Annual Report 2008

Department of Family Medicine

at Queen's University

Queen's University

Vision 2013

A Department of Family Medicine acknowledged for its excellence in primary care delivery, education, and research. We earn this by:

- Being a *Model of Outstanding Health Care Delivery* for our patients and our residents in all the communities we serve;
- Providing a highly *Collaborative Environment* in which health professionals are integrated into the clinical, education and research processes;
- Developing an *Innovative Education Process* for our learners at distributed teaching sites in smaller communities;
- Being recognized as *Valued Partners and Opinion Leaders* in Family Medicine and Primary Care within Queen's, in our communities, and internationally;
- Supporting and contributing to the Centre for Studies in Primary Care to improve the health of individuals and populations; and
- Continuing to develop a *Work Environment* that enables and sustains outstanding teamwork and performance

Model of Outstanding Health Care Delivery

1. High levels of learner and patient satisfaction (exit surveys, etc.)
2. Exceeding Ministry defined targets

Support the Centre for Studies in Primary Care

1. Define focused research areas
2. Secure core funding
3. Broad based collaborations
4. Marketing
5. Publishing

Work Environment

1. Each health professional within the Department has adequate space to operate effectively within a collaborative environment
2. High expressed satisfaction with work life balance
3. Positioned on Queen's priority list for new facility

Collaborative Environment

1. High engagement survey results

Education Process

1. Strong accreditation results
2. CCFP pass rate exceed nat'l average
3. Residency program is full
4. Ranked in the top 5 programs for CARMS, securing our top choices from the CARMS list

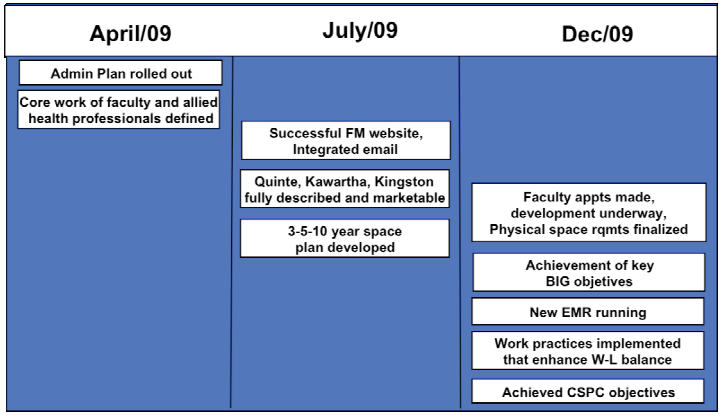
Valued Partners and Opinion Leaders

1. High engagement in local and international initiatives to improve primary care processes
2. Sought out within the University, community and the LHIN for leadership, consultation and advice
3. CSPC sought after for community-based research projects

Mission 2009

Successfully expand our research and teaching activities by transforming our culture, structures and processes through:

- Successfully implementing our expansion program, including the start-up of regional operations and learning resources
- Implementing mechanisms to enable effective communications among our staff, our learners and external stakeholder groups
- Improving our clinical processes through standardization an enhanced collaboration
- Implementing an effective EMR and technology infrastructure
- Supporting the Centre for Studies in Primary Care to improve the health of individuals and populations
- Implementing a clear administrative / management structure with clearly defined policies and procedures; titles and role descriptions
- Restructuring our work environment, and defining our physical work space needs for the next 5-10 years



Expansion Program | Communi-cations | Clinical Processes | IT/EMR | Research (CSPC) | Admin/Org Structures | Workspace/ Environment

2008 Annual Report

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Message from the Department Head

Glenn D. Brown
BSc, MD, CCFP (EM), FCFP, MPH

This past year marked a period of transition and expansion for the Department, a crossroads of sorts. On the one hand, the prospect of Phase II Expansion of Postgraduate Education, including a projected increase of 50% more residents by 2013 (142 residents across 4 sites – Kingston, Quinte, Kawartha and Lakeridge), called for an evaluation of systems, processes and resources. After a year of working with Queen's Human Resources to assess the Department's managerial capacity, a senior administrative position was created, reporting to the Department Head, to evaluate and better integrate management structures across the Department. Candice Krumreich, a Queen's employee since 2002, was hired in August 2008 as the new Manager of Departmental Policy & Communications. In seven busy months, Candice has initiated a series of administrative reforms which will position our organization for its new and expanded roles.

At the anniversary of my appointment as Department Head, the Department of Family Medicine embarked on a process of strategic planning facilitated by the Queen's Executive Decision Centre. The process allowed for wide consultation with and participation of all stakeholder groups within the organization, including physicians, residents, allied health professionals, researchers, administrative and clerical personnel. Our strategic plan lays the foundation for the Department of Family Medicine's activities over the next five years. Our vision moving forward is to be "a Department of Family Medicine acknowledged for its excellence in primary care delivery, education, and research." A series of strategies and concrete measurements have been developed to monitor progress as we strive to accomplish our mission, including:

- Being a model of outstanding health care delivery for our patients and our residents at all our locations in Eastern Ontario;
- Providing a highly collaborative environment in which health professionals are integrated into the clinical, education and research processes;
- Developing an innovative education process for our learners at distributed teaching sites in smaller communities;
- Being recognized as valued partners and opinion leaders in family medicine and primary care within Queen's, in our communities, and internationally; and
- Continuing to develop a work environment that enables and sustains outstanding teamwork and performance.

The work of the Information Management Committee (IMC), the newly formed Tactical Working and Implementation Group (TWIG), and the Work/Life Balance Committee are promoting the development of systems, practices and policies to support a work environment that enables and sustains outstanding teamwork and performance. The implementation of a newly defined administrative structure, including new hires, positions and redefined roles is underway. The Department is also developing a communications plan and the IT platform to support it.

In 2008, the organization was dealing with the complexities of two staff compliments (and two sets of Human Resource policies and reporting structures) as Family Medicine clinical services migrated from Hotel Dieu to Queen's, the two-year transition to be finalized

January 1, 2010. The newly formed Clinical Processes and Innovation Committee (CPIC) began work in earnest towards their goal of optimizing the health care delivered to patients served by the Queen's Family Health Team, while modeling strong, consistent clinical processes to our residents. Monthly "Excellence in Clinical Processes" workshops were a tremendous success, leading CPIC to change its name to the Better Innovations Group, or BIG.

BIG is working tirelessly to ensure we become a model of outstanding health care delivery. With support from HealthForce Ontario's Interprofessional Care/Education Fund, we will launch a project entitled "Interprofessional Care in Primary Health Care Settings: Designing Interventions to Sustain Cultural Change and Elevate Clinical Practice to Curriculum Expectations", which will serve to enhance collaboration within the organization and enhance health care delivery.

In the realm of research, the Centre for Studies in Primary Care had a banner year. Of particular interest, the CSPC secured over half a million dollars from the Public Health Agency of Canada for the pilot of a Canadian Primary Sentinel Surveillance Network (CPCSSN), developed for the collection and storage of health information from Electronic Medical Records (EMRs) from participating family medicine practices associated with primary care practice based research networks. This tremendous success, which will involve the hiring of five new researchers in 2009, brought to the forefront another capacity issue within the Department – where to physically house these new staff. As such, efforts to secure the 3rd floor of Haynes Hall, currently leased by TD Canada Trust, became a strategic imperative.

In order to address new challenges presented by Phase II Expansion, we are developing a competency-based horizontal curriculum that would see Queen's as an important leader in curriculum development. Our innovative education process will ensure that our residents are meeting their competencies, and positions family medicine as the central and continuing focus of the program.

Part of the Department of Family Medicine's vision is to be recognized as valued partners and opinion leaders in Family Medicine. In 2008, several initiatives have helped support this objective:

- The Department greatly benefits from its association with the Centre for Studies in Primary Care, a local, regional and national resource in primary care research.
- At the regional level, DFM has taken on a leadership role in the 2008 launch of the Primary Care Council of South East Ontario. The Council's mandate is to provide collaborative leadership for the planning, delivery and evaluation of primary care services within the South East Local Health Integration Network (LHIN), creating a forum to address common issues pertaining to primary care across the continuum of health care.
- At the provincial level, and in collaboration with each of Ontario's University Family Medicine programs, DFM has taken the lead on a province-wide faculty development program. $825,000 in funding was secured from the MoHLTC and the Physician Services Committee to enhance capacity and ensure that new community family physician faculty are well supported through a province-wide structure focused on professional development.
- On the global stage, the newly formed Global Health Working Group is facilitating the development of a comprehensive program of Global Health for the Department of Family Medicine, including core curriculum, an eventual third year enhanced skills curriculum, and coordination of the Department's Global Health initiatives. One such example is the continued success of the Development Program in Bosnia and Herzegovina, now in its 14th year of providing technical assistance to the Ministries of Health and Faculties of Medicine in Bosnia and Herzegovina. It has completed a tenth year of Family Medicine specialization, the sixth cycle of the highly successful Program of Additional Training for doctors and nurses.

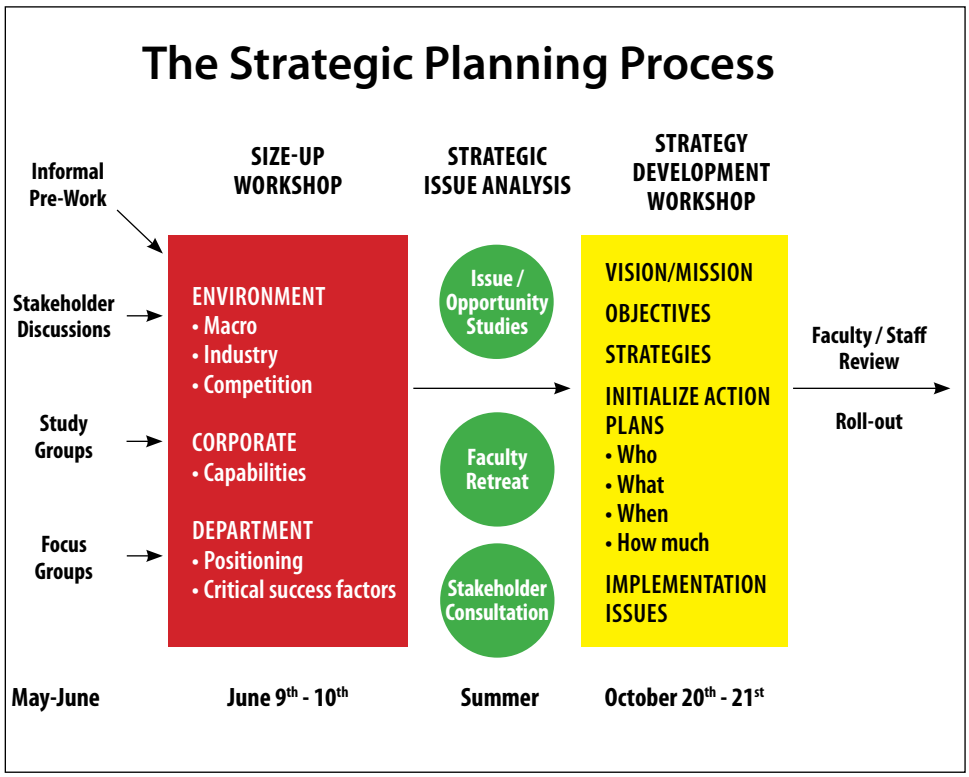
I am 100% certain that the vision and mission articulated in our strategic plan will be achieved. This will require wisdom, optimism, faith and courage. The required attributes, values and approaches are readily found in the Department of Family Medicine, and so I am very confident as we head into the next year.

Sincerely,

Glenn D. Brown
BSc, MD, CCFP (EM), FCFP, MPH
Head, Department of Family Medicine
Queen's University

Strategic Planning 2008-2013 - Executive Summary

In 2008, the Department of Family Medicine at Queen's underwent a strategic planning exercise facilitated by the Queen's Executive Decision Centre to determine its direction over the next five years. The work of five Strategic Task Forces, namely Expansion, Clinical Practices, Communication, Technology/EMR and Administrative/Management Structure, began in June and culminated in October. The strategies developed from their on-going work will shape how each of the Department's personnel works within the organization, and its three streams of activity: education, clinical service, and research. Our work is largely team-based and collaborative, and as such, each of our personnel is critical to the implementation of our strategic plan.



The following is the vision we hope to realize for the Queen's Department of Family Medicine by 2013. Visions remain lofty until they are grounded by deliverables, and success needs to be measured. As such, a series of measurements have been identified to monitor our progress over the next five years.

A Department of Family Medicine acknowledged for its excellence in primary care delivery, education, and research. We earn this by:

1. Being a "Model of Outstanding Health Care Delivery" for our patients and our residents at all our locations in Eastern Ontario, as measured by

- high levels of learner and patient satisfaction (exit surveys etc.)
- exceeding Ministry defined targets (FOBT, flu shots, mammographs, PAP, paediatric immunization, chronic disease

2. Providing a highly "Collaborative Environment" in which health professionals are integrated into the clinical, education and research processes, as measured by

- high engagement survey results - baseline then every 12 - 24 months

3. Developing an "Innovative Education Process" for our learners at distributed teaching sites in smaller communities, as measured by

- strong accreditation results
- CCFP pass rate exceeds national average
- residency program is filled
- ranked in the top 5 programs for CaRMS, securing our top choices from the CaRMS list

4. Being recognized as "Valued Partners and Opinion Leaders" in family medicine and primary care within Queen's, in our communities, and internationally, as measured by

- high engagement in local and international initiatives to improve primary care processes
- sought out within the University, community and the LHIN for leadership, consultation and advice
- CSPC is sought after for community-based research projects

5. Continuing to develop a "Work Environment" that enables and sustains outstanding teamwork and performance, as measured by

- each health professional within the Department has adequate space to operate effectively within a collaborative environment
- high expressed satisfaction with work/life balance
- positioned on Queen's priority list for new facility

Our organization is large and complex. What we hope to achieve and the priorities we have set are captured in our mission…

To successfully expand our research and teaching activities by transforming our culture, structures and processes through:

- Successfully implementing our expansion program, including the start-up of regional operations and learning resources;
- Implementing mechanisms to enable effective communications among our staff, our learners and external stakeholder groups;
- Improving our clinical processes through standardization an enhanced collaboration;
- Implementing an effective EMR and technology infrastructure;
- Implementing a clear administrative/management structure with clearly defined policies and procedures; titles and role descriptions;
- Restructuring our work environment, and defining our physical work space needs for the next 5-10 years.

A series of specific strategies and team leads have been developed to address key priority areas:

Expansion – led by Dr. John Morse and Dr. Willa Henry

- Expand program by 40 residents over the next 4 years
- Define roles, responsibilities and staff in Quinte and Kawartha hubs
- Distributed curriculum model for program delivery
- Facility acquisition and improvement program – Quinte and Kawartha
- Recruitment/training program for Province/faculty in hubs (delivery of curriculum)
- Develop a Family Medicine presence in Oshawa
- Investigate the role of Brockville and Cobourg as teaching sites for the Kingston hub

Clinical Practices - led by Dr. Karen Hall-Barber

- Town Hall Workshops to develop priorities and approaches in the following areas:
  - Standardization – e.g. fix up the med list, data standardization
  - Collaborative work teams
  - Patient access – reduce wait time etc.
  - Proactive patient care – population-based medicine
  - Improving patient handover in a multi-provider setting
- Periodic patient survey

Communication - led by Dr. Michael Sylvester

- Queens Family Medicine web site development, ie. photo site, digitized HR system and calendar, orientation process development as input to web site development (Tactical Working & Implementation Group)
- Culture – define what will make the Department a 'great place to work'
- Structured plan for meetings across all locations

Technology/EMR - led by Dr. Dave Barber

- Implementation of new EMR – 'paperless office'
- Single email system
- IT infrastructure development (user needs assessment), including HR support capabilities

Workspace/Environment - led by Vanessa Patterson

- Develop 1-3-5-10 year space plan
- Reorganize clinic schedules to facilitate meetings (carve out time for collaborative meetings)
- Engagement – collaboration survey
- Launch Work/life Balance Committee

Admin/Org Structure - led by Candice Krumreich

- Implement new organization structure, roles and performance assessments
- Core work review – faculty and health professionals

A debt of gratitude goes to our Task Force Chairs and Members:

Expansion: Dr. Willa Henry (Chair), Julie Bryson, Dr. Gene Dagnone, Dr. Jeff Sloan, Dr. John Morse, Rans Perera, Cheryl Wilson

Clinical Practices: Dr. Karen Hall Barber (Chair), Dr. David Barber, Diane Bachelor, Tyler Brooks, Dr. Glenn Brown, Dr. Ian Casson, Amanda Compton, Melissa Demers, Sherri Elms, Jeanette Finn, Margaret Giles, Dr. Sara Gower, Kimberly Mahoney, Laura Rosen, Tammy Parr, Donna Perrin, Dr. Ian Sempowski, Dr. Michael Sylvester, Jaime Thompson

Communication: Dr. Michael Sylvester (Chair). Evelyn Bowring, Patricia Deyo, Candice Krumreich, Sara McHugh

Technology/EMR: Dr. David Barber (Chair), Sherri Elms, Dr. Karen Hall-Barber, Candice Krumreich, Dr. Willa Henry, Kim Mahoney, Dr. Kieran Moore, Donna Perrin, Dr Ian Sempowski, Ralph Tibbo

Administrative/Management Structure: Vanessa Patterson (Chair), Tracy Beckett, Candice Krumreich, Dr. Sue MacDonald, Donna Perrin, Dr. Ian Sempowski, Cheryl Wilson

Gantt Chart Strategies for Year 1	Bal 2008	Q1 2009 (Jan-Feb-Mar)	Q2 2009 (Apr-May-Jun)	Q3 2009 (Jul-Aug-Sep)	Q4 2009 (Oct-Nov-Dec)
Expansion Strategy					
Develop integrated project plan					
Recruit core faculty Quinte and Kawartha					
Define roles / responsibilities in the hubs					
Distributed curriculum development					
Faculty development programs					
Site/ facility selection Quinte / Kawartha					
Clinical Processes (BIG)					
Identify standardization priorities					
Implementation program					
Baseline patient survey					
Communications					
Develop communications strategy					
Website needs assessment					
Select provider to design new website					
Website design					
Website Phase 1 implementation					
Develop Orientation process					
Administrative Restructure					
Roll out admin. plan/reorganization /roles					
Define faculty roles / work of the faculty					
EMR / IT Infrastructure					
Selection decision on new EMR					
Develop EMR implementation project plan					
Review/decision IT infrastructure					
Server implementation					
EMR training and implementation					
Integrated email implementation					
Work Environment / Physical Space					
Establish Committee / hire consultant					
Develop 1-3-5-10 year space plan					
Baseline engagement/collaboration survey					
Establish the "Work/Life Balance" Group					

Education

Postgraduate Education (PGY 1 & 2)

Dr. Willa Henry and Dr. Michael Sylvester, Directors of Postgraduate Education and Undergraduate Education

Under the leadership of Dr. Willa Henry, Program Director of Postgraduate Education, the Postgraduate Residency Program received full accreditation status in February 2008, after a special survey conducted by the College of Family Physicians of Canada. The survey report stated that all of the program deficiencies identified in the previous November 2006 accreditation review had been adequately addressed. The residency training program was assessed as vibrant, energetic and functional, under strong leadership, and that program activities fully met the standards of accreditation. The surveyors highlighted the positive and energetic faculty and enthusiastic residents.

This survey followed three years of intense innovation and restructuring of the residency program. This included the introduction of family medicine residents to the area of Long Term Care at Providence Manor, and the development of two teaching floors at the institution. The Behavioural Medicine Program was enhanced with weekly behavioural medicine rounds, instituted Mental Health Care Team teaching, academic days devoted to behavioural medicine, and opportunities for residents to work with our family health team social workers. As well, faculty development has thrived under the leadership of Drs. Ian Casson and Ruth Wilson. During 2008, they conducted mobile faculty education sessions in our regional teaching sites, culminating in a successful faculty development retreat that included teachers from throughout the region.

The academic curriculum has thrived under the leadership of Drs. Sarah Gower and Karen Schultz. Regional teaching days were instituted in all of the teaching hubs, and these have been very well received. During the academic year, residents have ten academic days in Kingston and five regional teaching days. In February 2008, DFM hosted a very successful resident research day, which served as a Continuing Medical Education event for local family physicians, and a time of real celebration for the Department.

Resident evaluation is being improved through consistent direct observations of residents in multiple settings. Field notes and log books have been instituted, which, combined with web-based evaluation, allow for the carefully assessment of our residents' progress.

Finally, under the leadership and scholarship of Dr. Karen Schultz, our "Continuity of Care" project is in its third year. Residents follow a cohort of patients for one year, and can electively continue for a second year if they are located in Kingston. We have also mandated a sixteen week block in family medicine and extended the family medicine requirements to twenty four weeks, to provide our residents with more teaching time in a family medicine environment.

In keeping with the Department's vision to develop "an Innovative Education Process for our learners at distributed teaching sites in smaller communities," the curriculum of the Postgraduate Education Program is currently being rearticulated into a competency-based framework based on the CanMeds family medicine roles. Faculty have attended extensive faculty development workshops geared towards competency based curriculum and evaluation. The new curriculum under development will enable us to ensure that our residents are meeting their competencies, and position Family Medicine as the central and continuing focus of our program. This initiative will position Queen's as a national leader in curriculum development.

Benefits to learners include: an opportunity to immediately apply knowledge and skills from other settings to family medicine; reduce time on rotations where they are mostly providing service as opposed to learning; a strong identity as Family Medicine residents (with half-days away instead of half-days back); a longer time to get used to our clinics and Electronic Medical Records system; increased continuity of care; patients are cared for over a longer period of time; and residents see more patients overall.

The CaRMS process was very successful, as we fully matched our program for the 2009-2010 upcoming academic year. In preparation for Phase II Expansion, and working closely with the Associate Dean of Postgraduate Education, we are developing three "satellite" regional teaching sites for Regional Family Medicine Programs in Quinte, Kawartha and Lakeridge. Significant capital expenditures will develop teaching and videoconferencing faculties for all regional teaching sites. Queen's School of Medicine hired Dr. John Morse to function as a special consultant to assist the Program Director and Regional Directors in developing programs of excellence that emphasize regional strengths. We look forward to the on-going challenge of realizing effective regionalization, curriculum renewal, and improved use of technology for regional education. 2008 was indeed an exciting and successful year for the Postgraduate Education Program.

Phase II Expansion

Queen's Family Medicine Phase II Expansion will see the Postgraduate Education Program grow by 47% over the next two years. Another 46 residents will be added to the program across 4 sites – Kingston, Quinte (Belleville), Kawartha (Peterborough) and Lakeridge (Oshawa).

New Positions	2008-09	2008-09	2008-09	2008-09	2008-09	2008-09
Kingston						
Capital $	$660,000					
PGY1		3	3	3	3	3
PGY2			3	3	3	3
Quinte						
Capital $	$1.75M					
PGY1			4	6	6	6
PGY2				4	6	6
Kawartha						
Capital $	$1.75M					
PGY1			4	6	6	6
PGY2				4	6	6
Lakeridge						
Capital $	$2.5M					
PGY1					8	8
PGY2						8
*Total Capital $	$6,660,000					
*Total PGY1		3	11	15	23	23
*Total PGY2			3	11	15	23

Enhanced Skills Program (PGY 3)

Under the leadership of Dr. Michael Green, Program Director for the Enhanced Skills Program, the Department of Family Medicine offers a diverse range of training options for residents interested in pursuing additional training after completion of their core 2 year residency program. Programs are offered in Emergency Medicine, Care of the Elderly, Palliative Care, Anesthesia, Women's Health, Aboriginal Health, Mental Health and Developmental Disabilities. Special Rural Skills and general Enhanced Skills options are also available to help residents meet their needs for further training prior to practice. In 2008/09, there were 16 Ministry of Health funded PGY3 positions. Residents were enrolled in the following programs – 8 in Emergency Medicine, 2 in Anesthesia, 1 in Palliative Care, 1 in Care of the Elderly, 2 in Rural Skills, 1 in Developmental Disabilities, and 1 in Women's Health. The program is supported by the Enhanced Skills Postgraduate Education Committee, which includes representation from each of the programs (each defined program has a designated program director or coordinator) as well as residents. Expansion of this program is anticipated in future years as new allocation policies linking the number of available positions to the number of graduating residents in the core program are implemented. Plans are currently underway to create a new program in Global Health.

PGY3 Program Directors/Coordinators 2008/09:

Enhanced Skills Program Director: Dr. Michael Green
Emergency Medicine: Dr. Karen Graham
Anesthesia: Dr. Brian Mahoney
Mental Health: Dr. Leslie Flynn
Care of the Elderly: Dr. Chris Frank
Palliative Care: Dr. Cori Schroder
Women's Health: Dr. Susan Phillips
Aboriginal Health/Special Rural Skills/General Enhanced Skills: Dr. Michael Green
Developmental Disabilities: Dr. Forster-Gibson

Enhanced Skills Program in Anesthesia

The Family Medicine Anesthesia training program at Queen's University has a distinguished history of training family physicians to provide anesthetic services to rural and smaller communities in our region and throughout Canada. The program is directed within the Department of Family Medicine with strong collaboration from the Department of Anesthesiology at Queen's University. With the recent increase in standards for the accreditation of family medicine enhanced skills programs in Canada, the Department of Family Medicine has been taking increased responsibility for the training standards and academic contributions of the program. Currently, the enhanced skills program director is Dr. Brian Mahoney, a former graduate of the program in 2002.

The objectives for special competence in anesthesia fall within the domain of the four principles of family medicine, while much of the support and resources for training are found at both the Kingston General Hospital and Hotel Dieu Hospital. During the training year, residents are providing both clinical anesthesia services and on-call responsibilities at these hospitals. As well, they spend a few months outside of Kingston working with Family Practice-Anesthetists in both rural and remote areas.

Based on the number of applicants over the past few years, enhanced skills training in anesthesia has become the second most popular enhanced skills program behind emergency medicine. The program attracts both family medicine residents and practicing family physicians looking to return to the rigors of residency training. Usually two residents are accepted into the program each year, but in 2009, a third physician who applied for a re-entry position will also be trained. This is an established local family physician with a vibrant obstetrical practice, who also practices emergency medicine.

Many of our former graduates have played a critical role increasing the availability of anesthetic services throughout our region and in smaller hospitals. Many community hospitals in Ontario use Family Practice-Anesthetists exclusively to provide anesthetic services. Some of our graduates have also played a role in larger tertiary care centers. Over the past year, four local Family Practice-Anesthetists have been working part-time at the Hotel Dieu Hospital and Kingston General Hospital. In these positions, we are involved in teaching medical students and residents during their anesthesia rotations similarly to our specialist colleagues.

Overall, the Family Medicine Anesthesia program at Queen's University continues to be a leader in training third year residents, and other Canadian universities have been seeking our input with regards to program development and meeting accreditation standards. We are strongly integrated into the anesthetic duties within our Kingston hospitals and continue to be supported and valued by our specialist anesthesiology colleagues.

Enhanced Skills Program in Emergency Medicine

The Queens CCFP–EM program is one of the largest in the country, with 10 residents slated to enter in July, 2009. This is a highly-regarded program nationally that has been in existence for over 25 years. The program enjoys a close liaison with the Department of Emergency Medicine, but retains a uniqueness to meet the specific needs of family physicians interested in incorporating Emergency Medicine into their skill set. In 2007, all CCFP-EM programs in Canada joined the CARMS selection process. In recent years, enhancements to the program have included the addition of ultrasound training and credentialing, simulator lab resuscitation sessions, summer sessions devoted to resuscitation and procedural skills, written exam preparation, Critically-Appraised Topic (CAT) Projects, and pre-exam seminars after completion of training, prior to the final exam. The Emergency Medicine Program falls under the umbrella of the Enhanced Skills Program and benefits from the support of the other PGY-3 programs. Queen's Family Medicine is proud to offer residents interested in Emergency Medicine a dynamic, versatile and highly-respected CCFP-EM program.

Family Medicine and Obstetrics

Family physicians in Kingston have maintained a constant and active role in obstetrics, unlike in some other communities. Currently 15 Kingston family physicians are actively involved in the provision

of obstetrical service in the community and at Kingston General Hospital, managing between 20 to 25 % of the deliveries at the hospital. This group includes 4 physicians from the Queen's Family Health Team.

Family physicians provide care for their own pregnant patients and for patients referred from other physicians who do not provide intrapartum care. Family Medicine residents are assigned to follow pregnant patients through their pregnancy, labour and delivery. If they are able, they attend the delivery along with the family physician providing care. Care of healthy newborns is provided by family physicians from the community and from the Queen's Family Health Team. Undergraduate medical students in their clerkship year work closely with all of the family physicians on the labour and delivery unit of Kingston General Hospital, and participate in the care of newborns. This contact provides medical students with a workable model for the delivery of primary care obstetrics and allows opportunities to discuss the challenges and rewards of providing obstetrical care.

Long-term Care Partnership

Early in 2008 the Department of Family Medicine elected to partner with Providence Manor. This partnership had two main goals. First, in order to help meet the significant shortage of physicians participating in care of the elderly, there was a need to introduce our residents to the Long Term Care setting. Second, a local need for further physician involvement at this level was identified.

The Department joined forces with Providence Manor and initially placed two Family Medicine residents at the Providence Manor site. Given the success of this initial trial, both from a community needs perspective and from a training perspective, the program was expanded in July, 2008.

Currently, all Family Medicine residents participate in caring for the elderly at Providence Manor. Two of three floors now have patients (160) being cared for by Family Medicine residents and expansion is expected to continue until all patients (240) are assigned.

Providence Manor patients, nurses, administration and Family Medicine residents have indicated high satisfaction levels with the introduction of this program. One of the long-term benefits expected from this endeavor is higher participation by graduating residents in caring for the elderly within long-term care settings. Further to this, the Department of Family Medicine has encouraged the development of research projects within the nursing home environment, with one research project currently being developed with the support of Providence Manor administration. The Department is also part of the Building Collaborative Interprofessional Care Capacity (BCICC) project, recently funded by Health Force Ontario, and will be working closely with this group to meet project objectives.

Palliative Care Program

The Division of Palliative Care is unique in the Queens Faculty of Health Sciences in that it comes under the umbrella of three different departments: Family Medicine, Internal Medicine, and Oncology. The Chair of the division, Dr. Deb Dudgeon, is an oncologist and full time palliative care physician. The other 3 full time palliative care physicians are all family physicians by training. The 5 physicians who do part time palliative care work are all family physicians with adjunct appointments in the Department of Family Medicine. All 9 are active in the on-call system for palliative patients covering: the 4 acute care management beds on Connell 10 at Kingston General Hospital (KGH); consultative services for KGH inpatients; 6 palliative beds at St Mary's of the Lake Hospital; and all of the community palliative patients for whom we provide primary care or consultative services. It is a busy service, with 637 KGH consultations, 23 cancer clinic consults, and 201 community consultations this past year, as well as daily clinic coverage at the Cancer Center of Southeastern Ontario.

In the literature, patients with life threatening illness in Canada have shown a clear preference to having their health care needs met in their own homes, if possible. There are two courses offered in our community designed to encourage family physicians to manage their own palliative patients outside of hospital. As part of the initiative, #2 funding from the MoHLTC earmarked in 1993 for family physician education has provided for a four day education course for family physicians that has been running twice a year since 1995. It is designed to bring family physicians in our LHIN up to a high skill level in practical end of life care. It is intensive in nature and learning occurs in a small group. This course has consistently been regarded as valuable, practical and well designed.

Another fully funded project, which is inter-professional in nature, is designed to train a primary care team to work collaboratively in end-of-life care. This course uses a well designed series of modules, and is open to Medical Doctors, Registered Nurses, Registered Practicing Nurses, Nurse Practitioners, Social Workers, Pharmacists, and Nutritionists, all working together. This two day classroom course is followed by a six month mentorship for MD-RN dyads using local Palliative Medicine experts. Given the team based approach encouraged in today's era of primary care reform, this is an important course.

Lastly, the postgraduate Family Medicine training program is moving towards having Palliative Care as a mandatory part of the curriculum. Opportunities for training are being expanded and the curriculum re-evaluated to encompass many palliative medicine competencies. All internal medicine and oncology residents have mandatory block rotations in palliative medicine. There are also fellows training as part of a year of added competence in palliative medicine. In 2008, one of these training fellows is a family doctor from the Department of Family Medicine program who is planning to practice locally and be involved in further supporting palliative medicine delivery and teaching in our region.

Undergraduate Education

Under the leadership of Dr. Michael Sylvester, Program Director, Undergraduate Education in Family Medicine continues to be a major focus. In the area of Pre-clerkships, the Department of Family Medicine has realized significant expansion of teaching sessions to over 25 hours in Phases 1 and 2 of the undergraduate curriculum, with reorganization, new content, and improved educational alignment. Daytime observerships have been introduced at the Queen's Family Health Team, and there has been an expansion of evening observerships. The "Week in the Country" event continues at the end of Phase 2A. Family Medicine teachers are contributing to clinical skills and PBL programs, and providing leadership in curricular renewal and management with committee work. There has been increased affiliation with the Family Medicine Interest Group.

In the area of Clerkships, the website has been completely revised. Clerkships have been consolidated into 4 rotation options. Mid-term evaluations have been introduced, as have preceptor and site evaluations. There has been a revision of final Clerkship evaluations, and the introduction of a community preceptor appreciation event.

Faculty Development

Under the leadership of Doctors Ruth Wilson and Ian Casson, Faculty Development in the Department of Family Medicine is thriving. This is a very important initiative, particularly in view of the expansion of our residency program, both in numbers of residents and sites. The College of Family Physicians of Canada accreditation survey in February 2008 cited our faculty development programs for special mention as being amongst the best in the country. In co-operation with the Office of Professional Development of the Faculty of Health Sciences, the Department of Family Medicine offers seminars locally and regionally on faculty development topics. A Faculty Development Retreat is hosted annually for teachers of family medicine residents. Peer teaching and mentoring, along with individual faculty development plans are also included in the program.

In keeping with the Department of Family Medicine's vision to be recognized as valued partners and opinion leaders in Family Medicine and Primary Care within Queen's, in our communities, and internationally, the Department has taken the lead on a province-wide collaborative faculty development program. A total of $825,000 in funding was secured from the MoHLTC and the Physician Services Committee. The program will ensure that new community family physician faculty are well supported through a province-wide structure focused on professional development. It will also build the capacity of our Distributed Medical Education Faculty of Family Physicians to increase the number of qualified community teachers across Ontario. In recognition of the need for rapid implementation of the Phase Two Expansion already underway, it is imperative that Ontario Medical Schools avoid a lag time by helping new teachers acquire core skills as soon as they assume teaching responsibilities, and to ensure that experienced faculty members develop the skills to effectively mentor new teachers.

Continuing Medical Education

The Combined Departments of Family Medicine (now known as Family Physicians Kingston), presented the annual Day in Family Medicine Conference in October, 2008, a College of Family Physicians of Canada accredited program.

Family physicians with hospital privileges provide annual proof of participation in CME programs, meeting the requirements of the College of Family Physicians of Canada or equivalent. Family physicians with obstetrical privileges participate in the MORE OB program. Members of the academic department participate in and deliver CME programs in the CME program at Queen's, provincially, nationally and internationally. The Department, in collaboration with Queen's CME, provides content for on-line CME programs at Queen's University.

Faculty development programs are also provided by the academic department for all faculty teaching family medicine residents. These offerings include: two retreats; participation in regional faculty development sessions, some of which are teleconferenced to regional hubs; development of web-based faculty development teaching tools; and offering coaching and mentoring opportunities for faculty.

Clinical Service

Queen's Family Health Team (QFHT)

The Queen's Family Health Team (QFHT) is the clinical branch operating at two sites in Kingston within the Department of Family Medicine. The QFHT Board of Directors met on a quarterly basis throughout the 2008 calendar year. Following changes in membership during 2007, there was one additional change resulting from a staff resignation within the team. Ms. Sherri Elms, (Pharmacist) replaced Mrs. Brenda Taylor (Nurse Practitioner) as the representative for the Allied Health Professionals. The Board spent significant time developing a set of By-Laws, with the final version anticipated in early 2009.

Queen's Family Health Team was accepted to participate in Ontario's first learning collaborative, a province-wide quality improvement initiative. Participants were expected to be:

- committed to quality;
- ready to make changes to improve their practice;
- interested in testing new ideas; and
- able to spread new ideas in their FHT.

Using an evidence-based model for chronic disease management, coupled with an improvement methodology that has a long and successful track record, the team learned about systematic use of patient data and information technologies to improve health outcomes for their patient population. Three areas were highlighted for this project, diabetes, colon cancer and improving office efficiency, with one team – that of Dr. Karen Hall-Barber – selected as the pilot. Quality improvement indicators were analysed, and improvements made using the PDSA model (Plan, Do, Study, Act). Reports were generated monthly and posted to a virtual office open to all participating Family Health Teams. A group of 6 staff participated in 2 workshops in Toronto during 2008, with 2 additional workshops planned for 2009.

Patient Enrolment

The number of rostered patients in March 2008 was 11,677, up from 7683 in Mar 2007. Our goal for Mar 31, 2008 was 11,700. A number of our long term care patients have been slow to roster and a plan is in place to address this issue. The QFHT Physician Lead recently sent personal letters to all physicians with an update on their roster numbers, percentage of patients rostered, personal goals, etc. Physicians will be provided with the clerical resources needed to actively enroll up to their desired roster size.

Desired roster size is between 150 (new practice) and 175 (mature practice) patients per clinical half day per week, depending on demographics, practice profile, etc. For example, with 6 clinical half days for a new practice, the goal would be a minimum of 900 patients. Long term care half days should contribute at least 40 rostered LTC patients.

The QFHT increased its number of enrolled patients by 27%. A large number of existing patients had not signed enrollment forms, which became a focus. New patients were taken on by physicians in an effort to increase the practice size. Most of these new patients were unattached and had identified themselves by phoning the "Patient Hotline," which was put in place for such patients. Approximately 2,100 patients were added to our patient roster, most of whom did not previously have a family physician.

Programs

The QFHT continues to provide patients with access to a variety of programs including: Asthma, Diabetes, Mental Health, Palliative Care, Pain Management / Acupuncture, Health Roadmap, Long Term Care, Obstetrics (including acceptance of all unattached pregnant women), and Developmental Disabilities (group home care with Ongwanada).

QFHT STATISTICS 2008			
Patient Visits 2008	34,422	Long Term Care Visits	729
Flu Clinic Visits	749	Hospital Visits	386
After Hours Clinic Visits	3,553	Obstetrical Deliveries	105
Continuity of Care Clinic Visits	180	# of Patients as of Dec 2008	12,225
Palliative Care Visits	270		

Staffing

The opportunity for existing Hotel Dieu employees to apply for new Queen's positions within the department resulted in the majority of clerical staff transitioning over to become Queen's employees. That left 11 full time and 2 part time staff eligible to exercise their rights once the notice of lay off is distributed from Hotel Dieu Hospital in the summer of 2009.The staffing transition will be complete January 1, 2010.

The vacant Social Worker position was filled in March, completing the hiring of Allied Health Professionals. One Nurse Practitioner resigned in February, then returned in August filling the vacant NP position.

Electronic Medical Record

A Request For Proposal process is underway for a new EMR vendor, with a decision anticipated in 2009.

Quality of Care and Patient Safety

These are now included under the portfolio of the Better Innovations Group. Of particular note is the implementation of a patient and staff complaint form that will facilitate a timelier, systematic, documented process for investigating and documenting issues. As part of this initiative, complaint boxes will be placed in the waiting rooms. The QFHT Board will be provided with quarterly summaries.

QIIP Team Participants

The Better Innovations Group (BIG)

Chaired by Dr. Karen-Hall Barber, the Better Innovations Group (formerly called the Clinical Processes and Innovation Committee -CPIC) is a committee of 16 members from the Queen's Family Health Team (QFHT), with representation from each of the Department of Family Medicine's four clinical teams and all clinical roles (administration, physician, allied health, nursing, reception and residents). BIG's goal is to optimize the health care delivered to the patients served by the QFHT, while modeling strong, consistent clinical processes to Family Medicine residents. Site visits to other Family Health Teams (FHTs) in Ontario, both academic and not, were undertaken to observe how they function.

Early in the process, barriers were identified that could impede the development of robust clinical processes at the QFHT, including:

- a need for effective communication regarding dissemination of information and getting real time feedback;
- a need for team building and change management to generate membership "buy in" and ownership of identified problems;
- a need to clarify the difference between "clinical processes" versus "clinical decision making."

A site visit to the West Carleton FHT highlighted a workable strategy to address some of these barriers: a series of inclusive FHT workshops to address quality improvement principles in a team building setting.

In parallel to these activities, the Department of Family Medicine held a Strategic Planning session to determine future direction for the organization. Five priority areas were identified and task forces formed. One of these was a task force called "Excellence in Clinical Processes". The membership of this task force has since evolved into the Better Innovations Group (BIG). One of BIG's goals included establishing baseline data on existing clinical process deficiencies. This enabled the identification of issues and a priority list of clinical processes that needed to be addressed.

Monthly "Excellence in Clinical Processes" workshops started in September 2008. The first two workshops were devoted to determining five priority areas or concepts to focus efforts on, and to delineate the scope of projects to be undertaken. These included:

1. Standardizing clinical processes (of note 100% of attendees voted for this topic), starting with medication reconciliation and processes around optimizing medication safety.
2. Fostering an environment that values teamwork and enables collaboration by changing a culture of silos. This started with an outline as to which collaborative models currently exist within our QFHT.

3. Improving patient access and the motto "See today's patients today." This involves improving access for patients who are sick and need to see a doctor same day. Advanced access models for academic centres are being explored.
4. Incorporating a proactive population based model of care to identify those patients who are not regularly seen by a family physician, but may be at risk for various health issues. The first step will be to get all QFHT patients eligible for colon cancer screening in and up to date.
5. Safer patient handover and the motto "The next person should be able to pick up where you left off." This involves developing a process for tracking all tests ordered for patients, starting with the tracking of pap smears.

The monthly 2.5 hour workshops, facilitated by Dr. Karen Hall Barber, Chair of BIG, were typically attended by more than 90% of the QFHT personnel (40 to 50 people), and deemed a tremendous success. Goals of the workshops include:

- Reinforcing BIG's underlying principle of "standardization" of clinical processes for the QFHT – as such, meetings are collective and inclusive.
- Addressing identified barriers to change – having participation from all QFHT members improves the effectiveness of outcomes, as each participant has specialized knowledge and tools to develop improved processes. Having all stakeholders present allows for broader consensus and opportunity for participation.
- Enabling the QFHT team building process.
- Effectively communicating information and getting real time feedback.
- Keeping morale high.
- Minimizing decreased access with respect to patient scheduling.
- Maintaining momentum and enthusiasm around improvement for clinical processes.
- Furthering the "deliverables" as outlined above, as per the mandate of the Departmental Strategic Planning "Excellence in Clinical Processes" task force.

The workshops will be continued until May 6th, 2009, at which point future direction and next steps will be addressed.

In keeping with the Department of Family Medicine's vision to provide a highly collaborative environment in which health professionals are integrated into its clinical, education and research processes, a new project will be launched in 2009. In fall of 2008, the Department was awarded $376,396 by HealthForce Ontario's Interprofessional Care/Education Fund for the project entitled "Interprofessional Care in Primary Health Care Settings: Designing Interventions to Sustain Cultural Change and Elevate Clinical Practice to Curriculum Expectations". Project partners include the Kingston, Lennox, Frontenac & Addington Public Health Unit, the Centre for Studies in Primary Care, Queen's School of Nursing, Queen's School of Medicine, the University Hospitals Department of Psychiatry, and the Leslie Dan Faculty of Pharmacy. This grant was provided to lead sustainable cultural change in primary care practice and education, stressing the merits of interprofessional care by: embracing it as best practice at all levels of health care and education systems; providing support for the simultaneous advancement of care and education, including systems, processes and tools to enable best practice; and fostering awareness with stakeholder groups as to the merits of collaborative approaches to care and how they positively impact access to and quality of patient care. Critical to our efforts will be the development of a methodology and metrics to evaluate system performance and outcomes, emphasizing culture and stakeholder satisfaction. This short term project will provide significant momentum in our climb to be recognized as the site for outstanding health care delivery. It will propel the department forward in the eyes of other Family Health Teams (FHTs) within the province.

Research

Dr. Rick Birtwhistle, Director

Vision:

To improve primary care for the population of Eastern Ontario and beyond by gathering, evaluating, and disseminating knowledge about the clinical care of patients and primary care delivery.

Mission:

The Centre for Studies in Primary Care is dedicated to improving the health of individuals and populations through the conduct of research in primary care that extends our understanding and knowledge of health and health maintenance, disease and its treatment, the delivery of health care, and the assessment and dissemination of evidence.

The Centre for Studies in Primary Care (CSPC)

The Centre for Studies in Primary Care (CSPC) was created by the Senate of Queen's University in November 2000, and is the successor to the Family Medicine Research Unit. The CSPC is the research arm of the Department of Family Medicine, and as such, is housed within the department of Family Medicine at Queen's University.

The activities of the CSPC involve developing research projects in areas relevant to the practice of primary health care, family medicine education, and the assessment of evidence and knowledge transfer to practicing family physicians, as well as clinical management of chronic disease in primary care.

The CSPC also builds ethical relationships with industry for the development of primary care educational programs with information gathered through independent evidence-based reviews. The reports compiled through these reviews pertaining to clinical agents are produced at the discretion of the centre, and do not include marketing a sponsor's drug(s) or clinical devices.

Under the leadership of Doctor Rick Birtwhistle, Director, the CSPC was once again successful in obtaining a number of important peer reviewed provincial and federal grants in 2008. In particular, the Centre secured funding for Phase 1 of a multi-year pilot project led by Dr. Birtwhistle. The Canadian Primary Sentinel Surveillance Network (CPCSSN) was developed for the collection and storage of health information from Electronic Medical Records (EMRs) from participating family medicine practices associated with primary care practice based research networks. The Public Health Agency of Canada provided approximately $0.5M of funding for Phase 1. In addition, the centre was successful in securing approximately an additional $0.5M from the Ministry of Health and Long Term Care for three other major research proposals.

As well as conducting research, the CSPC continues to be extensively involved with the Department of Family Medicine's resident education program, and provides ongoing research advice and support to residents and faculty each year, working with medical students who are doing summer studentships and critical inquiry projects. The CSPC supports residents and faculty by the development of research questions for systematic literature reviews, guidance of student's choices for research methodology, design of surveys, data analysis, and grant applications. The CSPC also assists the department to increase capacity in primary care research through research training for students, family medicine residents, other primary care trainees, and practicing family physicians.

At the end of 2007, CSPC conducted an internal review of its communication strategy and began a strategic planning process, facilitated through the Queen's Executive Decision Centre, of the School of Business. The review of the communication strategy led to the establishment of a new quarterly published newsletter, which is distributed electronically to our member list, and to the development of a new up to date centre website that can be viewed at http://www.queensu.ca/cspc/. In addition, we are updating our strategic plan and the first of our strategic planning sessions took place in the fall of 2008.

Publications and Reports

1. **Birtwhistle RV**, (e.g., author and the Hypertension Review Panel.) Hypertension Guidelines for Family Medicine 1st ed. Toronto Mums Guideline Clearinghouse; 2008.

2. **Birtwhistle RV**, What ever happened to the Mediterranean Diet? Q J Med 2008;101:741-742.

3. **Schmelzle J, Rosser W, and Birtwhistle RV**, An update on pharmacologic and non-pharmacologic therapies for smoking cessation, submitted to Canadian Family Physician.

4. **Schmelzle J, Birtwhistle R and Tan A**, Treatment of Acute Otitis Media in Children with Tympanostomy Tubes, submitted to Canadian Family Physician.

5. **Cheng N, and Green ME.** Osteoporosis screening for men: Are family physicians following the guidelines? Can Fam Physician. 2008;54(8):1140-1.

6. **Phillips SP.** Measuring the health effects of gender. J Epidemiol Community Health. 2008;62:368-71.

7. **Phillips SP.** Models of medical education in Australia, Europe and North America. Medical Teacher. 2008. In press.

8. **Van Dijk A, McGuinness D, Rolland E, and Moore KM.** Can Telehealth Respiratory Call Volume Be Used As A Proxy for Emergency Department Respiratory Visit Surveillance by Public Health? Canadian Journal of Emergency Medicine January 2008

Evidence-based Reviews - Industry Contracts

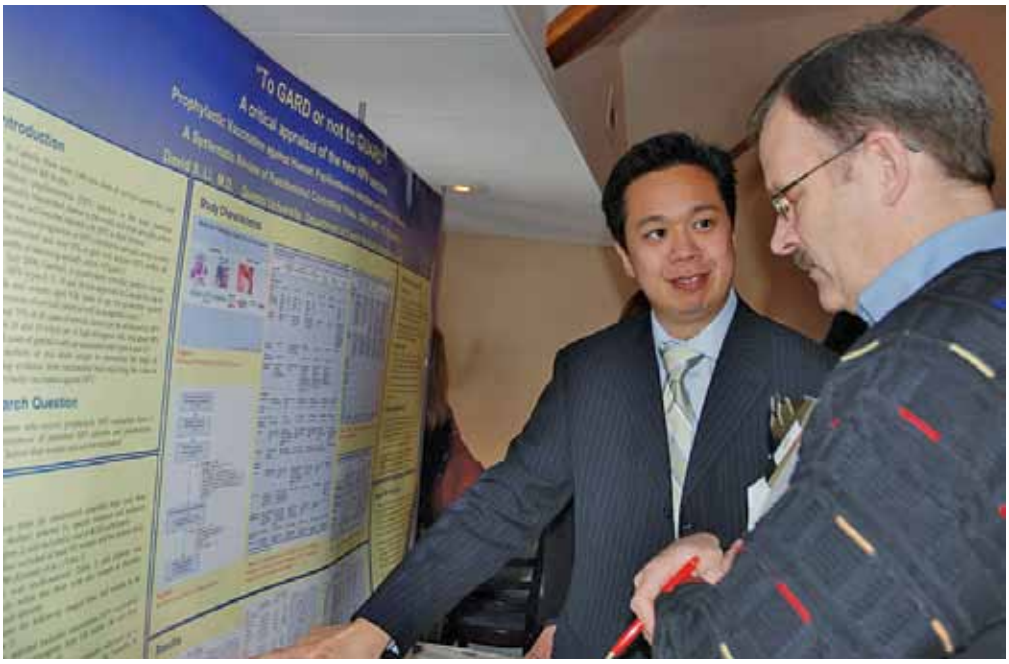
Recent Evidence on Relevant Clinical Outcomes Related to Heart Disease and Atherosclerosis Including Moderate and Low-risk Disease. A report to RT Communications Ltd. January 2008. **$50,000.**

Pandemic Planning Guide. Canadian Medical Association. January 2008. **$15,000.**

Critically Appraised Topics (CATs) to Cover Key Topics Related to Dyslipidemia. RT Communications Ltd. March 2008. **$10,500.**

Focused Literature Review of Current (2005-2008) Evidence and Report on the Efficacy and Use of Eloxatin® (oxaliplatin) as Adjuvant Therapy for Stage IIB and III Colon Cancer and Neoadjuvant Therapy for Stage IIB and III Rectal Cancer. Tamarind Healthcare Communications. March 2008. **$30,000.**

A Focused Literature Review of Current (2005-2007) Evidence and Report on the Use of Taxotere® (docetaxel) for Adjuvant Breast Cancer with Patients who are Either HER2 Positive and are Node Positive or Node Negative, as well as Patients who are HER2 Negative who are Node Negative or Node Positive. Tamarind Healthcare Communications. March 2008. **$30,000.**



Peer Reviewed Research funding

Project Title	CSPC Primary Investigators	Funding Agency	Amount
Phase 1: The Canadian Primary Care Sentinel Surveillance Network for Chronic Disease - Pilot Study	R Birtwhistle W Rosser	Public Health Agency of Canada	**$496,000**
The RoadMAP Study II	J Tranmer R Birtwhistle M Godwin	Primary Health Care Transition Fund	**$350,000**
Beyond Financial and Work Satisfaction: Improving Measurement for Evaluation in Primary Health Care	M Green W Hogg	Ministry of Health and Long-Term Care	**$150,000**
Advanced Syndromic Surveillance and Emergency Triage-ASSET	K Moore	Chemical, Biological, Radiological-Nuclear and Explosives (CBRNE) Research and Technology Initiative (CRTI); Department of National Defense, Canada	**$1,900,000** Oct. 2007–Oct.2 009
Focused Renal Ultrasound for the Detection of Hydronephrosis in the Emergency Department	K Moore	Physicians' Services Incorporated Foundation	**$18,000** Dec. 2007–Dec. 2008
Geospatial Mapping of Respiratory and Gastrointestinal Hospital Visit Data through a Regional, Real-time, Emergency Department Surveillance System	K Moore	Geoconnections- Government of Canada	**$150,000** Dec. 2007-Feb. 2009
Evaluation of an Innovative, Real-Time, Integrated, Healthcare Worker Syndromic Surveillance System	K Moore	The Physicians' Services Incorporated Foundation	**$150,000** June 2006-2008
Evaluation of Ontario's Telehealth System as a Province-Wide Public Health Early Warning Syndromic Surveillance System	K Moore	PSI Foundation Health Systems Research Grant	**$151,000** Dec. 1, 2005– Dec. 1, 2007
Financial and Work Satisfaction: Impacts of Becoming a Family Health Network	M Green	Primary Health Care Transition Fund	**$174,000** over two years
Understanding Interpersonal Continuity of Care from the Physician's Perspective	J Kerr K Schultz	Physicians' Services Incorporated Foundation	**$18,000**
Use of TDP Heat-lamp as a useful Non-pharmacological Treatment for Tennis Elbow Pain	L Leung R Birtwhistle J. Kotecha	Queen's Research Initiation Grant	**$30,000**
The PROACTIVE Trial	R Ross S MacDonald	Canadian Institutes of Health Research	**1.5 million** over 5 yrs
Access and Quality of Care in the Disabled	MA McColl M Green K Smith R Birtwhistle	Primary Health Care Transition Fund	**$150,000** over 2 yrs

Inside the Department of Family Medicine

Tactical Working and Implementation Group (TWIG)

Following a review by the newly hired Manager of Departmental Policy and Communications, a new working group was formed to better integrate management structures across the department. The Tactical Working and Implementation Group, or TWIG, evolved from the former Management Committee. The Management Committee's mandate was to: provide a forum for formal communication, problem solving and decision making related to Family Medicine programs and services; support services to communicate with members on issues requiring discussion, problem-solving and/or decision-making; and information sharing and peer support. TWIG's mandate was similar, but its composition included middle and senior managers across education, clinical service and research – the people who could deploy staff to implement projects and activities, and who reported to the Department's various academic directors. TWIG is chaired by the Manager of Departmental Policy and Communications, who reports directly to the Department Head. TWIG's purpose is to enable a department-wide approach to process design and implementation, policy development, systems and communications. It liaises with the Administrative/Management Task Force, the Expansion Plan Task Force, the Communication Task Force, the IT/EMR Task Force, the Information Management Committee, and the Better Innovations Group.

TWIG covers four major areas of activity, and oversees the implementation of the Department of Family Medicine's Strategy Plan. An organizational chart has been developed for the Department.

Human Resources	**Infrastructure**	**Culture and Communications**	**Workplace Safety/ Risk Management**
Liaises with: Administrative/Management TF and Expansion Plan TF	Liaises with: Expansion Plan TF, IMC, and IT/EMR TF	Liaises with: Communication TF and IMC	Liaises with: IMC and BIG
<u>Functions</u> - Departmental orientation - Review of administrative functions (gaps and overlaps) - Position/job mapping (org chart) - Define role descriptions, responsibilities, accountability, and nomenclature - Develop new/revised job descriptions - Contracts and reviews - Digitized HR System (tracking & scheduling) - Project for medium-term HR needs - Address "nimbleness"	<u>Functions</u> - Telecom - Space - EMR Training - Department-wide email solution - Website hosting - Remote access and mobility	<u>Functions</u> - Policy re. Working Group consultation and feedback loops - Website development - Departmental contacts database - Internal communications - External communications - Branding - Culture Building	<u>Functions</u> - patient safety - occupational safety - emergency planning - confidentiality and data security

Information Management Committee (IMC)

The initial focus of the IMC was to address the general dissatisfaction with the Department's existing Electronic Medical Records (EMR) product. A survey sent out to all EMR users to gauge end user satisfaction confirmed low support for the existing CIS product.

The IMC group then contracted the services of OntarioMD to help assess funding-eligible products. With the help of the consultant, 4 of the 18 funding eligible products were shortlisted, EMRs that could best support the unique needs of the Department.

On site demonstrations were delivered by all four companies, including Wolfe Medical Systems, Practice Solutions, Clinicare, and Nightingale. Based on feedback from attendees at these demonstrations, Clinicare and Practice Solutions were invited back for full day demonstrations.

In concert with the product demonstrations, site visits were made to the University of Ottawa Family Medicine Center Bruyere site, which had recently implemented Practice Solutions, and a FHT in Carleton Place using the CIS product.

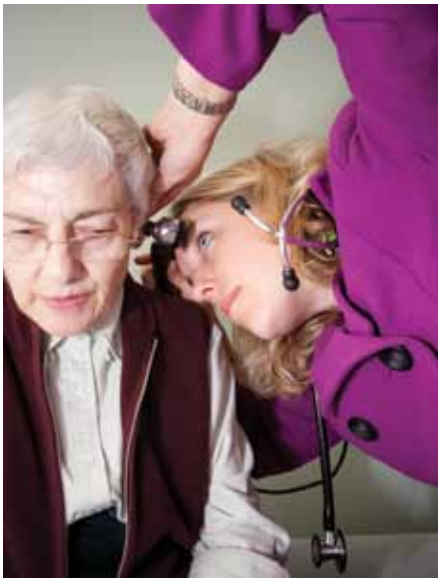
Beyond the evaluation of EMR products, IT infrastructure changes within the Department included an upgrade of 70% of computer systems used in clinical areas.

The IMC was also tasked with evaluating the Department's IT infrastructure with respect to communications needs arising from the Strategic Plan, including a new website, common email platform and corporate calendar system. Negotiations are currently underway with both Queen's IT and Kingston Hospitals to find an IT solution that will serve all of the Department's needs, including clinical service, education, research and internal communications.

The IMC group has also been involved at the regional level, as IMC Chair, Dr. David Barber, is an invited member of the Local Health Integration Network's eHealth Council.

Regional and Global Leadership

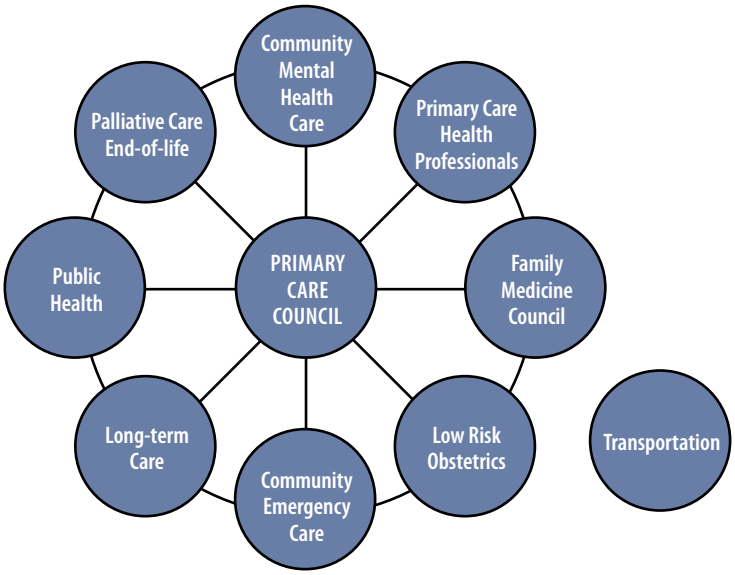
Primary Care Council of South East Ontario



The nature of primary care requires a network – a system in which health care professionals and providers can work together in collaborative teams. The provision of long-term care, palliative care, and caring for patients with chronic diseases also necessitates partnerships with support services and community-based organizations. More work needs to be done on how patients and practitioners can access primary care services regionally, leading to a positive impact on patient care. This will also further the equalization of care across the region, to ensure equity in access to primary care and the quality of care received.

The 2002 Romanov Report "emphasized the importance of collaborative teams and networks in future primary care models". In keeping with the Department of Family Medicine's vision of being recognized as valued partners and opinion leaders in family medicine and primary care within Queen's, in our communities, and internationally, DFM has taken a leadership role in the formation of the Primary Care Council of South East Ontario. The Council's mandate is to provide collaborative leadership for the planning, delivery and evaluation of primary care services within the South East Local Health Integration Network (LHIN), creating a forum to address common issues pertaining to primary care across the continuum of health care.

STRUCTURE - STANDING COMMITEES

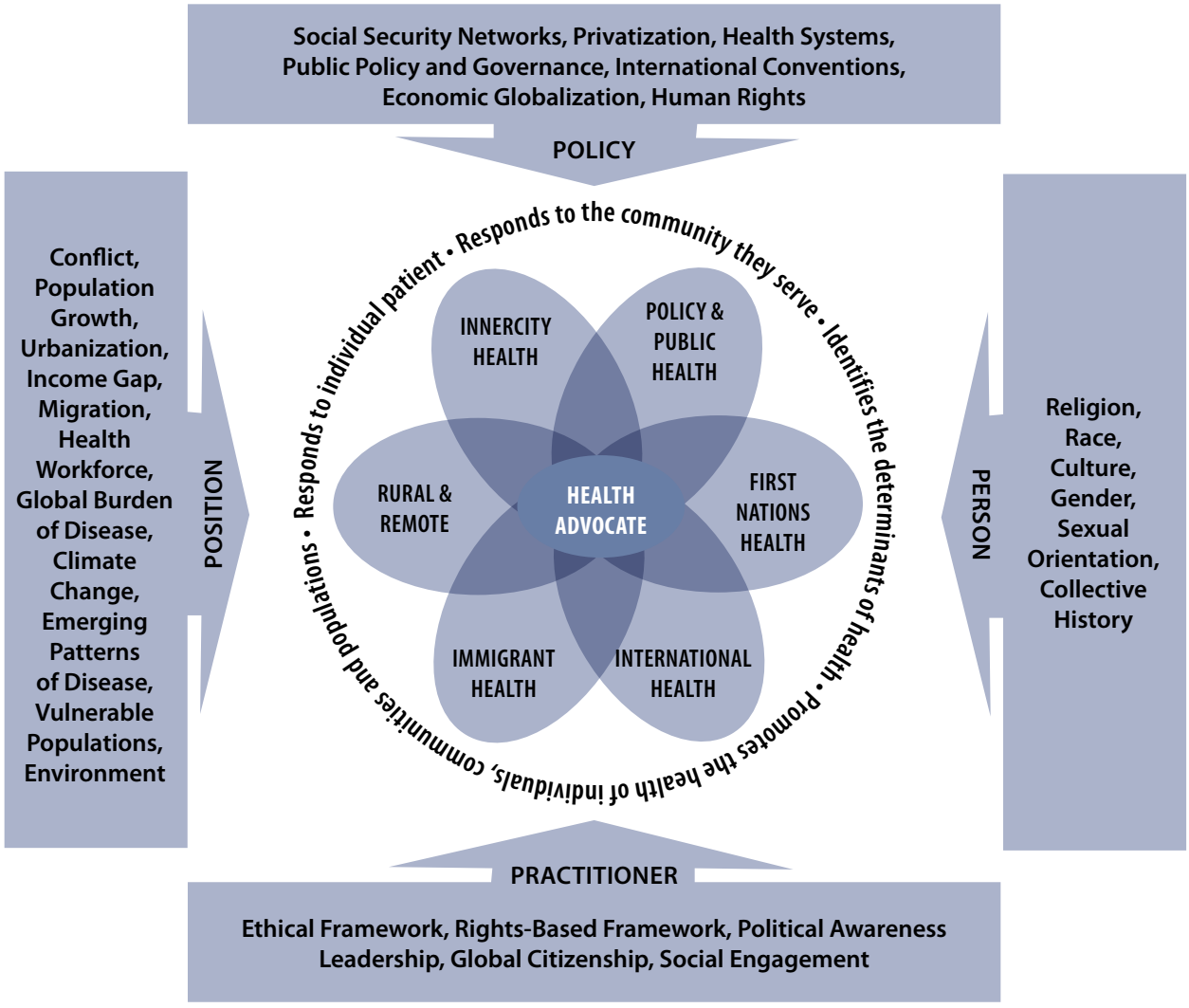


The "Founding Council" will serve for four years. It will be tasked with establishing linkages and standing committees with regional perspective and to provide a system for input to the LHIN. It will host an annual primary care forum. Toward the end of the initial term, a working group will be established to review organizational structure, terms of reference, and membership.

Global Health Working Group

The Global Health Working Group is a new working group under the leadership of Dr. Eva Purky which formed in the fall of 2008 with a first meeting in October. The purpose of this group is to develop a comprehensive program of Global Health for the Department of Family Medicine, including core curriculum, eventual third year curriculum, and coordination of the Department's Global Health initiatives. The three meetings in 2008 mainly focused on developing a coherent understanding and definition of Global Health, which was defined in broad terms as health for all, with a focus on health of the underserved, be they aboriginal Canadians, new Canadians, Canadians living in inner cities, or global citizens living in underserved situations in other countries. The concept of Global Health was framed around the CanMEDS-FM role of Health Advocate, and implicit in this formulation was the inclusion not only of purely "medical" skills, but also skills of advocacy, awareness building, research, and development of a global consciousness.

Looking forward to 2009, the model was presented to and approved by the Department at the first Department meeting in January. The Working Group has been able to move ahead with setting up a Global Health Office and hiring an adjunct faculty member to work on initial curriculum development. The objectives of the Working Group for 2009-2010 will be to develop core curriculum for all Department of Family Medicine residents in Global Health, to develop Pre-Departure Training curriculum for residents planning clinical rotations overseas, and to start developing third year curriculum in Global Health with the hope of having a preliminary program in place by July 2010. In addition, the working group will continue to work on coordinating the Department's activities in Global Health as well as building relationships with similar working groups in other departments within Queen's University and other Faculties of Medicine within Canada.



Development Program in Bosnia and Herzegovina

This project is now in its 14th year of providing technical assistance to the Ministries of Health and Faculties of Medicine in Bosnia and Herzegovina (BH). Funding for the first 10 years was provided through a series of contribution agreements with the Canadian International Development Agency (CIDA). Since 2005 funding has been under a contract with the World Bank's Health Sector Enhancement Project. The focus of programming has been the reform of the primary care system in BH through the development of a model of Family Medicine. Our emphasis continues to be on educational and professional development across a spectrum of levels and disciplines.

This year, we completed the tenth year of Family Medicine specialization, the sixth cycle of the highly successful Program of Additional Training for doctors and nurses, and achieved the training numbers noted in the table below.

Other highlights from 2008 included:

- Celebration of 10 years of Family Medicine development at an international conference hosted by colleagues in Tuzla, BH, the location of the first Family Medicine Teaching Center in eastern/central Europe.
- Development of a handbook for clinical skills to be provided to all students and residents of FM.
- Collaboration with the World Health Organization in their primary care project, developing, conducting and evaluating a series of clinical audits.
- Negotiation of a CDN$1 million extension of project activities through October 2010. This will bring total project funding since 1995 to approximately $20 million.

Family Medicine Training 1999-Dec.2008

(Programs funded by CIDA, World Bank and EU and implemented by Queen's University)

Family Medicine Specialists (certified by examination): [Federation: 289 and RS: 172 and Brcko District: 11]	472
Family Medicine Doctors (trained under PAT program): [Federation: 435 and Br_ko District: 19 and RS: 240]	694
Family Medicine Doctors in-training PAT 2008-9: [District: 6 and RS: 70]	179 [Federation: 103 and Br_ko
Total in-training and trained doctors as of Dec. 31, 2008: [Federation: 827 and Br_ko District: 36 and RS: 482]	**1345**
Family Medicine Nurses (in Teaching Centers): [Federation: 85 and RS: 58]	143
Family Medicine Nurses (trained under PAT program): [Federation: 964 and Br_ko District: 42 and RS: 508]	1514
Family Medicine Nurses in-training PAT 2008-9: [Federation: 224 and Br_ko District: 15 and RS: 138]	377
Total in-training and trained nurses as of Dec. 2008:	**2034**

[Federation: 1273 and Br_ko District: 57 and RS: 704]

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