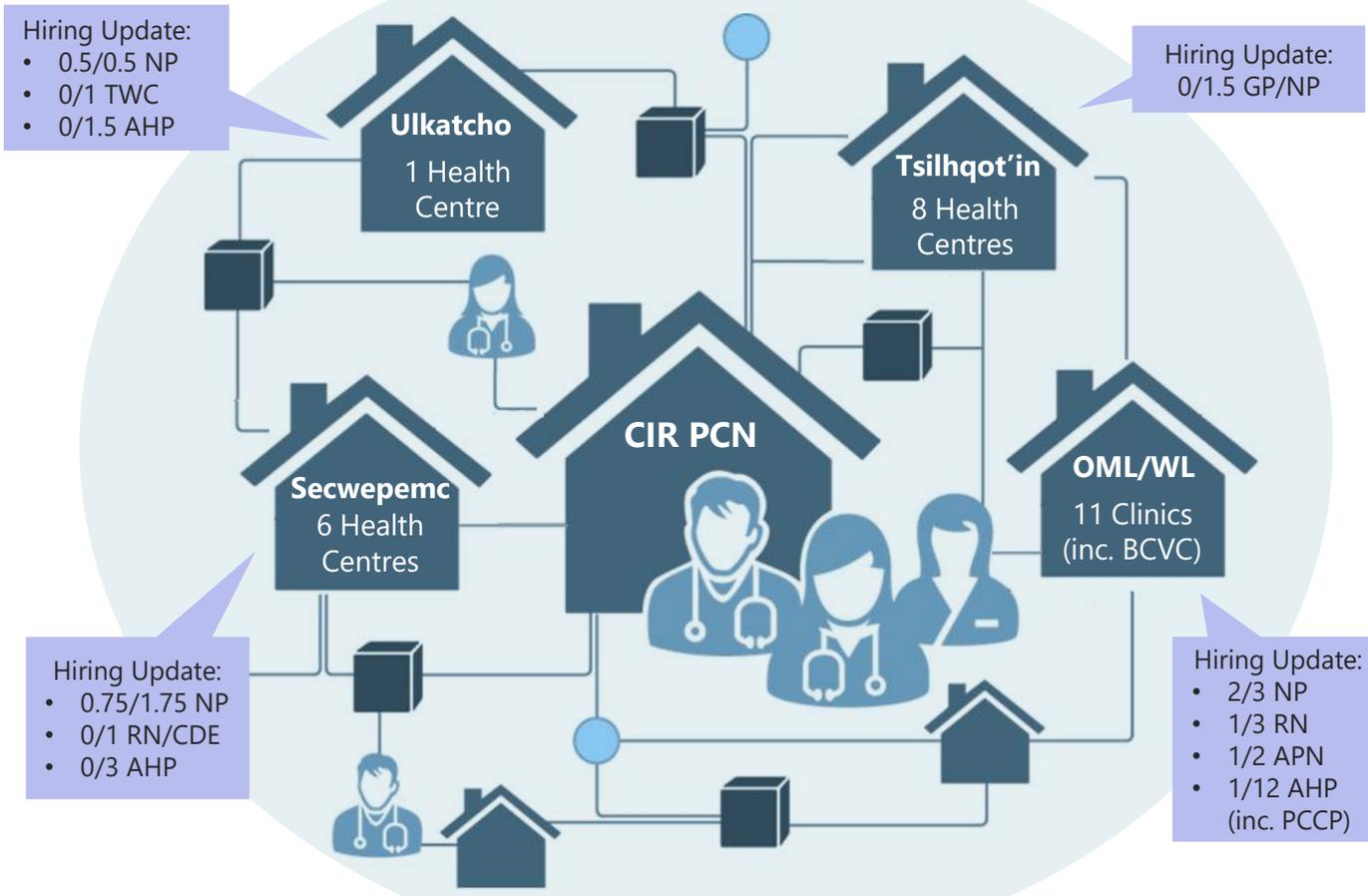
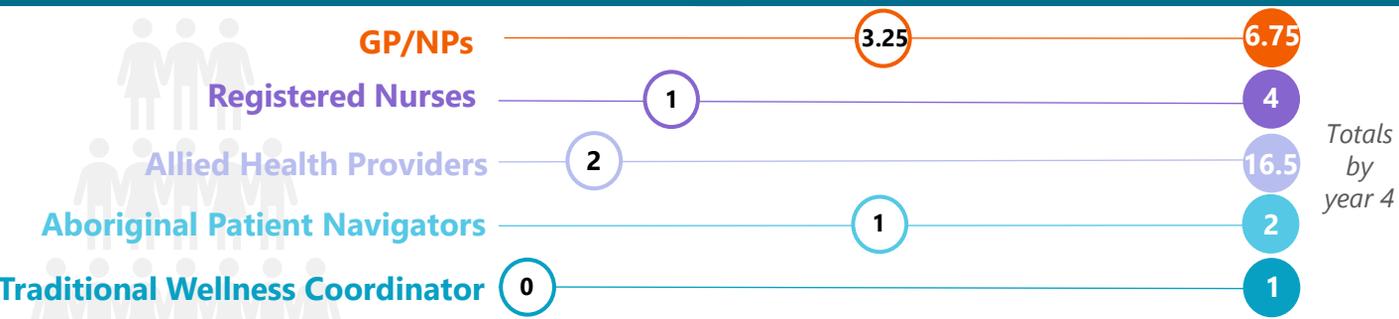


Central Interior Rural (CIR) PCN Evaluation

November 2021 Quarterly Report

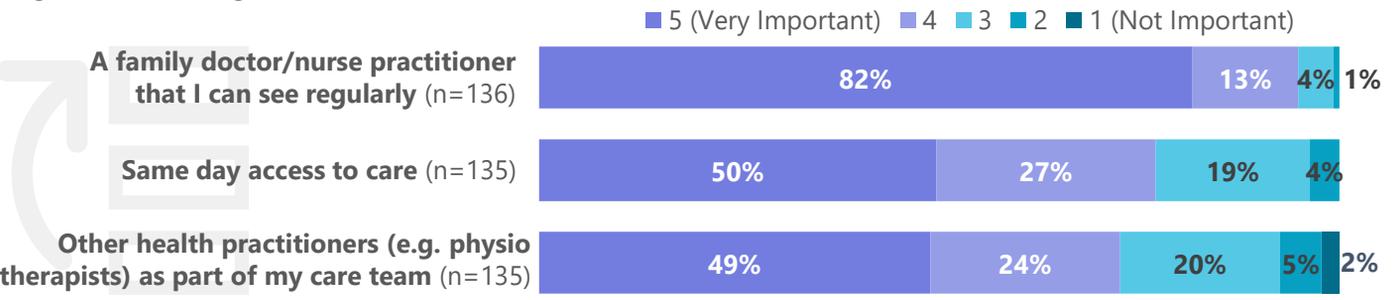


Hiring Targets



Priorities identified by Community Members

A health care experience survey was distributed to communities across the Central Interior Rural region. **The top 3 priorities identified by community survey respondents**, on a scale from 1 to 5 with 5 being very important, indicate alignment with the goals of the PCN.



Offering culturally safe and appropriate care

The following activities have been undertaken:

Oriented new hires to cultural safety & humility, offered vetted **training options** and **relationship building opportunities**

Developed tools to **measure changes** in cultural safety (e.g. patient survey, provider interviews)

Hired staff to better support Indigenous patients (e.g. Aboriginal Patient Navigator)

100%

of PCN SC members now trained (3 with PCN support)

"The people. **There are some amazing nurses and Dr's and support staff here.**"

- Indigenous community survey respondent about what is working **BEST** about their health care system

69%

of community survey respondents who self-identified as Indigenous (n=16) **agreed, or strongly agreed**, their **health care providers honour their cultural, ethnic and/or spiritual background.**

Improving access to care

Community survey respondents (n=133) were asked **their level of satisfaction with their ability to get care when they need it.** On a scale of 1 to 5, 5 being very satisfied, **the average score was 3.**



What's working well?

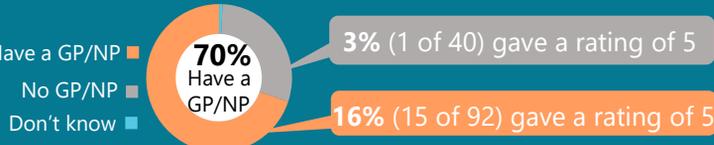
The Bridge Care Virtual Clinic (BCVC) is a key service to **improve accessibility to unattached patients in the region.** The BCVC is currently **the only after-hours primary care service** in the region.



*Data provided by BCVC, June 1 to Sept 30, 2021

278 (46%) Visits were after 5 pm

Of community survey respondents (n=136)...

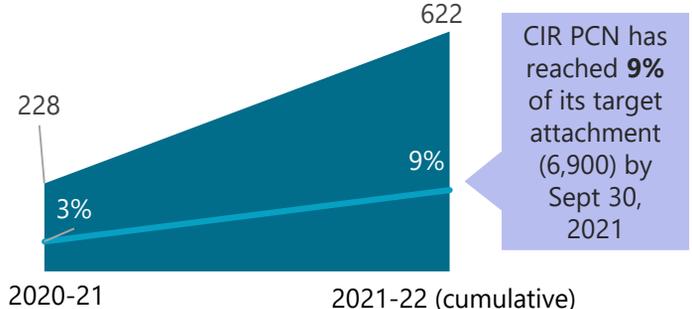


Patients may wait up to **8 days** for an **appointment** (based on the measure of 'third next available appointment' across 11 clinics/health centres)

Increasing attachment to care

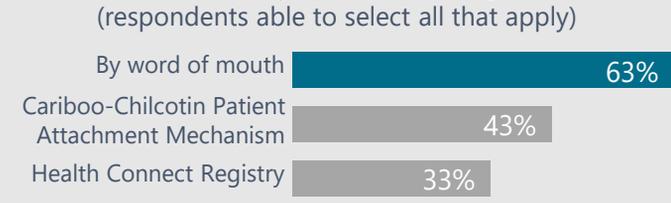
29% (40 of 136) of community survey respondents **currently do NOT have a family doctor/nurse practitioner but would like one.**

According to Ministry of Health (MoH) billing data*, **622 patients have been attached** since the start of the CIR PCN.



CIR PCN has reached **9%** of its target attachment (6,900) by Sept 30, 2021

How have community survey respondents (n=40) tried to find a family doctor/nurse practitioner?



8 GP/NPs are billing the attachment code as of September 2021



*MoH billing data may be behind actuals

Improving attachment and quality of care

Three NPs have been hired and integrated into the PCN. As of September 2021, they have attached 219 patients.

Interviews are in progress with new hires and existing staff to gather learnings from the hiring, orientation and integration process.

- Goal of the interviews is to identify:
- Facilitators
 - Challenges
 - Suggestions

"I genuinely feel well looked after and she [my NP] is a very kind, concerned, knowledgeable person!"
 – Community survey respondent

Community survey respondents (n=92) with a GP/NP were asked about their level of satisfaction with the care they receive from their GP/NP. On a scale of 1 to 5, 5 being very satisfied, the average score was 4.



The integration of allied health providers is expected to increase the capacity of GP/NPs to attach and offer high quality care to patients.



For example, a respiratory therapist has been hired to better support the lung health of patients.

Community survey respondents are most interested in having the following allied health providers on their care team:

- 1 Physiotherapist (38%; 50 of 133)
- 2 MHSU clinician/counsellor (26%; 33 of 129)
- 3 Occupational therapist (13%; 17 of 128)

Overall: PCN Governance and Implementation

The CIR PCN is guided by the PCN Steering Committee (SC) and supported by the Change Management Working Group. The evaluation of the CIR PCN is led by the Division PCN Manager and Evaluation & Attachment Lead, supported by an external evaluator from Reichert and Associates. Data collection tools, strategies and findings are vetted by members of Change Management, the PCN SC and other First Nation representatives (e.g. FNHA).

Key Evaluation Questions

1. How was the PCN initiative implemented?
 - What structures are in place?
 - Do these structures support the partners involved?
2. What was implemented over the course of the initiative?
3. What progress has been made towards the intended outcomes?
 - What impact has the initiative had for patients? GP/NPs? Other providers/staff?
4. What are the strengths, challenges, lessons learned and areas of opportunity?

Next Steps for Evaluation

1. Continue to participate in PCN Evaluation and Interior Health Community of Practices, and provincial evaluation plan development
2. Check-in interviews with the PCN SC members this Fall
3. Ensure PCN attributes are measured on a regular basis
4. Reporting back to PCN SC quarterly (next report January 2022)

Key Data Collection 2021

1. **Clinic/health centre survey:** In circulation; baseline information on capacity and accessibility.
2. **Community health care experience survey:** In circulation until Dec. 31, 2021; 137 responses collected to date.
3. **GP/NP interviews:** In progress; focused on integration, team-based care & early impacts.