



# STRATEGIC PRIORITIES

- 1 Support and strengthen our family physicians and their communities.
- 2 Increase patient access to primary care and facilitate improved patient care in the communities served by the Division.
- 3 Guide positive primary care system change.
- 4 Improve health care integration, coordination, and communication.

We use **Key Performance Indicators (KPIs)** as quantifiable metrics to track our progress toward achieving our strategic and operational goals.



# 1 Support and strengthen our family physicians and their communities.

## 1.1. Aggressively recruit and retain family physicians and team-based care providers.

### KPIs:

- Increase net new physicians in the Division geography by 15% by May 2026.
- Offer Acceptance Rate: Monitor the percentage of job offers extended to physicians that are accepted. A low acceptance rate may signal issues with compensation, benefits, work environment, or other factors.
- Retention Rates: Measure and decrease attrition rate of members by 10% by May 2026.
- Referral Source Effectiveness: Analyze the sources of physician hires (e.g., referrals, job boards, recruiting agencies) to identify the most effective channels for recruitment.
- Recruitment Costs: Calculate the total costs associated with physician recruitment, including advertising, travel expenses, recruiter fees, and other expenses, to assess the efficiency of recruitment efforts.
- Mentorship Program Participation: Monitor participation rates in mentorship programs designed to support newly recruited physicians and facilitate their integration into the organization.
- Physician Productivity: Measure physician productivity metrics such as patient volumes, relative value units, and patient satisfaction scores to ensure that recruited physicians are contributing effectively to patient care.
- Measure the sense of physician belonging in the professional community through an annual survey.



# ① Support and strengthen our family physicians and their communities.

## 1.2. Support family physicians in improving their ability to provide culturally safe care.

### KPIs:

- Track number of family physicians who complete cultural competency training programs annually.
- Track number of family physicians who attend SIDFP Cultural Safety learning events annually.
- Develop clear policies around Indigenous representation in our Division/PCN roles so that we are best informed about cultural safety.

## 1.3. Enhance the well-being, contentment, fulfillment, and empowerment of family physicians through the implementation of targeted programs and initiatives.

### KPIs:

- Burnout Rates: Annually, measure the frequency and severity of burnout among physicians using standardized surveys such as the Maslach Burnout Inventory (MBI)
- Utilize Physician Wellbeing Index (Mayo Clinic) annually with members.
- Increase attendance rates at wellness workshops, seminars, health fairs, and other educational events by 10% by end of 2025.
- Involve 10 new physician mentors to the existing Peer Support program by the end of 2025.



# ① Support and strengthen our family physicians and their communities.

## 1.4. Facilitate member access to practice support opportunities.

### KPIs:

- Measure how many physicians are using this service in the Division.
- Increase PSP use by 10% by the end of 2025.

## 1.5. Support the education of medical students and residents and promote the expansion of Family Medicine training opportunities on the South Island.

### KPIs:

- Increase the number of preceptors available yearly.
- Work with local physicians to develop electives for out-of-town medical students to experience our local medical community.
- Advocate for increased local family practice residency positions.
- Work with the existing residency programs to support a focus on longitudinal primary care in residency training including the evaluation on an annual basis of the residents' satisfaction with their exposure to primary care during their training.
- Bring the conversation about strengthening medical education to our regional partners.



# ① Support and strengthen our family physicians and their communities.

**1.6. Support Family Physicians to provide safe and effective care for marginalized and underserved populations by measuring annually:**

**KPIs:**

- The number of physicians who complete Gender-Affirming Primary Care training through Transcare BC.
- The number of physicians who complete Provincial Opioid Addiction Treatment Support Program through BCCSU.
- The number of physicians who open their practice to refugee and newcomer care provision.
- The number of physicians with enhanced mental health training.
- The percentage of people in Indigenous communities who have access to primary care services on and off reserve.
- The perceived comfort level amongst Indigenous communities in accessing health care when needed.
- Patient satisfaction scores specifically related to perceptions of cultural safety in interactions with family physicians and their staff.



## ② Increase patient access to primary care and facilitate improved patient care in the communities served by the Division.

### 2.1. Increase patient access to primary care for all patients in our communities.

#### KPIs:

- Measure annually percentage of population with access to primary care in the SI geographic region.
- Increase the percentage of patients in the Division communities who have access to a regular primary care provider or a team-based primary care provider to 85% by end of 2025 and 90% by 2028.
- Measure annually the median (by second available appointment\*) wait times for appointments with primary care providers.
- Decrease emergency department visit rates for non-emergency (CTAS 4 and 5) conditions that could have been seen in primary care/episodic care environments.

### 2.2. Promote and support enhanced team-based care.

#### KPIs:

- Through consultation with the PCN expand multidisciplinary services within (to be determined) existing team-based care clinics by (to be determined).
- Through consultation with the PCN support the establishment of (to be determined) new team-based primary care clinics by (to be determined).
- Annually measure the satisfaction rate amongst member physicians with PCN services in facilitating team-based care in their clinical environments.



## ② Increase patient access to primary care and facilitate improved patient care in the communities served by the Division.

**2.3. Achieve a clear understanding and agreement regarding the inter-relationship between the Division and its PCN including their respective organizational roles, responsibilities, and objectives.**

### **KPIs:**

- Through regular consultation with the PCN develop a clear understanding of the roles and responsibilities of the Division under its mandate to provide leadership and backbone support for the PCN.
- Develop a clear understanding of the specific roles and obligations of the Division with respect to the management of the PCN staff.
- Develop a strategic plan to select and appoint the Steering Committee Convenor and Co-Convenors.
- Arrange regular reporting by the Convenor to the Division Board, to ensure that the PCNs strategic priorities are aligned with the Division priorities and are being achieved.



## **3** Guide positive primary care system change.

### **3.1. Foster trust and understanding between family physicians and Indigenous patients.**

#### **KPIs:**

- Host three annual events for family practice physicians and clinic staff with the objective of transferring knowledge from traditional healers, knowledge keepers and/or Elders by end of 2024.
- Have 70% of physicians complete cultural safety training by end of 2025.
- Develop clear policies that ensure Indigenous representation in all aspects of our organization and programming.





## **3 Guide positive primary care system change.**

**3.2. Ensure that family physicians can significantly influence primary care policies and systems and lead the delivery of primary care services in the communities served by the Division.**

### **KPIs:**

- Collaborative Partnerships: Track the number and quality of partnerships established with other organizations, coalitions, or stakeholders working towards similar primary care policy goals to leverage collective influence and resources.
- Support the ongoing participation in medical student education and residency working groups.
- Ensure the Division's interests, including the PCN, are represented at key decision tables.
- Organize four opportunities annually for physicians to offer their ideas about the most pressing needs for positive change in primary care.
- Track and promote specific examples of primary care changes influenced by the Division.
- Develop a Planetary Health working group and policies to honour the role and impact of health care on the climate emergency.

**3.3. Articulate a clear Division position on issues that are in alignment with Division priorities.**



## **4 Improve healthcare integration, coordination, and communication.**

### **4.1. Increase awareness amongst members of Division priorities, resources, activities and available Health Authority/community-based services and resources.**

#### **KPIs:**

- Measure annually the number of members reached through various awareness campaigns.
- Monitor the effectiveness of different channels for disseminating information, such as websites, social media platforms, print materials, and community outreach events.
- Assess members' knowledge and understanding of the range of health services and resources available locally.
- Track changes in the utilization of health services and resources by patients following Division awareness campaigns to measure the impact on access and utilization.

### **4.2. Strategic Partnership Expansion: Foster collaborations and partnerships across the care continuum.**

#### **KPIs:**

- Measure annually the number of new strategic partnerships established.
- Monitor the development of joint initiatives, projects, or campaigns.
- Facilitate improved relationships between Family Physicians and Specialist Physicians to improve access to Specialist services.



## **4 Improve healthcare integration, coordination, and communication.**

**4.3. Proactively interact and collaborate with other Divisions to achieve aligned strategic objectives.**

**4.4. Strengthen the foundation of the organization, build awareness and engagement.**

# LEARN MORE



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