

# ***What we heard***

## Key principles

The North Quadra UPCC will be part of both the Saanich Peninsula Primary Care Network and future Victoria Primary Care Network. The Divisions (and their community physician members), First Nations, patients, families and caregivers will be key partners in supporting PCN and PMH goals, which include:

- Providing longitudinal, relationships based care with their own team of providers to previously unattached patients and their families
- Providing urgent access and extended hours care;
- Providing follow-up for unattached patients seen in urgent care whose presenting condition requires follow up;
- For providers of attached patients seen at NQUPCC, NQUPCC will:
  - o Provide information regarding visits to NQUPCC;
  - o Provide increased access to a multidisciplinary team;
- Coordinating access to other health services, including those for seniors and patients with mental health and substance use issues, as required;
- documenting the medical history of, and assisting with setting up services and finding attachment for, patients and families who do not have a primary care provider and who do not meet the attachment criteria for the clinic;
- increasing appropriate access to the medical information of patients who access the clinic through use of Cerner;
- integrated component of the Victoria and Saanich Peninsula PCNs;
- offering opportunities for community physicians to assist with urgent care, and
- creating a new model that delivers value from a quadruple aim perspective and which is attractive to staff and providers.

# Cultural safety

## Objectives

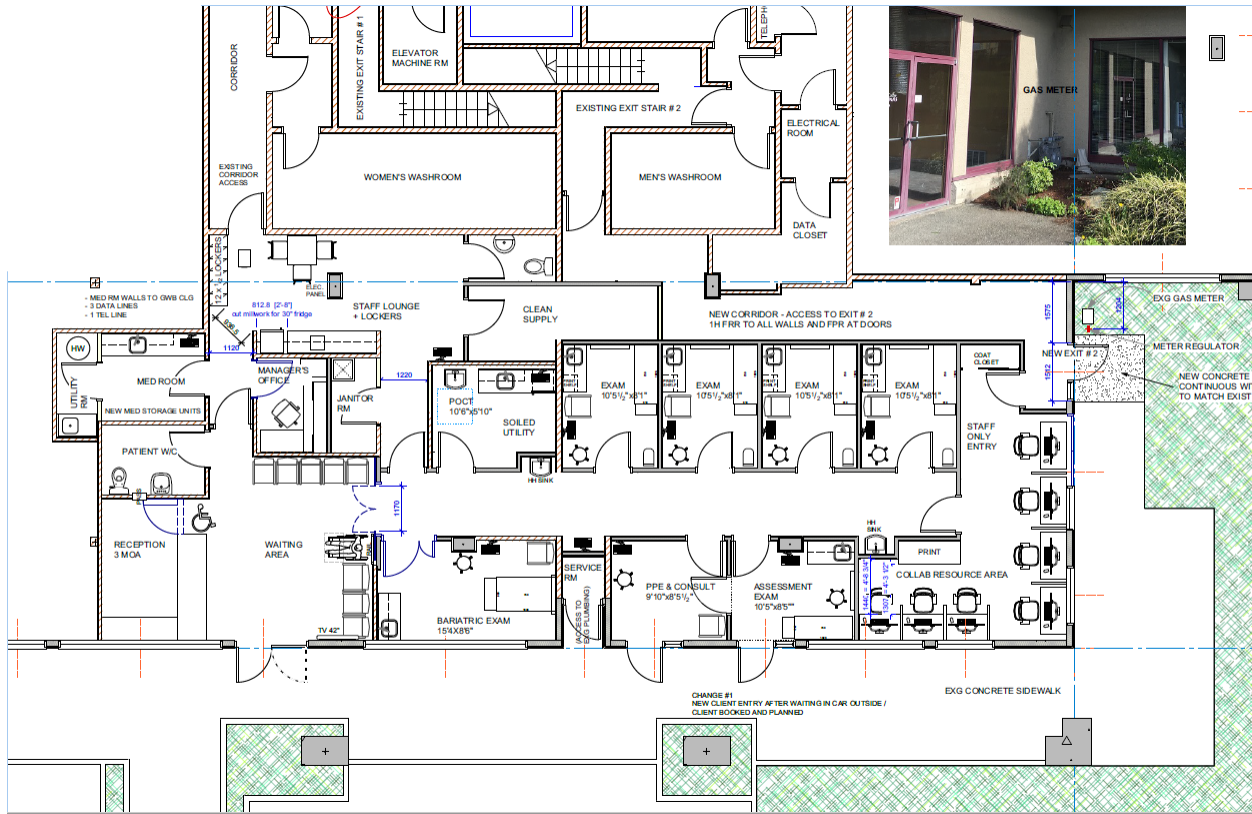
- The North Quadra UPCC will serve patients and families, support primary care providers in the community and assist other services by:
  - Patient and family-centred, culturally safe, longitudinal care to previously unattached patients

## Governance and partnerships

In response to concerns raised by First Nations representation, members of the working group committed to having or obtaining cultural sensitivity training and to ensuring that the NQUPCC is designed to be culturally safe. As part of this, and in keeping with Island Health's strategic priorities, primary care providers and staff at the North Quadra UPCC will be required to complete Cultural Safety and Humility Training through a recognized training program such as San'yas Indigenous Cultural Safety Training, Island Health's For the Next Seven Generations training or a Blanket Exercise.

Recognizing the importance of effective partnerships, through the South Island PCN Steering Committee and the Victoria PCN Governing Body (to be defined with formalization of the Victoria PCN), Island Health, the South Island and Victoria Divisions of Family Practice, community and First Nations partners will continue to re-evaluate cultural safety, care delivery, the quadruple aim, and attainment of PCN objectives

# Physical Space



- 7 exam rooms including a bariatric room/procedure room and a two-part COVID exam room with exterior entrances that can serve as two rooms during regular operations.
- 1 consult room (for MHSU)
- 1 medication room
- 1 data closet
- 1 Point of Care testing room
- 7 person, collaborative work space<sup>1</sup>
- 2 touch down stations
- 1 manager office
- 1 janitor closet
- 1 MOA reception area (room for 3 MOA)s
- 1 small staff kitchenette
- 2 clean supply and storage rooms
- 1 soiled storage room
- Patient waiting room will hold 5 + 1 wheel chair space

<sup>1</sup> Workspaces will be equipped with headsets for the provision of virtual care.

## Proposed Service Model

<b>Hours of Operation (8:00am-8:00pm, 7 days/week)</b>		<b>Total # of Teams (onsite/virtual)</b>	<b>Onsite RNs (supporting onsite and virtual teams)</b>	<b>Onsite MOAs* (supporting onsite and virtual teams)</b>
<b>Longitudinal Care (59% of care)</b>		Attachment of 1250 patients/FP 1000 patients/NP	Attachment of 500 patients/RN	
Monday - Friday	8:00am – 4:00pm	5 (2/3)	32	3
Monday - Friday	4:00pm - 8:00pm	2 (1/1)	1	2
Saturday	8:00am – 4:00pm	2 (1/1)	1	2
<b>Urgent Care (41% of care)</b>		No attachment requirements		
Monday - Friday	8:00am - 4:00pm	1 (1/0)	1	1
Monday - Saturday	4:00pm – 8:00pm	2 (2/0)	2	2
Saturday	8:00am – 4:00pm	2 (2/0)	2	2
Sunday & Holidays	8:00am – 8:00pm	2 (2/0)	2	2

MHSU Consultant Support (TBC)				
Monday - Sunday	10:00am – 8:00pm	1 MHSU consultant working/shift  (2.35 FTEs)		

1 Nursing Unit Aid (8:00 am–3:30 pm, 365 days)

1 FTE UPCC Manager (Mon–Fri 8:00 am–4:00 pm)

0.2 FTE Medical Lead

### Assumptions

- Patients and families will be assigned a most responsible provider who is responsible to work with their team to provide proactive, culturally sensitive, accessible care to a specific panel of patients
- NQUPCC teams will be a PCP, a MOA and 1 RN will be assigned to 2 PCPs
- team members will, as much as possible, remain consistent in order to optimize relationships between team members and with patients
- in general, attachment targets will be 1250 patients/GP, 1000/NP, 500/RN
- data will be input into Cerner in order to determine the complexity of each patient and panel
- panel size will vary based on complexity (i.e. more complex panel = smaller panel size)
- staff and physician selection and cultural sensitivity training will occur and patient experience measurement will be performed to ensure patient and family satisfaction and cultural sensitivity
- Longitudinal care providers will have booked and same day appointments.
- Urgent care providers will see (depending on hours) any patients needing urgent care.
- Urgent care providers will see PCN attached patients in-person needing access that day who are unable to be seen by their primary care provider (capacity dependent). Patients may be from the Victoria or Peninsula PCN.
- A mechanism will be established for after hours call coverage.
- Longitudinal care RNs will have a mix of booked in-person and virtual appointments and address same day needs.
  - Aside from capacity, there will be no restrictions on referrals to the UPCC urgent care by any provider, service or program.
- Capacity dependent, the MHSU Health Consultant will provide same-day access to all patients needing that service who present in-person or virtually at NQUPCC.
- Virtual care (telephone, video, secure written communication as available) will be optimized.

- Services offered to unattached patients will include addressing immediate needs including documenting their past medical history, medications being taken and referring to other services as required and seeking opportunities for such patients to be attached.
- Incorporation of learning opportunities for health professionals in training.
- Potential to function as an assessment/immunization site for patients with possible COVID, influenza or other respiratory illnesses.
- Longitudinal care providers will be recruited based on their fit for and commitment to the NQUPCC model and their ability to attach patients.
  - Longitudinal care providers will work under the Ministry APP contract available to all community providers without panels, or under the Ministry's Contract for Nurse Practitioners.
- Urgent Care will be provided under an Urgent Care Service Contract. Policies will be put in place that promote equity of access to urgent care shifts to avoid the potential for full-service providers taking-on solely episodic care within the PCN. These policies will reflect the principles outlined in the Allocation of Urgent Care shifts appendix.
- Procedure space for nearby clinicians.

### **Virtual care**

In order to maximize attachment, to improve access to care and to use the space at NQUPCC efficiently, NQUPCC will optimize the use of virtual care. Virtual care will include phone, videoconferencing and secure written communication. Some aspects of virtual care being considered include:

- Patient to provider clinical consultations
- Intake patient assessments
- Group visits/ education opportunities for patients and families
- Collaboration amongst team members and specialists with or without the patient and family caregiver
- Triageing patients for in-person appointments

An expected outcome of this service would be a reduction in patient wait times at the site. In preparation for virtual care at the new North Quadra UPCC, the space will be designed appropriately, the network will support incremental growth and suitable equipment will be selected.

## Patient Attachment

See Appendix - Attachment Protocol

## Allocation of Urgent Care Shifts

See Appendix - Allocation of Urgent Care Shifts