

NOVEMBER

2017



STRATEGIC PLAN 2018-2020



NETWORKING
& CALL GROUPS



ENGAGEMENT



PRACTICE
SUPPORT PROGRAM



PATHWAYS



PATIENT
ATTACHMENT



RESIDENTIAL
CARE



RECRUITMENT



SHARED CARE



UP TO DATE

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Board of Directors

Our Goal

The Thompson Region strives to be a community with optimal delivery of family medicine and primary health care in British Columbia.

Our Vision

A community of Family Physicians and Nurse Practitioners working collaboratively with community partners focusing on wellness, satisfaction, and sustainability for both the patient and the primary care providers.

Our Mission

- Support the Thompson Region community of Family Physicians and Nurse Practitioners in their pursuit of excellence and innovation in family medicine and patient care;
- Be the place where Family Physicians and Nurse Practitioners go to identify their needs, engage in learning, and participate in collaborative community-based solutions;
- Provide physician leadership for systems and clinical improvements and participate in collaborative quality improvements in family medicine and primary care;
- Promote physician and nurse practitioner wellness and collegiality; and,
- Advocate for the essential role of family physicians and nurse practitioners in the delivery of health care.

Our Values: We value quality, collaboration, inspiration, innovation, and resilience.

Our Strategic Enablers: Listening, synthesizing, and learning.

ABOUT US

The Thompson Region Division of Family Practice (the Division) is an independent non-profit entity incorporated March 4, 2010 to be the voice of family practitioners. The Division provides services to physicians and nurse practitioners in the catchment area for Royal Inland Hospital including communities of: Kamloops, Ashcroft, Cache Creek, Logan Lake, Barriere, Sun Peaks, Scotch Creek and Chase. The elected Board of Directors is accountable for and provides strategic guidance to a program of work to meet the needs of more than 178 members, including family physicians, general practitioners, medical residents, nurse practitioners, and retired physicians. The management team supports physician leaders and project managers to implement the work.

The Division works collaboratively with the Interior Health Authority, the General Practices Services Committee, and the Ministry of Health to identify health care needs in the local community and co-develop solutions for the delivery of primary care in the Thompson Region of British Columbia. The Division also works cooperatively with specialists in the design and delivery of Shared Care projects and other joint initiatives to improve services for their patients. The Division operates with basic infrastructure funding from the General Practice Services Committee. Additional funding from agreements, grants, leveraging, and other sources support a program of work.

Executive Summary

The Board of Directors has developed the 2018-2020 Strategic Plan with input from members, partners, and staff. This plan builds off of the 2015-2017 Strategic Plan and continues to move forward work that was started and remains a priority of members. The 2018-2020 Strategic Plan also identifies new areas of focus that will require the Board's attention in the coming years as the landscape of primary care is changing.

The prior 2015-2017 Strategic Areas of Focus included:

- 1 Organization design that enables physician leadership and engagement
- 2 Division leadership and collaboration with our partners
- 3 Collaborating where we make the biggest difference at our practice and in our community
- 4 Optimizing physician capacity – physician recruitment and retention

Building on the formative years, the Division has and will continue to support member needs; address system barriers to attracting and retaining family physicians; work collaboratively with partners on redesigning integrated primary care services; and develop innovative care models. However, through feedback from members and partners at various focus groups and engagement events, Questions of the Quarter responses, data from our Quality Improvement Framework and the changes in Ministry Policy direction the following four areas of strategic importance.

The following section describes the goals, objectives and strategies to address

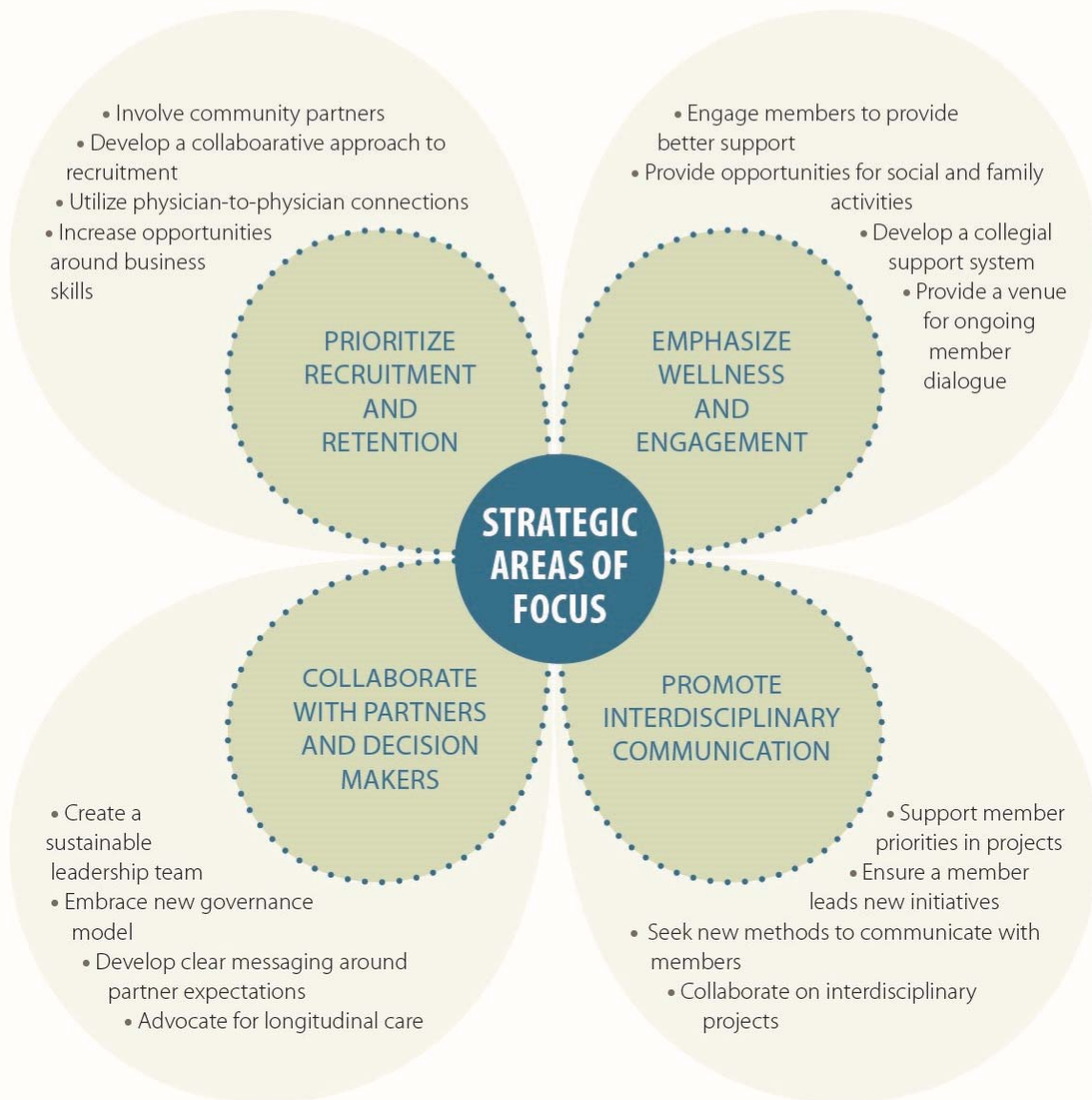
The four **Strategic Areas of Focus for 2018-2020**:

- 1 Prioritize recruitment and retention
- 2 Emphasize wellness and engagement
- 3 Collaborate with partners and decision makers
- 4 Promote interdisciplinary communication

Thompson Region Division of Family Practice



OUR PURPOSE: We strive to be a community of Family Physicians and Nurse Practitioners working collaboratively with community partners focusing on wellness, satisfaction, and sustainability for both the patient and the primary care providers.



STRATEGIC AREA OF FOCUS:

1. PRIORITIZE RECRUITMENT AND RETENTION

Optimize primary care capacity to meet the needs of the patient population. The Division has the means to take ownership of and drive physician recruitment and retention activities and work to retain primary care providers in the Thompson Region.

Strategies

1. Explore new ways to showcase the variety of practice opportunities in the Region.
2. Actively involve community partners in recruitment and retention efforts.
3. Attend annual recruitment fairs recommended by Physician Lead and Recruitment Lead.
4. Take a collaborative approach to recruitment by developing strong partnerships to support recruitment with partners including private business, non-profits (ex. STEP), municipalities (ex. Sun Peaks), Interior Health, HealthMatch BC, and Ministry of Health.
5. Utilize physician-to-physician connections through site visits and attendance and/or follow at fairs.
6. Advocate for the role of family physicians and nurse practitioners in longitudinal care.
7. Increase Division focus on member engagement and retention efforts.
8. Secure alternative funding to support recruitment and retention activities.
9. Increase our Division's opportunities around business related skills so members are able to develop work plans and support their practices.
10. Complete an updated capacity analysis to guide this work.

Indicators

1. Updated communication and marketing materials showcasing the ways of practicing in the Region.
2. An active Community Health Action Committee that takes ownership over their work.
3. Attendance at two to three annual recruitment fairs
4. Documented partnership meetings and collaborative documents/processes achieved.
5. Documented role of physicians participating in site visits and fairs and follow up calls.
6. The role of longitudinal care is brought forward in all projects we take on and is articulated to members through newsletters.
7. Board members and staff actively connect with their members' list prior/post events to foster on going relationships with Division with all members.
8. Successful in receiving external funding for recruitment and retention activities.
9. Offer business related workshops and services to our members
10. Capacity analysis completed and shared with members.

2. EMPHASIZE WELLNESS AND ENGAGEMENT

Provide opportunities to maintain and improve collegiality between primary care providers. Support members to improve practice sustainability, patient care, and provider satisfaction.

Strategies:

1. Engage membership to better understand their needs and ways to best support those, including asking how they would like to improve and re-establish communications and collegiality amongst their peers.
2. Provide opportunities for social, family activities so providers are able to network both formally and informally.
3. Shift our focus from seeking physician leadership to support members' wellness throughout our activities and communication materials.
4. Develop a support system for members, a mechanism and space for a community of practice that includes our Specialists partners as well.
5. Engage the public and community partners in developing the future model of primary health care.

Indicators

1. Use question of the quarter and our Board/staff and member buddy system to ensure we hear from all members on ways to improve communications with their peers.
2. Provide two to three engagement events annually that are paired with a social event.
3. Updated documentation and activities to reflect the shift to physician wellness.
4. Community of practice articulated to members.
5. Community vision of primary health care completed.

3. COLLABORATE WITH PARTNERS AND DECISION MAKERS

Collaborate with members, IHA, MOH, and local partners. The Division has the means to drive local initiatives.

Strategies

1. Develop a strong, sustainable leadership team through succession planning.
2. Embrace the change in governance model and ensure a strategic level Board with strong physician / nurse practitioner voice at Board as well as Strategic Advisory level.
3. Develop and communicate clear messaging around Division's partnerships expectations and steps Division will take when expectations are not met.
4. Articulate clearly (using the IAP2 Spectrum) when engaging with partners to determine whether the interaction is of an informing, consultative, involving, collaborative, empowering level.
5. Provide a venue for ongoing member dialogue on transformative policy initiatives directly affecting their practice and their patients.
6. Support and advocate for individual members needs as they arise when working with partners.

7. Participate in provincial tables and conversations with partners around system barriers, in particular those that impact recruitment and retention of physicians and nurse practitioners to our community and the essential role of family medicine and longitudinal care.
8. Partner with organizations that will increase our ability to influence changes, such as RIHPA, on shared matters or interest.
9. Advocate and secure adequate funding that allows us the opportunity to engage in collaborative initiatives robustly.
10. Continually be sharing updates and asking for input and direction from members so our collaborative efforts support the needs of members.

Indicators

1. Division leadership rotates and is well supported through succession.
2. Implement change to new governance model.
3. Document our expectations using Memorandums of Understandings and Agreements
4. The IAP2 language is seen in our documentations.
5. Share policy direction and seek input from members via newsletters/surveys, buddy system, and at two annual engagement events.
6. Document the number of members that approach for support and ways the Division provides that support to be able to articulate impact in annual report.
7. Seek out opportunities for Thompson Region physicians to participate in provincial committees and adhoc discussions by communicating via letters and volunteering where appropriate.
8. Partnerships are effective in delivering outcomes, shown through our QI framework.
9. Resources meet the needs of the work we undertake.
10. Members' needs are articulated throughout the work we undertake and we can show where the input has come from.

4. PROMOTE INTERDISCIPLINARY COMMUNICATION

Programs of work directly reflect the interests of and involve members of the Thompson Region Division. Partners will recognize Division leadership and provide support to the Division for trialing innovative solutions for family medicine, and linking primary care with interdisciplinary teams.

Strategies:

1. Support projects that develop and innovate improved frameworks for communication.
2. Continue to support member priorities through project work and actively seek resources to enable them to pursue areas of importance.
3. Develop and communicate criteria to determine if initiatives fit with strategic plan.
4. Have a physician or nurse practitioner leading initiatives the Division undertakes.
5. Seek opportunities and partnerships that allow for interdisciplinary community building.
6. Seek new methods to communicate with members. Both in sharing information and in hearing from them around priorities.
7. Encourage community partners and allied health professionals to be involved in interdisciplinary projects moving forward.

Indicators:

1. Two thirds of our project work reflects communication outcomes.
2. Two to three new project proposals submitted from member priorities annually.
3. Completed initiatives criteria to be used by project committee.
4. Each initiative has a clear physician or nurse practitioners lead identified.
5. Apply for one project annually that supports interdisciplinary community building.
6. Try one new communication method annual to communicate with members.
7. Project teams include at a minimum one community partner.