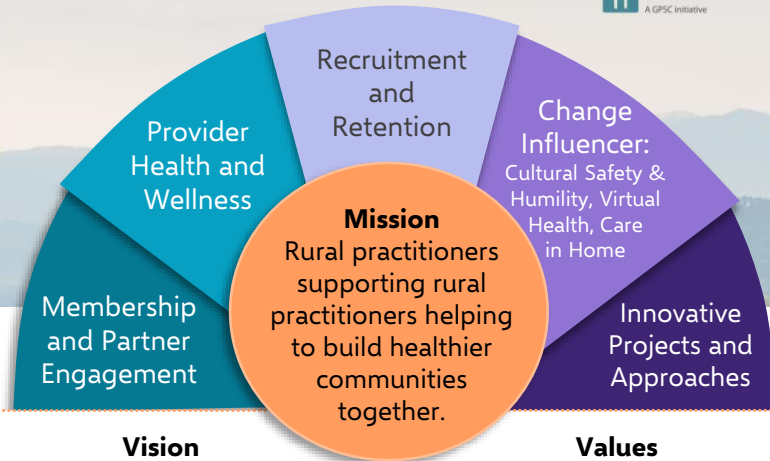


## Celebrating 10 Years



### NIRD Strategic Priority Areas

**Vision**  
To create healthy communities connected by a solid collaborative practitioner community within a stable network of healthcare.

**Values**  
Collaborative, authentic (acting with integrity & accountability), respectful and proactive relationships.

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**

CME

Annual Pills of Knowledge events

Partnerships

Recruitment and Retention

Partnerships with other Divisions

Maternity Care

Initiatives in Vanderhoof and Quesnel

2016

2014

Virtual Care | 2016 - present

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

96%

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

2018

2020



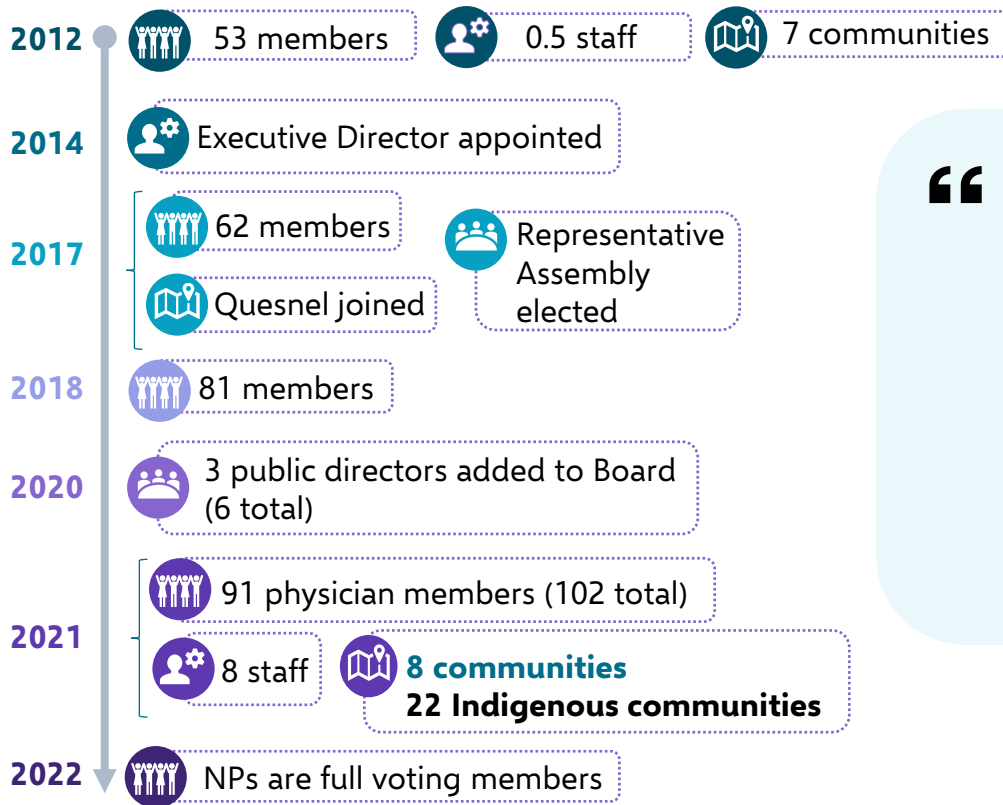
2022

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](mailto:ewinter@nirdbc.ca)

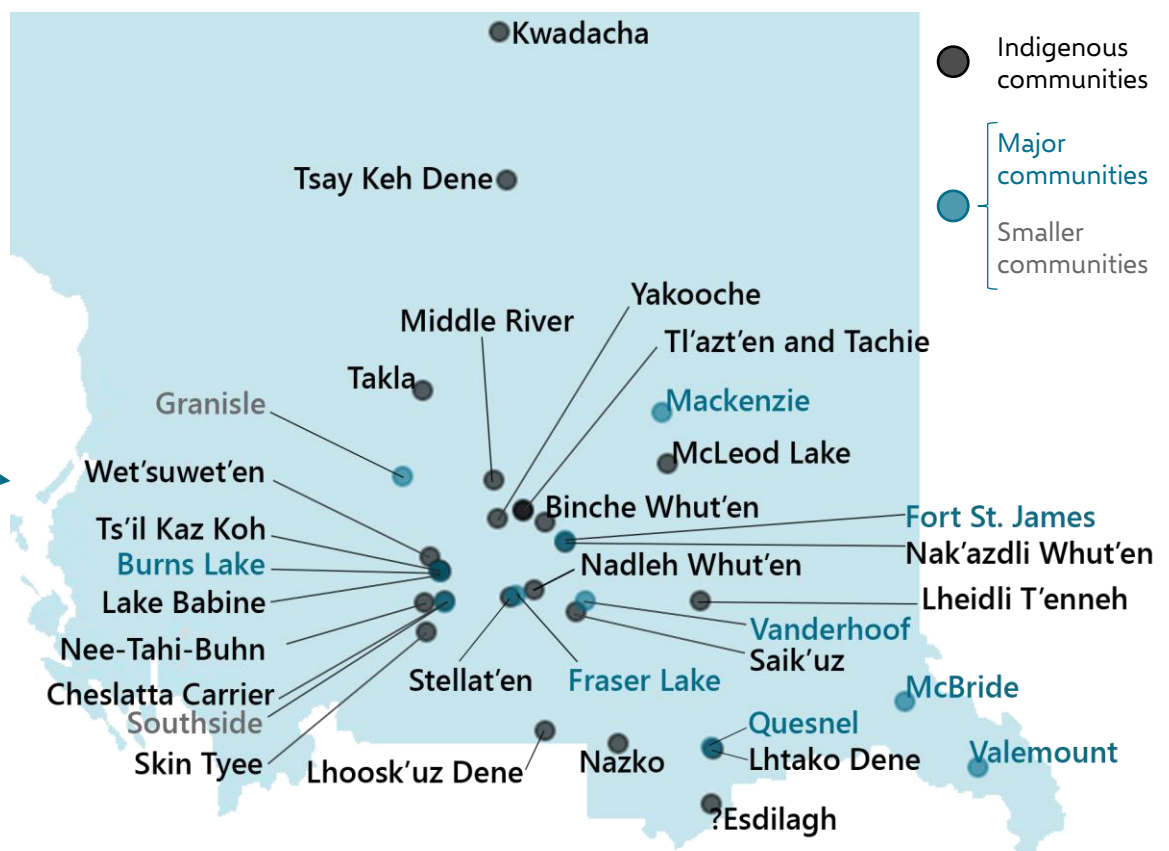
# Governance Structure



“ 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

### 2021

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

### 2022

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

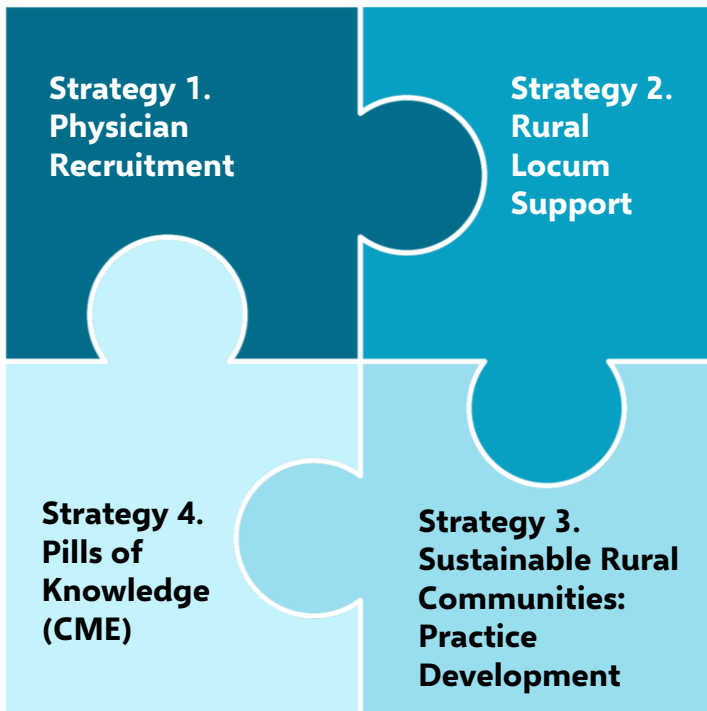
COVID-19 Physician Led Primary Care Initiative: Vanderhoof Palliative Care Proposal

#### 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)

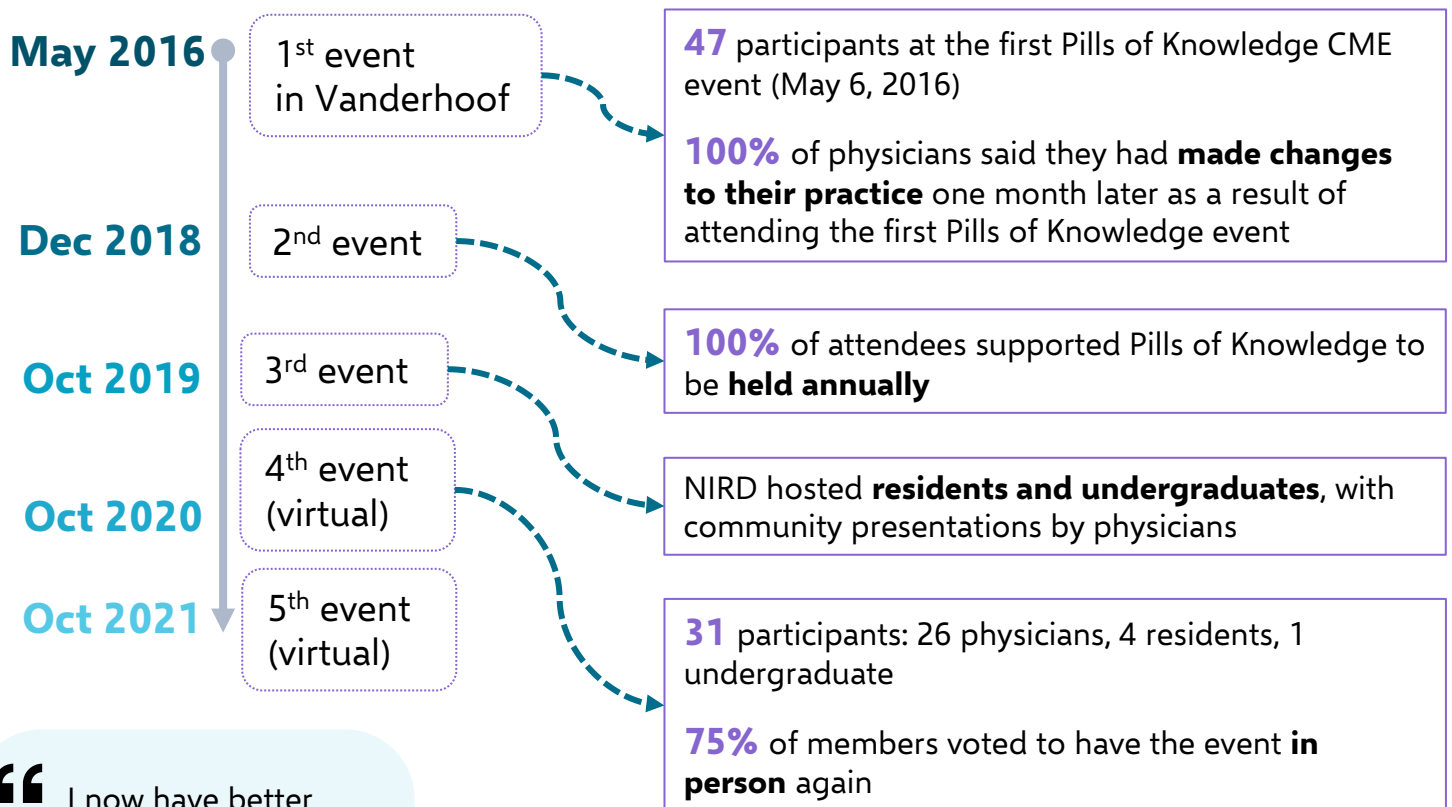
**3.25 FTE** physicians in Burns Lake at the beginning of 2017, despite being earmarked for **8 FTE**

**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 1<sup>st</sup> 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 3<sup>rd</sup> 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

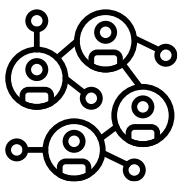
## Vanderhoof

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

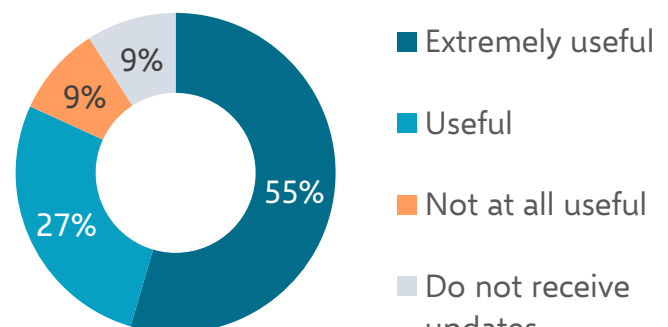
The project also provided **baby scales** and **hotel vouchers**

## 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



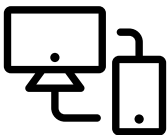
## Virtual Care

### 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" 1<sup>st</sup> 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



##### 2<sup>nd</sup> and 3<sup>rd</sup> Pilot Projects

- 2<sup>nd</sup> and 3<sup>rd</sup> 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

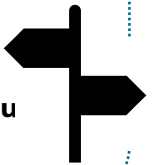
~800 patients in Fort St. James live with chronic disease. Many rank low on social determinants of health scales.



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

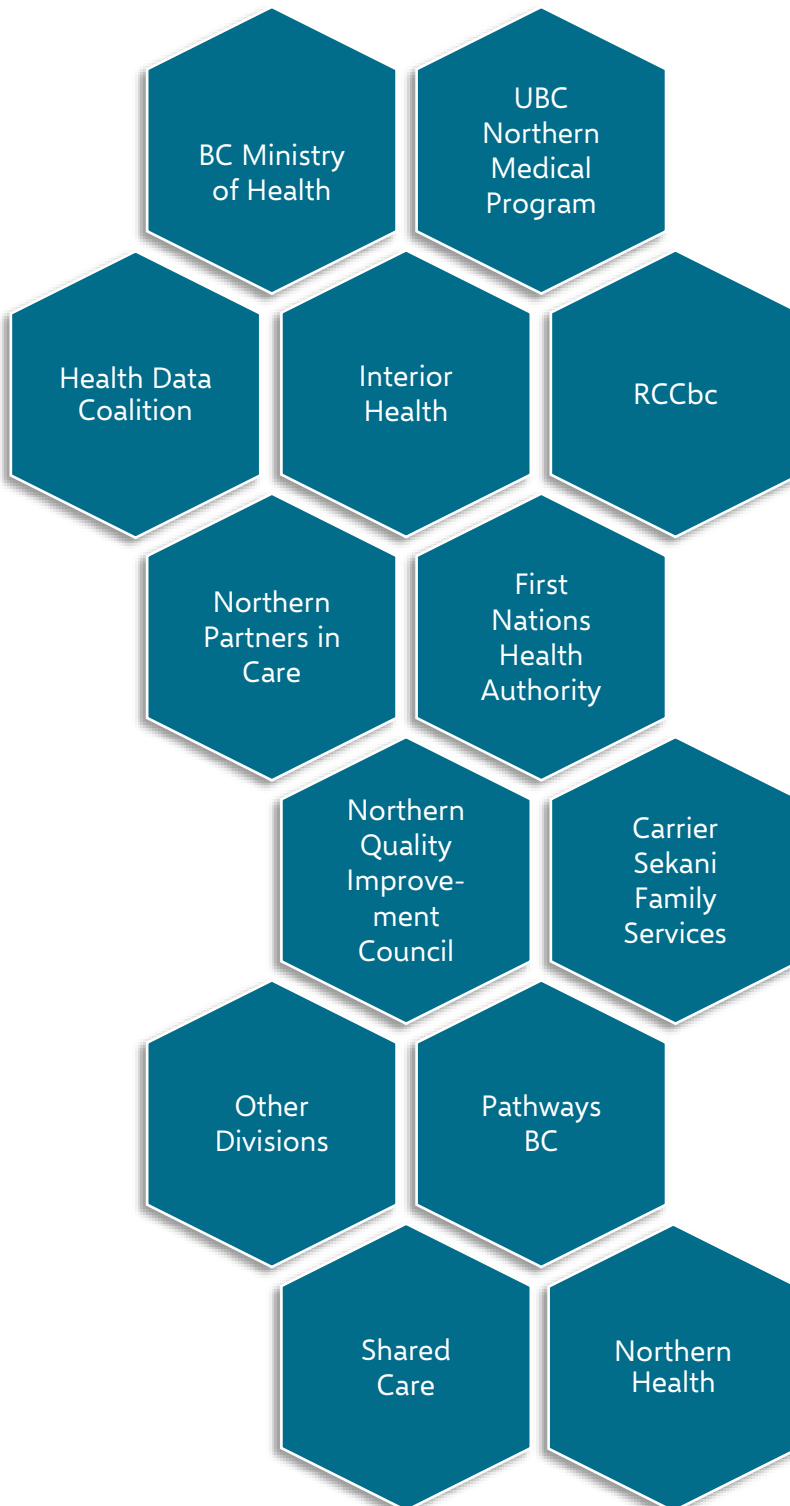
#### McBride and Valemount

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**.

