

RESILIENCE AND ADAPTATION IN PRIMARY CARE

Annual Report 2021



Vision

The trusted cornerstone of a healthy community.

Mission

To provide team-based primary care and work with our community to achieve the best health for all.

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What is a PCN?

A Primary Care Network (PCN) is an organization that works within its community to bring a team of healthcare professionals together with family physicians to provide collaborative patient care. Each multidisciplinary team is unique to every PCN, and the population that they serve. PCN registered nurses, nurse practitioners, behavioural health consultants, exercise specialists, dietitians, social workers, occupational therapists, and respiratory therapists connect with family doctors and patients to assist with providing the right knowledge and resources within the patient's medical home.

What is the Edmonton Southside PCN?

The Edmonton Southside PCN (ESPCN) connects our team of healthcare providers to the patients that need them, through the family doctor that cares for them.

Our highly trained multidisciplinary team is a valuable resource for physicians, helping them provide enhanced primary care at clinics and in the community, through programs and services. The 192 ESPCN staff work with 316 family physicians at 106 member clinics to offer compassionate comprehensive care, as well as meet the needs of each and every community they support.

What is a Medical Home?

A medical home represents accessible patient-centred care, for all stages of life. It emphasizes prevention through primary care, and connection to broader health services when needed. The ESPCN works within this team-centred approach, to encourage valuable relationships between family physicians and their patients through a wide range of services that best support individuals, families and their community.



Physician
Members: **316**



Number of Member
Clinics: **106**



Number of Staff
Members: **192**
Staff Members
Total FTE*: **155**

*Full-Time Equivalent (FTE) is equal to the number of hours a full-time employee works for an organization.

MESSAGE FROM THE BOARD CHAIR

The 2020/21 year was one of adaptation and resilience as we braved the COVID-19 pandemic. ESPCN members and staff alike unwaveringly provided care to our communities' patients with resolve and determination; it is this dedication to patient care that makes our PCN so strong.

Despite a turbulent year, we continued to serve a total of 357,758 paneled patients throughout our network—which makes up 32% of the population of the Edmonton zone. Our 316 member physicians serving the community in 106 locations helped make this possible. Our membership continues to hold strong and we are proud to be connected to such a resilient group of family physicians.

The pandemic may seem unrelenting but ESPCN staff have weathered the storm and supported patients through 163,190 encounters—which is actually 8,689 more than the previous year. This was made possible, in part, through the adoption of virtual care. Our teams adjusted with quickness and diligence time and time again following the public health measures laid out by the Chief Medical Officer of Health, ensuring that everyone remained safe and equipped to care for our patients' needs. These successes would not have been possible without the dedication and commitment of our teams: we thank each and every one of the 192 staff members of the ESPCN.

While the pandemic raged on, the organization continued to plan, create, and present the new 2021–2024 Business Plan Renewal (BPR) to all members. It was a great accomplishment to receive endorsement by 316 member physicians and we thank everyone for their contribution. This BPR will guide us through the next three years and enhance the delivery of primary care by supporting the patient's medical home and fostering the community resources that contribute to individual well-being.

The highlights of the plan include an increased focus on the Medical Home and Medical Neighbourhood. This will include: continued clinical supports and services, staff support for physicians to sign up for Community Information Integration and Central Patient Attachment Registry (CII/CPAR), increased quality improvement efforts—including panel management, ongoing focus on Transitions of Care, and the expansion of our community development initiative.

Last year we said goodbye to Doug Craig, who had been the Executive Director (ED) of our PCN for more than 16 years. Though Doug's retirement had been planned for some time, the loss of the leader who had been so instrumental in the building of PCNs was challenging.

We were fortunate to recruit our new ED, Andrea Atkins. She transitioned seamlessly into the role, and we are excited to head into a bright future under her leadership.

As more and more Albertans get vaccinated, and as the COVID cases begin to decline, we feel cautiously optimistic. Regardless, our network has proven that we are able to endure whatever comes our way by relying on each other and being the cornerstone of a healthy community.



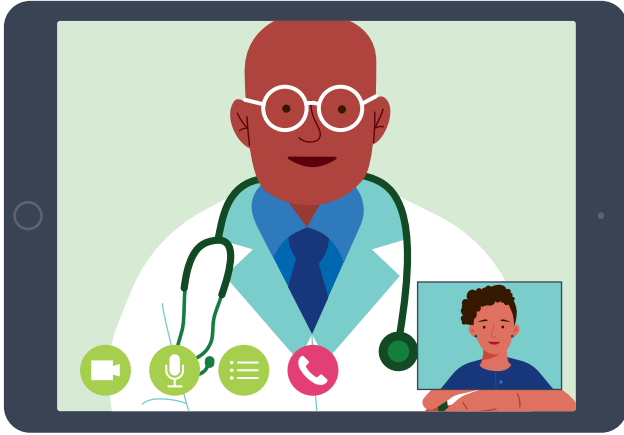
Dr. Ron Shute
Chair, Board of Directors

ESPCN Board of Directors 2020/21

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John Chmelicek
David Cox
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Juliet Fairfax
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Officers and Management

Ron Shute, Chair, Board of Directors
Helen Cuddihy, Vice Chair, Board of Directors
Andrea Atkins, Executive Director



QUICKLY ADAPTING TO VIRTUAL CARE

Seniors' Centre Without Walls

Seniors' Centre Without Walls (SCWW) experienced an unexpected growth opportunity. With almost all seniors' programs and centres closed and an increase in isolated seniors, we were able to continue to offer our free SCWW programs including interactive health and well-being information sessions, recreational activities, and friendly conversation. We expanded SCWW time slots and topics to provide even more opportunities to socialize, learn new skills and stay connected from the comfort of home.

In the last year, SCWW held 1118 sessions of programming, serving 950 participants from across the province which doubled since the pandemic. We have seen significant growth across the program, such as additional programs, increased group sizes, and average attendance rate of 85% up from 69%. Participants are accessing programs more frequently with an average of 21 programs per person and an increased number of high users at 29% up from 18%.

Virtual Groups

In a few short months, ESPCN transformed over 20 patient education and support groups into virtual-friendly presentations to help patients and their families stay healthy and continue to access the care needed to support lifestyle changes and to cope with our changing environment. Virtual groups saw an increase of 444 participants totalling 2,439 patients that participated in group workshops in 2020/21.

Offering education on a virtual platform provided the opportunity to work together with the Edmonton Zone PCN's to coordinate offering and promoting all PCN education classes which are now available to anyone with no referral required.

Total patients:
357,758



Total patients
receiving
supports from
ESPCN MDT:
68,859

(+4,479 from
previous year)

Total
encounters
with patients
by ESPCN MDT:
163,190

(+8,689 from
previous year)

Total
virtual care
encounters
with patients
by ESPCN MDT:
55.4%

(+38.6% from
previous year)

ROLLING OUT NEW PROGRAMS IN THE MIDST OF A PANDEMIC



Lower Leg Assessment Clinic

The Lower Leg Assessment Clinic (LLAC) is a comprehensive program consisting of specially trained registered nurses and an occupational therapist to provide care for patients requiring comprehensive lower leg assessments, edema management, compression therapy treatment and associated care plans, as well as wound consults and treatments.

LLAC has been seeing a mix of chronic venous insufficiency, acute and chronic wounds, as well as mild-moderate peripheral vascular disease. Patients with increased complexities have also been observed with additional comorbidities, advanced symptoms warranting community connections to homecare for ongoing care and support, as well as specialist consults.

Central Social Worker

The central social worker (CSW) position was implemented during the COVID-19 pandemic, when many patients have faced exceptional circumstances related to social determinants of health. Patients can be referred to the CSW to provide support to patients of all ages to address barriers and access appropriate services. They assist in connecting patients and families who need a higher level of support than the behavioural health consult (BHC) role is able to facilitate, including support in accessing financial, housing, employment and health services. Assistance with personal directives, enduring power of attorney documents and capacity assessments for guardianship or trusteeship is available. This position has been welcomed by staff across the PCN with encounter data demonstrating that the CSW is well utilized.

SUPPORTING CONTINUITY OF CARE

Transitions of Care

Through the ESPCN Transitions of Care process, primary care nurses follow up with patients who recently left the hospital, which is a proven way to prevent patients from readmission. This work became particularly important during the pandemic due to the changes in the healthcare landscape. The nurses are notified when patients are discharged from the hospital. This standardized process ensures that patients do not slip through the cracks by proactively monitoring discharges. The primary care nurses assesses the patient's risk of readmission, make phone calls to high risk patients, and initiate follow up with the family doctor.

All ESPCN clinics with a primary care nurse are actively completing the Transition of Care process. From July to December 2020, 6994 hospital discharges were monitored by primary care nurses. Of these, 996 patients were identified as high risk and received a post-hospital phone call. Our Transitions of Care work was recently highlighted by the Alberta Medical Association (AMA) as an example of high quality transition processes that support patients when they need it most.

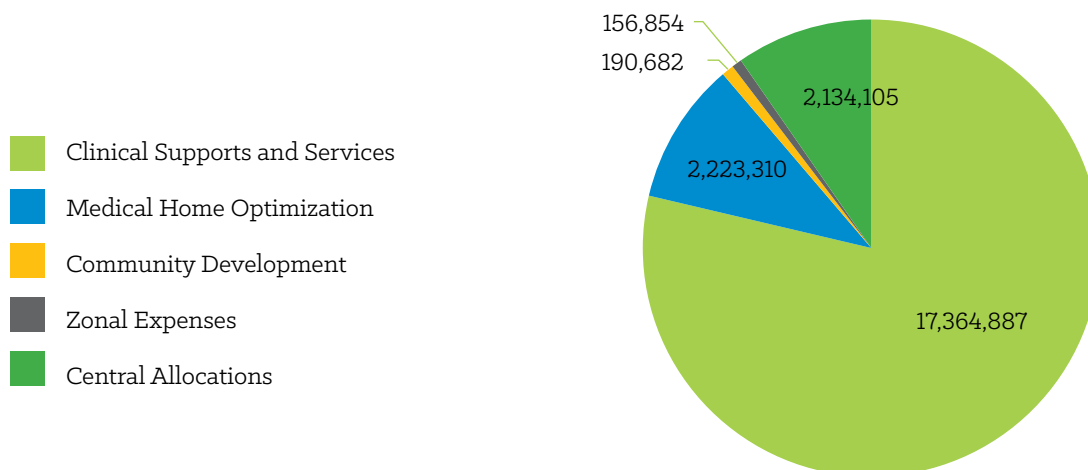
77% of high risk patients received primary care follow up within 7 days of leaving the hospital.

FINANCIAL STATEMENT SUMMARY

Statement of Operations

	2021	2020
	\$	\$
Alberta Health Grant - Operating	21,694,169	20,677,650
Alberta Health Grant - Capital	348,758	341,954
Other grants	26,911	241,768
	22,069,838	21,261,372
Advertising	33,929	146,796
Allowance for goods and services tax receivable	(1,469)	52,867
Contract services	95,574	58,646
Dues and subscriptions	177,231	154,127
Small equipment purchases	25,265	23,419
Evaluation costs	94,144	91,357
Insurance	39,293	38,639
Information technology	199,344	206,801
Bank charges and fees	57,729	54,287
Office and supplies	82,403	81,820
Payments to physicians	3,016,107	3,331,671
Professional development	21,823	40,524
Professional fees	33,333	54,890
Rent	492,871	470,300
Repairs and maintenance	10,254	15,627
Telephone and communications	92,797	74,793
Travel	7,137	30,880
Wages and benefits		
Administration	1,548,577	1,483,859
Clinical support	2,324,014	2,139,950
Health professionals	13,370,724	12,368,165
	21,721,080	20,919,418
Excess of revenue over expenses before other items	348,758	341,954
Amortization of capital assets	(348,758)	(341,954)
Excess of revenue over expenses for the year		
and net assets, end of the year	--	--

Expenses by Priority Initiatives



Payments to Physicians

	2021	2020
	\$	\$
Services ¹	159,793	120,701
After-hours care ²	-	384,569
Multidisciplinary team overhead payments	2,856,314	2,826,401
	3,016,107	3,331,671

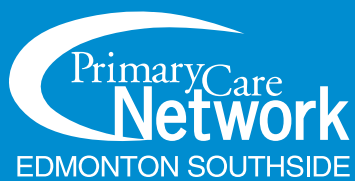
¹Services to the Organization include Board honorariums, hourly remuneration for specific medical direction and management guidance, and payments to psychiatrists.

²discontinued program in 2020

Staffing Summary

	2021		2020	
	FTE	\$	FTE	\$
Total Direct Care Provider Staffing	117.60	13,370,724	108.95	12,368,166
Total Clinical Support Staffing	23.55	2,324,013	21.30	2,139,949
Total Admin and Support Staffing	14.20	1,548,577	14.80	1,483,860
	155.35	17,243,315	145.05	15,991,975

The Statement of Operations and the Payments to Physicians was taken from Financial Statements audited by Ernst and Young.



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