Divisions of Family Practice
A GPSC initiative

Cowichan Valley Division Maternity Care Case Study

Developed a new maternity care model and opened a new clinic

Division Features

Incorporated: October 2010
Urban, Suburban, Rural: Suburban
Board members: 8
Members: 90
Employees: 8

- Executive lead
- Executive admin
- Finance admin
- Admin assistant
- Maternity Clinic:
  - Nurse lead (PT)
  - Nurse (PT)
  - 2 MOAs (PT)

Overview

According to physician lead Dr. Maggie Watt, there had been a significant decline in primary care maternity providers in the Cowichan Valley. The decrease led Dr. Watt and her team to realize they had an urgent need for a new maternity care model.

Need

In 2008, a group of Family Physicians in the Cowichan Valley conducted a needs survey regarding maternity care. In that year, twenty doctors in the region were engaged in maternity care. Should that number continue to fall, Dr. Watt felt the provision of maternity care in the region would be jeopardized. By the fall of 2010, the number had dropped to fourteen.

The decline in maternity care providers was due to several reasons: physicians exploring other areas of medicine; the off-hours of an on-call environment were taxing for some, especially in a small community where the burden may not be shared with a group; or volume may fall off, which may leave a practitioner concerned about keeping up their skills.

By 2009, Family Physicians in the Cowichan Valley region came together to form the Cowichan Division of Family Practice. The division, including Dr. Watt and her colleagues, determined there was an urgent need to open a new maternity care clinic. They also realized that to fulfill this goal, they would need to develop and implement a new, more sustainable model for maternity care.

Challenges

Following the needs survey, several challenges were identified as Cowichan took its first steps toward a new maternity care model.

First, there is a large First Nations population in the region (25% of the division's patient base) which introduces another culture and its potentially different concerns.

Second, there are remote communities in the region, including several Gulf Islands, which presented challenges such as transportation and access to care.

A third issue in 2008 was that Cowichan was not yet a Division of Family Practice and would not become one until more than a year later, in October 2009. This meant there was no Collaborative Services Committee or any of the other resources that could provide assistance.

Where to house the new maternity clinic was also a challenge as the local community hospital had little space to spare. (The clinic would ultimately be located in Cowichan District Hospital.)

Funding was also a concern. Dr Watt approached the Cowichan District Hospital Foundation and, while the Foundation provided $70,000 for equipment and renovation work once the space for the new clinic had been acquired, additional money to operate the new clinic would be required.

Looming over all of this, however, would be what the Cowichan team would ultimately come to identify as its greatest challenge: while Dr. Watt had access to Vancouver Island Health Authority staff in her immediate area, she saw no clear path to "move up the chain" to engage senior level Health Authority decision-makers. This would prove to be a continuing concern for Cowichan at all stages of their maternity care clinic project.

"There were many instances where we realized, well after the fact, that we had not been speaking with the appropriate people," said Dr. Watt.

As one of the first Divisions of Family Practice to be created, Cowichan also experienced a multitude of what may best be described as growing pains. This is because many of the support mechanisms the Provincial Divisions Office provides today—help with staffing Cowichan's new maternity clinic, for example—were not in place at the time.

Cowichan opened the doors to its new clinic in March 2011, which coincided with the first wave of Electronic Medical Records (EMR) implementation, another "learn as we go" experience for all parties. And while PITO relationship manager Terry O'Brien offered, in Dr. Watt's words, "huge support," this first stage of EMR implementation represented one more learning curve for this new division to navigate.

Solutions

A key first step was determining what challenges First Nations health care providers were experiencing and wanted addressed. This information gathering initiative involved visits to First Nations communities to meet with nurses, community health workers and elders to discuss maternity care needs.

In these communities, many of which comprise low income families, the logistics of just getting to the proposed new clinic was identified as an issue. As a solution, Dr. Watt included incentives such as gas cards and ferry tickets in funding initiatives developed with First Nations leadership. It was also decided that food and healthy snacks would be provided at the maternity clinic for free.

An initiative of the General Practice Services Committee
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Another part of the solution at this early stage was engaging a Health Authority Perinatal Programs Coordinator. While this level of support was modest (this individual had other commitments but helped where she could) the Coordinator was able to assist Dr. Watt and her colleagues in developing a business plan for their new maternity care clinic. This Business Plan included the results of the aforementioned needs survey.

These and other activities meant that by the time Cowichan became a division, they had a fully formed idea of what they wanted to do. The new maternity care clinic was one of the first initiatives Dr. Watt put on the agenda when Cowichan became a Division of Family Practice.

The division also formed a committee to discuss the maternity care model. This committee—in effect, a makeshift Collaborative Services Committee, the official version of which would come together for Cowichan in subsequent months—brought to the table representatives from the Ministry of Health, the Vancouver Island Health Authority, the BCMA and Provincial Divisions Office.

As additional talks were held over the course of 2010 and relationships were further established and networks put in place, Dr. Watt and the division's leadership were eventually able to overcome what had been their key challenge: connecting to decision-makers at the Health Authority and local health care providers. As the year progressed, they were on schedule to open the doors to their new maternity clinic.

Leading up to the March 2011 clinic opening, many of the new clinic's staffing needs were managed by Dr. Watt and executive lead Valerie Nicol. A communications director from the Provincial Divisions Office worked with Valerie Nicol to help publicize the new clinic to surrounding communities by way of and opening accouncement news release, a 1st anniversary news release, and a joint news release from the Ministry of Health and BC Medical Association.

Results and Lessons Learned

Dr. Watt and executive lead Valerie Nicol agree that if they had one lesson to offer other divisions about to take on a major initiative such as opening a clinic, it is to engage in talks with your Health Authority from the very beginning and to make sure you are speaking with decision-makers that are at the level you need.

Said Dr. Watt, "there were things that were not brought forward because we ourselves may not have had that knowledge base. Once we opened our doors, we didn't connect well initially with our local labs, for example, or with the radiology department. Transcriptions were an issue, too, in terms of letting various departments know that we should get copies of things. Even basics like who we were and where we were... I think that with clearer communications earlier on, the Health Authority would have been able to provide more support in these basic areas of communication and long before the clinic had opened. When those basic networks are not in place, it can impact everything else."

Said Valerie Nicol, "when something new or innovative is undertaken, many if not all parties may agree it's a great idea, but then there is the challenge, in terms of the Health Authority, along the lines of, 'whose job description does this initiative fall under? Who do we assign to this new project?' Because up to that point the project had not existed. So in this sense, it may take the Health Authority some time to get up to speed and to be able to communicate its decisions clearly. You need to be very aware of this dynamic."

Just as the Health Authority must be engaged and informed, local parties, too, need to be aware of what is happening. For even when decisions are made at high levels, it is important that those decisions be clearly communicated locally, on the ground, where the actual work is being done.

A final word from Dr. Watt: "It is a big thing to bring physicians together to work in a new clinic. So my advice to any division planning to open a new clinic would be to focus on the relationships and community building that is required for everyone to understand what they are being asked to commit to. This needs to happen early. How do we do this clinical work together in this new setting? It is so important. It is something that still presents a challenge for us two years later."