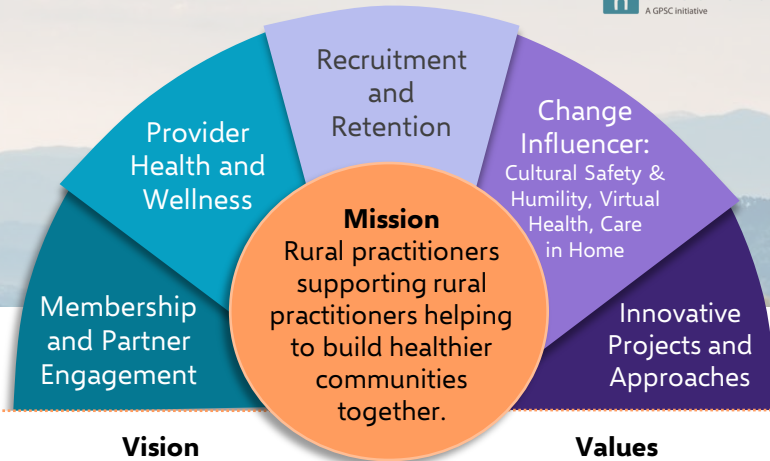


Celebrating 10 Years

NIRD Strategic Priority Areas



Partnerships

A GP for Me | 2014-2016

4 strategies: physician recruitment, rural locum support, practice development, and CME events



13 GPs recruited

Child and Youth Mental Health | 2013 - present

Providing **education and support** to communities and providers

Microprojects | 2016-present

Funding for **local community health initiatives**

Recruitment and Retention

Partnerships with other Divisions

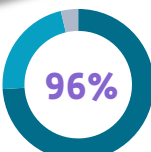
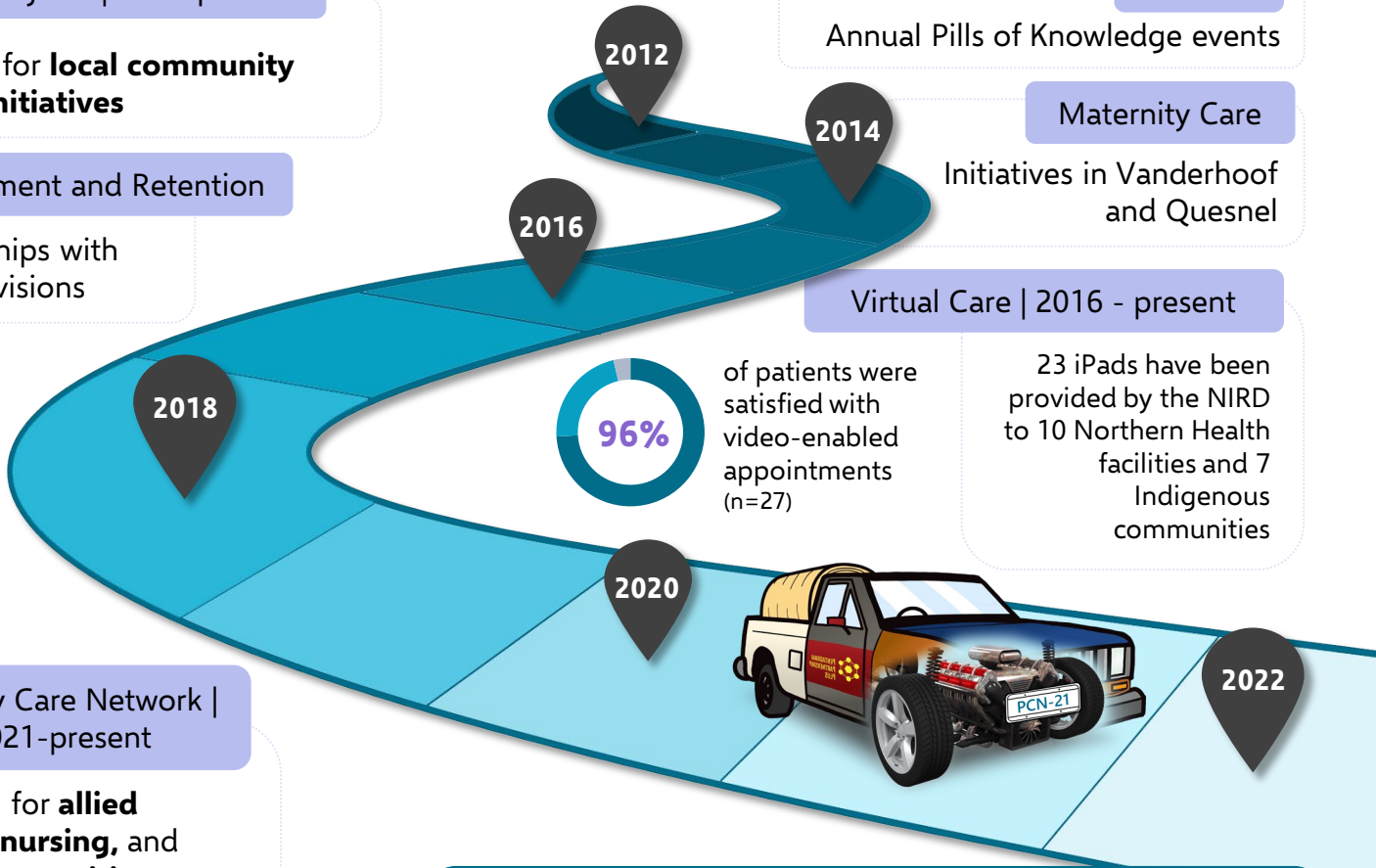
CME
Annual Pills of Knowledge events

Maternity Care

Initiatives in Vanderhoof and Quesnel

Virtual Care | 2016 - present

23 iPads have been provided by the NIRD to 10 Northern Health facilities and 7 Indigenous communities



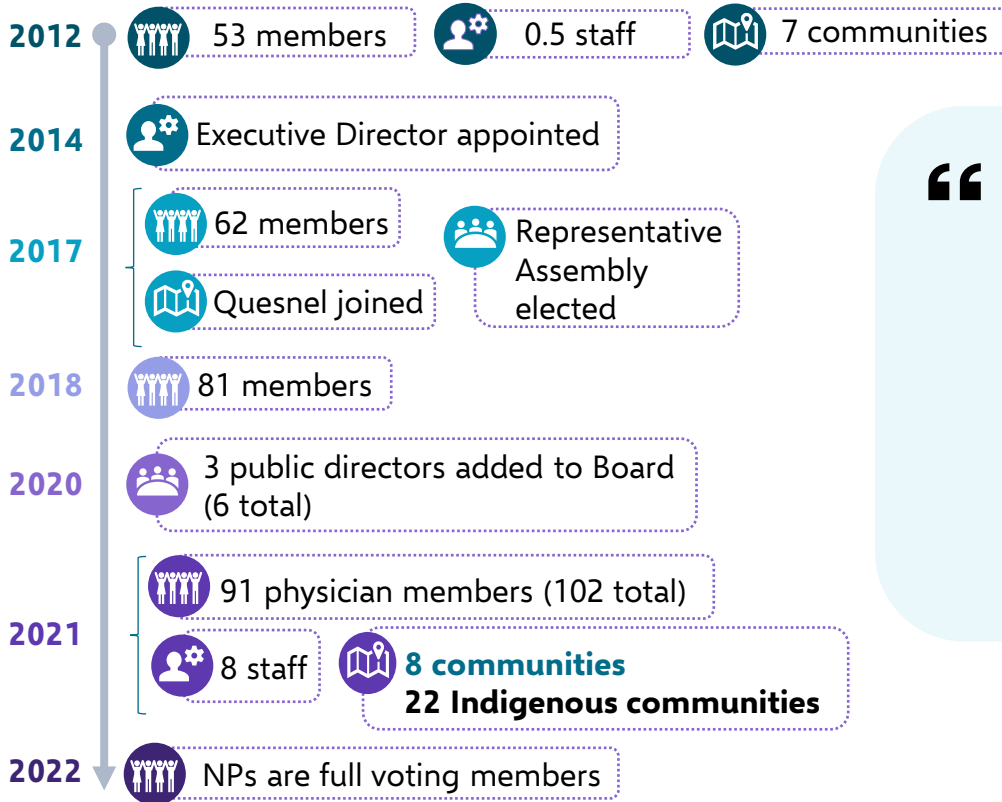
of patients were satisfied with video-enabled appointments (n=27)

Primary Care Network | 2021-present

Funding for **allied health, nursing, and physician positions**

To get involved in the NIRD, contact Executive Director Errol Winter: ewinter@nirdbc.ca

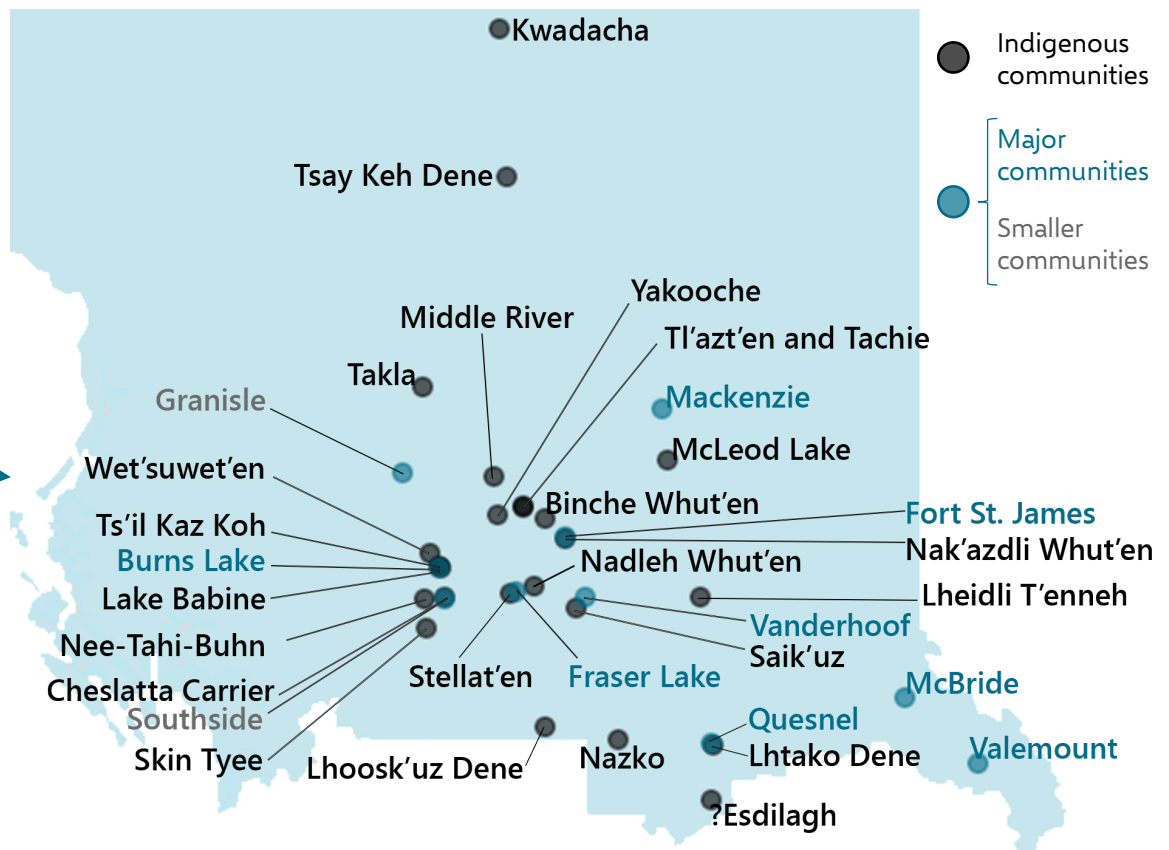
Governance Structure



“ The Division’s successes to date can largely be attributed to its collaborative and compassionate leadership culture; both of which continue to be foundational to our governance. ”

- Physician

NIRD communities



2012 - 2016

2012

Fort St. James COPD Program

Shared EMR between hospital, physicians, First Nations, and health centres to identify and **proactively book patients with or suspected of having COPD**

- 4 physician contracts secured in 2013
- 6 full-time physicians recruited in 2014
- 1 NP recruited in 2014

2013

Child and Youth Mental Health and Substance Use (CYMHSU)*

- Program initiated with Interior Health to:
- improve the management of **emergency room discharge** of youth
 - provide **community and provider education**
 - **reduce stigma**

NIRD facilitated communication between physician community and Local Action Teams



2014

Vanderhoof High School Clinic

2015

A GP for Me*

4 strategies:

1. Physician Recruitment
2. Rural Locum Support
3. Sustainable Rural Communities: Practice Development
4. Continuing Medical Education (**Pills of Knowledge** events)

NIRD engaged early physician champions, identified strategic partnerships and connections, provided coordination and administrative support, and **brought a range of stakeholders together**



2016

Pills of Knowledge*

47 participants

Impact Funding*

Continuation of initiatives from A GP for Me

Robson Valley Telementoring Project

Robson Valley Virtual Medicine Project

Microprojects

Vanderhoof: Advanced Care Planning
Vanderhoof: Hospice Suite

2017 - 2019

2017

Patient Medical Home

Joint partnership: NIRD, RCCbc, Northern Quality Improvement Council, UBC CPD

Virtual Care: iPads*

Rural Dermatology Project

CPD/CME Concierge Project

25 learning plans developed after NIRD met with physicians from several communities

Burns Lake Rural Community Sustainability Project

4 physicians recruited/starting in Summer 2017

Northern Shared Care Psychiatry Collaboration

Shifted to focus on older adults, especially Indigenous seniors' mental health

Valemount Locum Accommodation

Microprojects

2018

Proof of concept providing real time video enabled peer-to-peer support for rural providers

NIRD supplied **8 iPads to support** this proof of concept

Virtual care coordinator identified as a need to fill gap in virtual care

Medex trialed as a virtual care delivery platform

Pills of Knowledge*

Microprojects

- Quesnel: Nurse Role in PMH for Complex Care, Frailty, AD
- Nadleh Whut'en: Envisioning Health
- Burns Lake: First Responder's Café Society
- Mackenzie: Sexual Assault Kits – Scaling
- Quesnel: Improve Chronic Pain

- McBride: Blood Pressure Machine
- Quesnel: ALC Admissions Reduction
- Mackenzie: Walk with your Doc
- Vanderhoof: Practice Development and Evaluation
- Fort St. James, Nak'azdli, and Tl'azt'en: Advanced care planning education for patient benefit
- Mackenzie: Enhancing Rural Code Blue Expertise among Physicians and Nurses
- Mackenzie: Improving Sexual Assault Response in Rural Communities
- Vanderhoof: High School Clinic
- Quesnel: Doctors in Schools
- Mackenzie: Healthy Living
- Burns Lake: Supported Second Stage Housing
- Vanderhoof: Cardiac Rehabilitation Program

2019

Interdivisional Table/Shared Care: Integrating Care for Seniors and Adults with Complex Medical Conditions and Frailty

Microprojects

Quesnel: Complex PTSD

Pills of Knowledge*

NIRD hosted **residents and undergraduates**, with community presentations by physicians



2020 – 2022

2020

Provider Wellness Initiative*

Pills of Knowledge*

31 participants

Resident Retreat

COVID-19 Funding: Emergency Response in Primary Care

Real-Time Virtual Support

Drive-Thru Respiratory Clinic Shelters and iPads for Community Outreach

Coordinating Complex Care for Older Adults

Quesnel: Maternity Care*

Vanderhoof: Maternity Care

Microprojects

- Fort St. James: Improve Chronic Disease
- Quesnel: Medical Student Orientation
- Quesnel: Reducing Anesthetic Fears
- Fort St. James: Medical Exercise Specialist Program

2018

Primary Care Network*

34.0 FTE approved for physician, nursing, and allied health positions

Shared Care: Mental Health Support for Remote, Rural Emergency Room, Fort St. James*

After-hours support for on-call physicians

Shared Care: Chronic Pain Spread Network BC Rural Chronic Pain Program, Vanderhoof

Recruitment and Retention: Joint Division Collaborative between all Northern Divisions*



Microprojects

- Quesnel: Enhanced Resiliency PTSD
- Vanderhoof: Penicillin Allergy Delisting

2019

Innovation Funding*

Greater virtual care opportunities in clinics

Recruitment and Retention: Joint Division Collaborative with CIRD*

Physician Engagement in PMH & PCN Development

Attachment Mechanism

Health Emergency Management

Physician Integration and Retention Funding

Inpatient Care Bridge Funding

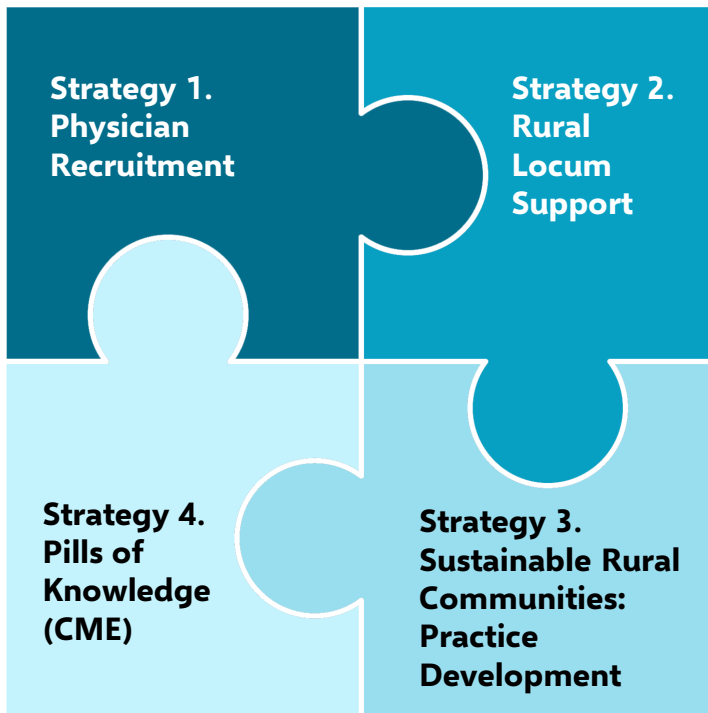
COVID-19 Physician Led Primary Care Initiative: Vanderhoof Palliative Care Proposal

Microprojects

- McBride: Handheld Ultrasound
- Valemount: Team Morale
- McBride: Team Morale
- Fort St. James: Nursing Recruitment and Retention
- Vanderhoof: Physician Wellness Retention and Recruitment

A GP for Me (2014 – 2016)

This initiative aimed to **increase primary care access**, help patients **find a physician**, **strengthen patient-physician relationships**, and support the needs of **vulnerable populations**.



13 new physicians recruited to the region

Estimated **930** new patients were attached by 11 family physicians

NIRD partnered with Northern Health to develop a proposal for a **floating physician position**

Supported Burns Lake practice to transition to an **EMR system**

47 participants at the first Pills of Knowledge CME event

(May 6, 2016)

Impact Funding: Continuation of initiatives from A GP for Me

● June 2016 ● March 2017

Patients attached (estimated)



8830

14830

**+4 new GPs x average panel (1500)
= +6000**

New GPs recruited



13

17

+4 recruited

GPs accepting patients



16

20

+4 accepting patients

Burns Lake Rural Community Sustainability Project (started Spring 2017)

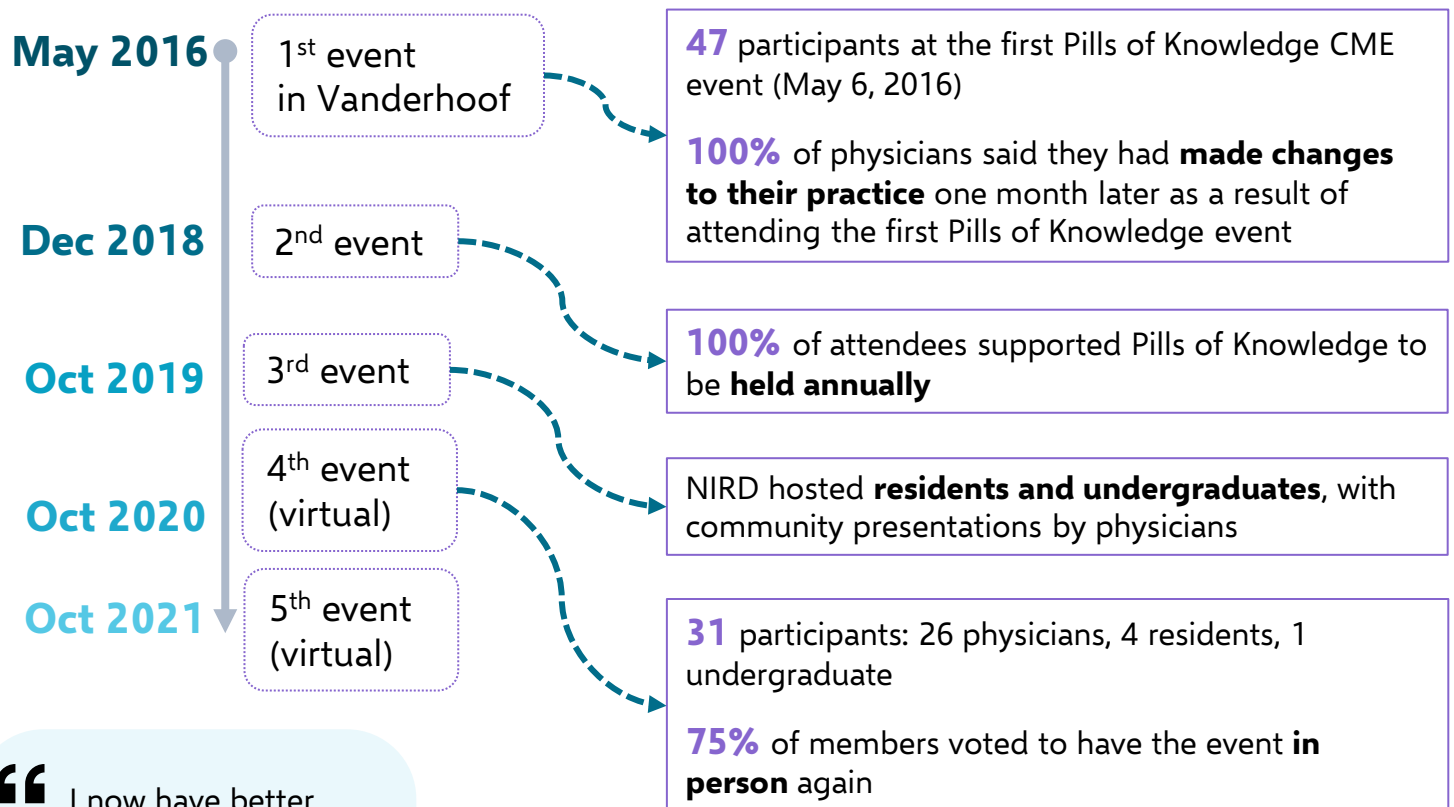
3.25 FTE physicians in Burns Lake at the beginning of 2017, despite being earmarked for **8 FTE**

Summer 2017:

2 physicians recruited to Burns Lake, **plus** **2** internationally educated physicians set to join after completing licensure through the Practice Ready Assessment program



Pills of Knowledge for Best Evidence Rural Practice



“ I now have better connections with local specialists which will help with future referrals ”

- Physician participant after 1st event (2016)

“ This last 3 years, having an opportunity to come to these kinds of events and network with other physicians... has been really valuable. It gives us a chance to see face-to-face and develop relationships that make caring for our patients just easier ”

- Physician participant after 3rd event (2019)

Physician responses after first Pills of Knowledge event



100% of respondents agreed that the session facilitated **relationship-building with specialists**



100% of respondents agreed that the information they learned will be **useful in future practice**



96% of respondents agreed that the session facilitated **relationship-building with GPs** (4% were neutral)



92% of respondents agreed that they are **more aware of resources** available to support their patients (8% were neutral)

■ Strongly agree ■ Agree ■ Neutral

Child and Youth Mental Health

Child and Youth Mental Health and Substance Use (CYMHSU) Program (started 2013)

6 community-based **Local Action Teams (LATs)**

- Burns Lake, Fort St. James, Fraser Lake, Quesnel, Valemount, Vanderhoof
- CYMHSU service providers, primary care providers, youth/families



Activities

- ER protocols to manage discharge
- of youth
- Community and provider education
- Advocacy campaigns to reduce stigma

NIRD facilitated communication:

- between LATs (updates, networking/brainstorming events)
- Between LATs and physicians

Impacts



Increased awareness and uptake of CYMHSU issues and resources

Positive feedback from children/youth/families/teachers on mental health education

Increased partnerships between CYMHSU service providers and primary care providers

The work on this CYMHSU program led to a Shared Care program in the Fort St. James Emergency Room.

Shared Care: Mental Health Support for Remote, Rural Emergency Room (started 2021)

This project is building a **comprehensive, sustainable, culturally sensitive CYMHSU** program.

The program provides **after-hours support regarding youth mental health** for on-call physicians **working in rural and remote emergency rooms** who don't feel fully prepared to do assessment on their own.

Services will also be available **during regular office hours** if they are not available in the community.



“ We want to make sure that those youth who need to be transferred to another site are transferred. But **we don't want to be transferring anyone out of their home community who can be safely managed at home and supported at home...**

It's a big burden shouldering those decisions on your own. Sometimes it's clear, often it's not clear. And that we're having that additional support to upscale those assessments would be really really helpful.

- Physician ”

Maternity Care Initiatives

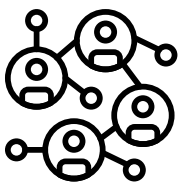
Vanderhoof

Funding helps to **improve transitions in care** for patients, **communication** between providers/communities/patients, and improved **coordination** for follow-up maternal/newborn care.



15-20 patients from other communities were referred to Vanderhoof for maternity care between April 2020 and April 2021

Carrier Sekani Family Services followed up with maternity patients in the community



Providers and MOAs from CSFS and other clinics joined monthly calls with St. John Hospital staff to **assist in supporting and preventing maternity patients from feeling lost when transitioning to care** in Vanderhoof



20 packages were provided to St. John Hospital (diapers, formula, wipes, etc.) to hand out to patients

20 breastfeeding packages were provided to St. John Hospital to hand out to patients

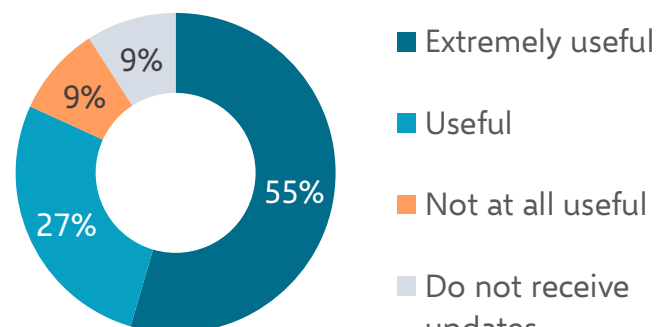
The project also provided **baby scales** and **hotel vouchers**

Quesnel

Funding helps to **build capacity** among rural physicians to provide prenatal care, **developing team building / competencies for Team Based Care**, and improve **accessibility for high risk patients** to deliver in Quesnel.



January 2021: Providers' perceptions of transition in care or discharge from care updates (n=14)



Recruitment and Retention

Joint Division Collaborative with Central Interior Rural Division (CIRD)

Managed by the New Grad R&R **NIRD Education Committee**, with NIRD and CIRD working collaboratively to advance **the New Grad R&R Strategy** for GPSC funding.

A video crew plans to compete a **video** for the NIRD PCN Jobs page on HealthMatch BC and for the NIRD website.

Within NIRD, a Valemount physician **connects with medical learners monthly**.

Second-year UBC students can **shadow physicians** and explore the area, through the Northern Medical Program. **Some of their stories are presented below.**

Learning



“ I was genuinely surprised that **we fit such a large amount of learning into one weekend**. The hands-on experience; history-taking, physical exam, charting- and order-writing practice; and the wonderful nurses, lab tech, and [a physician], made this a phenomenal learning experience. ”

Collaboration



“ It was also great to see the **collaborative relationships** between the nurses, x-ray tech and doctor while working together in a small hospital like that and **how decision-making changes** when you have a limited on-call HR pool instead of departments that are staffed 24 hours a day. ”

Rural life



“ The rural shadowing weekend was an amazing experience. Our preceptors were **enthusiastic and welcoming** and even taught us how to ultrasound and cast when the hospital was quiet. We were given the chance to see how the hospital and clinic functioned and **how the practice of medicine differs in a rural setting**. ”

It was super fun to spend the weekend with a classmate and explore the area to see the **local attractions and wildlife** (we saw 8 bears on our drive to and from Mackenzie)! Our lovely preceptors also hosted us for dinner to **meet several of the local physicians**. ”

Joint Division Collaborative with all Northern Divisions

Phase 1 (completed February 2022)

NIRD contracted Reichert & Associates to identify recruitment and retention barriers for physicians in the North.

- **Barriers/challenges:** practice support/resources, cost of travel/living, opportunities for family, Practice Ready Assessment program
- **Current strategies** used in the NIRD region: advertising/events, data collection/evaluation, incentives (housing/APP), red carpet efforts, partnerships



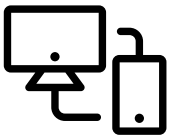
Virtual Care

Innovation Funding

Innovation Funding is part of the **transition** from NIRD's **Patient Medical Homes** (PMH) to its **Primary Care Network** (PCN).

Projects funded through Innovation Funding **integrate virtual care systems** in practice and offer **education** for clinicians to better provide virtual care, with **support from NIRD staff**, to increase coordination, value, and utilization of virtual care.

NIRD Virtual Projects



To facilitate video-enabled clinical appointments, NIRD has provided 23 iPads with healthcare Zoom accounts to **clinics, ERs, and health centres** across the region.

NIRD also provided iPads for community outreach during COVID-19, as part of the **Drive-Thru Respiratory Clinic Shelters and iPads for Community Outreach** project. This project was completed in 2021.

February 2022



NIRD "How to Virtualize your Clinic" 1st Pilot Project

- **10 patient appointments over 2 days at 30 minutes each**
- Out of 10 appointments, **only 1 resorted to phone**, due to poor bandwidth
- Physicians and staff noted it was **efficient, easy**, allowed them to **see their patients' face** without a mask, and had **high level of comfort**
- Since pilot, the clinic has done video-enabled calls on their own with **success and minimal challenges**

March-July 2022



2nd and 3rd Pilot Projects

- 2nd and 3rd pilots implemented across NIRD communities
- Staff visits to community clinics to discuss next steps for pilots

Primary Care Network (2021-2025)

The NIRD PCN is now in Year 2 of 4. The PCN encompasses the geographical areas of Lakes Omineca, Quesnel, and Mackenzie/Robson Valley.

34.0 FTE approved positions for:

- **Family physician**
- **Nurse** (NP or RN/Primary Care Nurse)
- **Allied health provider** (e.g., dietitian, social worker, mental health clinician/counsellor, physiotherapist, pharmacist)







Built around **team-based care**, provided through a mix of

- patient medical homes (PMH)
- urgent primary care centres
- community health centres
- health authority-based care services



NIRD PCN Strategies

-  Improved patient attachment to a most responsible primary care provider
-  Improved access to quality and comprehensive team-based care
-  Improved access through virtual-enabled care
-  Improved access to mental health care

A **First Nations Led Primary Care Initiative (FNPCI)** is a key focus of the PCN.

NIRD PCN Governance Model

Serving a population of **58,266** in **8** communities and **22** First Nation communities

Steering

NIRD Collaborative Service Committee (CSC) and Advisory

Wheels



Regional FNPCI Working Group and Membership

NIRD Subnetwork PCN Working Groups and Memberships (Quesnel, Robson Valley/Mackenzie, Omineca/Burns Lake Area)

Engine



Local FNPCI Working Group and Membership

Local PCN Collaborative Structures and Membership (one table per community)

Regional/Provincial Collaboration (function system integration)



- BC Ministry of Health
- Carrier Sekani Family Services
- First Nations Health Authority, Northern Region
- NIRD
- Northern Health

PCN Highlights

NIRD staff support **collaborative community tables** that set PCN priorities. Communities have different focuses depending on their needs. The following are community **priorities**:

Burns Lake and area

Mental health and substance use including the development of a comprehensive resource list

Mackenzie and area

Recruitment and retention

Fraser Lake and area

Substance use with a focus on youth

McBride and area

Child and youth services

Fort St. James and area

Mental health and substance use

Valemount and area

Personal health records

Vanderhoof and area

Men's health (seniors)

Success stories

The **pharmacist role in Quesnel** has allowed for longer, focused appointments, with a priority on polypharmacy and comprehensive medication management resulting in:

1. Discontinuation of some medications
2. Medication optimization with different or additional medications being prescribed



The additional resources of a **social worker and nurse** have allowed for more **comprehensive team-based care in Fort St. James** with weekly outreach to outlying communities and vulnerable populations; connecting individuals with additional resources to support their overall health and access to health care both in and out of town.



The addition of a **diabetes nurse to support the Indigenous communities** in the region has helped re-engaged individuals with health care, which will improve patient health outcomes.



“

Unless there is targeted outreach/follow-up, preventative diabetes care was often not being accessed if left to its own means. The PCN diabetes position has allowed for more targeted time to outreach/connect with people multiple times a month in many instances - whereas prior, for many, access to any health care provider could be represented by less than 5 visits per year or represented by trips to the ER for acute, oftentimes preventable, situations. So, this PCN position has really been excellent.

”

- Registered Nurse

Microprojects

NIRD offers physicians up to \$10,000 for small practice-based projects that address gaps in their local communities. **Below are some examples of past microprojects.**

Improve Chronic Disease | 2020 Fort St. James

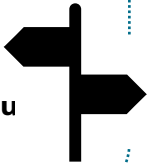
~800 patients in Fort St. James live with chronic disease. Many rank low on social determinants of health scales.



Aim: **Develop safe and effective exercise programs** to improve outcomes for patients with chronic disease.

Medical Student Orientation | 2020 Quesnel

Aim: **Create an electronic orientation package** (resources, contact and accommodation information, opportunities, learning objectives) to help **create collegiality among medical students** who come for training and **integrate students into commu life.**



Reducing Anesthetic Fears | 2020

Quesnel

Aim: Produce a patient centered **pre-operative YouTube education video for pediatric and special needs population and their caregivers** to reduce pre-operative fears and anxiety around anesthesia and surgery.



Enhanced Resiliency PTSD | 2021 Quesnel

Aim: Identify patients who have complex PTSD and are not responding to usual care, and enrol them in an **enhanced resiliency training program.**

Efficacy of the program will be monitored to identify if there have been long-lasting changes.



Microproject Scaling: Sexual Assault Kits | 2017-present

Providers in Mackenzie developed new sexual assault kits after noticing that the instructions on current ones were difficult to understand, and the process **left patients feeling "violated after they had been violated"** (Physician involved in NIRD).

In collaboration with the Northern Health Emergency, Trauma and Transfer Services team, the providers are leading the **expansion of the Sexual Assault Kits project across the region, noting the need for this education and kit.**



As of May 2019, training sessions were completed in McBride, Valemount, Fraser Lake, and Fort St. James.

“ [This project] has system transformative spill across our region and within the Northern Health area and beyond. ”

- Physician

Microprojects

The following microprojects are **currently in progress** across the NIRD region:

Penicillin Allergy Delisting

Vanderhoof

The physicians at the Omineca Medical Clinic are conducting a pilot project to determine the feasibility of assessing whether patients in Vanderhoof have true penicillin allergies by **giving patients who have a very low risk of a true allergy an oral dose of penicillin.**



Nursing Recruitment and Retention

Fort St. James

This project proposes to offer the RNs in Fort St. James the **Emergency Medicine Specialty Training** at BCIT, which will allow them to earn a certificate in Emergency Medicine and gain confidence in managing patients in a rural setting.



2 local RNs have been offered this 12-week training.

Handheld Ultrasound

McBride

This project will provide a **portable handheld ultrasound** to the McBride Medical Clinic, to be used in clinic and in community.

It is expected to **increase patient engagement** while **meeting the patient where they are at.**



Physician Wellness Recruitment and Retention

Vanderhoof

Vanderhoof physicians have faced **occupational distress** over the past 2 years, compounded by changes in personnel, transitions in work roles, isolation, and the inability to leave the community.

This project will allow the physician team at Omineca Medical Clinic to **contract a facilitator to lead a conversation** about health and wellness, service delivery, and retention and recruitment.



Team Morale

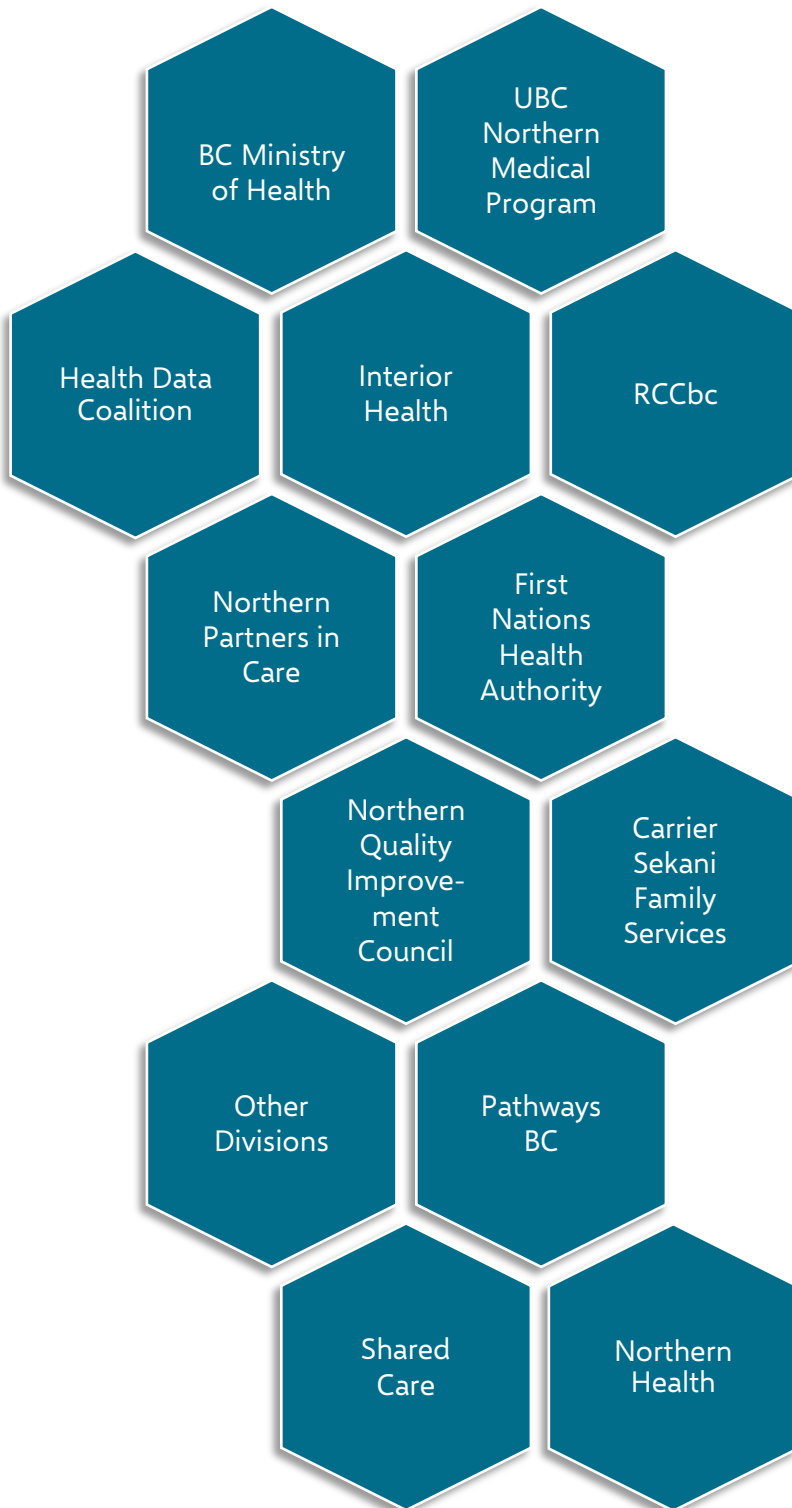
McBride and Valemount

This project will provide team jackets or vests as part of a uniform, to **increase interdepartmental relationships** and **improve morale.**



Partnerships

NIRD collaborates with many organizations



The Provider Wellness Working Group applied for the RCCbc Rural Research Grant, to measure baseline **professional quality of life metrics** of NIRD members through qualitative and quantitative methods.



NIRD, Northern Health, Carrier Sekani Family Services and First Nations Health Authority partner on a **data collection initiative** to understand our individual communities and their needs more fully.



NIRD and Northern Health operate as partners with a **shared staff model**.

