



2017-2018 Annual Report

Listening and Leading in Times of Change



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Family Medicine



**Alberta Health
Services**

Family Medicine
Calgary Zone

Department of Family Medicine

VISION



A community of Family Physicians and Primary Care Providers building collaborative, integrated, and innovative medical homes, responsive to the needs of our population

MISSION



To Serve Our Communities:

- To promote best practice primary health care and family medicine
- To enable our members to build and support patient-centered medical homes
- To translate innovations in family medicine to our physicians and communities
- To support medical education, credentialing, recruitment, and retention

Unless otherwise stated, the work presented within this report took place between April 1, 2017 and March 31, 2018

INTRODUCTION



INTRODUCTION

Welcome to the 2018 Department of Family Medicine Annual Report highlighting some of the noteworthy contributions made by our family physician members and teams over the past year. The theme of our report is “Listening and Leading in Times of Change”, reflecting the exciting challenges and opportunities that a rapidly changing primary care environment provides. Anticipating needs and trends, aligning with multi-stakeholder quality initiatives, working together with other primary care partners, and adapting to changes in accountability structures all require excellence in leadership skill and the desire and ability to listen to our patients and communities.

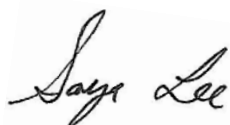
Our department represents a large group of diverse physicians who have a huge impact on health care delivery, family medicine research, and learner education in Calgary. Within this report you will find many examples of primary care physicians leading change and looking to the future, as they continue to build a strong foundation in primary care, essential to a high quality, sustainable health care system with improved health outcomes for our patients and communities. You will also see the integral part family physicians play within our acute care facilities and at the points of transition between acute care and community.

We hope you enjoy reading about our successes and look forward to working with all of our stakeholders in the years ahead as we address the challenges and needs of our patients, families, and communities.



DR. CHARLES LEDUC

ACADEMIC DEPARTMENT HEAD,
FAMILY MEDICINE, CALGARY



DR. SONYA LEE

DEPUTY ACADEMIC DEPARTMENT HEAD,
FAMILY MEDICINE, CALGARY



DR. MICHAEL SPADY

CLINICAL DEPARTMENT HEAD,
FAMILY MEDICINE, CALGARY ZONE



DR. ANN VAIDYA

DEPUTY CLINICAL DEPARTMENT HEAD,
FAMILY MEDICINE, CALGARY ZONE

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EXECUTIVE SUMMARY



executive summary

The Department of Family Medicine (DFM) includes both a Clinical arm (urban) consisting of a membership of **1219** family physicians, and an Academic arm (urban and rural) with **1049** family physicians holding Academic appointments. While this report represents a summary of some of the important work our member physicians have participated in over the past year, we also see it as one point in our continuing primary care journey. We hope it reflects the progress we have made over the past number of years, and highlights where we think we need to go next.

Transitions in care and a desire to shift care into the community continue to be themes in our health care system. The DFM is developing projects targeted at meeting the need to improve transitions between primary care and acute care, including admission and discharge notifications (page 12), innovative health service delivery for seniors (page 27), and ongoing work aiming to improve service provision for communities in need (pages 11, 13, and 14). Collaborations locally between the DFM and our Primary Care Network partners continue to show exciting results, with improved access for patients (page 12) and improved specialist linkages with innovative approaches to complex care management. Looking to the future, the DFM is looking at ways to further implement the recommendations of the Truth and Reconciliation Commission. We are committed to developing new active participation of Indigenous communities in defining and conducting research. Through these exchanges, we are also looking at transforming primary care to address the priority health issues identified by the First Nations.

Informational continuity in health care is known to be one of the primary enablers to a healthy and efficient health care system. The DFM is actively involved in the zone and provincially preparing for the changes that will be brought in by the development and implementation of Connect Care. The impact on family practice and on patients generated by the new capacity to access and share information represents a formidable challenge and opportunity. As we continue to move forward with technology in health care, we also must maintain excellence in patient care and experience. Our academic clinics have engaged in a patient experience evaluation program as part of the Patient Medical Home's ongoing work; approximately 60% of those approached submitted their views. Considering that the clinics count more than 29,000 patients as confirmed paneled patients, this participation rate will provide high quality information and will allow us to monitor and adapt to patient needs.

Our family medicine training program continues to be a leader in the country, this year we welcomed 73 Calgary-based residents and 14 rural residents. In addition, there were 17 residents in six Enhanced Skills areas. Responding to the needs of primary care in rural Alberta, our undergraduate program saw 50% of the senior medical students' class rotating through rural sites for their 6-week mandatory clerkship in family medicine. On the postgraduate education side, we confirmed the quality of our residents who achieved a 100% first time pass rate for the fall sitting of the 2017 College of Family Physician of Canada certification examination.

Scholarly activity and output from the Department has continued to evolve at a steady pace; there were 88 papers published in peer-reviewed journals; and 145 presentations in Provincial, National and International meetings. We saw significant gains in grant revenue, reaching \$13,629,704 for the year, a result of the 30% increase in grant applications compared to last year.

Physicians in Calgary continue to be very active in our acute care settings. Family physicians admit 43% of all maternity patients in the zone, focussing on continued quality improvement initiatives promoting infant and family centered care including reduction in unnecessary testing and promotion of early infant-family bonding and lactation support.

Through the hospitalist program, family physicians admit and provide care to 59% of all medical inpatients in the zone and have a high focus on quality initiatives, including transitions of care and opioid use education and management. Our two urban urgent care sites continue to see high volumes of patients, reducing the burden on our emergency departments and responding to the opioid crisis with support to the various opioid risk reduction strategies in the zone.

Finally, our Palliative and Seniors care sections continue to balance working within the acute care system with their work in the community, and have developed multiple innovative and unique programs to address the needs of their patient populations.

We continue to see rapid change in health care, and a continued evolution and maturity of the medical home in Calgary in response to the needs of our patients, families and communities.

We look forward to the coming year with excitement as we work with our partners to enhance existing programs and initiatives, and to encourage, promote and celebrate the innovations and dedication of all our member physicians.

We hope you enjoy this report and would welcome the opportunity to share with and learn from you as we all work together to improve health care in Calgary, in Alberta, and in Canada.



OUR DOCTORS

1219 Clinically Appointed
1049 Academically Appointed

SERVICE DELIVERY

43% birth admissions
59% medical admissions in acute care facilities
Almost 100,000 Urgent Care visits
1200 patients managed by Palliative Home Care



ACCESS

261 new continuing care beds
88% reduction in wait times to attach to family physician

RESEARCH

Over \$ 13 million in research grants
72 scholarly publications
145 presentations



EDUCATION

100% first time pass rate for Calgary residents in the fall 2017 CCFP exam

structure and organization

Clinical Department of Family Medicine Executive Committee

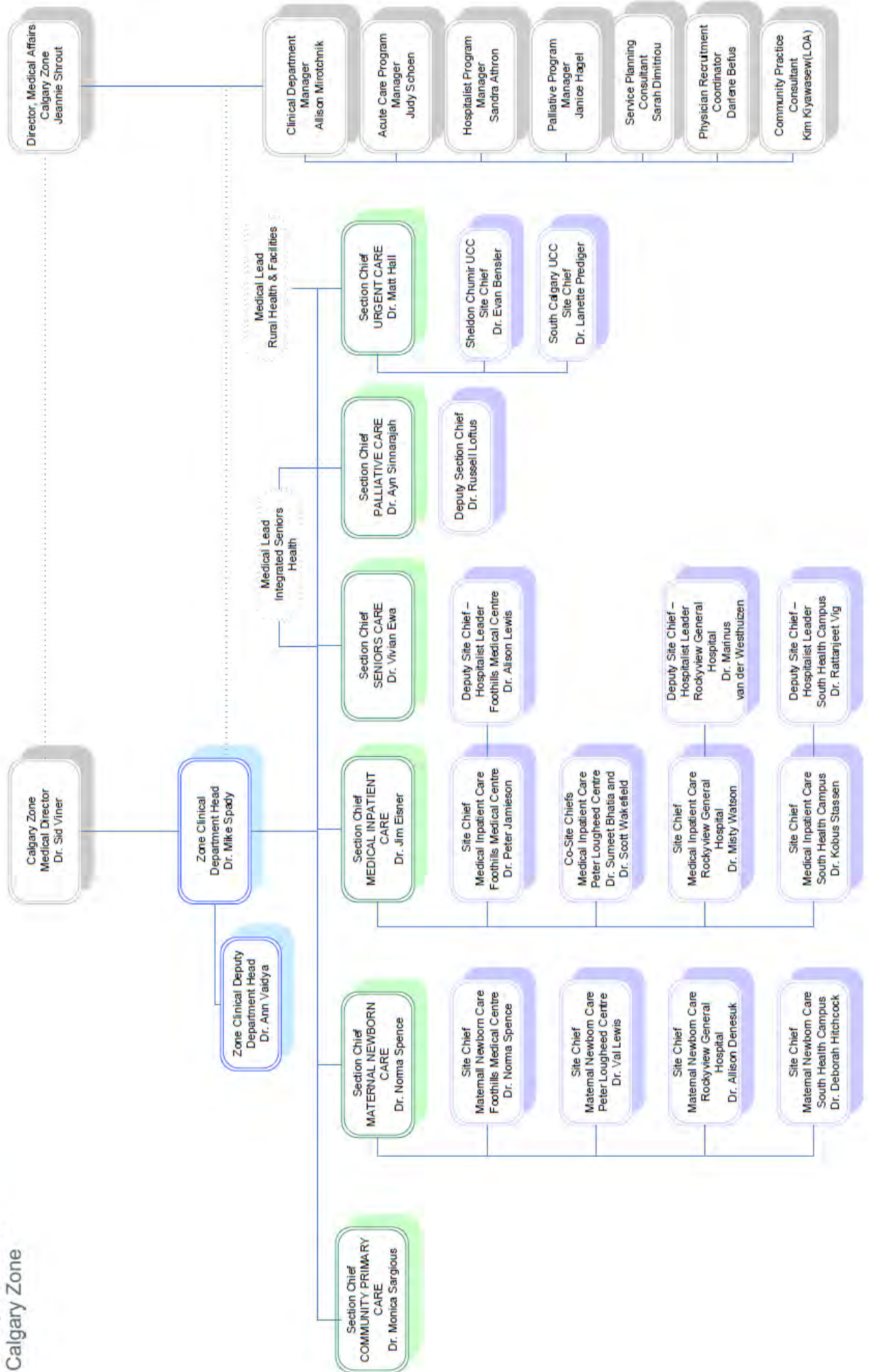
Dr. Michael Spady - Zone Clinical Department Head
 Dr. Ann Vaidya - Zone Clinical Deputy Department Head
 Dr. Charles Leduc - Academic Department Head
 Allison Mirotnich - Zone Clinical Department Manager
 Dr. Norma Spence - Section Chief, Maternal Newborn Care
 Dr. Jim Eisner - Section Chief, Medical Inpatient Care
 Dr. Matthew Hall - Section Chief, Urgent Care
 Dr. Ayn Sinnarajah - Section Chief, Palliative Care
 Dr. Vivian Ewa - Section Chief, Seniors Care
 Dr. Monica Sargious - Section Chief, Community Primary Care
 Sandra Athron - Hospitalist Program Manager
 Judy Schoen - Hospitalist Program Manager
 Darlene Befus - Team Lead, Physician Services
 Sarah Dimitriou - Service Planning Consultant
 Janice Hagel - Palliative Care Consult Service/ARP Manager
 Supported by Christina Ollivier

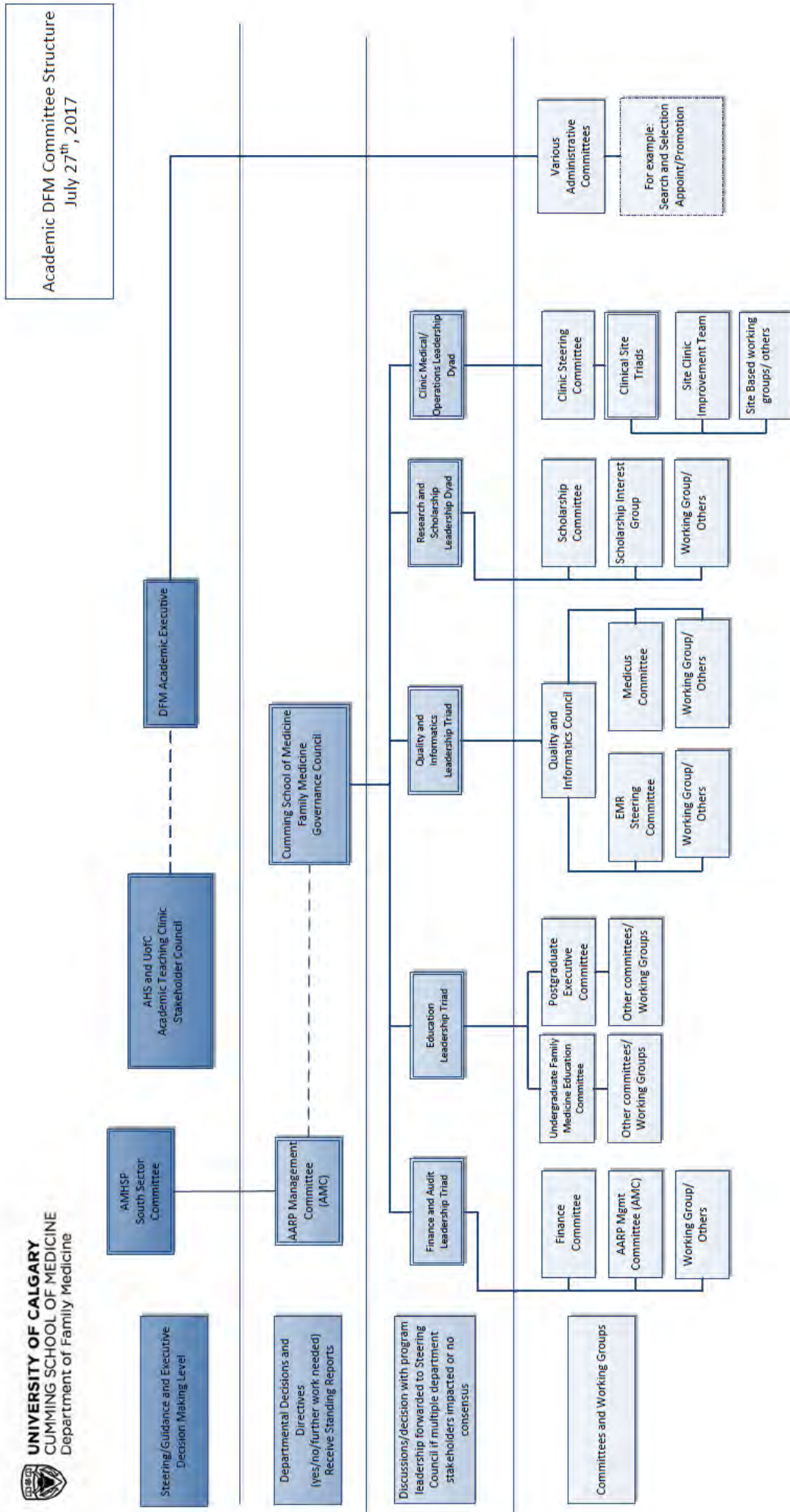
Cumming School of Medicine Family Medicine Governance Council

Dr. Charles Leduc - Academic Department Head
 Dr. Sonya Lee - Academic Deputy Department Head
 Allison Mirotnich - Zone Clinical Department Manager
 Craig Cutler – Business Analyst
 Meghan Prevost - Communications and Events Coordinator
 Dr. Keith Wycliffe-Jones - Postgraduate Program Director
 Dr. Martina Kelly - Undergraduate Program Director
 Liza Worthington - Education Manager
 Dr. Turin Chowdhury - Research Director
 Agnes Dallison - Research Manager
 Dr. Wes Jackson - Advanced Technology and Infrastructure Medical Lead
 Dr. Maeve O'Beirne - Patients' Medical Home and Quality Improvement Director
 Scott Jalbert – Quality and Informatics Team Lead
 Dr. Kamran Zamanpour - Medical Director, Academic Clinics
 Dr. Michael Spady - Calgary Zone Clinical Department Head, Family Medicine
 Dr. Ron Spice – Calgary Zone Clinical Department Head, Rural Medicine & Academic Rural Director
 Vacant - South Zone Representative
 Supported by Michelle Gutkin



Family Medicine
Calgary Zone



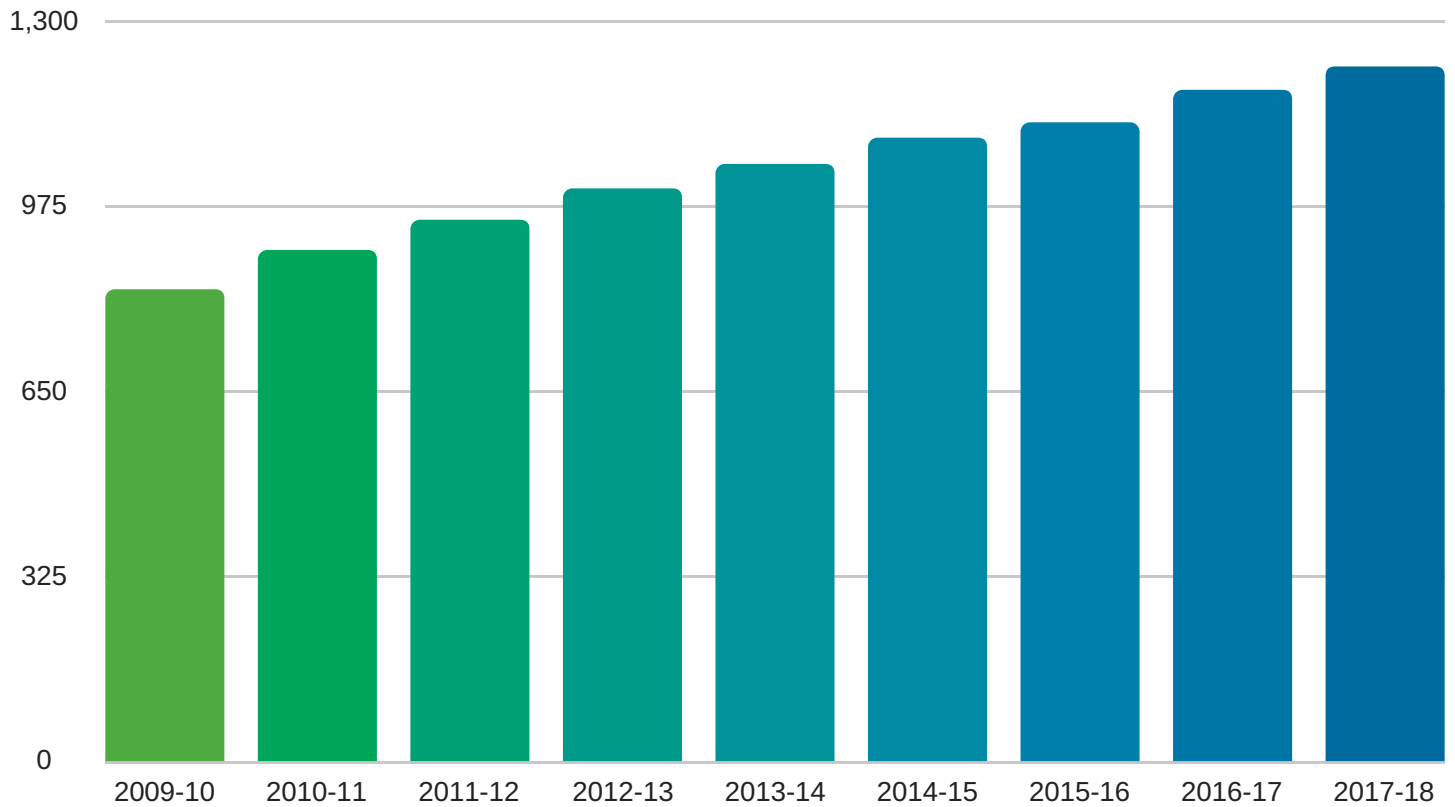


membership

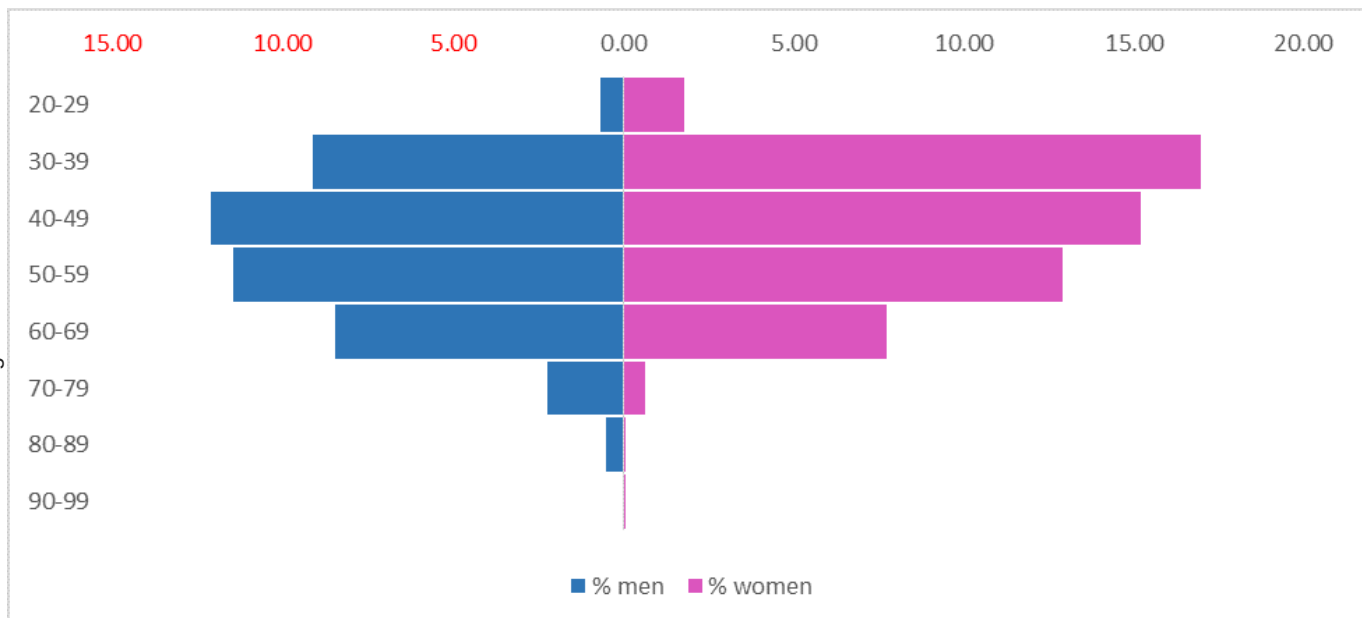
Medical Staff Appointments

The Department of Family Medicine (DFM) currently has **1219** privileged physicians. Of these physicians, **1105** have a primary AHS appointment with the Department, while the remaining **114** physicians hold a primary appointment in another department and a supplementary appointment with the Department.

The following chart outlines the growth in the Department's physician membership since 2009.



The following chart outlines the age and gender distribution of the Department's physicians with Medical Staff Appointments.

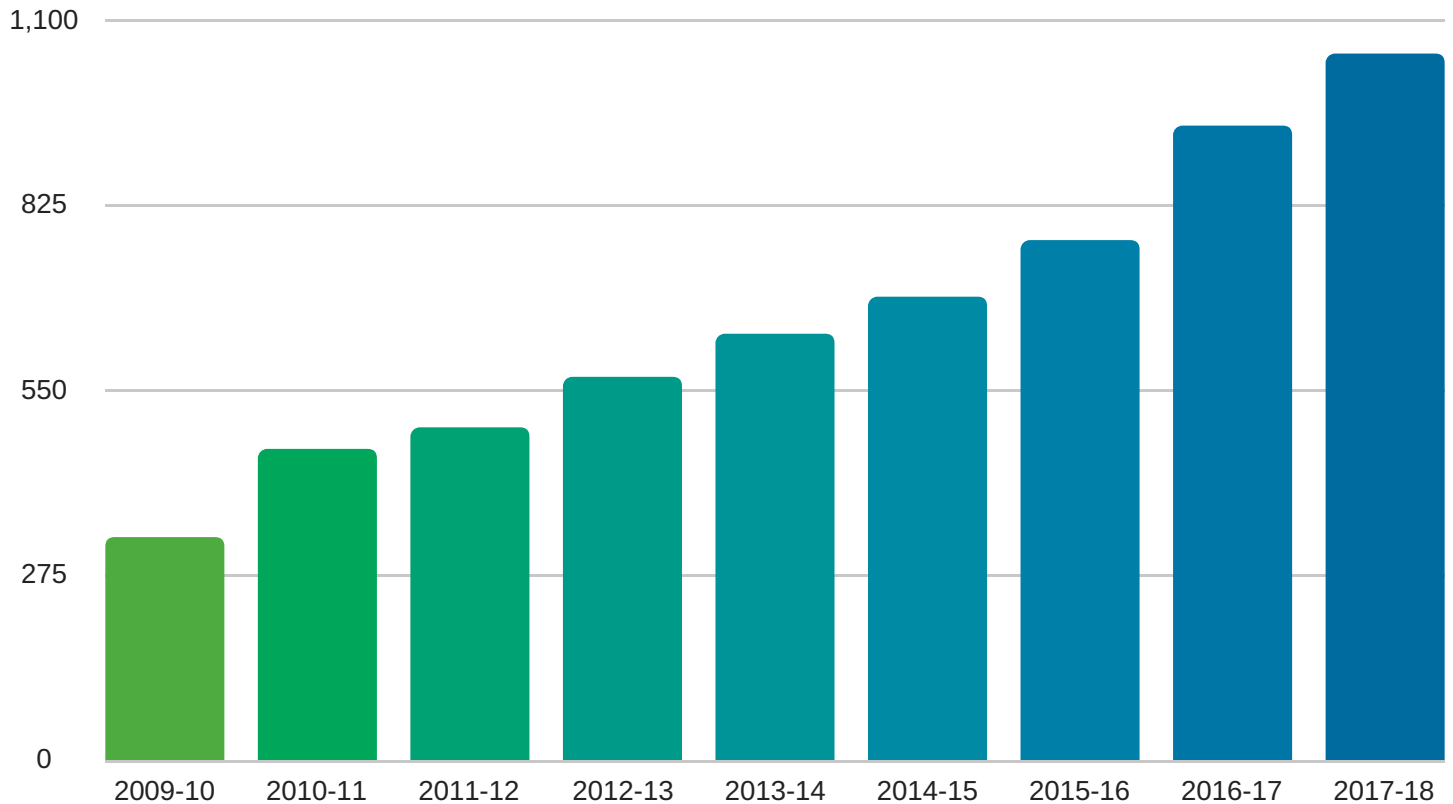


Academic Appointments

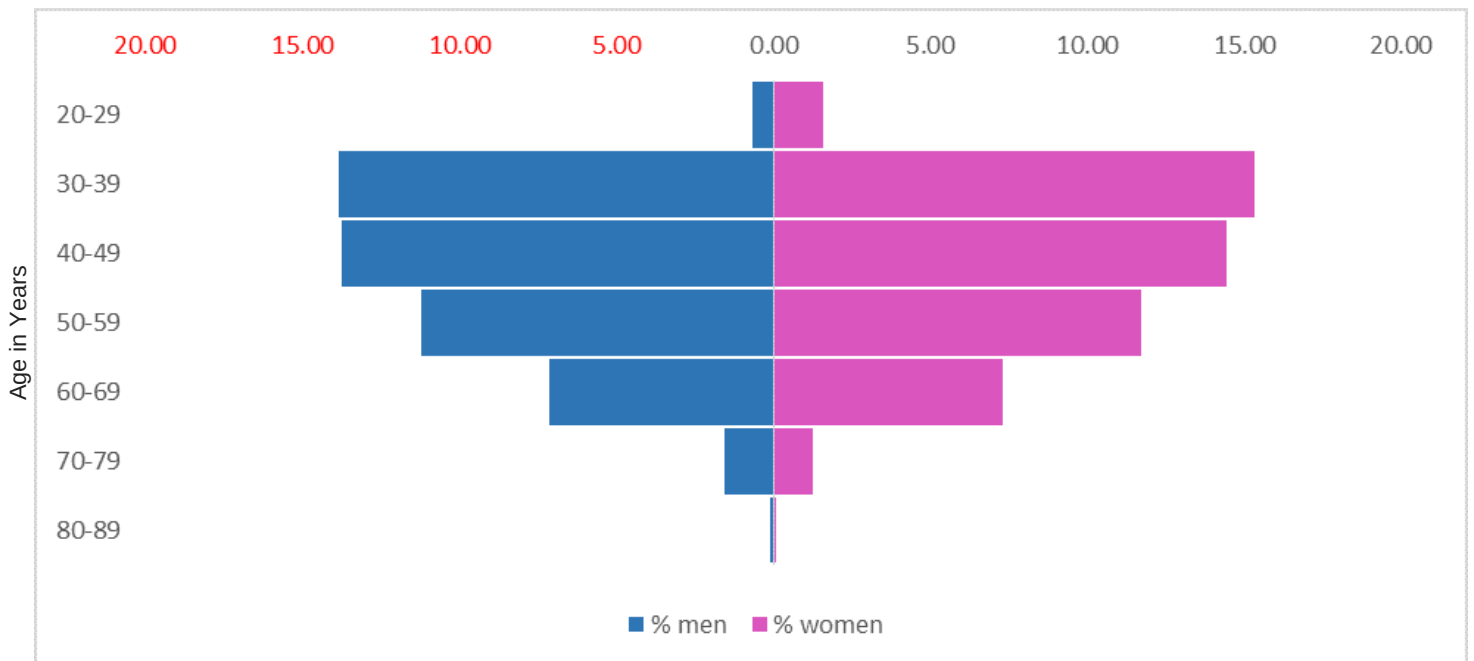
Family Physicians who are engaged in teaching at any level; undergraduate, clerkship, postgraduate, and/or enhanced skills must have an academic appointment.

There are **1049** family physicians who hold an academic appointment with the Department.

The following chart outlines the substantial growth in Department academic appointments since 2009.



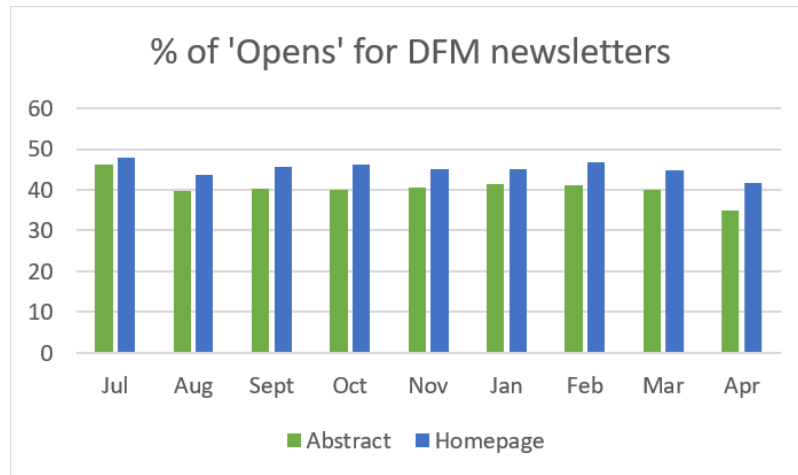
The following chart outlines the age and gender distribution of the Department's physicians with Academic Appointments.



communications

DFM Newsletters

The DFM's HomePage newsletter (delivered every second week electronically to physicians with AHS DFM appointments) and the Abstract newsletter (delivered monthly to all UCalgary appointed physicians) continue to be well received, with **readership consistently above 40 percent** for each publication.



This year, the Abstract distribution was extended to include all physicians with university appointments, increasing distribution from approximately 300 to well over 900 individuals. This helped the Department to increase engagement with a larger circle of important stakeholders.

DFM Alerts

A new process for distributing timely and urgent information was put in place to ensure that physicians are sent critical updates efficiently. These electronic mailings, called DFM Alerts, are sent as standalone communications when information critical to practice or public health needs to be distributed to physician members.

DFM Alerts follow the red/yellow prioritization protocols established in collaboration with PCNs that classify information by level of urgency – red being urgent and most critical, yellow being highly important, but not urgent. Over the past year, two yellow DFM Alerts were sent, with **readership averaging in the low 50 percentiles**.

A distribution list and sending procedure have been developed for DFM Alerts, ensuring all internal and external stakeholders receive the information as needed.



Social Media

The Department continues to gain traction on social media, steadily increasing follower counts and interactions.

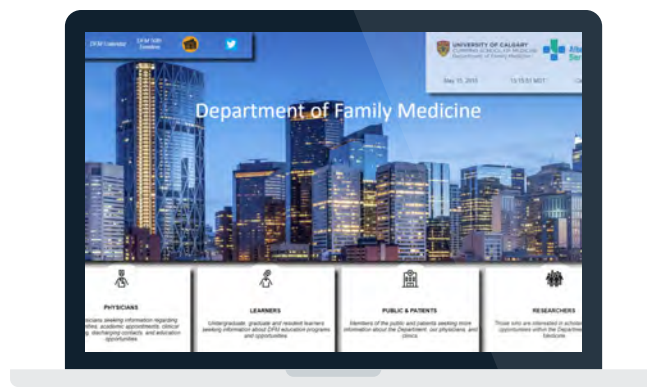
On Twitter, **@UCalgaryFamMed** has reached **637 followers** (an increase of approximately 100 from last year). The account has also captured attention through interactions with some key high-profile users.



DFM Website

Following last year's launch of the new DFM website (www.calgaryfamilymedicine.ca) feedback has been positive regarding the functionality of DFM's central website. The new platform allows for integration with the Medicus database, and will allow for integration with the Department's forthcoming Strategic Quality and Informatics Dashboard (SQUID).

Google analytics show the DFM website recording over **24,800 unique page views** from April 2017-May 2018. 83% of visitors are new to the website, with 16.7% being return visitors.



Communications Strategy

The Communications committee is in the process of establishing a department-wide communications strategy that will inform and strategically direct all communications activity to support the wider goals and objectives of the Department.

This strategy document will solicit feedback and contributions from all DFM stakeholders, so that all areas feel supported and engaged in the communications activities of the Department.

physician services

The Department's Physician Services team enables physicians to fulfill their roles within AHS, the University of Calgary, and the community. The team achieves this by:

- Assisting physicians interested in practicing in Calgary to connect with the Department and any job opportunities, and by providing information about supports available to them through Alberta Health Services (AHS)
- Helping physicians navigate a complex licensing and practice readiness process
- Recruiting, hiring, on-boarding, and orientating preceptors to teach within the three academic Department teaching clinics
- Ensuring timely and accurate processing of privileges, Annual Information Verification Attestation (AIVA) documents collection, and physician periodic reviews completion. d undergo assessment, clinical privileges must be arranged within the Department academic teaching clinics.

This year, Department academic physicians participated in the Alberta Physician Assessment and Support Service (APASS) program. This program was developed jointly by the College of Physicians and Surgeons of Alberta (CPSA) and the Academic DFM to assist physicians returning to practice. For physicians to participate in the program and undergo assessment, clinical privileges must be arranged within the Department academic teaching clinics.

Medical Staff Appointments

The physician services team is aligned with the AHS Chief Medical Officer recruitment directive, that stipulates all positions be advertised through Alberta Doctor Jobs and comply with the clearly defined impact analysis process.

This year **41** new applications were processed through the Department, along with **335** change requests and **19** removal of privileges (including retirements, resignations or deaths).

Academic Appointments

This year **104** new appointments are in progress through the Department, along with **167** upcoming reappointments and **19** removal of appointments (including retirements, resignations or lapses in appointments).

Physician Recruitment and Engagement

The physician services team hosted the 18th Annual Family Medicine Showcase, attended the 2018 Annual Medical Student Conference, recruited six academic positions within the Department's three academic teaching clinics, and held three licensing and practice readiness academic half-days for R2 residents.

The Department continues to maintain relationships with physicians who are interested in practicing family medicine in Calgary, and shares relevant opportunities when they became available.



Cumming School of Medicine Info Fair 2017



Family Medicine Showcase 2017



CLINICAL



community primary care

Dr. Monica Sargious - Section Chief

Annual Mackid Lecture

The annual Mackid lecture is organized by the Department thanks to a legacy fund from the Mackid family to support lectures and networking among physicians. This year, 191 participants came together at an evening event on June 8, 2017 for the 51st Annual Mackid Lecture *Controversial Prescribing: What's a Doc to Do?*

The event began with a well-received lecture entitled *High Times: Evidence Based Conversations about Cannabis for Pain* given by Dr. Lori Montgomery, Medical Director of the Calgary Chronic Pain Clinic. Following the lecture, Dr. Raj Bhardwaj moderated a panel discussion with participation from local law enforcement, family medicine physicians, specialist physicians, and public health researchers who provided their experiences with cannabis and discussed the impending federal cannabis legalization and current medical use of cannabis.



Mackid Panel Discussion 2017

In addition to the Mackid lecture and panel discussion, the Department was pleased to present the Annual Family Physician of the Year Award and the first Specialist Physician of the Year Award. The family physician of the year award winner is Dr. John Hagens. Dr. Hagens started his career working in isolated areas of the North West Territories followed by a rural practice in High River and now holds a position at the Department's South Health Campus Family Medicine Teaching Centre.

The Specialist of the Year Award nominations came from family physicians who recognized partnerships with local specialist physician colleagues. The inaugural recipient of the award is Dr. Gabriel Fabreau, an internal medicine specialist who provides care at the Shared Care Clinic at East Calgary Health Centre, the Mosaic Refugee Clinic, and the Calgary Urban Project Society



Dr. John Hagens and Dr. Gabriel Fabreau

Calgary DFM Community Coalition

The DFM Community Coalition's purpose is to connect all primary care provider groups in Calgary, solidifying connections and expanding influence in health system transformation. The group does this by strengthening relationships with affiliated services to share information and maintain communication to enable a coordinated approach to community needs. The group identified services offered by these organizations to populations that the existing health care system struggles to serve well, and share resources to streamline the patient's experience.



Calgary Zone Primary Care Committee

This is an exciting time for primary care in Alberta with the establishment of a new Provincial and Zonal governance framework for PCNs, ratified in June 2017. The structure supports a provincial PCN committee with five PCN zone committees. The Calgary Zone PCNs are well-positioned to adapt to this change as a similar structure already exists, initiated by primary care leaders in 2012 through the development of the Calgary Zone Primary Care Action Plan.

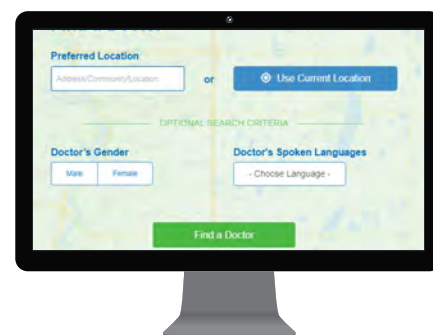
Together with the provincial PCN Committee, the zone is working on a 'Primary Healthcare Outcomes and Priorities for Alberta' document and will be developing a Calgary zone service plan. This service plan will focus on the Patient's Medical Home as the fundamental delivery model for primary care services. The current project focuses are mental health and addictions, and specialist linkages and integration. The Zone Committee continues to manage and monitor a number of other ongoing local projects including the Find a Doctor website (www.calgaryareadocs.com), enhanced hospital discharge program, and the emergency department referral to primary care.

Balance and priority setting are key themes for the group this year. In spite of this success-driven challenge, the level of enthusiasm, excitement and move for change is high.

Supported Transitions

The Calgary Zone Find a Doctor website coordinates patient connections to family physicians on behalf of Calgary Zone PCNs.

The website is a collaboration between the seven Calgary-area PCNs and AHS, and is updated regularly by each PCN. The site has received an average of 790 visits per day.



26,107 patients have registered to 'help me find a doctor'



Wait times were reduced from 100 days to a median of 12 days



88% reduction in time for patients to book an appointment with their new family physician

The group launched a "verify and validate" process to confirm an individual's family physician. This ensures that all communications that are relevant to the patient's hospital stay are shared with the patient's family physician. This process also allows for the team to identify patients who do not have a family physician, and discuss the benefits of attachment to a family physician and PCN. The process is in place for all medical and mental health units at Rockyview General Hospital, 50% of the medical units and 100% of the mental health units at Foothills Medical Centre and two of the Peter Lougheed Centre medical units. The group is working towards implementing this process at South Health Campus.

25,272 Admission Notifications sent
28,500 Discharge Packages sent

Through the work of the admission and discharge clerks, a one page notification is sent to the family physician of record within 24 hours of admission. This provides an opportunity for collaboration between the family physician and the inpatient provider(s). Once the patient has been discharged, a package is sent to the family physician. This package includes a discharge summary, medication information, specialist consultation reports, operative reports, multidisciplinary consultations, and if applicable, identification of home care referral status.

Specialist Link

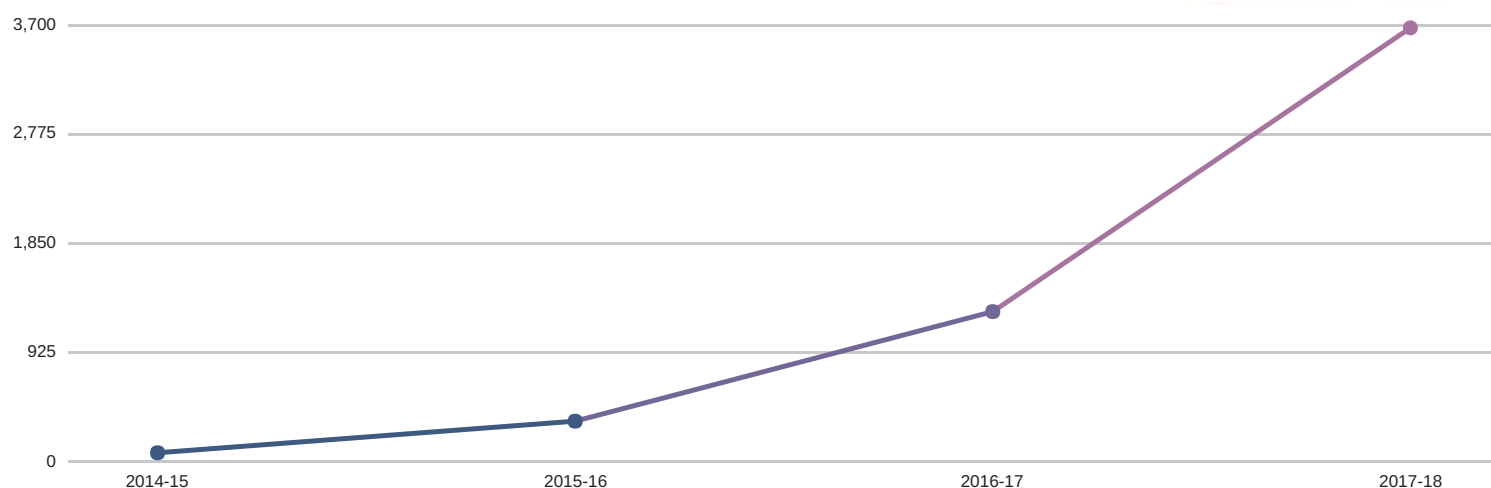
The Calgary Zone Health System Supports Task group has continued to work with specialty groups in the zone to improve integration and communication between primary care and specialty care.

Specialist Link has partnered with 12 specialties (gastroenterology, respirology, neurology, endocrinology, rheumatology, hepatology, pediatrics, chronic pain, podiatric surgery, nephrology, psychiatry, and vascular surgery) who are now providing real time phone advice to family physicians in the Calgary area, five days a week. Ongoing evaluation of this primary care support shows improved care for patients along with significant cost savings to the system when specialty referrals or ED visits are avoided.

The Specialist Link website (www.specialistlink.ca) contains program specific information such as downloadable links to specialty pathways that were developed. In addition, the website houses documents outlining the access pathways for select specialty groups in the zone, and the process to obtain advice from a specialist physician.

The group is will continue to add groups to Specialist Link and developing clinical pathways for conditions seen in primary care.

The following graph outlines the total calls received through Specialist Link by fiscal year.



Mental Health Task Group

The Mental Health Task Group includes representation from Calgary PCNs and the AHS Addictions and Mental Health team. The goal of this group is to improve integration and transitions of care for patients who have mental health concerns, and identify which mental health services belong within the patient's medical home. The group has requested input from local stakeholders about which services, supports, resources, and education teams need to better support patients with mental health concerns within the patient's medical home. Over the coming year, the group plans to review the results of the survey to identify areas of priority and develop care pathways.

As part of the Primary Healthcare Opioid Response Initiative supported by the Alberta College of Family Physicians (ACFP), Alberta Medical Association, AHS, and Alberta Health, the Calgary Zone PCN Committee submitted a letter of intent proposing the development of processes to improve opioid care. The proposal outlined a strategy which was based on the pathways Calgary Foothills PCN (CFPCN) developed to address new prescribing, monitoring of opioid prescriptions, and opioid tapering, and also included priority areas such as:

- enhancing partnerships within AHS for appropriate transfer of care
- increasing access to Naloxone kits and Suboxone prescribing
- information sharing through Netcare.

East Calgary Family Care Clinic

The East Calgary Family Care Clinic (ECFCC) is working with the Collaborative for Change initiative, a pilot project to incorporate patient voices into clinic operations and was nominated for the AHS President's Excellence Award for this work.

ECFCC works closely with its partners Mosaic PCN, including a newly-launched chronic pain program, and with PLC, taking complex unattached patients after discharge. As well, ECFCC is one of the first primary care clinics to take on patients referred by the Opioid Dependency Program for ongoing buprenorphine-naloxone therapy.



maternal newborn care

Dr. Norma Spence - Section Chief and FMC Site Lead

Dr. Allison Denesuk - RGH Site Lead

Dr. Valerie Lewis - PLC Site Lead

Dr. Deborah Hitchcock - SHC Site Lead

The Maternal Newborn Care section of the Department provides prenatal and obstetrical care in Calgary. Maternal Newborn Care physicians work in collaboration with a variety of care providers including, obstetricians, midwives, pediatricians, anesthesiologists, nurses, nurse practitioners, physician assistants, public health community services, PCNs and other stakeholders to provide quality maternity and obstetrical care at all four Calgary adult hospitals.

Total births in Calgary in 2017= 17,924

Family Medicine admitted 43%

Family Medicine delivered 31%

Adverse Childhood Experiences Screening

The Calgary Foothills PCN has engaged in a quality improvement project to advance overall mental health care for prenatal patients at the Riley Park Maternity Clinic. This project has included the incorporation of an Adverse Childhood Experiences (ACE) score history taken early in pregnancy and a trauma-informed approach to care. In addition, all patients are routinely screened for anxiety and depression using the PHQ-2 and GAD-2 throughout the prenatal and postnatal periods.

Studies have shown that individuals with Adverse Childhood Experiences have an increased risk of complications in pregnancy, post-partum depression and of having children with ACEs. Beyond the prenatal period, high ACE scores are correlated with increased risk for chronic diseases, including diabetes, heart disease, liver disease, COPD, chronic pain, mental health problems and addiction. The goal of the project is to promote learning about the link between ACEs, brain development and long-term health during the prenatal period; and that this may serve as an additional incentive for patients to engage in positive health behaviors and healthy parenting practices.

Adverse Event Reporting

A clinical adverse event reasonably could or does result in an unintended injury or complications arising from healthcare management, with outcomes that may range from (but are not limited to) death or disability to dissatisfaction with healthcare management, or require a change in patient care. For the past three years, the section has used a secure electronic system for collecting, storing, reviewing, and reporting clinical adverse events. The data is reviewed on an annual basis to identify potential system issues or themes relating to adverse events.

Best Practice

Over the next year, the Department will work with the Physician Learning Program to pull historical data related to TSH ordering and develop an education strategy to reduce the number of unnecessary thyroid screening (TSH) tests ordered for women who are pregnant or planning pregnancy.

The best practice for ordering dating ultrasounds in women in the early stages of pregnancy is changing. In collaboration with Calgary Maternal Fetal Medicine, the section has developed a communication outlining the change in practice which will be shared with local family physicians.

Frenotomy Guideline

As identified in last year's report, the need for a local guideline relating to tongue tie assessment and treatment (frenotomy) was determined to be a priority for women's health in the Calgary Zone. Through a multidisciplinary approach, family medicine initiated this work, and the guideline was created and approved. This document will be implemented locally, and shared with the Maternal Newborn Child and Youth Strategic Clinical Network for implementation across the province.

Provincial Procedural Alignment

Provincial Medical Affairs is working to align all Alberta Family Medicine obstetrical procedures. The section has been involved in the approach to update these procedures, and is prepared to implement the changes to physician privileges in the coming year.

Skin to Skin in the operating room

For most normal vaginal deliveries in Calgary, infants are immediately placed on their mother's chest for skin-to-skin contact. This process promotes positive maternal and infant outcomes. Following successful implementation at South Health Campus and High River Hospital, the Calgary Zone is looking to develop a resource document for use at all urban sites outlining a process skin-to-skin contact following a normal cesarean section.

Post-Partum IUD Insertion

Within Calgary, some marginalized populations have a higher risk of becoming pregnant soon after delivery due the lack of other reliable contraception methods or choosing not to breastfeed. Furthermore, patients struggling with addictions or those whose infant is apprehended are less likely to attend post-partum follow up appointments to discuss contraception.

In October 2017, family physicians at the Peter Lougheed Centre (PLC) in Calgary offered patients immediate post-partum IUD insertions. This practice is common in other centres in Canada, but PLC is the first in Calgary. In January 2018 the program inserted the first IUD after a vaginal delivery, and the group plans to offer this treatment to their patients going forward.

Antenatal Colostrum

The Low Risk Group delivering out of FMC completed an audit of the antenatal colostrum collection tools and process, identifying the use of antenatal colostrum in newborns delivered at the site. Going forward, the section will be expanding the antenatal colostrum awareness and collection tools to all four sites in Calgary.

"I'm very, very happy I was told about colostrum expression and collection. It gave me confidence to breastfeed. I believe it improved my milk production. It ensured my baby did not get formula, which was really important to me. Thank you!"
- Patient of the Low Risk Group

34 - 36 Week Transfers of Care

The number of patients admitted by family physicians between 34-36 weeks gestation and transferred to obstetrics for delivery was reviewed. **Of the patients who were identified family medicine patients had an 8.9% transfer of care for delivery rate** which is significantly lower than the transfer of care rate for term (37-40 weeks gestation) deliveries during the same time period (26.5%).

medical inpatient care

Dr. Jim Eisner - Section Chief

Dr. Peter Jamieson - FMC Site Chief

Dr. Alison Lewis - FMC Deputy Site Chief

Dr. Sumeet Bhatia and Dr. Scott Wakefield - PLC Co-Site Chiefs

Dr. Misty Watson - RGH Site Chief

Dr. Marinus van der Westhuizen - RGH Deputy Site Chief

Dr. Kobus Stassen - SHC Site Chief

Dr. Rattanjeet Vig - SHC Deputy Site Chief

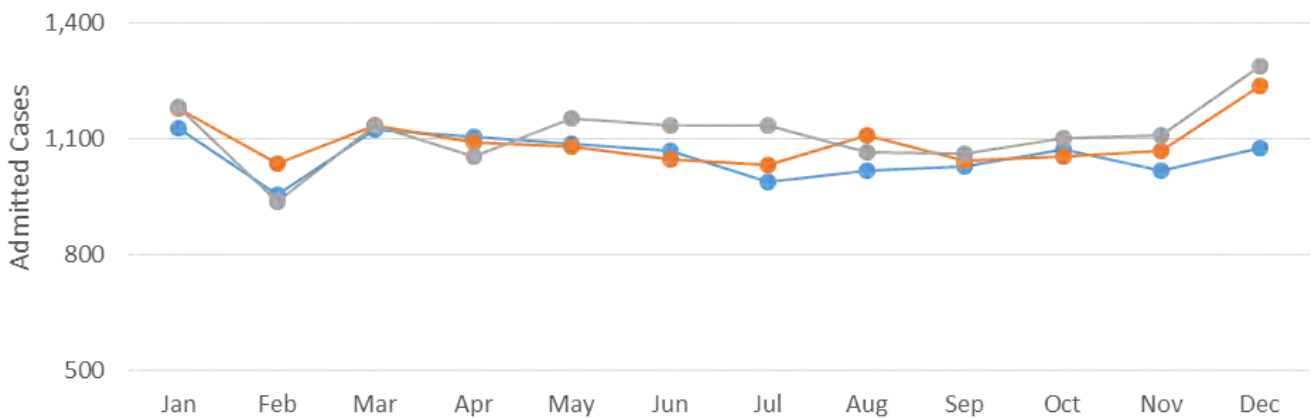
The Hospitalist Program provides the majority of medical inpatient care to patients requiring hospitalization. As the Most Responsible Physician (MRP), the hospitalists provide facility-based family medicine care to medically complex patients who require medical admission to hospital.

The hospitalist service and sub-acute service admitted 13,359 cases in 2017; approximately a 4% increase from the previous year. The hospitalist group admitted 97% of family medicine patients and 59% of all medical admissions.

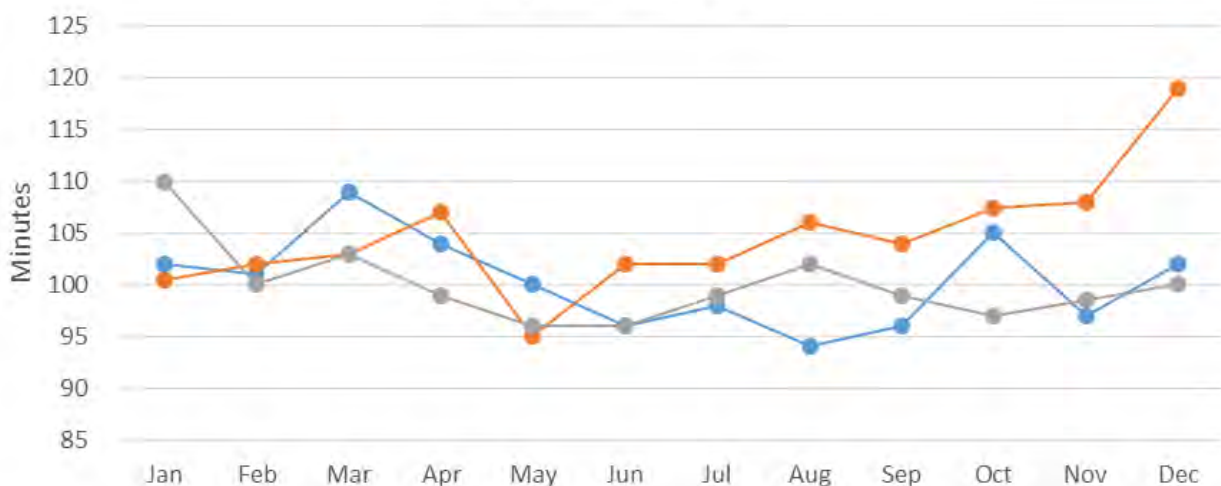
Median time for hospitalist physicians to admit a patient to the hospitalist service is 99 minutes. This represents a six-minute improvement from last year's median time of 105 minutes.

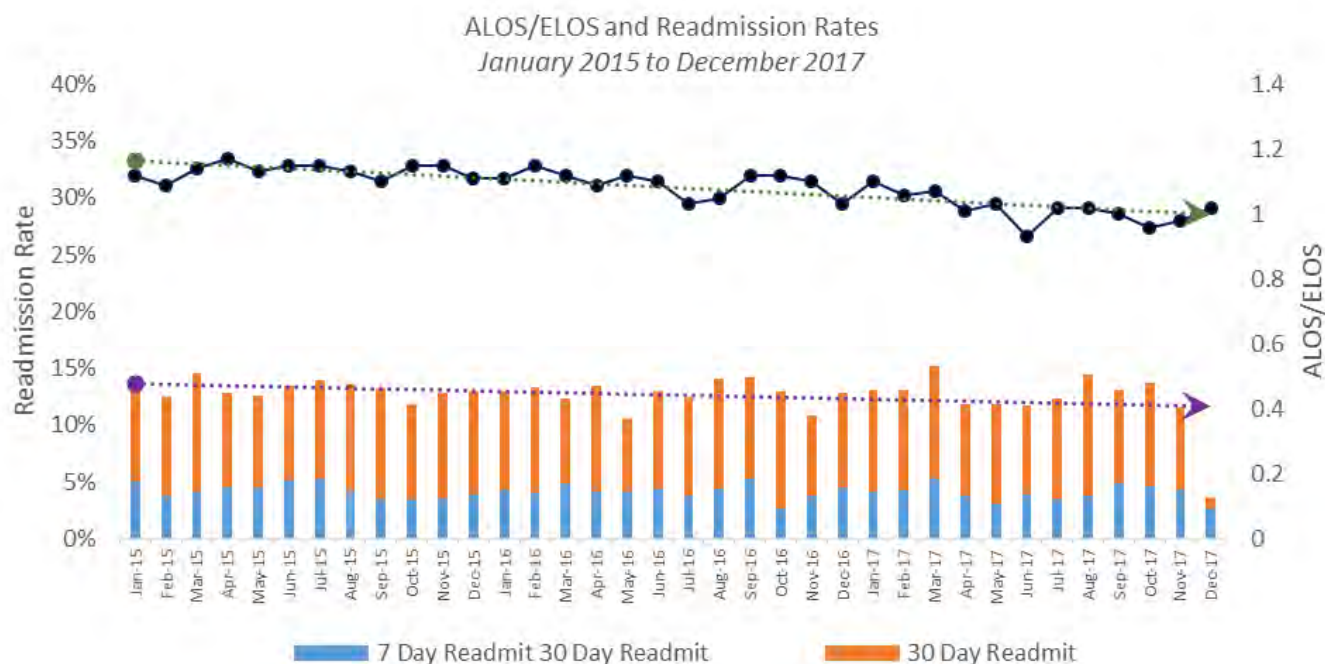
The program has established a positive trend with decreasing Actual Length of Stay/Estimated Length of Stay (ALOS/ELOS) ratios and readmission rates, demonstrating effectiveness and efficiency in medical care.

Admissions by Hospitalist Physician
Jan 2015 to Dec 2017



Decision to Admit - Median Time in Minutes
Hospitalist Service





Management of Investigations through Transitions in Care

Within the Calgary Zone, it is estimated that over 180,000 lab results are pending at the time of discharge from hospital. One in five results are flagged as abnormal within Sunrise Clinical Manager (SCM). This is considered an extremely conservative estimation of the proportion of abnormal results because tests such as surgical pathology results are not flagged in the system.

A three-month retrospective chart analysis at RGH was conducted to determine the extent of the problem within the Calgary hospitalist service. From this chart analysis, it was identified that:

- 141 patients were identified with a total of 241 pending investigations
- 105 pending investigations from 73 unique patients were flagged as abnormal or unable to be electronically flagged abnormal or normal

Overall, 52.4% of the results were considered clinically significant. It was also identified that less than half of the pending results were noted in the discharge summary and that follow-up plans to review pending investigation were communicated to outpatient providers in only 40% of cases.

As a result of these findings, the section has initiated strategies to raise awareness through physician education. Additionally, a hospitalist-specific discharge summary template was designed and implemented to enhance communication of key information based on a literature review of best evidence, community feedback and user testing.

Hospitalist Opioid Action Plan

Previously, harm reduction initiatives have not been provided to acute care inpatients. A small number of Calgary Zone Hospitalist patients (14%) receive opioid doses exceeding recommended practice guidelines.

Working with key community organizations such as Safeworks, CUPS, and the Chronic Pain Centre, the Calgary Hospitalists sought opportunity to address this challenge in acute care. Patients at risk of an adverse opioid event who may benefit from harm reduction (e.g. overdose response kits) are not necessarily illicit users. The expected impact is for increased awareness of both the benefits and risks of opioids and steps to take in the event of toxicity. Prevention of complications associated with toxicity is cost-effective and lessens morbidity and mortality for patients using opioids, prescription or otherwise.

The Hospitalist program began an action plan to mitigate the risk by utilizing the following strategies:

- Physician education and support was provided to assist clinicians in identifying patients at risk for adverse opioid events.
- Trained hospitalist liaison nurses provided education and overdose response kits to high risk patients.
- Opioid risk was communicated at transitions of care.

Phase 1 is nearing completion with all four sites actively providing education and overdose response kits to at-risk patients. The program is now working with AHS site leadership to encourage consistent plans for accessing kits and providing education, utilizing a multidisciplinary approach.

Phase 2 planning is underway with a focus on acute opioid withdrawal and opioid care plan integration between hospital discharge and community providers.



urgent care

Dr. Matt Hall - Section Chief

Dr. Evan Bensler - Sheldon M. Chumir Urgent Care Site Lead

Dr. Lanette Prediger - South Calgary Urgent Care Site Lead (as of January 1, 2018)

Dr. Douglas Higgin - South Calgary Urgent Care Site Lead (until December 31, 2017)

In the province of Alberta, five Urgent Care facilities operate to provide services for people with unexpected but non-life-threatening health concerns that usually require same-day treatment. The DFM oversees the recruitment and privileging processes for the two Urgent Care facilities within the Calgary city limits, Sheldon M. Chumir Urgent Care Centre and South Calgary Urgent Care Centre.

Sheldon M. Chumir and South Calgary serve unique populations with a range of presenting issues. Patients are seen according to the level of urgency of their condition, using the triage criteria (CTAS) that is adopted across all Calgary Emergency Departments (EDs) and Urgent Care Centers (UCCs). The UCC's work with community partners and the local EDs to give patients options for care that reduce stress on EDs and support community partners.

Both urban sites continue to support quality and patient-centered care, implementing workforce planning efficiencies, and developing educational opportunities for multidisciplinary team members. They will be among the first sites within the Calgary Zone to go live in the AHS Connect Care project, and are excited to be a part of this groundbreaking work.

The Urgent Care Provincial Executive continues to be the main venue for standardization, quality improvement, and innovation. The executive is attended by provincial and local urgent care directors, medical directors, medical site leads, managers, nurse educators and nurse practitioners.

The increasing prevalence of drug-related health care issues and the opioid crisis in Alberta has had a direct impact on the Sheldon Chumir Health Centre, and the Sheldon Chumir Urgent Care has partnered with Safeworks and building management on a number of initiatives to help address an increasing need. This has included the provision of naloxone kits to clients, providing clean needle exchange at reception, and adapting to the on-site location of a supervised consumption service with an increased clientele requiring complex and nuanced services.

Ongoing collaboration with local Emergency Medical Services (EMS) continues and urgent care protocols have evolved in an effort to quickly redeploy ambulances back to service, instead of having EMS accompany patients in the waiting areas. Additionally, together with the Community Paramedic Program, urgent care physicians can arrange for vulnerable patients to receive intravenous therapy treatments in the community.

Urgent Care Conference

This year's conference was held on October 14th, 2017 at ACH and focused on the 'ABCs of Urgent Care'. The conference featured several hands-on workshops including pediatric simulations.



Mock Disaster

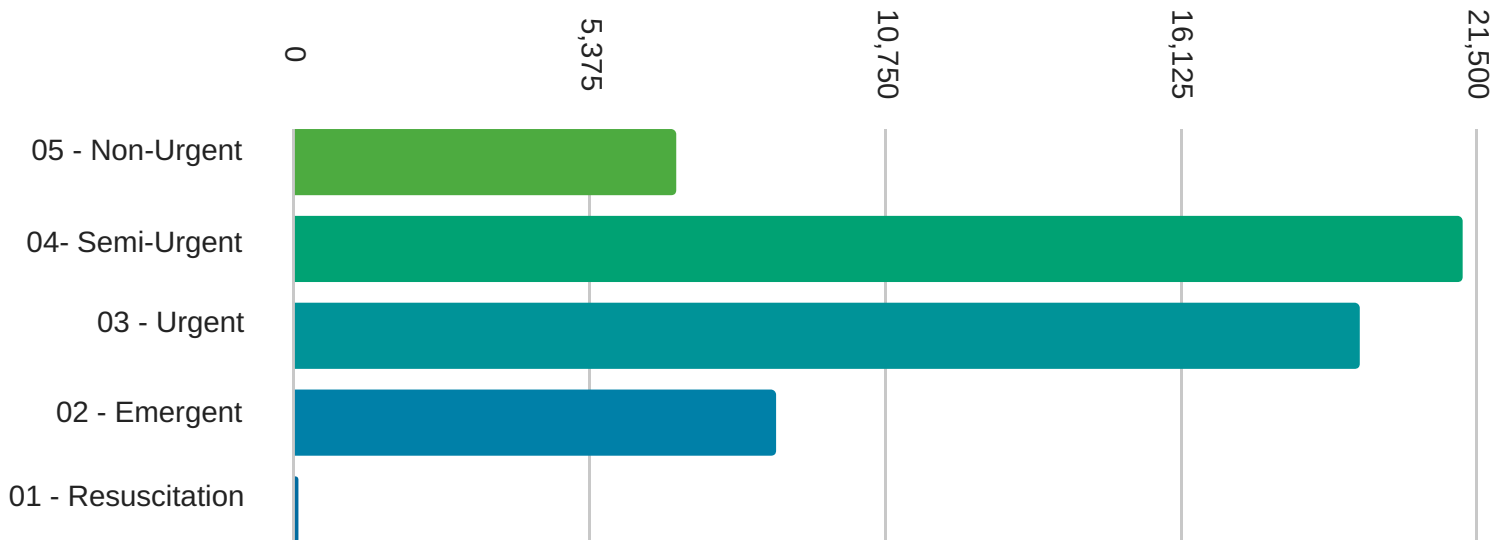
Alberta Health Services held a mock disaster exercise in June, and Urgent Care was involved.

As a result of this drill local protocols, policies and procedures have been updated or are being created.

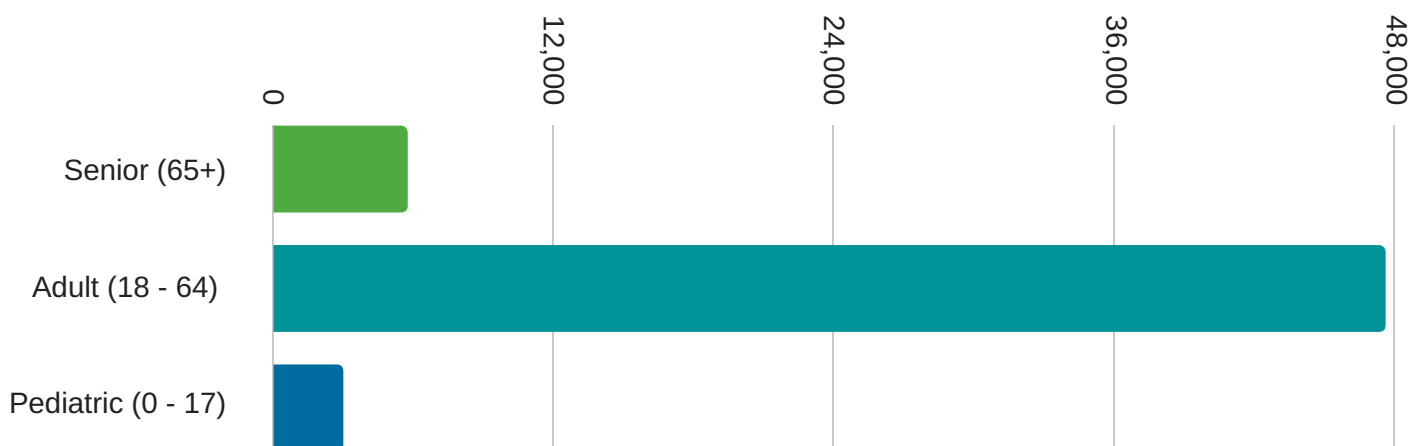
Sheldon M. Chumir Urgent Care Centre



Presentations by CTAS Score



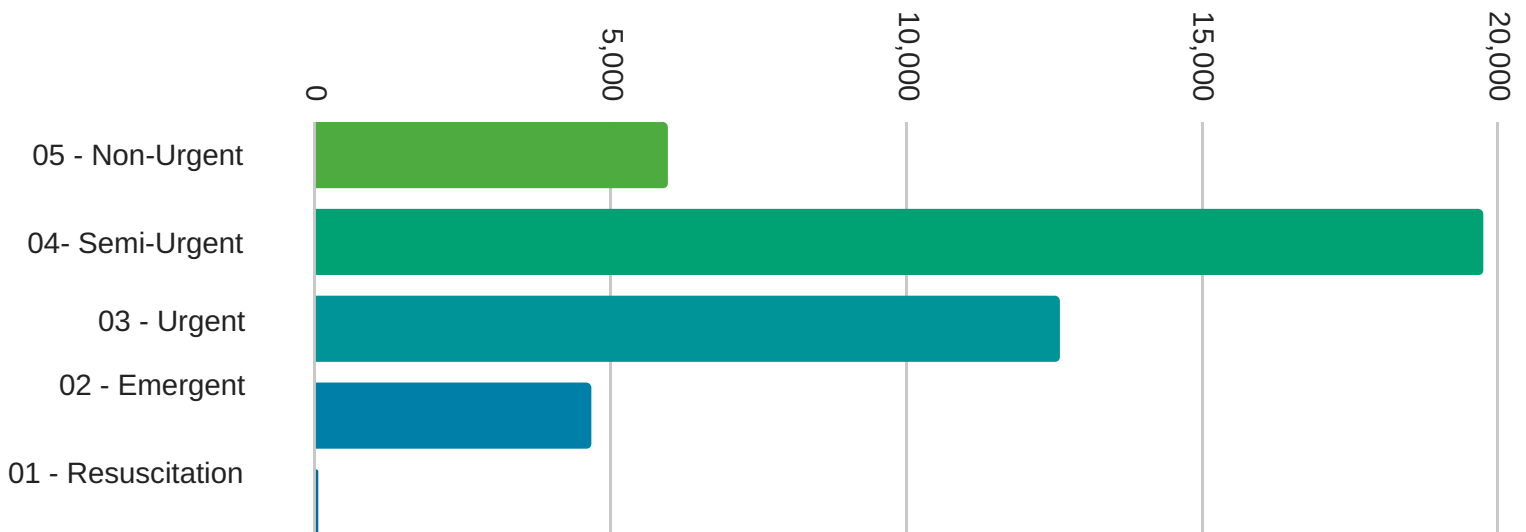
Presentations by Age



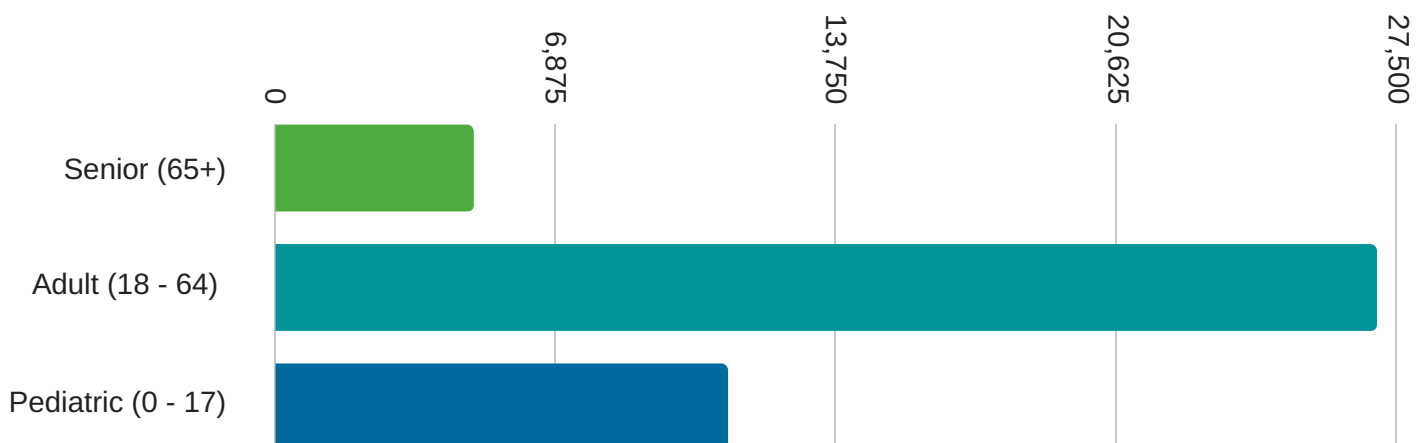
South Calgary Urgent Care Centre



Presentations by CTAS Score



Presentations by Age



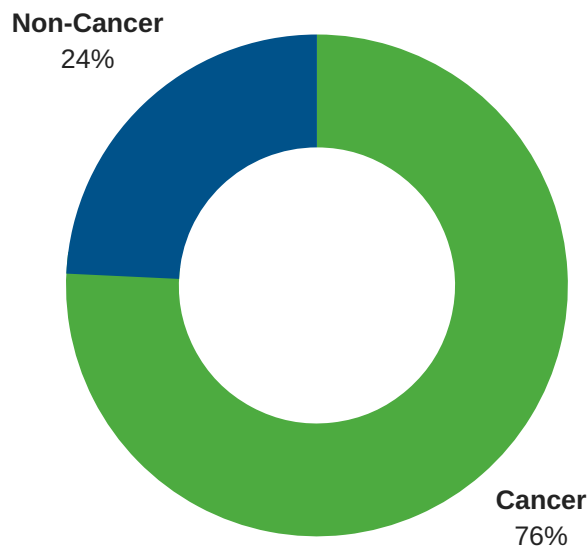
palliative care

Dr. Aynharan Sinnarajah - Section Chief
 Dr. Russell Loftus - Deputy Section Chief

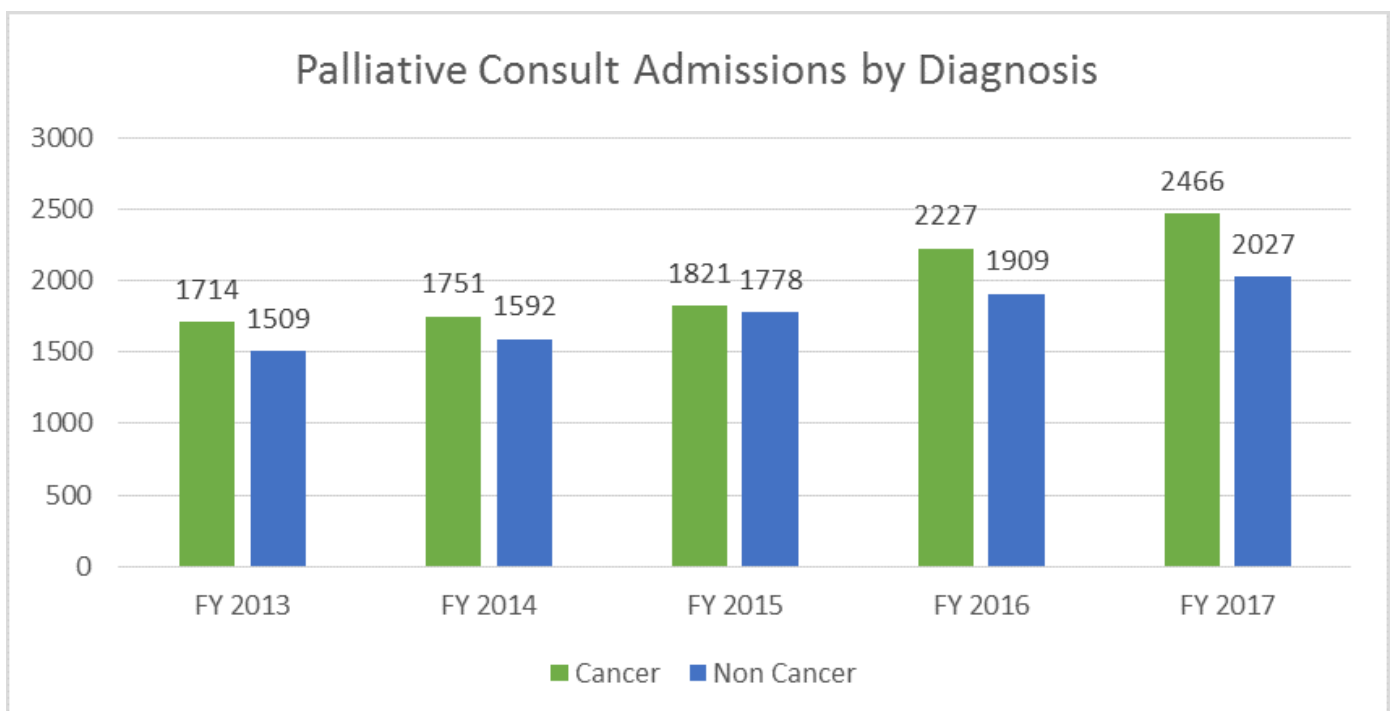
There are 35 palliative physician consultants, who provide support to palliative patients across all service areas in the Calgary Zone. Additionally, there are 44 hospice physicians who work within seven Calgary hospices as the MRP. Clinical work is provided as part of the AHS Calgary Zone Palliative / End of Life Care (PEOLC) program. Palliative physician consultant are also active academic members within the Department of Oncology, Palliative Medicine division.

Hospice (n=1200) and IPCU (n=540) utilization has remained consistent, while the palliative consult team (n=4504) and palliative home care (n=1197) utilization has increased.

Hospice Admissions by Diagnosis



Palliative Consult Admissions by Diagnosis



PEOLC

The PEOLC program has established a Patient and Family Centred Care committee including patient and family advisors, front line provider, and leadership representation from the PEOLC portfolio. The committee aims to create a cultural shift through services and amongst clinicians to ensure that patients' and families' perspectives are integrated in program service delivery.

The PEOLC program designs services and supports programming to address unmet palliative needs. Two examples of these are the newly established Calgary Zone Rural Palliative Care In-Home Funding Program (CRPHF) and the Calgary Allied Mobile Palliative Program (CAMPP). The CRPHF program enables rural clients with palliative conditions to stay at home when they require additional care beyond existing services. The CAMPP program is a community and AHS partnership developed to provide unique and tailored palliative services to the homeless and marginalized population. Additionally, some palliative care consultants are trained to offer primary palliative care workshops through Pallium Canada's Learning Essential Approaches in Palliative Care (LEAP).

The PEOLC portfolio will be engaging in strategic and long range planning in accordance with the vision for all adults in the Calgary Zone to have access to excellent, sustainable, and integrated advance care planning, palliative and hospice care, and bereavement support. The program has also developed a framework to advance QI projects aimed at improving access and seamless transitions of palliative care.

Patient Centered Care

Grief Support

The Grief Support Program provided **5,318** total service events for both individual counselling and group sessions to patients and families. To bridge the wait time between registration into the program and attendance at the first session, the program offers a monthly education night to provide support and normalize the experience of grief for patients.

Intensive Palliative Care Unit

The unit has implemented a standardized symptom screening tool for patients, and has also been actively involved in the planning and design for the new IPCU within the new Calgary Cancer Centre. This year, the unit has offered music therapy sessions provided by players from the Calgary Philharmonic Orchestra and Jennifer Buchanan. Thanks to generous donations, these sessions will be offered weekly in 2018.

Advance Care Planning / Goals of Care Designation

The Advance Care Planning (ACP) / Goals of Care Designation (GCD) team has trained over 550 healthcare providers in ACP and GCD education and Serious Illness Conversations.

The team has been working to add a toolkit for quality improvement to (www.conversationsmatter.ca) that any clinical team can use. This includes examples of the low effort, high impact changes made at a Calgary Foothills PCN practice that increased ACP conversations and patient awareness of their goals of care designation during a team process improvement project from last year.

Palliative Home Care

The program was able to expand with the enhancing care in the community funding, which led to the addition of more case managers and allied health staff to support the increasing needs of palliative patients and families. The program is actively engaged in the Palliative Care Early and Systematic (PaCES) research project, focusing on early palliative care for patients with advanced colorectal cancer.

A challenge for the palliative home care program is ensuring timely access for patients with non-cancer related illnesses. The program continues to work with partners to develop clear criteria to support these patient needs.

Palliative Consult Team

The palliative care consult team hosted the annual Mary O'Connor Palliative and Hospice Care conference in April 2017. The theme was Palliative Care: Deepening the Human Experience, and attracted over 600 delegates from across the Calgary Zone.

The team is developing a guideline for use of heated humidified high flow oxygen in patients who do not have a resuscitation GCD.

The team has worked to improve communications between the MAID (Medical Assistance in Dying) team and palliative care consult team for palliative care patients requesting MAID.

Complex Cancer Management Service, Tom Baker Cancer Centre

The Complex Cancer Management Service continues to make progress on integrating a palliative care presence into the outpatient cancer care system. This team supports oncology outpatients with challenging pain and symptom management concerns. Future work will focus on models for structured early involvement of palliative care in the outpatient cancer setting.

The Provincial Palliative Tumor Team had its third annual meeting in March 2018. This group provides a province-wide multidisciplinary perspective on guideline development, research, service delivery, and advocacy for appropriate resources for palliative oncology patients. An application has been submitted for expansion of the Blue Cross Palliative Drug Benefit List, and ongoing work is looking at gaps in non-pharmacologic palliative coverage. Members from the division have been involved in the formation of the Pan-Canadian Palliative Care Research Collaborative, which will work towards national multi-site collaboration on research projects with a palliative focus.

Transfer of Information for Hospice Referrals

When transferring patients to hospice, timely sharing of accurate and relevant information is critical, as patient care needs at end of life can change quickly. A quality improvement project was implemented to revise processes and improve collaboration between care teams (Hospice, Home Care, Palliative Consult Team and Acute Care) to resolve information transfer challenges.

A team was recruited to identify and implement improvement measures to achieve compliance with the Information Transfer Required Organizational Practice, and ultimately improve the information transfer experience for patients who are admitted to Calgary Zone hospices. Over two years, the team analyzed, deconstructed, rebuilt, and then re-implemented the information transfer process between teams sending and receiving patients to residential Calgary Zone hospice facilities.

The care teams responsible for information transfer increased their knowledge of the process and were able to make changes. This included:

- Agreement of key transfer points
- Consensus on what information is needed at each information transfer point
- Development of process documentation, including Frequently Asked Questions to address ongoing concerns, misperceptions and questions
- Training in use of the revised electronic referral and bed management system

As a result of this transformation, the hospice and palliative care teams have reinforced a culture of trust and respect, increasing the shared accountability for timely, effective and accurate information transfer. There is now less duplication of information sharing, and decreased need for multiple verbal handoffs of referral information to the hospice access office. The patient is now back at the center of the conversation.

seniors care

Dr. Vivian Ewa - Section Chief

Seniors Care section physicians provide continuing care for mature adults including a variety of services from home care to supportive living or facility based care. The section's physicians provide this care in partnership with interdisciplinary team members within PCNs and home care teams.



Continuing Medical Education

2017 Geriatrics Update: Clinical Pearls

Managing Older Adults with Multiple Co-morbidities across the Continuum of Care

The conference was held on September 22, 2017 in Calgary.

Topics ranged from healthy aging initiatives in primary care, diagnosis and management of health issues, pain assessment and management, and a panel discussion on MAID in Alberta.

Appropriate Use of Antipsychotic (AUA) Medications Initiative Workshop

A workshop was held for six supportive living facilities in Calgary, thanks to a collaboration between the Seniors SCN and the Physician Learning Program (PLP). The interdisciplinary care teams from each of the six sites, including physicians, nurses, pharmacists, and site management attended the workshops.

The participants developed vision statements, generated improvement ideas for deprescribing, and created actionable improvement plans with a commitment to the following:

- Developing a deprescribing protocol and standard antipsychotic order set in supportive living facilities.
- Developing standardized methods of assessing underlying patient needs.
- Creating a communication process for patients and families highlighting the need for consistency amongst team members in communicating about deprescribing.
- Creating a focused interdisciplinary RAAPID team to address urgent resident behaviors while minimizing the use and duration of use of antipsychotics when needed.

Aging in Place

The section continues to foster quality of life in their patients, while avoiding unnecessary hospitalists and ED visits. Some examples of this work are listed below:

First Community based ALC Unit

The first community based Alternative Level of Care (ALC) unit in the Calgary Zone opened on November 20, 2017 at Bethany Care Society.

The unit enables Bethany staff to provide services tailored to seniors currently in acute care hospitals who no longer need acute care support, but do require a subacute level of care while awaiting transition to facility living. To date, 60 patients have been admitted to the unit from acute care. 37 patients were assessed and approved at admission, two were discharged home, and eight clients were transitioned to an assisted living facility. The unit is planning to increase capacity by 25 beds to provide specialized services relating to complex behaviors in patients with dementia.

Median length of stay 16 days. Cost avoidance of \$816,000, saved 816 acute bed days

LTC/RAAPID Acute Care Transfer

The goal of the Long Term Care (LTC)/Referral, Access, Advice, Placement, Information & Destination (RAAPID) project is to reduce unnecessary transfers to acute care, wait times in the ED, and connect LTC physicians with appropriate services in hospital. Partnership with the local community paramedics will facilitate on-site management of acute medical decline.

Seniors Home Based Primary Care

The Seniors Home Based Primary Care (SHBPC) program was designed to be a mobile medical home which provides home bound seniors ≥ 65 year of age with a comprehensive home-based care program developed in collaboration with Calgary West Central PCN. There is currently 16 patients enrolled in the program.

Home Care Goals of Care Team

In 2017, 360 referrals to the Home Care Goals of Care team were completed. More than half of the consults are related to falls and cognitive decline.

Complex Care Hub

The Complex Care Hub (CCH) is a program based out of the RGH. CCH provides short-term, community based, hospital-level interventions to vulnerable, older adults with chronic, complex co-morbidities who are at risk of hospital admission in Calgary.

Physicians from the section have collaborated with RGH to further support the management of acute medical decline in collaboration with Internal Medicine within the community.

Pain Study

As part of a quality improvement initiative, AgeCare Glenmore offered education aimed to help identify pain issues in patients and create guidelines for pain management. This collaboration has increased communication between team members, and the initial results have shown an increase in comprehensive pain assessment in patients with high pain scores.

The section continues to build capacity to manage complex patients in the community. Physicians use the following programs to provide care to their patients in both supportive living and long term care facilities, which were developed as a strategy to avoid acute care visits.

Seniors Health Outreach Program

The Seniors Health Outreach Program (SHOP) is a new initiative aiming to assist family physicians in the assessment and management of frail complex adults who reside in long term care and supportive living facilities.

Geriatricians and Care of the Elderly physicians are available to consult on options that optimize quality of life, reduce therapeutic competition and avoid acute care utilization while maximizing use of available resources on site. The program has completed 35 referrals since launching in April 2017.

Frail Elderly Physician ARP

Mission Statement: To provide service to patients with complex care needs in continuing care, through collaboration with healthcare teams and families to enhance dignity and quality of life.

The Frail Elderly Alternate Relationship Plan (ARP) celebrates its 10 year anniversary of implementing a strategy to increase communication between team members and provide high quality services to patients living within SL and LTC facilities. The group has expanded from the initial 10 members across four sites to 75 physicians across 17 sites.

Among improvements to patient care, access to attending physicians who provide care on and offsite has increased. Participating physicians have expressed a higher satisfaction level and share the common desire to improve the outcomes of frail patients at the end of their lives with a supportive care team.

Communication amongst the group has improved with increased opportunities for networking, and a process is in place to ensure consistent physician coverage throughout the year.

ACADEMIC



clinical/medical operations

Dr. Kamran Zamanpour – Director, Academic Teaching Clinics
 Scott Jalbert – Team Lead, Quality and Informatics

Continuity

The academic teaching clinics are committed to enhancing continuity of care at both the clinical provider level, and the microsystem and learner levels. Central Family Medicine Teaching Centre's (CFMTC) improved standardization efforts for data entry into multiple areas in the EMR to redesign and boost education of tools, such as patient follow-up slips given to patients on completion of their visit.

In July 2017, the Resident Continuity Project was launched at the Sunridge Family Medicine Teaching Centre (SRFMTC), seeking to improve resident continuity by trialing a new resident paneling program and scheduling system. Analysis of outcomes is anticipated in May 2018. If results show improved continuity, the project can then be tested at other sites.

The Transgender Care Collaboration between Endocrinology and South Health Campus Teaching Centre (SHCTC) is creating an education and transition of care strategy to primary care for these patients. This multiservice continuity initiative will be a focus for this site in 2018.

DFM Academic Teaching Clinics



The academic teaching clinics now have a total of over 29,000 patients paneled. This is an increase from 27,000 patients paneled in 2016-2017.

Populations with Complex Care Needs

The team focused on strategies and solutions to address specific health care needs of the most complex and fragile populations in their communities. These include operationalizing past project work that supported refugee intake, transitions from partnered mental health clinics, and collaborations with HIV/AIDS programs within the Calgary Zone.

The Enhanced Care Pathway project being trialed at the CFMTC is designed to identify the social determinants of health and other life factors that could affect self-management in patients with complex health conditions. Patients are assisted by a health management nurse to better understand the frequency of their use of the health care system. These assessments facilitate enhanced care planning and delivery by utilizing the most appropriate resources in the health care team.

Future projects currently in the planning or early implementation stages include:

- **Patients Collaborating with Teams (PaCT)** – CFMTC is an innovation hub for this joint project led by TOP/AMA and supported by the Health Quality Council of Alberta (HQCA). Healthcare professionals and patients collaborate to create goals and action plans for behaviour change.
- **Medications with Risk of Abuse project** – To build new EMR templates and workflows to improve current opioid, benzodiazepine, and other medications with risk of abuse.
- **Better Wise Project** – Participation in this 2.5 year-long project began in summer 2017. Primary care practices in Alberta are aiming to engage patients to proactively address chronic disease prevention, screening and cancer survivorship.

Building on the concepts from such programs as TeamSTEPPS™, all three academic teaching clinics pursued activities to improve communication and team effectiveness. By utilizing assessments for readiness, training curriculum to build new skill sets, and facilitated QI half day events to create future plans, all academic teaching clinics prioritized team functioning this year. Focus is now on partnering with Towards Optimized Practice (TOP) to adapt and apply the tools and strategies in the primary care context. Several planned improvements have already been implemented: incorporating team huddles within the microsystems at the SHCTC, development of clinic level mission statements, and planning sessions focused on improved integration of allied health team members.

Patients as Partners

The integration of the patient voice in service delivery, decision making, and improvement is important. For example, SHCTC routinely works with the Patient and Citizen Innovation Council (PCIC) and similar patient advisory partnerships are in the works for the other teaching clinics. Patients have been engaged in clinic level meetings, quality improvement activities, reviewing project designs and tools, and leveraging new collaborations with larger advisory groups like IMAGINE: Citizens Collaborating for Health. The DFM also participated as a pilot group for the HCQA “Patient Reported Experience Measure (PREM)” initiative, which captures the patient’s perspective on the PMH. The patient survey achieved a 58% response rate, and the survey data is currently being analyzed.

Process Standardization

Efforts to standardize practice included:

- Independent LPN pneumococcal vaccination screening practices led to an 89% increase in pneumococcal (Pneumo-P) vaccine delivered since 2015-2016
- Development and utilization of a new Diabetic Observation template to improve standard of practice through efficient, comprehensive, and consistent documentation of diabetic care
- Full utilization of RN scope of practice through the PAP-screening program.

education

Dr. Martina Kelly – Director, Undergraduate Education
 Dr. Keith Wycliffe-Jones – Director, Postgraduate Education
 Liza Worthington – Education Manager

Dr. Ron Spice – Rural Academic Director
 Dr. Steve Mintsioulis – Calgary Program Director
 Dr. Amy Tan – Clerkship Director

Undergraduate Education

The Undergraduate (UG) focus on family medicine as a career choice prompted a review of opportunities to inform students about family medicine, both formally and informally in the curriculum. The goal is to understand more about how and where family medicine influence is applied and how UG can measure this influence to inform strategic decisions going forward.

The disease prevention and health promotion undergraduate curriculum review was completed in June 2017. The Palliative Care and End of Life Care curriculum review identified the need for additional curriculum development, which is starting with the addition of foundational palliative care concepts in Course 1 in July 2018.

Med Zero remains popular with students and offers an informal learning environment and skills workshops before medical school begins. Bachelor of Health Sciences students were given the opportunity to learn more about family medicine careers during a lunchtime session, “a day in the life” of a family doctor presented by Dr. Kelly and a medical student executive member of Family Medicine Interest Group (FMIG). Twenty-five enthusiastic students attended. This year’s FMIG offered resident teaching nights and skills days to current students. Diversity night was popular and panel night introduced students to national, provincial, and local leaders in the field.



MedZero 2017

Approximately 50% of the clerkship class completed their mandatory six-week family medicine rotations in rural clinics this year.

40% of the graduating class from the Cumming School of Medicine selected family medicine for residency training.

The mandatory Family Medicine Clinical Experience remains highly rated. The majority of teaching takes place in urban community clinics, 25% in the DFM academic teaching clinics, and 15% in the rural environment. The family medicine research development program continues to fill a niche in the curriculum for those interested in learning more about the family medicine specialty. Three of the four students in this year's cohort matched to family medicine programs.

Approximately one fifth of academically appointed family physicians contribute to UG family medicine teaching. Family physicians engage in teaching at the medical school in small groups and in their community clinics through the Family Medicine Clinical Experience courses, and family medicine clerkship.

Future quality improvement directions include:

- Working with Undergraduate Medical Education (UME) to develop teaching metrics
- Developing closer relationships with family medicine faculty teaching in UME
- Increasing family physician leadership development opportunities

Postgraduate Education

The two-year Family Medicine residency program welcomed 73 Calgary-based residents and 14 rural stream residents this academic year. The Enhanced Skills (ES) program welcomed 17 residents in six specialty areas. Across all programs, there were a **total of 222 family medicine residents**.

New program-wide mission and vision statements and accompanying goals were agreed upon following a successful program retreat in May 2017.

Mission

Training future family physicians to serve the primary care needs of their communities.

Vision

- Our graduates are ready to enter comprehensive and patient-centered practice with the ability to adapt to all settings in Canada.
- Our residents are engaged learners and have the support and role-modelling to develop as resilient life-long learning family physicians.
- Our preceptors are fully supported and model best family-medicine practice and foster their residents' development as family physicians.
- Our program provides outstanding family medicine training, promotes and integrates continuous improvement and drives education innovation.

An internal review of the program took place and the resulting 2017 PG Internal Review Report highlighted a number of strengths in the program including:

- Leadership nationally in developing a program of assessment for residents
- Resident centered program, focused on learner education, with positive learning environment
- Responsive and enthusiastic division program directors in the Calgary Program
- New, energetic and dedicated site-directors in Medicine Hat and Lethbridge
- Excellent clinical teachers and clinical placements
- The Implementation of the Triple-C Competency Based Curriculum

The PG Internal Review Report has provided the program with priority areas for improvement over the next 12-24 months. Work is ongoing to develop and implement a more formal process of program evaluation that ties in with the program-wide review of evaluation processes.

The Curriculum and Evaluation Committee has continued its ongoing cyclical review of all elements of the program utilizing a logic model and evaluation matrix.

Changes to the curriculum will be explored in response to the usual curricular review process, and the internal review feedback received. The program's organizational structure will be re-examined to ensure the proper roles and personnel are in place for future success.

The efforts of the recently established Working Group on Competency in Indigenous Health Care will help inform curriculum changes across both Calgary and Rural programs.

An updated logic model and program of evaluation is currently being developed in the Calgary and Rural programs, which will ensure the evaluation processes align with the new program mission, vision and goals. Additionally, a major review of the mapping of competencies and curriculum elements across the Rural and Calgary programs will also be completed in 2018-19.

With fewer residents in the program compared to previous years, a larger proportion of residents are being placed in DFM's academic teaching clinics, meaning fewer are available to be placed in community-based clinics.

Calgary Program

The Calgary program successfully hosted resident conferences on Palliative Care and Care of the Elderly. Lethbridge was added as a site for Care of the Elderly immersion rotation. **The program saw continued success for residents sitting the CCFP Certification in Family Medicine examination with a 100% pass first time pass rate for graduates sitting the fall 2017 exam.**

Rural Program

The Rural program filled 100% of its positions on the first iteration of the Canadian Resident Matching Service (CaRMS) 2018 cycle. Dr. Caren Dirker commenced as the new Medicine Hat Site Director in June 2017.

The periodic progress review process has been fully implemented for first and second year residents. New competency-based outcomes titled 'Entrustable Professional Activities' and a new competency-based assessment program have been implemented across both years.

Full day continuity days in Lethbridge and Medicine Hat are now fully implemented during off service rotations in the first year of residency. Rural family rotations of six months for R2 residents are in place and feedback from residents and preceptors is positive.

The Rural program successfully applied for and obtained a **\$50,000** grant to be used for purchasing simulation equipment for use during academic sessions. This equipment will improve residency training in acute procedural skills.



Enhanced Skills Program

Enhanced skills matched residents to each of its 8 programs at the end of the calendar year 2017.

An internal review of the Enhanced Skills Program took place in December 2017 and the final report is pending.

The Family Medicine ES Palliative program began following the dissolution of the conjoint Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC) Palliative Program, and has been going well.

Curriculum review and development will be an ongoing priority for all ES programs, along with assessment tools within each curriculum. The CFPC has developed curriculum Key Features (KFs) and Priority Topics (PTs) for each ES program. ES will be working on mapping these KFs and PTs to assessment tools for each of the training programs.

The ES program is reviewing the program selection process to best meet the needs of Albertans, including how physicians who are returning to practice are admitted and selected.

Continuing Professional Development

The Continuing Professional Development (CPD) program hosted 12 events with a total of 188 preceptors in attendance across all events.

Grand Rounds occurs monthly on the second Thursday of each month and offers both videoconference and teleconference options to urban and rural teaching clinics. This year, guests attended from Medicine Hat, Lethbridge, Pincher Creek, Banff, and Yellowknife, providing an opportunity for community physicians over a wide geographic area to engage in CPD. Grand Rounds sessions showcased the scholarly, educational, clinical, and research achievements of the Department and offered a platform for attendees to learn from each other and from expert guest speakers.

Home Room Series, an accredited faculty development program for residency program preceptors, delivered three learning events this year. This year, sessions focused on teaching across the generations, online resources for medical training, and writing focused learning plans.

Fall Together, the annual CPD education faculty full-day event, was held in October. With approximately 40 attendees, presentations and workshops focused on teaching and the use of MSK diagnostic tests in primary care, the power of data in practice and teaching, teaching clinical decision making in the uncertainty of family medicine, and how to engage the range of learning styles when teaching.



research and scholarship

Dr. Turin Chowdhury – Director, Research

Agnes Dallison - Manager, Research

Research Pillars

Over the past year, the DFM has been developing and defining its research mandate in response to the needs of primary care and the community. As a result, the DFM now has four clearly defined research pillars around which research activity will be centered.

Research Pillars



Grant/Research Support Team Highlights

The team who support DFM research activity is called the Grant/Research Support Team (GRest). This group consists of a research manager, business coordinator, communications coordinator, biostatistician, qualitative and quantitative methodologists, two research coordinators, and administrative support.

Hiring research support is a significant and important aspect of work in the DFM Research Hub. Post-doctoral researchers, faculty members, and collaborators are supported in the advertising, screening, interviewing, and onboarding of research support staff. Over the last year, the Research Hub coordinated support for approximately 20 research positions.

The DFM's Business Coordinator is instrumental in ensuring researchers are aware of current policies and practices, and how to meet the requirements of various research funding bodies. **GRest coordinated with the Research Services Office (RSO) resulting in 65 applications by Primary Investigators (PIs) with an academic appointment; an increase from 40 applications in 2016-17.**

Funding opportunities for research were distributed to faculty, and more frequently to targeted faculty and post-docs when specific opportunities within their areas of expertise arose. Research poster support was provided to faculty and staff, with multiple posters being eligible for DFM financial support. The communications lead provided expertise and graphic design feedback on many of the poster designs and layouts.

Faculty and family medicine residents received ethics support for 20 projects, an increase from 11 in the 2016-17 reporting period.

Scholarly Output

In the 2017-18 academic year (July 1-June 30), with data reported to May 31, 2018, DFM faculty and physicians with academic appointments with the Department are credited with:

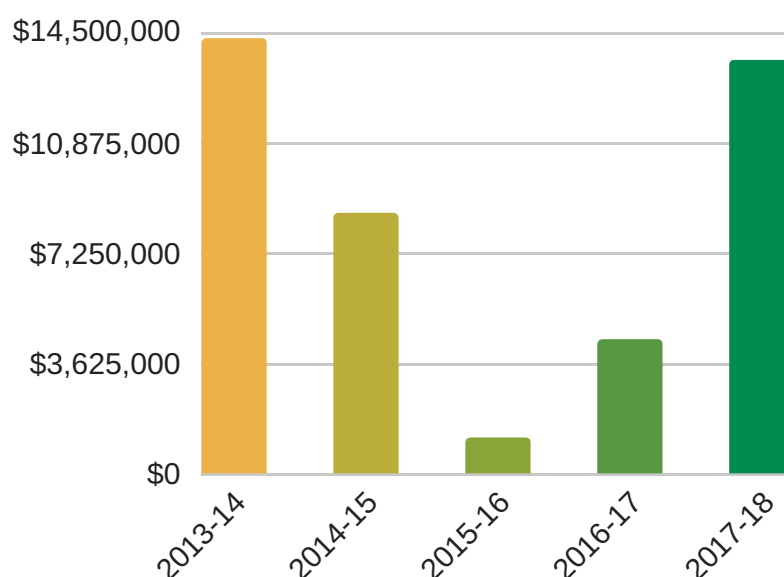
- **88 scholarly publications**
- **145 total presentations, with 53 specific to research, 46 specific to education, 6 specific to professional organization and 8 to faculty development**

For a complete list of publications from July 1, 2017- May 30, 2018 including full citation information, see Appendix A.

Faculty represented the DFM and the Cumming School of Medicine by presenting at several national conferences, including:

- North American Primary Care Research Group (Montreal)
- Family Medicine Forum (Montreal)
- Society of Teachers in Family Medicine (San Diego)
- International Conference on Residency Education (Quebec City)
- The Association for Medical Education in Europe (Helsinki)

Annual Grant Revenue



Annualized grant revenue continues to increase, with \$13,629,704 in research grants awarded and administered through the DFM. For a list of 2017-2018 grants, see Appendix B.

Students in the Research Hub

The DFM was joined by five students interested in family medicine. Summer student Josh Potyandi helped the DFM by mapping out a potential initiative called the Health Tapestry Project. Megg Wiley worked with Dr. Lara Nixon through an O'Brien Institute for Public Health Summer Studentship. Alberta Innovates Heritage youth researcher Rachel Schuck and Bailey Longay, participants in the Program for Undergraduate Research Experience (PURE), worked with Dr. Turin Chowdhury in the summer of 2017. Practicum student from the University of Waterloo, Mashrur Kazi, worked with Dr. Chowdhury in the fall of 2017.

Research Collaboration

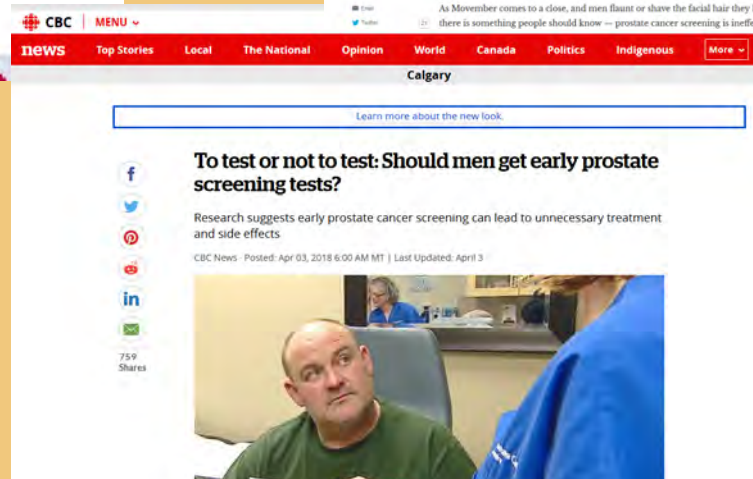
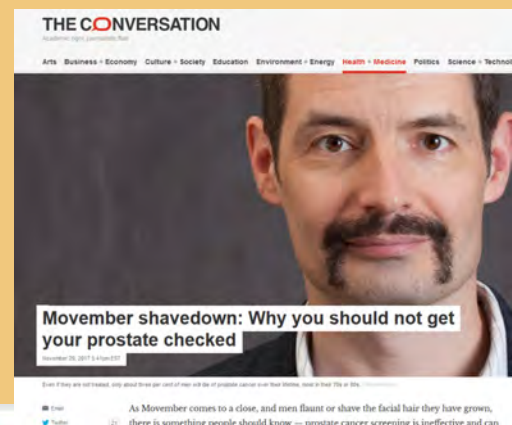
What happens when a family physician with a passion for screening research crosses paths with a general surgeon pursuing a Master's in public health?

In the case of Dr. James Dickinson and Dr. Dawnelle Topstad, their collaboration resulted in a groundbreaking publication that challenges the status of thyroid cancer screening protocols in Canada. In August 2017, their paper *Thyroid cancer incidence in Canada: a national cancer registry analysis* was published in the journal CMAJ Open, and caught the attention of almost every national and local media outlet, and was heavily profiled through university channels of communication.

Dickinson, a family physician and professor with the Department of Family Medicine, and Topstad, a GP Surgeon studying public health with the University of Alberta, initially came together when Dickinson acted as her supervisor for her Master of Public Health practicum.

Together, they noticed something peculiar about thyroid cancer screening in Canada – that incident rates were going up, but mortality was not. After poring over four decades worth of data, their suspicions were confirmed. Over diagnosis of thyroid cancer in Canada is a real issue, and patients are undergoing unnecessary treatments and harms. While there continue to be a small number of truly lethal thyroid cancer cases, many of the cancers picked up in screening do not progress to a lethal state, or progress to slowly to be a risk.

The exceptional collaboration between two physicians with different backgrounds and interests showcases how the DFM and its contributors work to create new pathways resulting in measurable changes impacting how physicians practice and patient outcomes.



quality and informatics

Dr. Maeve O'Beirne - Director, PMH and QI

Dr. Wes Jackson - Medical Lead, Advanced Technology and Informatics

Scott Jalbert - Team Lead, Quality and Informatics

Strategic Quality and Informatics Dashboard

The Strategic Quality and Informatics Dashboard (SQiD) is an online dashboard application that allows for real time reporting of many clinical and operational activities of the Department. Last year the development of SQiD faced some delays, but regained momentum in the second half of the fiscal year. The server infrastructure was updated to a more robust and scale-able solution allowing the Department to meet its need for quarterly or instantaneous reporting.

Focus was directed towards increasing the speed and efficiency of the reporting capabilities within SQiD. The SQiD team is working closely with the Clinical Research Unit (CRU) at the University of Calgary to address our data storage needs so that SQiD can be maintained and deployed securely. With Department-wide roll out anticipated by mid-2018, and considering the enhanced reporting capabilities SQiD provides, there has been significant interest in SQiD from external primary care groups within the Calgary Zone. The highlights that the future of centralized standardized reporting for primary care is taking shape within the DFM.

Initiatives

In February 2018, the Quality Improvement (QI) Team launched an initiative to review and update the Patient's Medical Home Accountability Framework (a mechanism that provides metrics ensuring accountability and adherence to the PMH model). Confirmation of many routine metrics was completed, and currently all pillars are undergoing more detailed review and enhancement for draft delivery anticipated in September 2018.

There has been a need for replacement technology and service support for the Sunray information management system since 2014, and a great deal of energy and resources was committed to resolving this. Through partnership with AHS IT, the team established hardware and support solutions and successfully signed-off on the plan for transitioning to AHS supported devices. Implementation of the hardware and software requirements begins April 2018.

in response to growing concerns about opioid use, the Department has developed several initiatives, including an Electronic Medical Record (EMR) template, to better conform to the College of Physician and Surgeons of Alberta opioid guidelines. This template has been shared with local Primary Care Networks (PCNs) and will continue to be used in future initiatives.

DFM Day

Patient's Medical Home: Metrics and Measurement

DFM Day in May 2017 was centered on how metrics and data contribute to and improve outcomes in the PMH. The keynote session introduced DFM teaching clinic staff, physicians, and administrative staff to the SQuID application, and demonstrated how it can be used to generate on-demand data and metrics for the DFM. Breakout session topics included Effective Data Visualization, Understanding Data, Start-Stop-Improve-Continue working group sessions for site-based teams, and Workflows and Potential Automations. DFM staff awards (voted on by DFM personnel) were presented to the following winners:



Dawn Tink
South Health Team Member of the Year



Stacey Lush
Carmen Frese MVP Award



Dr. Marsha Kucera
Sunridge Team Member of the Year



Angie Rado
Central Teaching Clinic Team Member of the Year



Jill Dowhaniuk
Administrative Team Member of the Year

APPENDICES



publications

1. Publications July 1, 2017 to present (71 reported in the ARO as of April 26, 2018)
2. Lee S, Metcalfe A, Raman M, Leung Y, Aghajafari F, Letourneau N, Panaccione R, Kaplan GG, Seow CH. Pregnant Women with Inflammatory Bowel Disease are at Increased Risk of Vitamin D Insufficiency: A Cross-Sectional Study. *J Crohns Colitis*. 2018 Mar 13.
3. Aghajafari F, Field C, Weinberg A, Letourneau N, APrON Study Team. Both Mother and Infant Require a Vitamin D Supplement to Ensure That Infants' Vitamin D Status Meets Current Guidelines. *Nutrients* 2018. 2018 Mar 29;10(4):429..
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Technical Reports

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Book Chapters

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grants

April 2018

Aghajafari F. Academic achievement and psychosocial adjustment in refugee school-aged children. 2018-2020. O'Brien Institute of Public Health. \$24,376.

Crowshoe L, Henderson R, Barnabe C, Healy B. Community and Structural Supports for Healthy Life Trajectories in First Nations People: Roundtables for Critical Approaches to Building a DOHaD Cohort. 2018. Canadian Institute of Health Research. \$100,000.

Crowshoe L, Henderson R, Calam B, Green M, Walker L, Jacklin K, Han H, Toth E. Educating For Equity: Indigenous Patient Empowerment through Critical Education of Patients and Physicians in Addressing Social Pathways. 2018-2023. Canadian Institute of Health Research. \$952,425.

Aghajafari F, Lang E, Abraham J, Sayed A, Booth D, Kitsiou S. Emergency Department-based Interventions for Effective Care Transitions to Primary Care – A Systematic Review. 2018-2019. Primary Health Care Integration Network, Alberta Health Services. \$10,000.

Crowshoe L, Jardine C. Indigenous Youth as Agents of Change for Community Wellness: Promoting Resilience and Positive Youth Development through Theatre. 2018-2019. Canadian Institute of Health Research. \$45,000.

Spice R. Rural IV Access Quality Improvement Project. 2018-2019. Alberta Health Services. \$20,000.

Lee S, Palacios Mackay M, Wycliffe-Jones K, Leduc C, Ellaway R, Raman M, Norcini J, Pereira J. Seeking Constructive Alignment in Programs of Assessment (SCAPA). 2018-2020. Stemmler Fund. \$93,988.

March 2018

Crowshoe L, Henderson R, Healy B, Leason J, Tailfeathers E, Wong T. Best practices and contextual factors enhancing prevention and treatment of opioid dependence in Indigenous contexts. 2018. Canadian Institute of Health Research. \$95,000.

February 2018

Chowdhury T, Aghajafari F. Community Based Health Data Cooperative in an Urban Immigrant Community. 2018. Canadian Institute of Health Research. \$10,000.

January 2018

McBrien K, Lang E, Ronksley P, Coutts S, Bijvank M, Bischak D, Falkenberg L, Negar Ganjouhaghghi N, Huq J, Mourali M, Woiceshyn J, Cater M, Pendharkar S, Reay G, van Gaal S, Walsh J. Improving Health Care Practices and Processes Through Behavioural Change. 2018-2022.

Haskayne School of Business, University of Calgary. \$15,000.

November 2017

Lee S, Palacios Mackay M, Ellaway R, Cote L, Cote K. NATEL-FM: Needs Assessment of Training for Educational Leaders in Family Medicine. 2017-2018. College of Family Physicians of Canada. \$20,000.

September 2017

Lee S, Topps M, Mintsioulis S. Clinical Learning Experiences and Resident Gender. 2017-2018. Office of Health and Medical Education Scholarship (OHMES), University of Calgary. \$6,032.

August 2017

Lim R, Evans L, Ghosh M. Low dose buprenorphine to mitigate the barrier to withdrawal in transitioning a patient from opioid dependence to opioid maintenance therapy in an outpatient setting. 2017-2019. Addiction & Mental Health Strategic Clinic Network, Alberta Health Services. \$46,100.

Spice R, Tan A. Supporting Family Physicians in Providing Community-Based Palliative Care within the Patient-Centred Medical Home. 2017-2018. Janus Research Grant, College of Family Physicians of Canada. \$11,019.

July 2017

McBrien K. Discharging Complex Emergency Department Patients for Management in the Community: readmission rates and estimated cost savings. 2017-2018. Calgary Centre for Clinical Research (CCCR), University of Calgary. \$10,000.



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