

Esquimalt UPCC

Service Planning

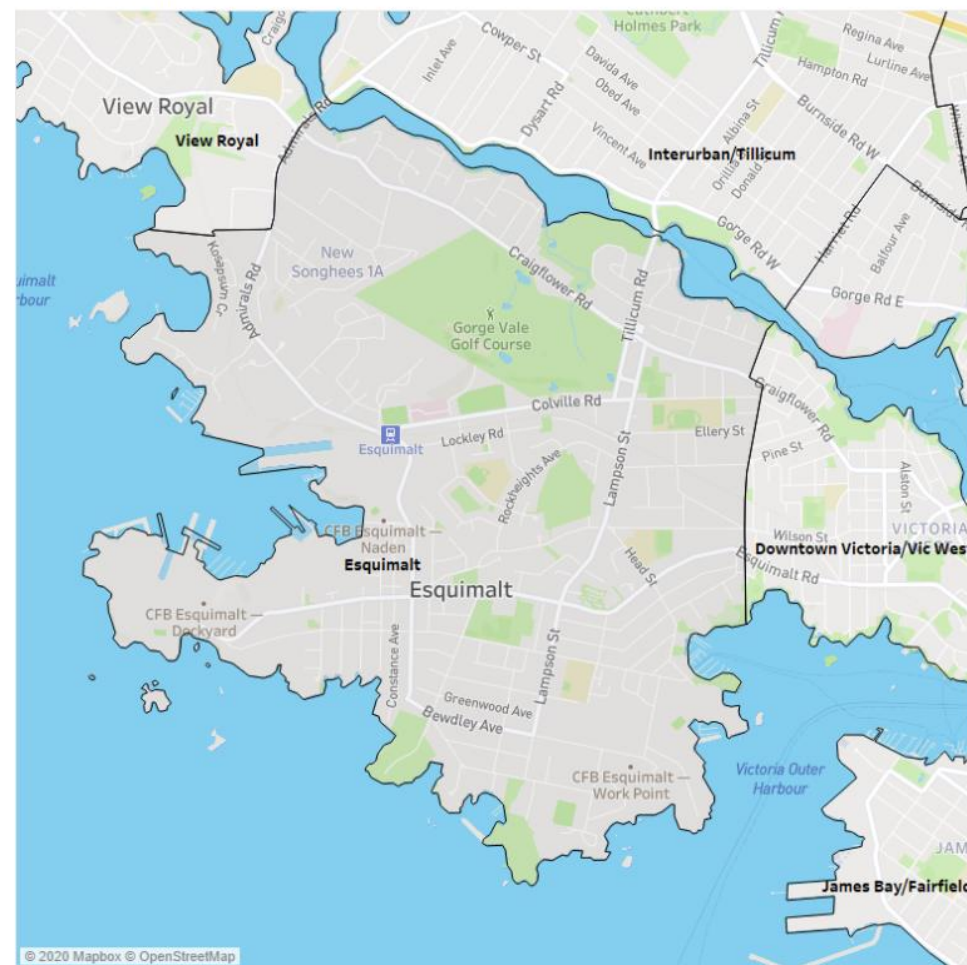
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4119 Esquimalt



Provided by Health Sector Information, Analysis, and Reporting Division, B.C. Ministry of Health

Background and Context

- In July 2020, a UPCC for Esquimalt was announced by Minister Dix, with a commitment to open in a temporary space in late spring 2021
- RFP issued in Fall 2020 for both temporary and permanent sites
 - Le Gers were successful proponent for permanent site
 - Island Health's Esquimalt Health Unit selected for temporary site
- Temporary site planned for mid June 2021, permanent site Dec 2021
- Esquimalt UPCC (EUPCC) falls within the Western Communities PCN
 - request from Victoria Division to stay connected to this work

The ask today

- Obtain feedback on services as currently drafted and attachment protocol
- Discuss strategies and support to enhance recruitment for longitudinal care

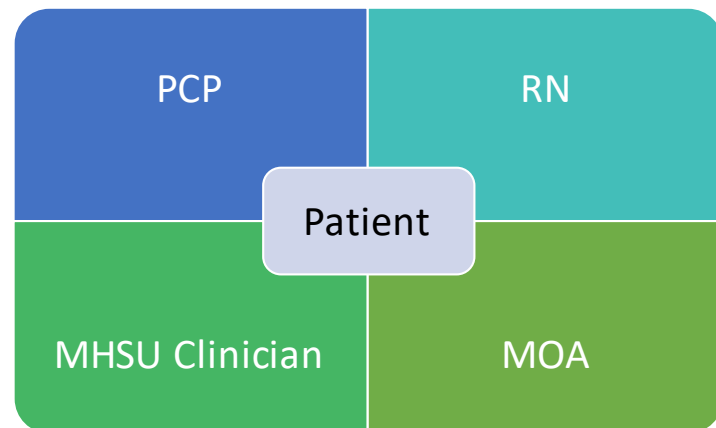
Service Model - EUPCC Temporary Site

Planned Opening June 14, 2021

- Located at the Esquimalt Health Unit (530 Fraser Street)

Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday / STATS
Longitudinal Care	0800 – 1500hr	0800 – 1500hr	0800 – 1500hr	0800 – 1500hr	0800 – 1500hr	0800 – 1500hr	
Urgent Care	1500 – 2000hr	1500 – 2000hr	1500 – 2000hr	1500 – 2000hr	1500 – 2000hr	1500 – 2000hr	0800-2000hr

Proposed Clinical Services Team



~700 sq. ft. 2 exam rooms.

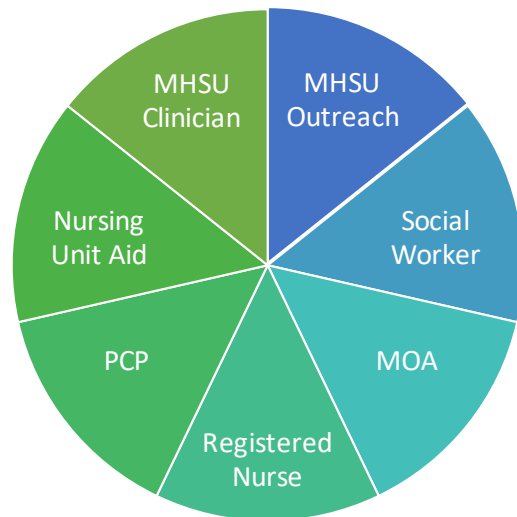
Service Model - EUPCC Permanent Site

Planned Opening December 6, 2021

- Located at 890 Esquimalt Road

Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday / STATS
Longitudinal Care #1	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 1500hr	
Longitudinal Care #2	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 1500hr	
Urgent Care	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800 – 2000hr	0800-2000hr

Proposed Clinical Services Team



~3,600 sq. ft. 7 exam rooms



Attachment Eligibility Protocol Example

Eligibility

- CHSA Local Residency
- Patients must be unattached, or have not seen their physician within the last 3 years (some exceptions i.e. physician retiring, transportation challenges)
- Unattached family members, living in the catchment area and surrounding communities; refers to immediate family members living in the same household

Priority Access for Attachment

- A complex condition that is at risk of deterioration and impending need of acute services and/or irreversible health impacts unless rapid access to primary care services is available.
- Patients whose hospital discharge is dependent on having a community primary care provider.
- Mom/baby dyads, pregnant women, and families without primary care, who are identified as vulnerable/at risk.
- Patients with potentially life threatening cancer, either chronic or under current treatment.
- Palliative patients not in a program, estimated to be within 1 year of end of life.
- Individuals who self-identify as Indigenous or Metis.
- Patients with “no fixed address” who are at risk of deterioration or impending need of acute services unless rapid access to primary care services is available.
- Patients seen in urgent care who are in need of follow up.

Feedback on services & attachment protocol

1. Do the services being offered for the permanent site represent your understanding of the primary care needs in Esquimalt?
2. Are there other specific populations that require enhanced supports or services?
 - Examples from other UPCCs include indigenous health, dementia care, refugee services etc.
3. Are there specific populations that should be prioritized for attachment?



Recruitment for longitudinal care

4. Strategies and support to enhance recruitment for longitudinal care?

