

2005-2006

Key Performance

Indicators (KPI) Report

This is the second annual report on key performance data for selected programs of The Alberta Rural Physician Action Plan (RPAP)

KEY PERFORMANCE INDICATORS

For most of the programs undertaken by the RPAP, key performance indicators (KPIs) are set, which are used to determine the success or progress of the program.

KPIs are simply quantitative outcomes based on the overall goal and the specific objectives of a program. KPI data is used to help fine tune programming and to determine program effectiveness. Following are data related to selected programs focused on each of RPAP's three major target audiences - medical students and residents, currently practising rural physicians and their families, and Regional Health Authorities (RHAs) and their partner rural communities.



Table of Contents

Supports for Learners

School Outreach Program	2
Shadowing Initiative	2
Summer Student Experience Program	3
University of Calgary/University of Alberta Rural Rotations	3
Alberta Rural Family Medicine Network (ARFMN)	12
Additional Skills Training (AST)	12
Matching Signing Bonus	13

Supports for Practising Physicians

University of Calgary/University of Alberta Continuing Medical Education (CME)	15
Enrichment Program	17
Weekend Locum Program	18

Supports for the Regional Health Authorities and Communities

Spousal and Family Programming	19
RPAP Recruitment	19
Community Development	20
Research	20
Communications	20
Notes	21

SUPPORTS FOR LEARNERS

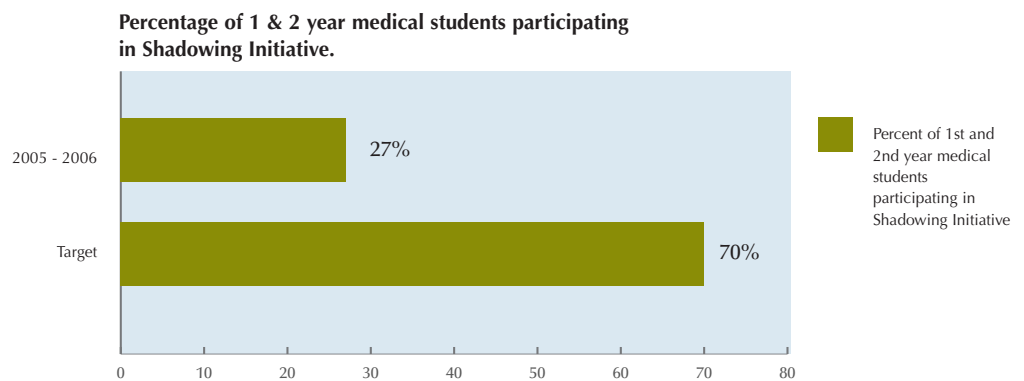
In order to encourage rural practice and to provide a positive experience in rural Alberta, the RPAP has numerous programs aimed at the physician-in-training. The success of these programs, including shadowing experiences, the rural rotations program, rural residency training, additional skills training, and the matching signing bonus, are carefully monitored using KPIs.

1. School Outreach Program

KPI Metrics being developed.

2. Shadowing Initiative

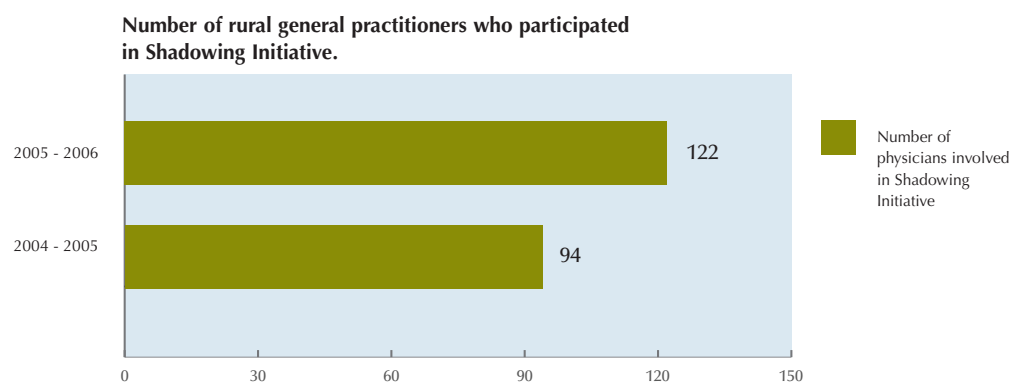
2.1 KPI Percent of 1st and 2nd year medical students who choose to participate in the Shadowing Initiative.



RESULTS There were a total of 124 students (49 UofA students and 75 UofC students) who participated in the Shadowing Initiative. The total number of students who were in 1st and 2nd year of medical school was 458 (UofA =129 1st year Students and 127 2nd year Students, UofC =104 1st year Students and 98 2nd year Students).

The ratio of students who participated in the Shadowing Initiative to total number students in 1st and 2nd year medical school was 27% (124/458).

2.2 KPI Number of rural general practitioners who participated in Shadowing Initiative.



RESULTS There were 122 physicians who were involved in the Shadowing Initiative during the year 2005-2006. The number of rural general practitioners who participated in the Shadowing Initiative for the 2004-2005 year period was 94. There was an increase in the number of physicians involved in the Shadowing Initiative by 30% from the year 2004-2005 to 2005-2006.

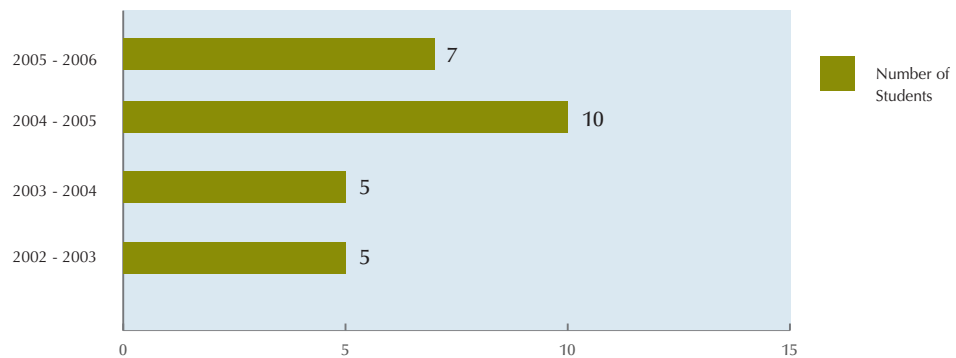
2.3 KPI Percent of rural preceptors indicating an overall satisfaction with the Shadowing Initiative.

RESULTS During the year 2005-2006, 2 out of 122 physicians involved in the Shadowing Initiative responded to the survey. 100 % (2/2) of the respondents indicated an overall satisfaction with the Shadowing Initiative. The set target was 80% for the year.

3. Summer Student Experience Program

3.1 KPI Enumeration of the number of students involved in the Summer Student Experience Program including location, school and project title.

Number of students enrolled in Summer Student Experience Program.



RESULTS There were ten students who were admitted to the Summer Student Experience Program during the year 2004-2005. The number of students admitted for Summer Student Experience Program for the years, 2003 and 2004 was 5 and for the year 2006 (until May 2006) was 7. (See Appendix 1)

(Note: For Summer Student Experience Program KPI calculation the calendar year period was taken)

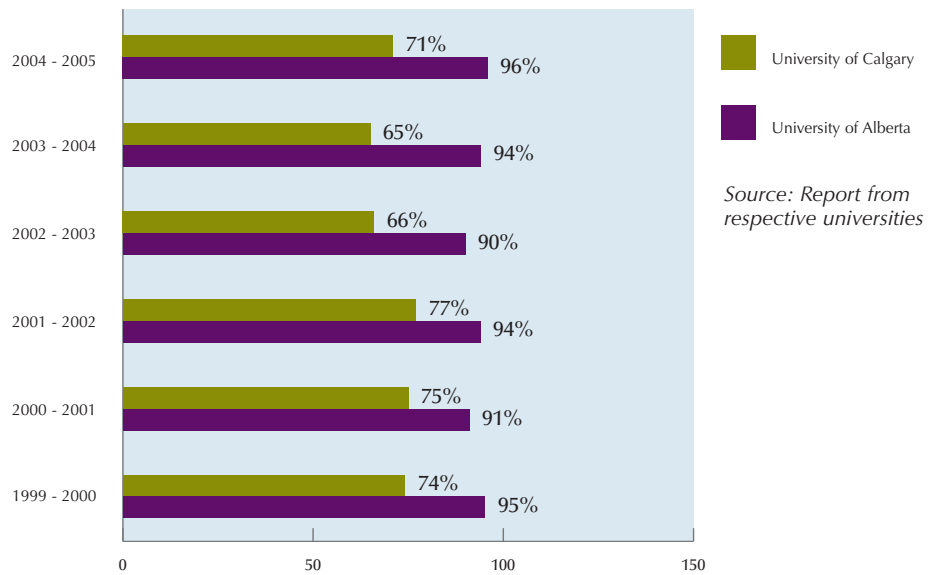
4. University of Calgary / University of Alberta Rural Rotations

4.1 KPI Percent of all medical students receiving a rural/regional rotation (UofA/UofC).

UOFA RESULTS During the academic year 2004-2005, 96% (121/126) of medical students completed rural rotations whereas during the academic year 2003-2004 only 94% (120/128) of medical students completed a rural/regional rotation. UofA achieved the set target for all the six years. The set target was 75%.

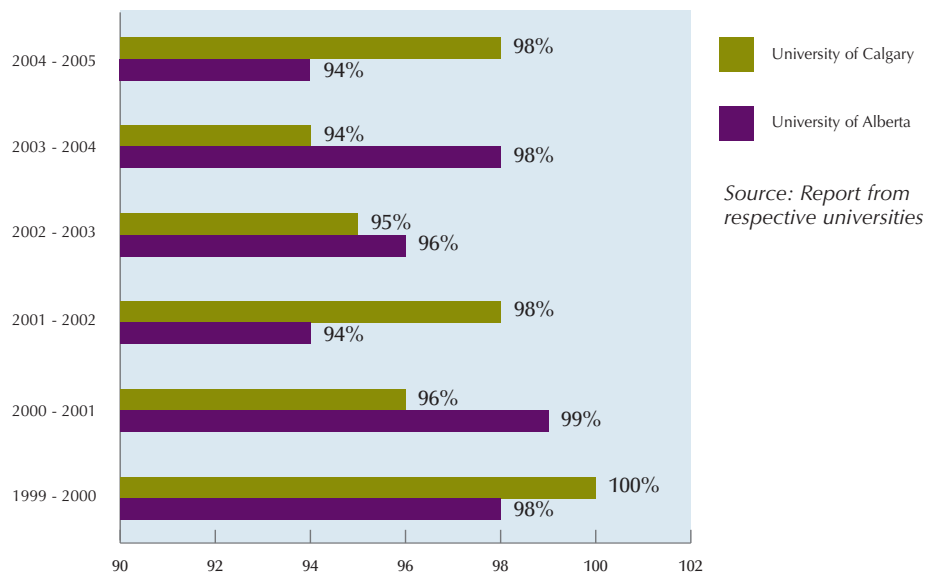
UOFC RESULTS During the academic year 2004-2005, 71% of the medical students completed rural rotations whereas during the academic year 2003-2004, 65% of medical students completed a rural/regional rotation. The set target was 75%.

Percent of all medical students receiving a rural/regional rotation.



4.2 KPI Percentage of those medical students receiving a rural/regional rotation indicating an overall satisfaction with their rural experience (UofA/ UofC).

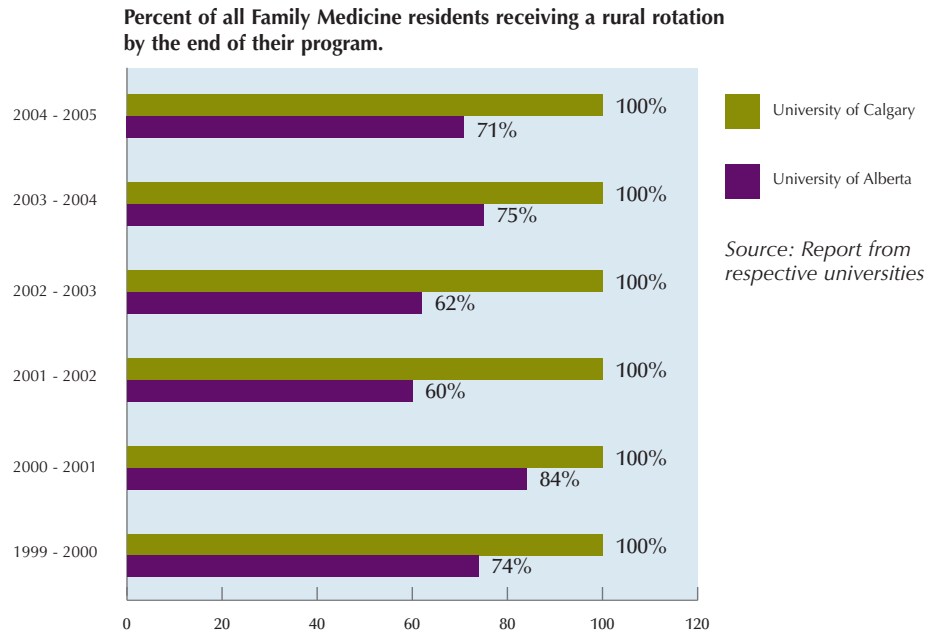
Percentage of those medical students receiving a rural/regional rotation indicating an overall satisfaction with their rural experience.



UOFA RESULTS 94% (114/121) of all UofA medical students who received a rural/regional rotation indicated an overall satisfaction with their experience. The satisfaction rate for the 2003-2004 academic year rural rotation was 98%. UofA achieved the set target for the past six academic years. The set target was 80%.

UOFC RESULTS 98% of all UofC medical students who received a rural/regional rotation indicated an overall satisfaction with their experience. The satisfaction rate for the academic year 2003-2004 rural rotation was 94%. UofC achieved the set target for the past six academic years. The set target was 80%.

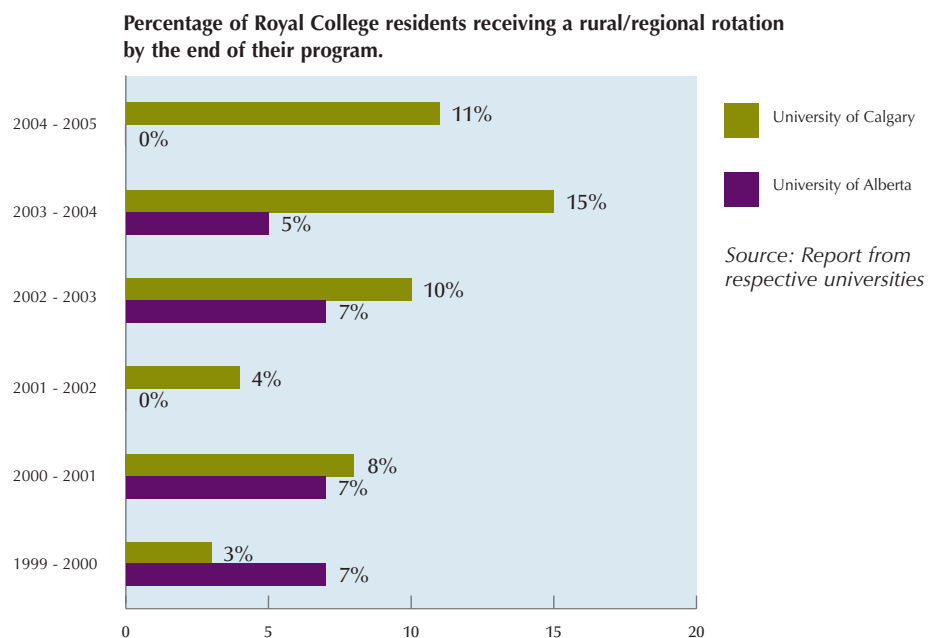
4.3 KPI Percent of all Family Medicine residents receiving a rural rotation by the end of their program (UofA/ UofC).



UOFA RESULTS 71% (36/51) of second-year residents completed a rural rotation during the 2004-2005 academic year and 75% of second-year residents completed a rural rotation during the academic year 2003-2004. The set target was 95%.

UOFC RESULTS 100% of second-year residents completed a rural rotation during the 2004-2005 academic year. UofC achieved a 100% target for the past six years. The set target was 95%.

4.4 KPI Percentage of Royal College residents receiving a rural/regional rotation by the end of their program (UofA/ UofC).



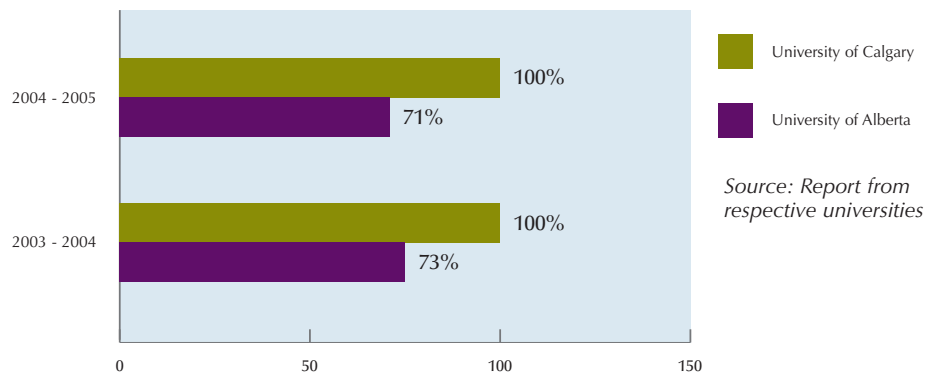
UOFA RESULTS 0% (0/85) of Royal College residents received a rural/regional rotation by the end of the program. During the academic year 2003-2004, 5% of Royal College residents received a rural/regional rotation by the end of the program. UofA did not achieve the set target in past six years. The set target was 10%.

UOFC RESULTS For the year 2004-2005, 11 % (4/37) of the students of Royal College residents received a rural/regional rotation by the end of the program. During the academic year 2003-2004, 15% of students received a rural/regional rotation.

ANALYSIS The academic year 2004-2005 witnessed a drop in percentage of Royal College residents receiving a rural/regional rotation from the academic year 2003-2004. University of Alberta figure was less encouraging (0%) when compared to that of University of Calgary (11%).

4.5 KPI Percentage of traditional program Family Medicine residents receiving a rural/regional rotation of 2 or more month’s total duration by the end of their program (UofA / UofC).

Percentage of traditional program Family Medicine residents receiving a rural/regional rotation of 2 or more month’s total duration by the end of their program.

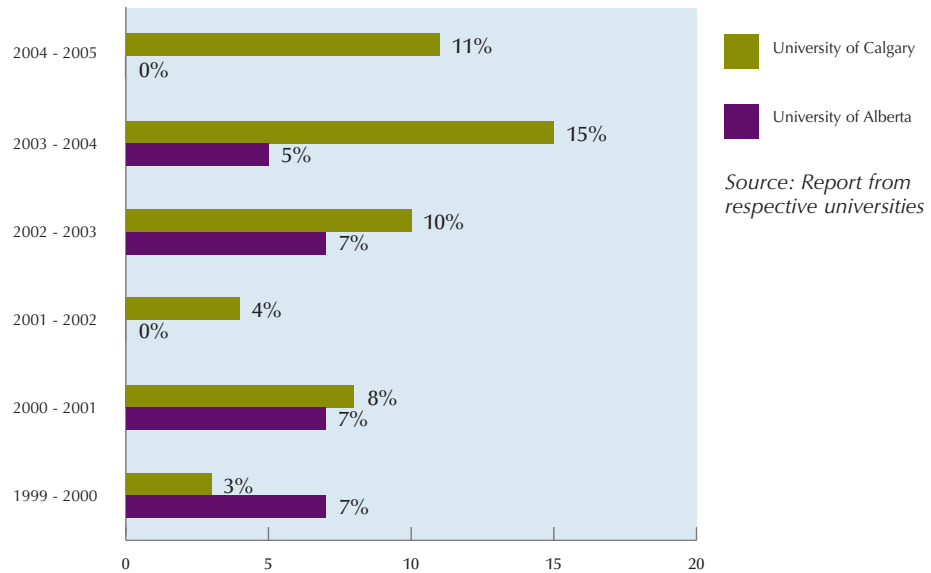


UOFA RESULTS During the academic year 2004-2005, 71% (36/51) of the traditional program Family Medicine residents received a rural/regional rotation of 2 or more months by the end of their program. In the academic year 2003-2004, 73% (35/48) of the traditional program Family Medicine residents received a rural/regional rotation of 2 or more months. The set target was 100%.

UOFC RESULTS During the academic year 2004-2005, 100% of the traditional program Family Medicine residents received a rural/regional rotation of 2 or more months by the end of their program. In the academic year 2003-2004 this figure was 100%. The set target was 100%.

4.6 KPI Percentage of rural program Family Medicine residents receiving a rural/remote rotation of 4 or more month's total duration by the end of their program.

Percentage of rural program Family Medicine residents receiving a rural/remote rotation of 4 or more month's total duration by the end of their program.

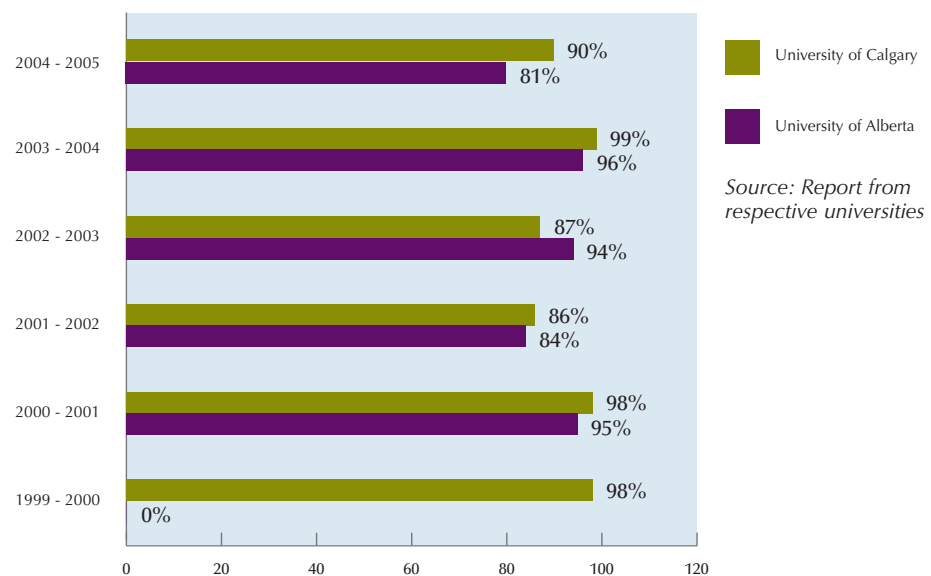


UOFA RESULTS There were 0% of family medicine residents who received a rural/regional rotation of 4 or more months. 6% of family medicine residents received a rural/regional rotation during the academic year 2003-2004. The set target was 100%.

UOFC RESULTS All Rural Division residents in the traditional program completed 6 months of rural training. All RAS residents completed 10 months of rural training. UofC achieved the set target of 100% for the academic years 2003-2004 and 2004-2005.

4.7 KPI Percent of those medical residents receiving a rural rotation indicating an overall satisfaction with their rural experience (UofA/ UofC).

Percent of those medical residents receiving a rural rotation indicating an overall satisfaction with their rural experience.

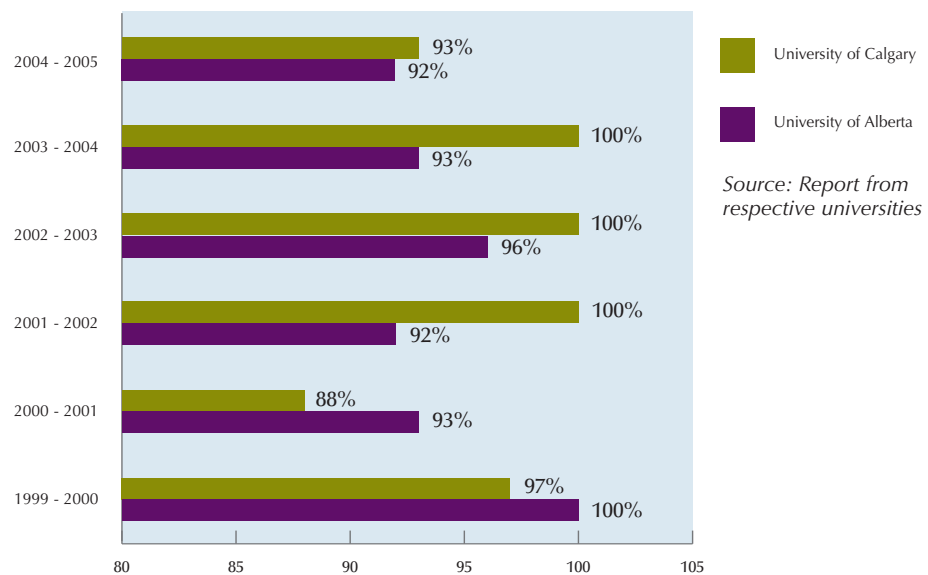


UOFA RESULTS During the period 2004-2005, 81% of the medical residents receiving a rural rotation indicated overall satisfaction with the rural experience. In the academic year 2003-2004, 96% of the medical residents receiving a rural rotation indicated overall satisfaction with the rural experience. UofA met the set target in all the academic years (from 2000 until 2005). The set target was 80%.

UOFC RESULTS 90% of the rural students receiving a rural rotation indicated an overall satisfaction with the rural experience. The result for the academic year 2003-2004 was 99%. UofC met the set target in all the academic years (from 1999 until 2005). The set target was 100%.

4.8 KPI Percent of clerkship rural preceptors or “primary” site coordinators indicating an overall satisfaction with the program and who have individually enumerated their opinion of the program’s strengths and weaknesses (UofA/ UofC).

Percent of clerkship rural preceptor or “primary” site coordinators indicating an overall satisfaction with the program.

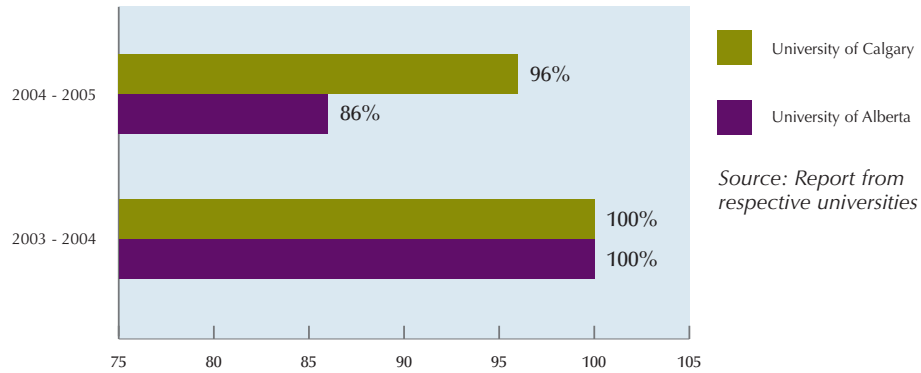


UOFA RESULTS 92% of undergraduate preceptors reported that they “agree - strongly agree” that the overall experience was worthwhile. In the academic year 2003-2004 this figure was 93%. The set target was 80%.

UOFC RESULTS 93% of the respondents reported that overall experience was worthwhile. Clerkship preceptors representing Brooks, Canmore, Crossfield, Drumheller, Fort Macleod, Hanna, Medicine Hat (2), Pincher Creek, Raymond, Strathmore, Sundre, Taber and Viking (14/20) sites responded. In 2003-2004, 100% people reported the program to be worthwhile. The set target was 80%.

4.9 KPI Percent of resident rural preceptors or primary site coordinators indicating an overall satisfaction with the program and who have individually enumerated their opinion of the program’s strengths and weaknesses (UofA/ UofC).

Percent of resident rural preceptors or primary site coordinators indicating an overall satisfaction with the program and who have individually enumerated their opinion of the program’s strengths and weaknesses.

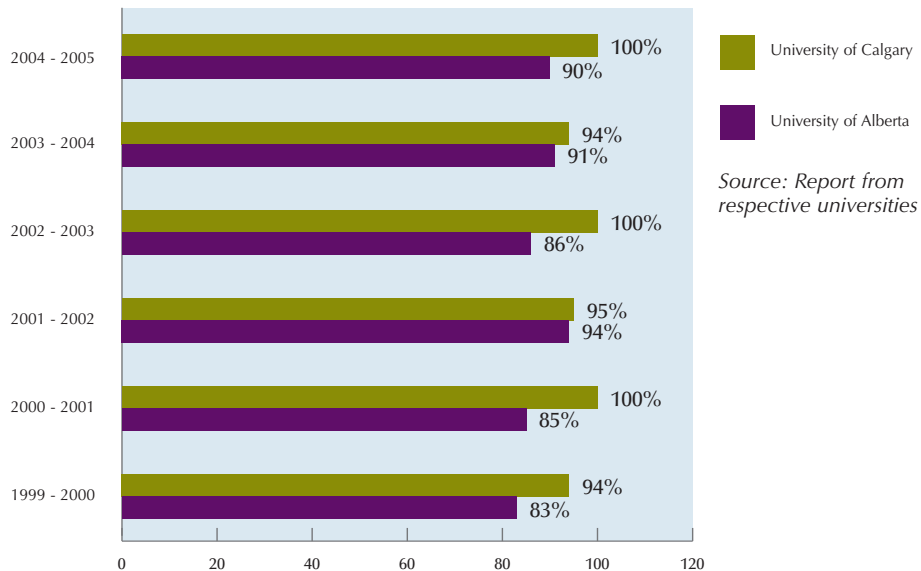


UOFA RESULTS 86% of resident preceptors reported that they “agree - strongly agree” that overall experience was worthwhile. The result for this KPI during the year 2003-2004 was 100%. The set target was 80%.

UOFC RESULTS 96% (23/24) of resident preceptors reported that they “agree - strongly agree” (moderately satisfied to highly satisfied) that overall experience was worthwhile. The result for this KPI during the year 2003-2004 was 100% (23/23). Resident preceptors represented Bassano, Black Diamond, Bow Island (2), Brooks, Cardston, Crowsnest Pass, Drumheller, Gleichen, High River (2), Milk River, Olds, Pincher Creek, Raymond (2), Rocky Mountain House (2), Strathmore, Sundre, Taber, Viking, Vulcan and Yellowknife (24 core preceptors) responded from 20 of the 24 sites. The set target was 80%.

4.10 KPI Percent of preceptors or “primary” site coordinators who indicate that they have been challenged to learn as a result of being a rural preceptor (UofA/ UofC).

Percent of preceptors or “primary” site coordinators who indicate that they have been challenged to learn as a result of being a rural preceptor.

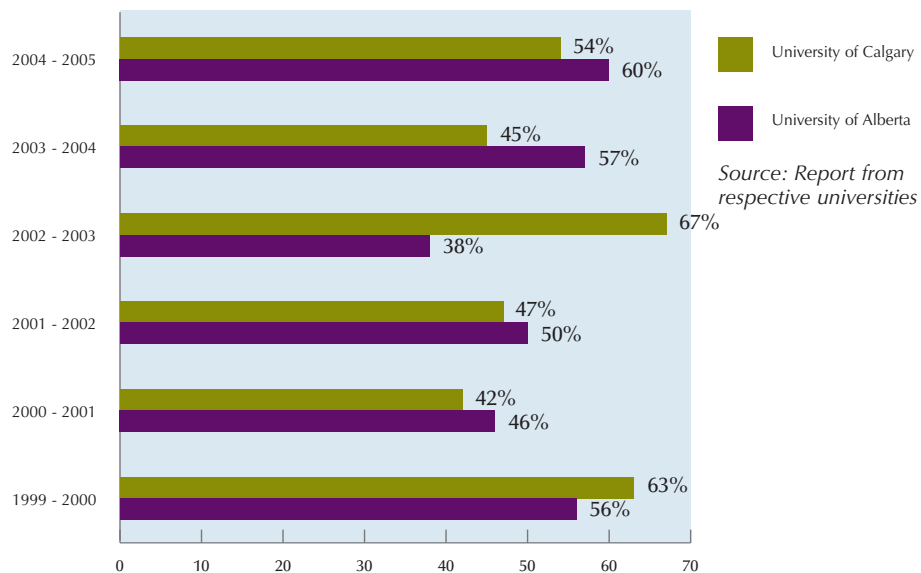


UOFA RESULTS 90% (18/20) of preceptors indicated that they have been challenged to learn as a result of being a rural preceptor. The result for this KPI was 91% during the year 2003-2004. The set target was 90%.

UOFC RESULTS During the year 2004-2005, 100% of preceptors indicated that they have been challenged to learn as a result of being a rural preceptor. In the year 2003-2004, 94% resident preceptors indicated that they have been challenged to learn. The set target was 90%.

4.11 KPI Percent of preceptors or “primary” site coordinators who indicate that they have a decreased sense of professional isolation as a result of being a rural preceptor (UofA/ UofC).

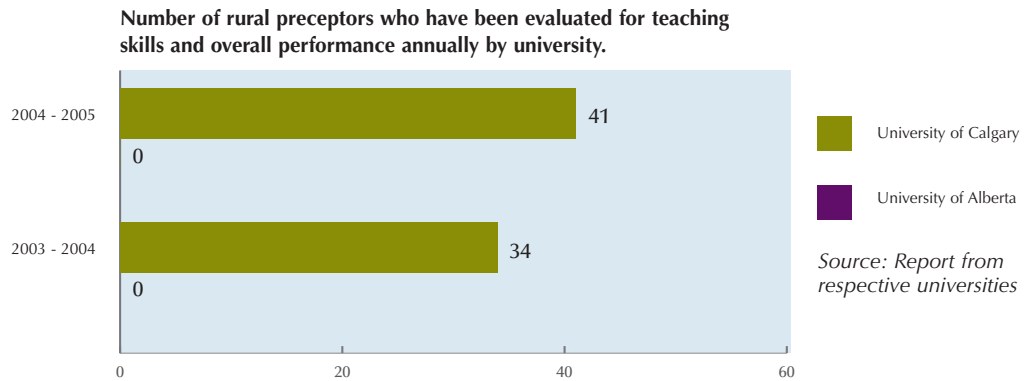
Percent of preceptors or “primary” site coordinators who indicate that they have a decreased sense of professional isolation as a result of being a rural preceptor.



UOFA RESULTS During the academic year 2004-2005, 60% (12/20) of preceptors who responded to the questionnaire indicated that they have a decreased sense of professional isolation as a result of being a rural preceptor. The result for this KPI during the academic year 2003-2004 was 57%. The set target was 90%.

UOFC RESULTS During the academic year 2004-2005, 54% of the preceptors who responded to the questionnaire indicated that they have a decreased sense of professional isolation as a result of being a rural preceptor. The result for this KPI for the year 2003-2004 was 45%. The set target was 90%.

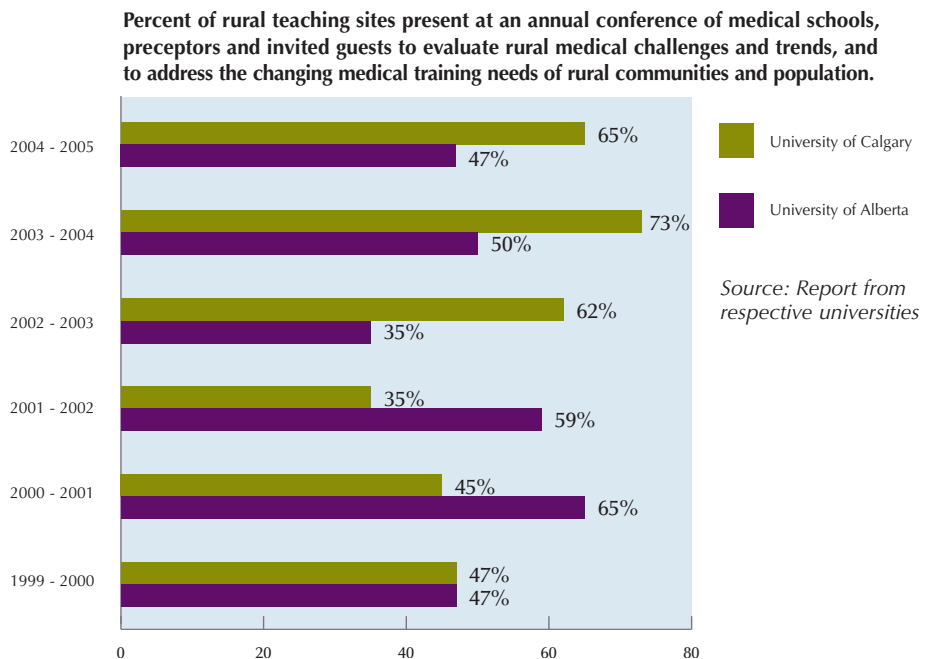
4.12 KPI Number of rural preceptors who have been evaluated for teaching skills and overall performance annually by university (UofA/ UofC).



UOFA RESULTS Result not provided.

UOFC RESULTS During the year 2004-2005, 41 rural preceptors in the RAS program were evaluated by residents with feedback provided to 17 sites. During the year 2003-2004 the result for this KPI was 34.

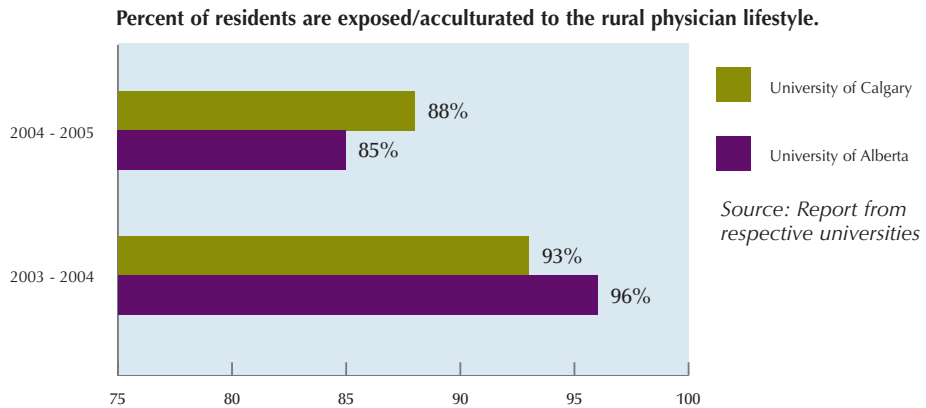
4.13 KPI Percent of rural teaching sites present at an annual conference of medical schools, preceptors and invited guests to evaluate rural medical challenges and trends, and to address the changing medical training needs of rural communities and population.



UOFA RESULTS A total of 21 rural preceptors attended, representing $11/25 = 44\%$ of undergraduate sites and $7/13 = 54\%$ of resident sites. This averages to 47%. In the year 2003-2004, 38% (10/26) of undergraduate sites and 75% (9/12) resident sites were represented, which averaged to 50%. The set target was 100%.

UOFC RESULTS For the year 2004-2005, 65% of rural southern Alberta teaching sites and regional teaching sites were represented. In the academic year 2003-2004, 73% of rural southern Alberta teaching sites and regional teaching sites were represented. The set target was 100%.

4.14 KPI What percent of residents are exposed/acclimated to the rural physician lifestyle?



UOFA RESULTS 85% (23/27) of resident evaluations indicate that the resident’s exposure to the rural physician’s lifestyle was good to excellent. The result for this KPI was 96% in the academic year 2003-2004. The set target was 75%.

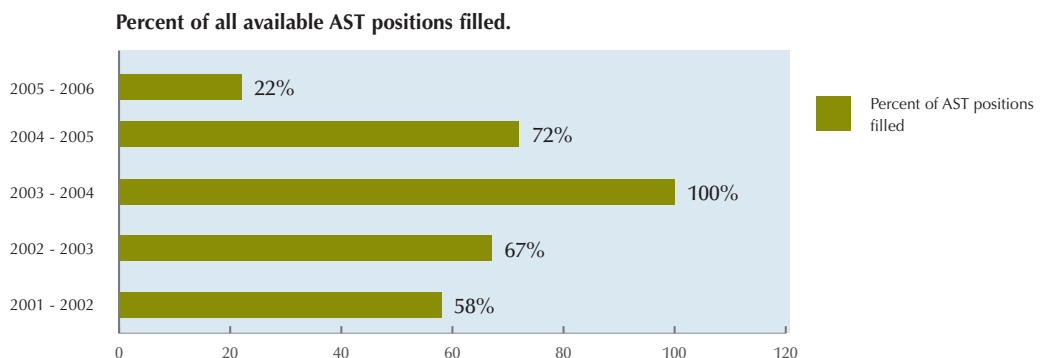
UOFC RESULTS 75% (3/4) of first year residents in the traditional program, 92% (23/25) of second year residents in the traditional program, 100% (5/5) of first year RAS residents and 83% (5/6) of second year RAS residents reported being exposed/acclimated to rural lifestyle “moderately well” to “extremely well”. This averages to 88% for the year 2004-2005. The result for this KPI was 93% for the year 2003-2004. The set target was 75%.

5. Alberta Rural Family Medicine Network (ARFMN)

KPI Metrics being developed.

6. Additional Skills Training (AST)

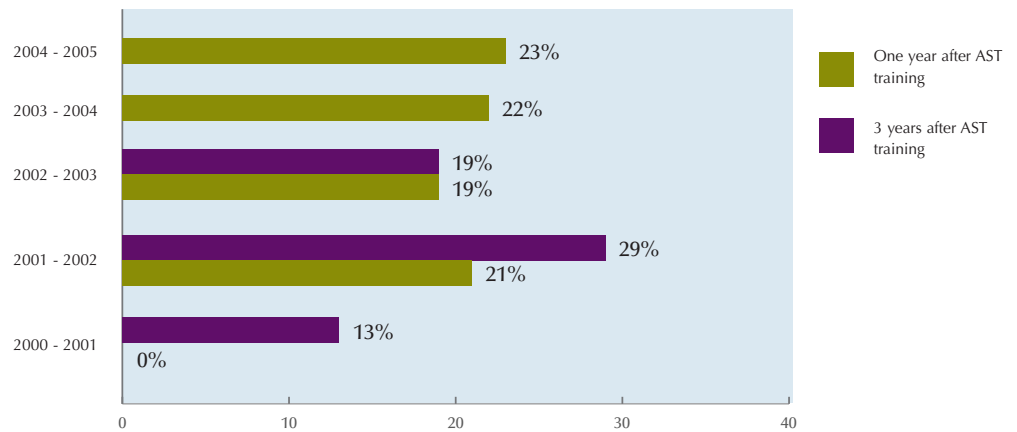
6.1 KPI Percent of all available AST positions filled.



RESULTS There were 18 positions available for the AST program. Of the 18 positions, 4 were filled. This represented 22% whereas the RPAP set target for the year 2005- 2006 was 100%. 2/18 (11%) positions were filled for anesthesia, 1/18 (5%) position was filled for Emergency Medicine, 1/18 (5%) was filled for obstetrics.

6.2 KPI Percent of residents completing AST program who within one year set up a medical practice in rural Alberta and continue that practice at least for one year.

Percent of AST participants who established a rural practice.



RESULTS In total, there were 18 positions available of which 13 were filled during the year 2004-2005. 23% or 3/13 physicians established rural practice. The set target was 100%.

6.3 KPI Percent of residents completing AST program who are in rural practice three years after completing their third year of training.

RESULTS There were 16 physicians who completed AST training in the year 2002-2003. Out of the 16 physicians, 3 physicians established and maintained a practice in the rural Alberta three years after their AST program. This represented 19% as opposed to the set target of 50%.

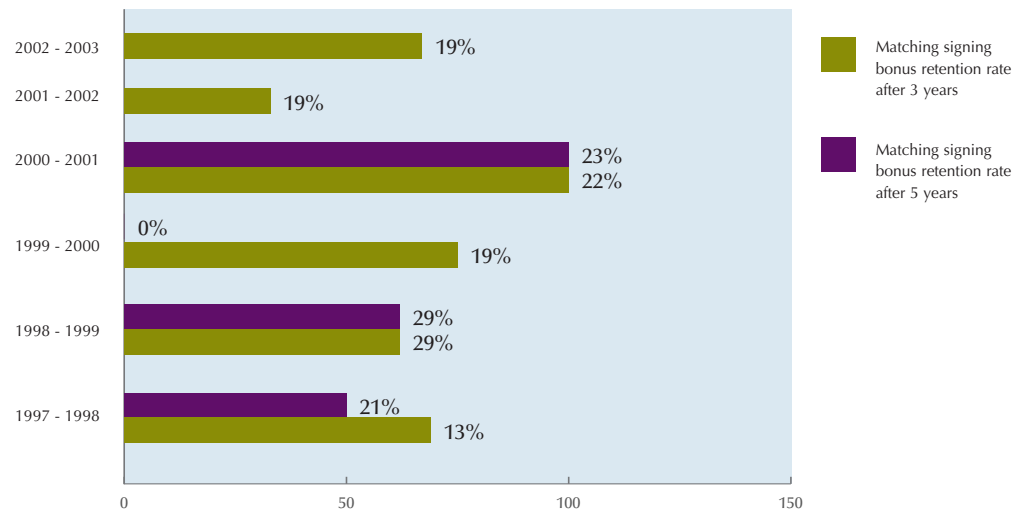
7. Matching Signing Bonus

7.1 KPI Percent of physicians remaining in rural Alberta practice three years after receiving the Matching Signing Bonus.

RESULTS 6 residents out of 9 who signed Matching Signing Bonus agreements with RPAP in the year 2003 were working in rural Alberta after three years. This represents 67%. The target set for the year was 60%.

7.2 KPI Percent of Physicians remaining in rural practice five years after receiving the Matching Signing Bonus.

Matching signing bonus retention rate after three and five years.



RESULTS 100% or 3 out of 3 physicians who received Matching Signing Bonus in the year 2001 were serving rural Alberta in the year 2006. The set target was 40%.

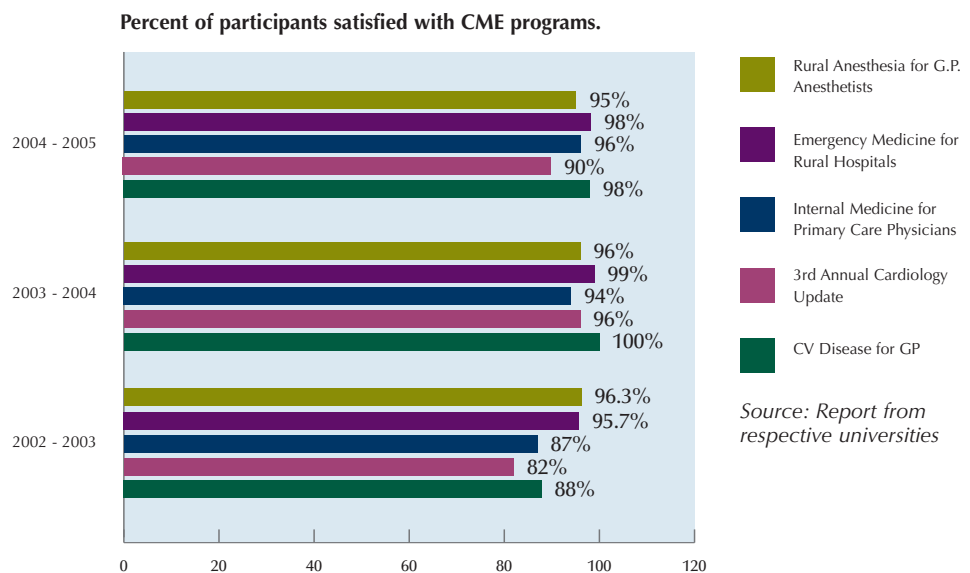
SUPPORTS FOR PRACTISING PHYSICIANS

In order to assist practising rural physicians in maintaining their skills and continuing to practice in rural Alberta, the RPAP established several programs including: Continuing Medical Education (CME) events; Enrichment Training; Royal College Re-entry positions; and the Rural Locum Program. KPIs are being developed for more recent programs such as the new General Emergency Medicine Skills (GEMS) Program.

8. University of Calgary/ University of Alberta Continuing Medical Education (CME)

8.1 KPI Percent of participants indicating satisfaction with the RPAP funded CME programs offered (UofA/UofC).

Summary of satisfaction for common courses offered by UofA and UofC

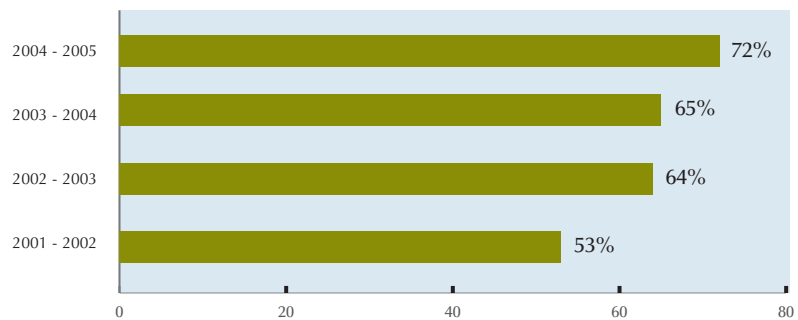


UOFA RESULTS The average percent of participants who were satisfied with all the CME courses offered during the year 2004-2005 was 96%. There were 3 common CME courses (CV Diseases for the GP, Internal Medicine for the Primary Care Physicians and 3rd Annual Cardiology Update) offered by UofA for the period of 2002-2003, 2003-2004 and 2004-2005.

UOFC RESULTS The average percent of participants who were satisfied with all the CME courses offered during the year 2004-2005 was 96%. There were 2 common CME courses (Rural Anesthesia for GP Anesthetists and Emergency Medicine for Rural Hospitals) offered by UofC for the period of 2002-2003, 2003-2004 and 2004-2005.

8.2 KPI Percent of eligible rural physicians who have registered to use the Virtual Library program.

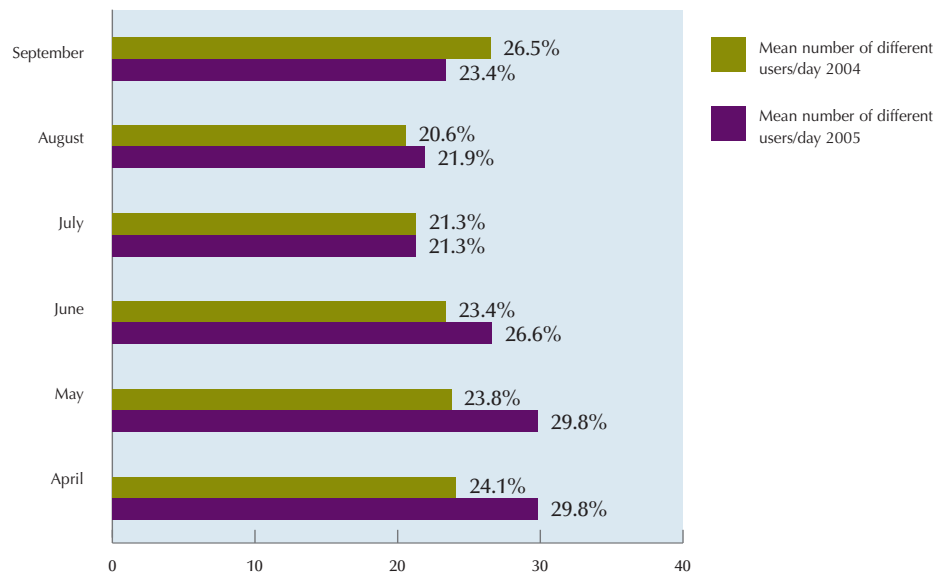
Percent of eligible rural physicians who have registered to use the Virtual Library Program.



RESULTS During the academic year 2004-2005, 72% of the rural physicians (1066/1471) were registered to use the Virtual Library. In the academic year 2003-2004, 65% of rural physicians (940/1449) were registered to use the Virtual Library.

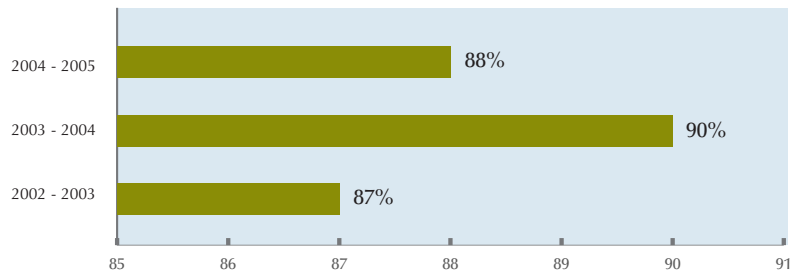
8.3 KPI Number of registered users who utilize the MD Consult component of the Virtual Library website on a daily basis (data provided by MD Consult is the average number of different MD Consult users/day).

Number of registered users who utilize the MD Consult component of the Virtual Library website on a daily basis.



8.4 KPI Percent of registered recent users who are satisfied with the Virtual Library website/find it useful.

Users who are satisfied with the Virtual Library website.



RESULTS For the year 2004-2005, 88% of the respondents (76/86; 2 No Response) were either “satisfied” or “very satisfied” with the Virtual Library. During the year 2003-2004, 90% of the respondents (101/112; 1 No Response) were either “satisfied” or “very satisfied” with the Virtual Library.

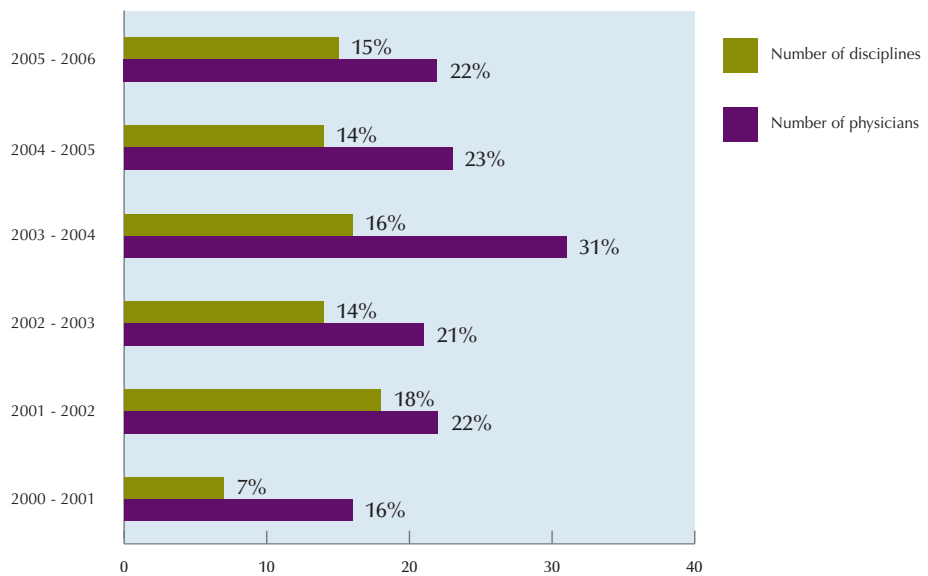
88 (18%) respondents out of 499 MD Consult were users of virtual library since January 2005. This was opposed to 113 (31%) respondents out of 359 users in the previous year.

In the year 2004-2005, 86% (72/84; 4 No Response) reported that they used information from the Virtual Library to aid their management of a patient.

9. Enrichment Program

9.1 KPI Enumeration of the number of physicians accepted and the disciplines represented.

Number of physicians participating in the Enrichment Program and the skill sets acquired.

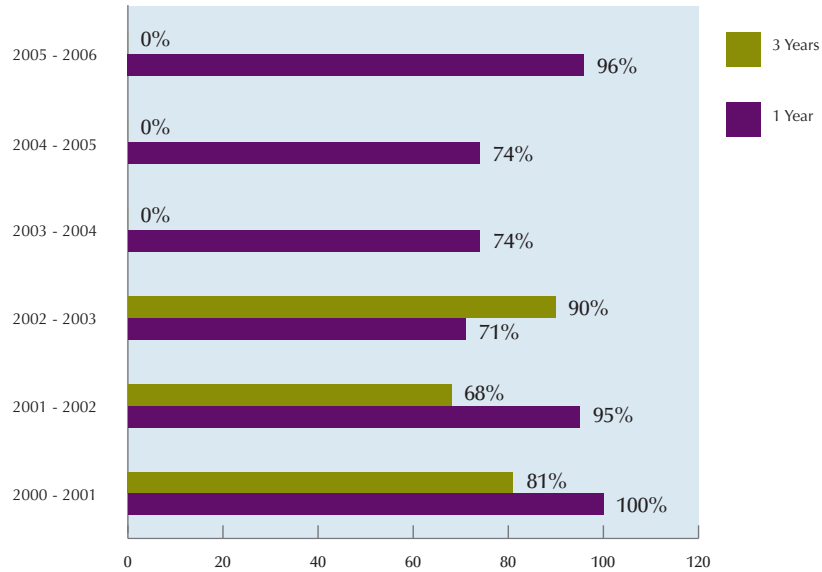


RESULTS 22 physicians were accepted for the year 2005-2006. There were 15 disciplines offered in the Enrichment program.

(Note: For Enrichment Program KPI calculation, the fiscal year period was taken)

9.2 KPI Percent of trainees remaining in the region utilizing their special skills one year and 3 years after receiving the training.

Percent of physicians remaining in the region post Enrichment Program Training.



RESULTS The number of physicians who concluded their Enrichment Program Training in the year 2002-2003 was 21. Out of these 21 physicians, 19 physicians are practising in rural Alberta even after 3 years. This represents 90% of the total physicians who undertook the Enrichment Program. The target set for this KPI was 70%.

The total number of physicians who completed the Enrichment Program for the year 2004-2005 was 23. 96% (22/23) of these physicians remained in rural Alberta one year after Enrichment training. The target set for this KPI was 90%.

10. Weekend Locum Program and Seniors' Enhancement

KPI Metrics being developed by Alberta Medical Association.

SUPPORTS FOR THE REGIONAL HEALTH AUTHORITIES AND COMMUNITIES

RPAP has instituted many programs to foster collaborative relationships among medical students, residents, practising physicians, regional health authorities and rural communities.

Positive, supportive relationships with regional health authorities and communities encourage medical students and residents to consider rural practice and practicing physicians and their families to remain there.

Many RPAP programs promote the recruitment and retention of physicians in rural Alberta. Recruitment Fairs, the Shadowing Program, and Rural Tours provide opportunities for medical students and residents to start building relationships and to learn about future practice opportunities. The Rural Physician Spousal Program provides supportive activities and networking for physician spouses and their families.

KPIs have recently been developed for many of these areas and measurement is in progress. Information on these initiatives will be available in the 2006-2007 report.

11. Spousal and Family Programming

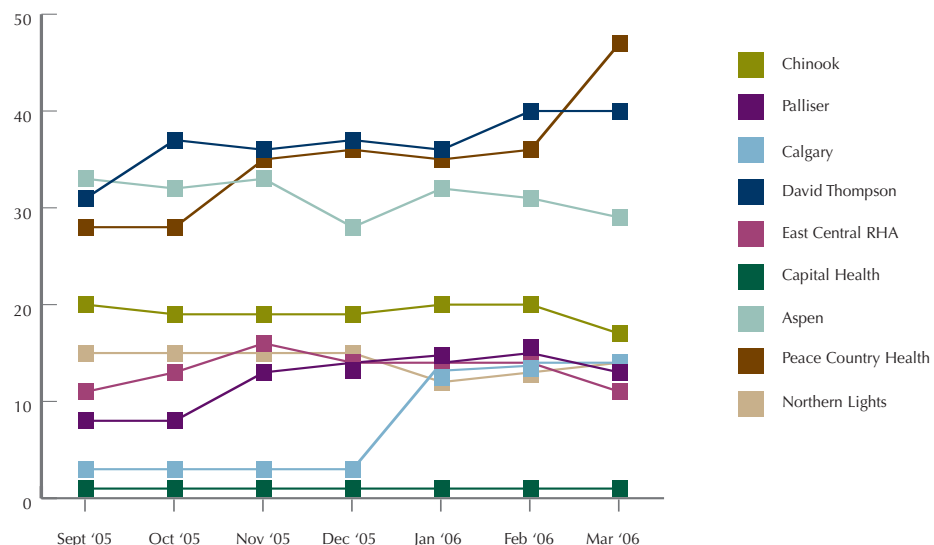
11.1 KPI New metrics being developed.

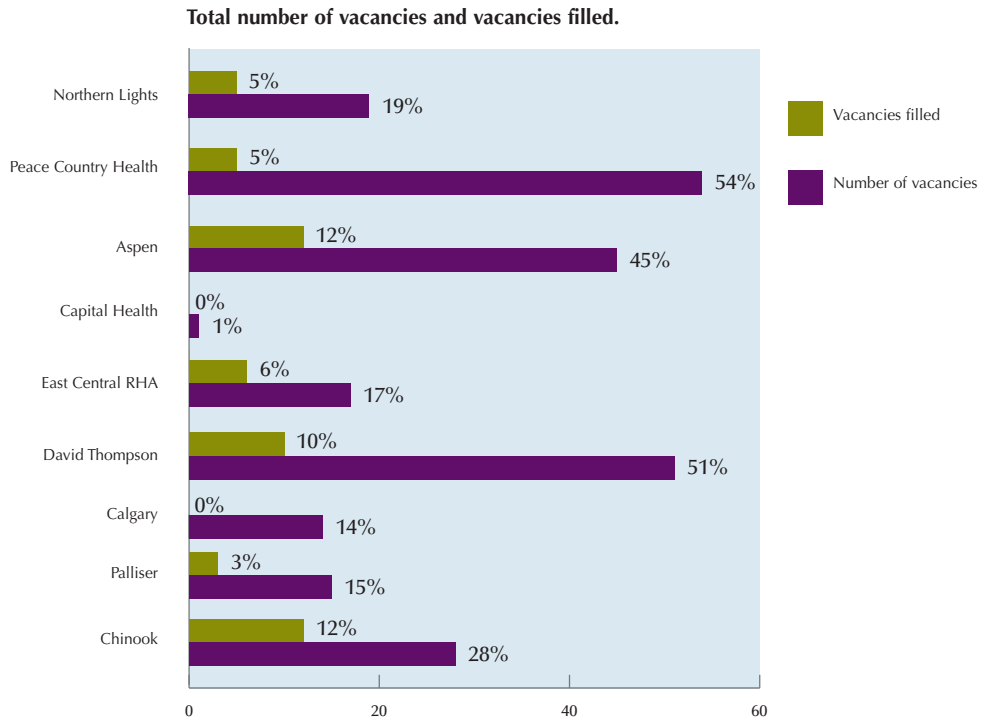
RESULTS There were a total of four events that took place during the fiscal year 2005-2006. The target was 1/health region/year. (See Appendix 2)

12. RPAP Recruitment

12.1 KPI Enumeration of the number of vacancies by health regions and the vacancies filled.

Number of vacancies in different health regions.





RESULTS Peace Country Health had the most number of requirements for physicians (54) followed by David Thompson (51), Aspen (45), Chinook (28), Northern Lights (19), East Central RHA (17), Palliser (15), Calgary (14) and Capital Health (1). The total number of physicians required was 244 for the year and the number of vacancies that was filled totaled 53. This represented 22%. There was no set target for this KPI.

13. Community Development

13.1 KPI To increase the capacity of rural communities to participate with their RHA and their local physicians in recruitment and retention activities.

RESULTS The RPAP Physician Consultant in Northern Alberta conducted 40 meetings whereas the Southern RPAP Physician Consultant conducted 16 meetings. The total tally was 56 meetings with communities, physicians and recruitment and retention committees. A target for this KPI was not determined.

13.2 KPI Number of recruitment and retention committees established.

RESULTS There were three new recruitment and retention committee established during the fiscal year 2005-2006. The committees were established in Rural Alberta North (RAN) in the following sites: Redwater, Cold Lake, and Vegreville.

There were no recruitment and retention committees established in the Rural Alberta South (RAS) with which the RPAP Physician Consultant was involved.

14. Research

KPI Metrics being developed.

15. Communications

KPI Metrics being developed.

NOTES

The methodology used for calculation of KPI is detailed in the RPAP KPI manual. Notes provided below are for cases that were calculated differently from what was suggested by the KPI manual. This was mainly because of unavailability of the data.

KPI 2.2 Previous KPI was to calculate the percent of rural general practitioners who were asked to and who participated in RPAP Shadowing Initiative. Because of a lack of data, total number of physicians who participated in RPAP Shadowing Initiative was calculated.

KPI 4.12 2004-2005 KPI was to calculate the percentage of rural preceptors who have been evaluated for teaching skills and overall performance annually by the university. Because of lack of data, the number of physicians who were being evaluated was taken instead of the percentage.

KPI 9.1 For Enrichment Program, the same physicians who enrolled in 2 disciplines were counted as one and the disciplines were counted individually. Some disciplines which were similar in nature but dissimilar in name were considered as one.

KPI 12.1 AVAILABILITY OF DATA

For RPAP Recruitment, the data was only available from September 2005 to April 2006 and hence the entire year was not considered for calculation.

ASSUMPTIONS

The assumptions that were made while calculating the vacancies were the following:

- Whenever a health region indicated a number in their requirement list, it was considered that many vacancies existed in the region.
- If in the subsequent months, the health region indicated a number different from that of the requirement list of previous months, then this scenario was considered as either an increase in the vacancies or the vacancies were filled.

KPI 13.2 For calculating the number of committees only those committees in which the North or South Consultant was involved was considered.

APPENDIX 1 (KPI 3.1)

NUMBER	LOCATION OF EXPERIENCE	PROJECT TITLE
1	Peace River	An Analysis of Determinants of Breastfeeding Success in Peace River
2	Peace River	Accurately Defining the Nature of Family Medicine in a Non-Urban Setting 09August05
3	Grande Prairie	Demographics of a rural Ophthalmology Practice 12July05
4	Grande Prairie	RPAP Summer Studentship Report 19August05
5	Lethbridge	Summary of my RPAP Summer Elective in Ponoka, AB 06July05
6	Ponoka	Red Deer Summer Student Experience Program 16September05
7	Red Deer	Dr. Fanning's Initiation Rights, Strathmore, Alberta 30Aug05
8	Strathmore	Summer Student Experience Report, David Thompson Health Region 09July05
9	Sylvan Lake	No Comments
10	Taber	No Comments

APPENDIX 2 (KPI 9.1)

NUMBER OF MEETINGS	DATE	SITE	NUMBER OF SPOUSES PRESENT
1	10-Sept-2005	Jasper CME	10
2	28-Nov-2005	Fort Macleod	6
3	21-Jan-2006	Banff	10 (4 spouses were not from Alberta)
4	11-Feb-2006	Cabin Fever	Had three programs in the event with different attendees. Spousal Breakfast-60, Presentation- 12, and Scavenger Hunt- 56



Funded by

