unattached patients per month, down from the monthly average of 6 seen in 2016-17.
- **Notable variance:** CMC attached a total of 118 patients to a family doctor during 2017-18, comprised of 78 CMC patients and 40 family members. This is an increase of 20 patients attached over 2016-17, which saw 59 CMC patients and 39 family members attached.
- During the 2017-18 year, CMC reported receiving 5 unattached patients from the CDH ER, patients who, if not pregnant, would have been assigned to a physician on the FPHSP roster. This is a decrease of 2 patients over the 7 reported in the 2016-17 year.
  - Attachment categories for these 5 patients were not captured this year, so no comparisons can be made over 2016-17.

DELIVERY VOLUMES

- There was an average of 20 CMC patients per month who delivered at Cowichan District Hospital, for a total of 235 deliveries over the year, up slightly from the 227 deliveries in 2016-17.
- Delivery levels peaked at 26 in October 2017, with lowest delivery volumes seen in January and March, both at 15 per month.
- The CMC accounted for an average of 42% of all CDH deliveries, up 2 percentage points from 2016-17.
- There were a total of 60 patients who delivered by C-section, an increase over the 55 in 2016-17.
  - **Notable variance:** Of the 60 C-Sections, 27% were elective, compared to the 42% elective in 2016-17; 73% were non-elective, compared to the 58% non-elective in 2016-17.
  - See table on page 15 for C-sections expressed as a percentage of total deliveries.
- 91% of patients delivered at or over 37 weeks, consistent with the 92% recorded in 2016-17.

- There were a total of 5 patients who transferred out for delivery elsewhere over the year, a slight decrease over the 7 patients in 2016-17.

BALANCING DATA

- There were no patients over the course of the 2017-18 year who expressed concerns about being identified as pregnant for having attended the maternity clinic, compared to 5 who were noted to have expressed such concerns in 2016-17.
- **Notable variance**: There were a total of 13 patients over the course of the year who switched to the care of a midwife, a decrease from the 18 who transferred care in 2016-17.
- There were 46 C-Section assists performed for midwives, a slight decrease over the 48 performed in 2016-17.
- **Notable trend**: There were a total of 72 call-outs logged for non-CMC patients, an increase over the 67 recorded in 2016-17, and a significant increase over the 51 recorded in 2015-16.
- The CMC roster was comprised of, on average, 8 family doctors during 2017-18, but ended the year with 7, a decrease of 1 over 2016-17.
    - With 10 GPs considered the ideal number for the CMC roster, recruitment remains a priority for the stability and long term sustainability of the maternity clinic.

YEAR OVER YEAR COMPARISONS, 2011-2018

Measure	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Multi-year Average
Average number of active patients per month (antenatal)	168	165	142	157	151	148	154	155
Total number of patients *Expressed as running total and net new for the given year; includes charts for babies delivered **	979	1525 *Increase: 546*	2003 *Increase: 478*	2501 *Increase: 498*	2970 *Increase: 469*	3457 *Increase: 487*	3960 *Increase: 503*	--
New patients (yearly total) *Monthly average*	357 *(30/mo)*	319 *(26/mo)*	297 *(25/mo)*	325 *(27/mo)*	328 *(27/mo)*	311 *(26/mo)*	314 *(26/mo)*	322 *(27/mo)*
Percentage of new patients GP-referred	85%	87%	86%	80%	71%	56%	54%	74%
Total number of different patients seen each month	235	238	208	222	214	214	219	221
Average number of patient visits per month	*Stats not avail*	*Stats not avail*	372	404	396	410	390	394
Average number of unattached patients per month	3	3	4	3	3	6	5	4
Total number of patients attached	112	118	84	130	96	98	118	108
Percentage of active patients who are Indigenous	23%	34%	32%	33%	33%	34%	25%	31%
Percentage of Indigenous patients from Penelakut	11%	10%	19%	17%	16%	9%	13%	14%
Total number of CMC deliveries	289	262	225	234	231	227	235	243
Percentage of deliveries at CDH	51%	45%	45%	44%	44%	40%	42%	44%
C-sections, elective *Expressed as percentage of total CMC deliveries*	6%	12%	6%	7%	10%	10%	7%	8%
C-sections, non-elective *Expressed as percentage of total CMC deliveries*	18%	18%	13%	11.5%	17%	14%	19%	16%
Deliveries at less than 37 weeks *Expressed as percentage of total CMC deliveries*	11%	13%	8%	8%	7%	8%	9%	9%
No. of patients who switched to midwife *Expressed as total yearly number and as percentage of total new patients for the year*	22 (6%)	24 (8%)	18 (6%)	14 (4%)	8 (2%)	18 (6%)	13 (4%)	17 (5%)
No. of C-section assists for mid-wives	15	14	34	26	40	48	46	32
Call outs for non CMC patients	n/a	n/a	64 *Extrapolated*	43	51	67	72	59

** 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 year one higher than subsequent years.*

CMC SUMMARY

The CMC data and data collection processes are well established and have operated smoothly throughout the 2017-18 year. The resulting statistical analysis has been sufficiently comprehensive to provide an effective summary of clinic operations, and for CVDFP to support the CMC in achieving certain strategic priorities; specifically, documenting outcomes and program trends, and supporting discussions around operational models and clinic sustainability.

Overall trends and variances have been highlighted on the preceding pages, and can be observed in comparison table found on page 15. Cumulative data shows generally consistent overall volumes and outcomes; however, a few areas have been identified that show more significant changes over the 5-year period between April 1-2013 to March 31-2018*:

- Percentage of GP referrals
  - The proportion of new patients who are referred by GPs has continued to trend downward.
  - This number has declined from a high of 87% in 2012-13 to 54% in 2017-18.
- Unattached Patients
  - The number of unattached patients arriving at CMC had been relatively constant since the clinic opened, until 2016-17, when the average number doubled to 6 per month.
  - The average number of unattached patients arriving at the clinic decreased slightly in 2017-18 to 5 per month; however, the total number of patients attached has grown from 98 to 118. This discrepancy is likely because patients are attached to a family doctor at the point of discharge from CMC care, not at the time they arrive.
- Indigenous Patients
  - While the percentage of active patients who identified as Indigenous had remained remarkably constant for the previous five years, 2017-18 saw the first appreciable change, decreasing from 34% in 2016-17 to 25% in the current year.
  - The percentage of active Indigenous patients who are from Penelakut Island rebounded from a 6-year low of 9% recorded in 2016-17 to 13% in the current year. This figure remains considerably lower than the high of 19% recorded in 2013-14, but only slightly lower than the 7-year average of 14%.
- C-sections
  - Non-elective C-sections showed a considerable increase in 2017-18 to a 7-year high of 19% of CMC deliveries, over 14% recorded in 2016-17.
  - Conversely, elective C-sections decreased from 10% of CMC deliveries in 2016-17 to 7% in 2017-18.
- C-section assists provided to mid-wives
  - The number of C-section assists provided to midwives has decreased slightly to 46, over the 6-year high of 48 recorded in 2016-17, but sits considerably higher than the 7-year average of 32.
  - The number of call outs for non-CMC patients continued to trend upward for a 5-year high of 72 this year.
- Transfer to midwives
  - The number of CMC patients who transferred care to a midwife decreased this year to 4%, following a notable increase in 2016-17 which recorded a significant jump from 2% to 6% of new patients.

** In 2015-16, a review of early data compiled by Impact BC identified some potential inconsistencies in the data analysis between years one and two. Accordingly, certain multi-year trends are summarized using the past 5 years only, starting 2013-14.*

Data Summary

Recruitment & Retention Program

INITIATIVE OVERVIEW

The R&R portfolio is comprised of two main components: physician recruitment and a locum program. While the main focus of this initiative is to fill vacancies in full service family practices within the CVDFP catchment area and to secure locum physicians for the region, the portfolio incorporates a broad scope of inter-connected services, including:

- Promoting the Cowichan region via various marketing efforts, including online presence and print ads
- Participating in an Island-wide recruitment strategy, and collaborating on regional recruitment activities
- Proactive engagement of family practice residents and medical students
- Creating greater connectivity to new and established physicians through interpersonal engagement
- Providing recruitment supports for clinics actively seeking to fill vacancies
- Providing support and resources for physicians seeking locum coverage
- Providing general supports and resources intended to keep Cowichan an appealing place for established full service family doctors to practice
- Hosting events and programs to support interaction and collegiality among the Cowichan medical community

DATA COLLECTION PROCESS

Recruitment and locum data is collected from the Recruitment & Retention Project Manager who receives the bulk of incoming communications from inquiring parties, including local physicians, out-of-town physicians looking to relocate, medical residents, and recruitment associates at other Divisions of Family Practice and Island Health.

Some recruitment inquiries are received by the CVDFP admin team where they are either redirected to the R&R Project Manager for follow up or, depending on the nature of the inquiry, addressed directly and documented for inputting into the master data sheets.

All incoming data and data formulas are reviewed for accuracy prior to being extracted for inclusion in the CVDFP master data sheets.

Protection of personal information

- *No patient identifiers are included in the locum or recruitment data processes; physician names are removed from statistical summaries and any publicized reports.*

R&R TRENDS & COMPARISONS

LOCUM PROGRAM

Program format:

The first iteration of the locum program, which ran from 2010 to 2016, employed a Locum Coordinator to match available locum physicians with family doctors in need of coverage. A thorough review of program during the 2015-16 year found significant gaps in overall functionality and increasingly weak outcomes. Ultimately, the decision was made to restructure the Locum Program in a way that would offer a more streamlined, sustainable service.

The current iteration of the locum program, implemented April 2016, is comprised of a list of active locum physicians available to provide coverage in Cowichan; the list includes locums' contact information, scheduling availability and other pertinent information. This internal and confidential list is provided to CVDFP members upon request; physicians then contact locums directly to arrange coverage.

The modified program uses minimal staff time and has required considerably fewer CVDFP resources than the previous iteration. It is considerably less restrictive than the original program as user policies are no longer needed to govern the equitable distribution of locum resources. Although at initial launch of the new program requests for the list were received with some frequency, over time, the number and frequency of requests has diminished. Concurrently, the number of participating locum physicians has also diminished. With demand high and a known lack of locum physicians in the community, sustainability of the program remains a concern.

At the conclusion of 2017-18, a short survey was circulated to all CVDFP members to gauge physicians' satisfaction with the program, physicians' experiences with the current program versus previous program, and the overall effectiveness of the list format. Although distributed to members on three different occasions, only one completed survey was received from 84 full service family physicians in the Division, and that respondent was unfamiliar with the current program. Although leaving the Division with a lack of hard data around users experience with the current self-serve program, the overall lack of interest in providing feedback does offer some insight, suggesting that most physicians are making their own arrangements outside of the CVDFP program. See pg. 19 for further reporting.

Locum program volumes

- The locum list started and ended the 2017-18 year with 7 participating locum physicians.
    - Although the number of participants held steady through the year, it is known that in subsequent months the majority of locum physicians withdrew from the list; this will be documented in the 2018-19 data report.
- In 2017-18 there were 8 different GPs who inquired about the locum list, down 33% from the 12 inquiries in 2016-17.
    - These 8 inquiring GPs were from 7 different GP clinics, down 30% from the 10 different clinics who inquired in 2016-17.
    - With an average of 20 GP clinics in the region, this shows that 35% of clinics have connected with CVDFP about the locum list, down from the 50% recorded in 2016-17.
    - With an average of 84 GPs in the region, statistics show that only 10% of individual GPs have availed themselves of this resource.
    - The highest demand for the list occurred in May and June 2017, with 2 requests apiece, compared to a high of 6 requests seen in June of the previous year.

Locum program satisfaction

- Only one completed locum program satisfaction survey was received.
- The sole respondent was not familiar with the current program and could offer no feedback.
- The sole respondent was familiar with the previous program, and was able to secure a locum on one occasion with that service.
- The sole respondent indicated that they have a regular locum they usually use.

RECRUITMENT & RETENTION

Program format:

The focus of the Retention & Recruitment Committee continues to be the recruitment of full service GPs and locum physicians for the region.

CVDFP has continued to engage with both local and regional partners, supporting and benefitting from the collaborative island-wide network, while the Cowichan R&R group continued to plan and host local recruitment events to highlight the unique attributes of the local region.

Recruitment volumes

- Physician openings for full service family practices started at 6 at the beginning of 2017-18, and ended the year with 5 confirmed available positions.
    - There was an average of 5 full service family practice openings during the 2017-18 year, the same as for the previous two years.
    - Of the five openings in 2017-18, 2 were carried forward from the previous year; 3 new opportunities arose. Of the 3 other previous listings not carried forward:
        - 2 postings remained unfilled and the clinics in question closed
        - 1 was removed from the count as the information had been anecdotal and never came to fruition.
    - During the year, 2 clinics reached out to CVDFP for support in their recruitment efforts.
- The Cowichan community saw 15 GPs new to the region begin practicing in the community during 2017-18, an increase over the 11 new GPs seen in 2016-17.
- Of these 15 new physicians, CVDFP played a specific role in securing 7 for the region, an increase over the 5 supported in 2016-17.
- Of these 15 new physicians:
    - 4 were International Medical Graduates on a return of service program
    - 4 were residents just transitioning into their own practices, all of whom completed some of their training in Cowichan
- Of the 15 new GPs:
    - 4 assumed vacated full service family practices
    - 4 joined developing, blended model practices (full service family practice plus walk-in services)
    - 7 began locuming within the local community
- The region saw several additional changes in GP practices through the 2017-18 year:
    - 1 full service GP left regular practice to work as a hospitalist in an adjacent community
    - 3 full service GPs left regular practice and relocated to other regions
    - 3 full service GPs retired from regular practice

Promotional activities

- There were no recruitment events or conferences attended by CVDFP over the 2017-18 year; however, the community was represented by the Vancouver Island regional team at 2 different events: Pri-Med Canada Forum, May 2017 in Mississauga; and the Family Medical Forum, November 2017 in Montreal.
- CVDFP continues to collaborate with the regional recruitment team on maintaining a web portal to collectively promote Vancouver Island and direct visitors to individual community resources.
- A promotional video initiated during the 2016-17 year was finalized and is being actively used for promotion of the Cowichan region on both the CVDFP website and regional web portal.
- CVDFP hosted a "Clinic Crawl" event, touring 6 residents around different GP clinics and the Cowichan community.
    - 100% of participants felt the event was a good use of their time and indicated that they are at least considering settling in Cowichan
    - Of the 6 participants, 4 indicated their commitment to settling in Cowichan
    - To date, 1 of the 6 Clinic Crawl participants has settled in Cowichan and is currently locuming
- CVDFP placed three print ads during the 2017-18 year in the Canadian Medical Journal, the Ontario Medical Review, and American Medical Journal.
    - The strongest response to print ads was from the US, accounting for 5 of 7 print ad responses.
- **Notable variance:** There were a total of 38 connections made with GPs or family practice residents potentially interested in moving to Cowichan, compared to 18 in 2016-17.
- Of the 38 connections made:
    - 11 were referred directly by Island Health; 9 of whom were enrolled in the Return of Service Program
    - 6 were referred by other Divisions of Family Practice
    - 6 were in response to print ads – 4 from the US, 2 from other regions
    - 4 were referred by other community physicians
    - 8 received part of their education in Cowichan and made direct connections themselves, or via the 2017 Clinic Crawl event
    - 1 learned of CVDFP through the website
    - 2 were connected through other means
    - In addition to these 38, CVDFP was contacted by two specialist physicians and an NP student; all were referred to appropriate parties.
- The CVDFP recruitment team hosted 6 different GPs for site visits, 2 of whom ultimately decided to settle in Cowichan.

YEAR OVER YEAR TRENDS

Locum Program

With only two years' operating under the new format, there are no long term trends yet available. From one year to the next, inquiring parties and participating locums have both steadily declined as outlined on the preceding pages, and may necessitate further review of long term sustainability.

Recruitment

Recruitment activity has grown notably during the past year, as highlighted on the preceding pages. Connection with other organizations has vastly increased the number of referrals received, building on specific local efforts undertaken by the Recruitment & Retention Working Group and Project Manager.

Considerable success is also being found through training and education. A growing number of past students/residents are choosing to settle in Cowichan once their training is complete. Efforts to support and welcome learners through events such as the Clinic Crawl, invitations to social events, and the expansion of CVDFP membership to include residents, helps to ensure potential new physicians feel welcome in the community. The addition of an inpatient care mentorship program (see page 9 for further detail) will further support new doctors in transitioning to practice in Cowichan.

Comparable data for 2016-17 to 2017-18 is included in the overall program summary on the previous pages, with areas of note highlighted. Multi-year comparisons and long term trends are just beginning to emerge and are generally trending upward with positive growth in key areas, including the numbers of connections made, the numbers of full service GPs recruited, and the numbers of new locum physicians seen in Cowichan. Simultaneously, the demand for new physician seems to be remaining relatively constant, with an average of 5 full service vacancies over the past three years. Demand for locums continues to remain high and is an area of focus for coming years.

R&R SUMMARY

Locum Program

Data associated with the Locum Program is minimal, and user numbers are easily monitored. While the current measurement framework provides evidence of program usage, it offers no insight into the overall effectiveness of the program, nor user satisfaction. Attempts to gather these measures were made during the year in the form of a user satisfaction survey; however, a lack of uptake resulted in no usable data. Accordingly, data collection efforts will continue to focus on usage data only until program growth warrants expanded measures.

Recruitment Program

With continued growth of the Recruitment & Retention portfolio, multi-year trends are starting to form; however, these will not be particularly meaningful until additional years can be documented and assessed. In their present state, the Recruitment & Retention statistics have been sufficiently comprehensive to provide an effective appraisal of program operation for the 2017-18 year. The resulting statistical analysis has supported CVDFP in achieving certain strategic priorities for this program; specifically, documenting and assessing program successes and monitoring for potential areas for improvement.

In an effort to provide greater alignment of Recruitment and Quality Improvement efforts, the Recruitment & Retention Project Manager implemented for the 2017-18 year a tracking mechanism that more closely monitors incoming recruitment-related communications and subsequent interactions. Although the reporting processes are still evolving, this approach offers more detailed, quality data and, going forward, will further strengthen the data collection processes and allow for more effective analysis in future years.

Consideration is also being given to adding to CVDFP staff a permanent Recruitment Coordinator to provide stability to the program and allow for future expansion of the portfolio.

Data Summary

Patient Attachment

INITIATIVE OVERVIEW

CVDFP Patient Attachment efforts are embedded in number of established initiatives including the programs identified earlier in this report: FPHSP, CMC, Recruitment & Retention, along with ER referrals, and via GP practice supports, the latter of which are intended to increase capacity within individual clinics.

In addition to these program-specific attachment mechanisms, during the 2015-16 year, CVDFP implemented a public-facing, dedicated attachment service, the GP Referral Line. This toll-free number serves as a resource for patients in need of a family doctor who would not otherwise be captured through one of CVDFP's other programs.

The GP Referral Service screens callers to ensure they are truly unattached, then provides those who meet the criteria with the names of up to two GP clinics closest to their geographic area who are currently accepting new patients. This program was initially contracted out to a third party answering service, then, as of September 2017, was moved in-house and managed by CVDFP staff. The service was also expanded at that time to include an email option, to compliment the phone-in service.

DATA COLLECTION PROCESS

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. Reports collected from GP clinics include:

- 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, with any duplication removed. This ensures that CVDFP systems capture as many attached patients as possible, as accurately 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. With the low overall volume of such patients, and general under-reporting of attachment at the clinic level, reported attachment for this program is often nil.
- 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.
- GP Referral Service. Data from this program is collected directly from the service as raw call logs. Once moved in-house, the data could be analyzed within the call logs themselves via customized tracking mechanisms, a more streamlined and effective process than when data was collected from the third party answering service.

All incoming data and data formulas are reviewed for accuracy prior to being extracted for inclusion in the CVDFP master data sheets.

Protection of personal information

- *Although PHN (Personal Health Number) and MHRs (Medical Health Record) 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 MHRs are held in raw data form only and are not included in any data summaries or other publicized reports.*
- *Referral Service data does include caller names, and in some cases, email addresses, which are provided at callers' discretion. This information is held securely in raw data form only and is not included in any data summaries or 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.*

TRENDS & COMPARISONS

CLINICAL ATTACHMENT REPORTING

- Over the 2013-14 year, 10 of 17 clinics (59%) and 49 of 75 GPs (65%) provided attachment reports.
- Over the 2014-15 year, 12 of 19 clinics (63%) and 54 of 78 GPs (69%) provided attachment reports.
- Over the 2015-16 year, 12 of 19 clinics (63%) and 44 of 81 GPs (54%) provided attachment reports.
- Over the 2016-17 year, 5 of 20 clinics (20%) and 34 of 86 GPs (40%) provided attachment reports.
- Over the 2017-18 year, 5 of 19 clinics (26%) and 31 of 84 GPs (37%) provided attachment reports.
    - **Notable development:** By the end of 2017-18, only 3 of 19 clinics (16%) and 19 of 84 GPs (23%) were still providing attachment reports.

GP REFERRAL SERVICE

Patient Attachment

Confirmation of attachment through the GP Referral Service is collected via monthly clinic reports; however, with no specific EMR identifier to assign to patients referred via this program, few offices are able to separate these particular individuals from their overall list of new patients. As such, there has been no reported patient attachment for the GP referral service in 2017-18, as was the case in the previous year. Notwithstanding, the overall volumes of incoming calls and the number of referrals do provide a good indication of the usage of, and need for this service.

GP Participation

- The 2017-18 year began with 2 GP practices on the referral roster, and ended with 1.
- Participant levels peaked at 3 practices during the months of November and December 2017.
    - The one remaining practice on the roster at the end of 2017-18 was located in Lake Cowichan and only accepted patients from that region, creating considerable limitations on the service.
- **Notable trend:** Since the implementation of the GP referral service, the participant levels have steadily declined from 12 participating clinics in May 2015 to the current low of 1.

Call Volumes

- The Referral Line received a total of 372 calls over the year and 26 email communications, the latter being a new addition to the in-house version of the program, commencing September 2017.
- Of the 398 incoming communications, 22 were repeat calls; filtering these from the calculations reduces the number of legitimate individual contacts to 376.
- **Notable variance:** The number of incoming communications was significantly fewer than seen in the previous year: 376 for 2017-18 compared to 565 in 2016-17.
    - The average number of incoming communications was 33 per month, compared to 64 in 2016-17.
    - The highest volume was seen in January 2018, with 66 incoming communications, whereas the 2016-17 peak volume occurred in April at 97.
    - The lowest volume was seen in April 2017, with 12 incoming communications, whereas the 2016-17 low of 24 was seen in December 2016 and February 2017.
- **Notable variance:** Of the 376 callers, 369 (98%) were truly unattached and were offered referrals to available clinics, a significantly higher percentage than the 69% seen in 2016-17.

YEAR OVER YEAR TRENDS

Clinical attachment reporting

As set out in last year's data report, collection and reporting of individual clinic attachment data were not actively pursued during the 2017-18 year. The process had proven challenging for clinic staff who find the additional work difficult to fit into their already busy schedules. Furthermore, there is little motivation for expending the extra time and effort, with the attachment initiative and its incentive funding having officially ended two years prior.

As seen on the preceding page, the number of clinics regularly reporting has continued to diminish over time, to almost nil by the end of 2017-18. Any numbers reported have been included with the overall patient attachment count found on the following page.

GP Referral Service

The number of communications coming into the GP Referral Service diminished significantly in the 2017-18 year when compared to the previous two years, which had been relatively constant. The original service was launched with considerable advertisement and promotion; however, due to the low number of practices participating, such level of advertisement was not continued in subsequent years, and has likely influenced the caller volume over time.

Despite continued promotion of the service to the family practice community, GP participation has continued to decline to almost nil, elevating concerns regarding the sustainability of the service.

The number of truly unattached patients contacting the service has grown considerably from under 70% to nearly 100%, a positive development which minimizes the burden on those manning the already labour-intensive referral service.

Other Attachment Mechanisms

Attachment achieved through other FPHSP and CMC are reported in detail earlier in this report; pages 9 and 13 respectively.

ATTACHMENT SUMMARY

Clinical attachment reporting

Attachment data continues to be recorded for those clinics still submitting reports and is included in CVDFP statistical summaries. Because of the low numbers of reports received, patient attachment for individual GP practices will be significantly understated.

GP Referral Service

Transitioning the GP Referral Service in-house has allowed CVDFP to develop a more customized service, and has provided more streamlined and meaningful data capture. However, the service has proven very labour intensive, in large part because of the lack of participating practices. Callers are rarely satisfied to learn that there are no doctors taking patients in their area. This has resulted in extended phone calls, repeat calls and, in some cases abusive calls and emails.

At the end of 2017-18, planning was underway for an online, self-serve resource to be installed on the CVDFP website. Such service will eliminate the need for personnel to manage incoming communications, will deflect potentially aggressive users and, as a survey-based tool, will offer instant, collated data reports.

Conclusions

Although clinical reporting levels have continued to decline, the majority of the patient attachment mechanisms have been effective in demonstrating the success of the various attachment efforts over the past six years. The data and data collection process have supported CVDFP in achieving strategic priorities for the patient attachment programs; specifically, assessing a program's success as it looks to maximize attachment opportunities and, when necessary, highlighting the need for intervention.

The roll out of the Primary Care Network initiative will see a new lens applied to patient attachment, which is has been identified as a PCN priority. It is anticipated that new attachment mechanisms, data collection processes, and reporting will evolve in the coming one to two years.

PATIENT ATTACHMENT TOTALS

PRIMARY PROGRAMS	*To Mar 31-2013*	*2013-14*	*2014-15*	*2015-16*	*2016-17*	*2017-18*	*Cumulative totals*
Maternity Clinic	230	84	130	96	98	118	756
FPHSP [1]	21	42	42	53	56	14	228
Extrapolated data for missing 10 months (Jun 2012-Mar 2013) [2]	35	n/a	n/a	n/a	n/a	n/a	35
ER Referral Program	n/a	n/a	16	12	0	1	29
Locum Program [3]	421	0	0	0	0	0	421
Recruitment [4]	0	0	80	0	0	0	80
Toll free referral line	n/a	n/a	n/a	4	0	9	13
Sub-total	**707**	**126**	**268**	**165**	**154**	**142**	**1562**
GP SUPPORTS							
Lake Cowichan closure	500	n/a	n/a	n/a	n/a	n/a	500
Ind. Clinic submissions [5]	n/a	1338	1543	1132	815	817	5645
Sub-total	**500**	**1338**	**1543**	**1132**	**815**	**817**	**6145**
TOTALS	**1207**	**1464**	**1811**	**1297**	**969**	**959**	**7707**

Data Summary

Information Technology Program

INITIATIVE OVERVIEW

Under the Information Technology banner, CVDFP has developed the Prevalence Data Dashboard Project. The Data Dashboard is an EMR-based tool used to collect anonymized practice-level data from the EMRs of participating family doctors, and to collate that data into a community-level overview of target populations.

Divisions have few mechanisms available to obtain accurate statistical data on its own patient population, and this project aims to fill that void by creating a centralized, division-owned database of aggregated, regional population data, starting with the frail seniors population. The data collected by the dashboard project can be used in future to support project proposals and will provide opportunities to measure quality-improvement initiatives.

At the practice level, the dashboard will support management of common chronic diseases, improve access to billing incentives and, by standardizing data entry, create improvements in the quality of data within physician EMRs. Administration and implementation of the Prevalence Dashboard is done with the assistance of the Practice Support Program.

DATA COLLECTION PROCESS

Statistics on the Data Dashboard project are collected from the Practice Support Program Coordinators who are supporting GPs to review and organize their patient panels, and implement the dashboard.

All incoming data and data formulas are reviewed for accuracy prior to being extracted for inclusion in the CVDFP master data sheets.

Protection of personal information

- *No patient identifiers are included in the IT data collection processes; physician names are removed from statistical summaries and any publicized reports.*

IT TRENDS & COMPARISONS

This program remained in the implementation phase during 2017-18, with no expansion beyond that recorded during the initial 2016-17 year. There is no QI framework in place and no statistical comparisons yet available; however, certain stats have been collected to demonstrate engagement levels and participation levels, which will be essential to the success of this project. These numbers remain the same as reported in the previous year, but are restated here for tracking purposes.

GP Participation

- At the end of 2017-18, 35 individual GPs had shared their EMR data with the Dashboard, representing 44% of the 80 family doctors in the region who had compatible EMRs.

Patient levels

- With 35 GPs sharing EMR data, the dashboard shows 182 patients across the region that are categorized as frail – rated 4 or above on the frailty scale.

IT SUMMARY

Still in its implementation phase, success of the Prevalence Data Dashboard Project will be measured initially by the level of GP participation. The greater the number of physicians sharing EMR data, the more accurate and more meaningful the data will be in creating a regional profile. Additionally, standardization of data entry will ensure the quality of data contributed to the Dashboard.

With the implementation of the Primary Care Network initiative, there will be a push toward developing common IT solutions across communities throughout the province, and likely some standardization in data management and reporting. This Data Dashboard project may evolve as the PCN for Cowichan begins to take shape and it is therefore premature to develop a specific data framework for the data dashboard project. In the interim, the project will continue to be promoted and supported among the Cowichan GP community, and participant levels will continue to be documented and monitored.