



Ministry of  
Health

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**VANCOUVER ISLAND HEALTH AUTHORITY (ISLAND HEALTH) & SOUTH  
ISLAND/VICTORIA DIVISIONS OF FAMILY PRACTICE**

**NORTH QUADRA URGENT AND PRIMARY CARE CENTRE**

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### Appendix 1:

## 1.0 Executive Summary

### VISION:

The North Quadra Urgent and Primary Care Centre (NQUPCC) will provide access to, (1) urgent primary care<sup>1</sup> and, (2) proactive, relationship-based, full service primary care for patients and their families who are attached to the clinic.

Foundational elements of the NQUPCC are:

1. Delivery of highly effective primary care
2. Effective partnerships with community stakeholders

*1. Delivering highly effective primary care* - Providing patient and family-centred care is the first of eight priorities for the British Columbia health system as articulated in the British Columbia's Ministry of Health's strategic plan, [Setting Priorities for the B.C. Health System](#). In May 2018, the provincial government announced the launch of a new primary health care strategy to deliver faster and improved access to health care for British Columbians in all parts of the province.

The British Columbia government's new primary care strategy is focused on expanding team-based care through primary care networks (PCNs). These networks will be the backbone of the team-based approach: allowing patients and families access to a full range of health care options from birth to end-of-life; streamlining referrals from one provider to another; and providing better support to family physicians, nurse practitioners, and other primary health care providers. [Patient Medical Homes](#) (PMHs) will be the foundation of care delivery in the integrated system of primary and community care and PCNs in local communities.

A key resource enabling PCN service delivery are Urgent and Primary Care Centres as envisioned in the [BC Ministry of Health's 2019 Urgent and Primary Care policy](#). In alignment with these, the NQUPCC will provide high quality, coordinated, relationship-based, culturally safe, multidisciplinary, patient-centred and cost effective care to patients and families that encompasses recent primary care innovations developed in response COVID. The core clinical team at the NQUPCC will be a primary care provider (family physician or nurse practitioner), an RN and a medical office assistant. This will be supplemented on site by an MHSU consultant and supported by administrative staff (see Table 1). Access will be enhanced through same day in-person and virtual visits. Utilization of space will be optimized by having some providers working off site part of the time. Data generated by the clinic and other data sources will be used to drive service improvement from a quadruple aim perspective. Physicians will be on alternative payment models. Staff and physicians will be recruited based on their interest in/commitment to working in (and developing) accessible, effective, relationship-based, culturally sensitive team based care that delivers quadruple aim results.

*Effective Partnerships with community stakeholders* - The NQUPCC will work effectively with local stakeholders to optimize care of patients and families and to minimize any negative impact that this development has on existing services. This will include partnering with:

- Patients and their families, including First Nations, to inform service delivery;
- Local primary care practitioners to:
  - o Obtain assistance with coverage of urgent care shifts,
  - o Provide same-day access (capacity dependent) for patients of local PCPs who are not able to see their usual primary care provider;

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<sup>1</sup> Urgent primary care is for illnesses or injuries that need to be seen within 12 to 24 hours, but which do not require the services of an Emergency Department.

- Saanich Peninsula Hospital to ensure admission privileges necessary to follow NQUPCC longitudinal patients admitted to that facility,
- Other health services to ensure access and effective transitions, and
- Academic institutions to support training new generations of healthcare workers.

**Table 1: 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)	2	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
<b>MHSU Consultant Support (TBC)</b>				

Monday - Sunday	10:00am – 8:00pm	1 MHSU consultant working/shift  (2.35 FTEs)		
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1 Nursing Unit Aid (8:00 am–3:30 pm, 365 days)

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

\*Front of house space supports 3 MOAs. There are 7 work spaces in the collaborative area. One of the MOAs noted above would hold the role of Office Coordinator, who would provide MOA functions in addition to the leadership and oversight of the MOA groups.

**Objectives & PCN Alignment:**

The North Quadra UPCC will serve patients and families, support primary care providers in the community and assist other services by:

- providing patient and family-centred, relationship-based, culturally safe, longitudinal care through a consistent team of providers, to previously unattached patients
- providing urgent access and extended hours care;
- Providing follow-up for unattached patients seen in urgent care whose presenting condition requires follow up;
- ensuring that communication regarding care provided at NQUPCC is communicated to usual providers for patients who are attached elsewhere;
- coordinating access to other health services, including those for seniors and patients with mental health and substance use issues, when required;
- documenting the medical history of, and assisting with setting up services and finding attachment for, patients who do not have a primary care provider and who do not meet the attachment criteria for the clinic;
- facilitating access to urgent diagnostic services;
- leveraging Cerner to better share patient information across the PCN;
- being an integrated component of the Victoria and Saanich Peninsula PCNs;
- offering opportunities for community physicians to provide urgent care, and
- creating a new primary care model that delivers value from a quadruple aim perspective and which is attractive to staff and providers.

**ADDRESS:** North Quadra Urgent Primary Care Center, 4420 Chatterton Way, Victoria BC, V8X 5J2

**HOURS:** 8:00 am – 8:00 pm 7 days/week

**TARGET OPENING DATE:** October 13<sup>th</sup>, 2020, contingent on building permits and approval of this Service Plan

**2.0 Governance and Partnerships**

Island Health and the South Island and the Victoria Divisions of Family Practice have worked together to develop primary care enhancements in both the Victoria and South Island regions, including implementation of the Saanich Peninsula PCN and the development of an expression of interest for the Victoria PCN. As part of the NQUPCC service plan development, a formal consultation process has occurred involving patient and family community representatives, First Nations, physicians, nurses and nurse practitioners, as well as leadership from the South Island and Victoria Divisions, South Island and Victoria PCN staff, Island Health and Primary Care within the Ministry of Health.

### **Commitment to Cultural Safety**

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. Aligned 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.

## **3.0 Background and Strategic Context**

Effective, relationship based longitudinal primary care is critical to ensuring an effective and sustainable health care system. In BC, the primary care model has struggled to effectively adapt to the needs of the population and the opportunities afforded by multidisciplinary teams and information technology. These challenges have contributed to having many primary care trained providers choosing not to provide longitudinal primary care. The lack of an effective primary care model that attracts such providers has led to many British Columbians being unattached (not having a primary care provider).

The recent investment in PCN and PMH initiatives by the Ministry of Health and the General Practice Services Committee (GPSC) provides resources and direction for primary care reform. As part of these efforts the South Island and Victoria Divisions of Family Practice have been working with Island Health to create PCNs, including the establishment of UPCCs. It is anticipated that the development of the NQUPCC will attach 8,000–12,000 currently unattached patients in the local area who will then receive the benefits of a longitudinal relationship with a primary care provider. Further, the approach taken in designing the NQUPCC will inform efforts to implement Team Based Care in longitudinal primary care practices.

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.

The addition of the North Quadra UPCC may have a positive impact on utilization of emergency services usage at VGH, RJH, and SPH. In 2019/2020 these three emergency services saw approximately 400 patients each day, of which 30% were CTAS level 4 or 5s, which could potentially be diverted to local urgent care services.

A patient attachment protocol (see Appendix) for the UPCC will be developed, which will align with the PCNs and the Provincial Health Connect Registry. The attachment mechanism will ensure that 8,000–12,000 patients receive the benefits of being attached to a primary care provider.

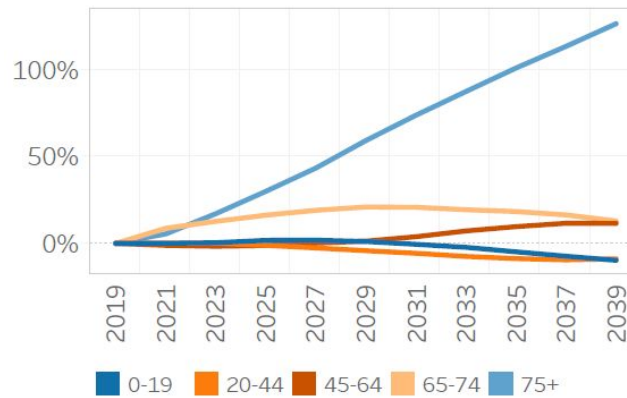
## 4.0 Community Service Needs

### GREATER VICTORIA DEMOGRAPHICS

Greater Victoria's population is expected to increase by 6.64% to 259,442 by the year 2028; this is lower than the growth expected for Island Health (8.63%) and BC (11.4%). The greatest growth is expected in the 65 to 74 and 75+ age groups. The 0 to 44 age groups are expected to decline over the next 10-20 years, while the 75+ population of Greater Victoria is expected to more than double from 23,457 (2019) to 51,627 (2038).

### FORECAST OF POPULATION CHANGE FOR GREATER VICTORIA IDENTIFYING THE EXTREME GROWTH IN THE 75+ CATEGORY OVER THE NEXT 20 YEARS:

Estimated Population Change - Greater Victoria



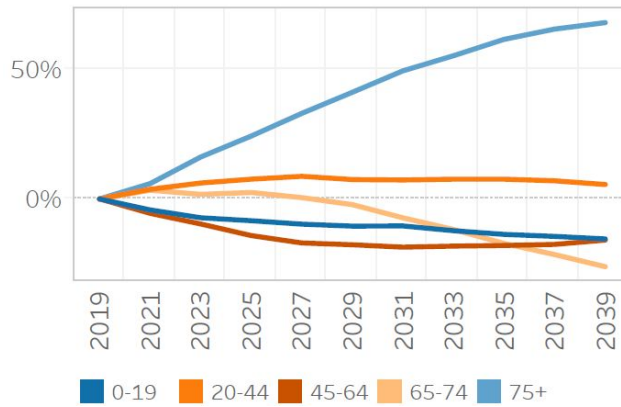
### SAANICH PENINSULA SPECIFIC DEMOGRAPHICS:

The Saanich Peninsula population is expected to increase by 0.65% to 70,810 by the year 2028; this is lower than the growth expected for Island Health (8.63%) and BC (11.4%). The greatest growth is expected in the 75+ age group, where the population is expected to increase by 67.1% (from 10,535 to 17,610) over the next 20 years. An overall decline is expected in most age groups, while the 20-44 year age group is expected to remain relatively stable.

### FORECAST OF POPULATION CHANGE FOR SAANICH PENINSULA IDENTIFYING THE EXTREME GROWTH IN THE 75+ CATEGORY OVER THE NEXT 20 YEARS:



Estimated Population Change - Saanich Peninsula



**Table 2: Community Health Services Areas (CHSA) Served by North Quadra UPCC**

North Quadra UPCC is situated in the ROYAL OAK/CORDOVA BAY/PROSPECT (4131) CHSA and will serve the following CHSA for urgent and primary care:

CHSA	Population**	Unattached**	% of unattached	PCN
4115 Gordon Head / Shelbourne	39,444	5,472	29%	Victoria PCN
4116 Quadra / Swan Lake	24,846	4,374	23%	Victoria PCN
4117 Interurban / Tillicum	31,112	5,661	30%	Victoria PCN
4131 Royal Oak/Cordova Bay/Prospect	22,379	3,382	18%	Saanich Peninsula PCN
	117,781	18,889		

\*\* Based on MoH 2017/2018 data, 2020 Victoria Gap Analysis, except for Royal Oak/Cordova Bay/Prospect

**GEOGRAPHY OF CATCHMENT/CHSA THAT THE UPCC WILL SERVE:**

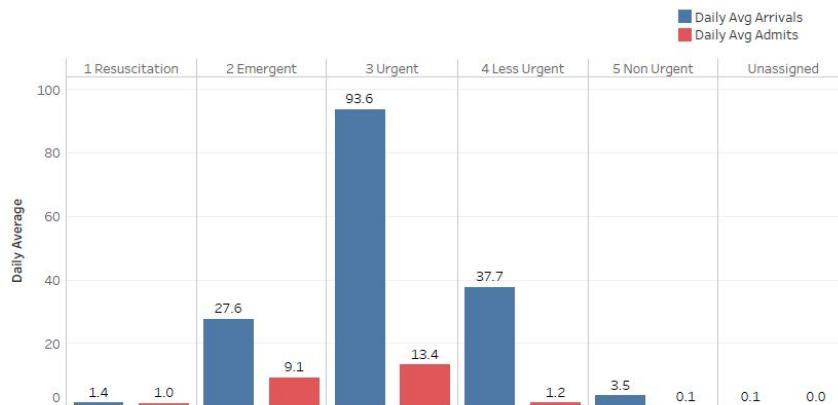


## Victoria General Hospital

In 2019/2020, ~15,073 a little over 25% of emergency room visits to the Victoria General Hospital (VGH) were for Canadian Triage and Acuity Scale (CTAS) 4 and 5 visits, and it is understood that these lower levels of acuity can be managed at Urgent and Primary Care Centres. Victoria General Hospital is 6.4 km away from the North Quadra UPCC site.

*Victoria General Hospital*  
2019/2020 ED Arrivals by CTAS Level

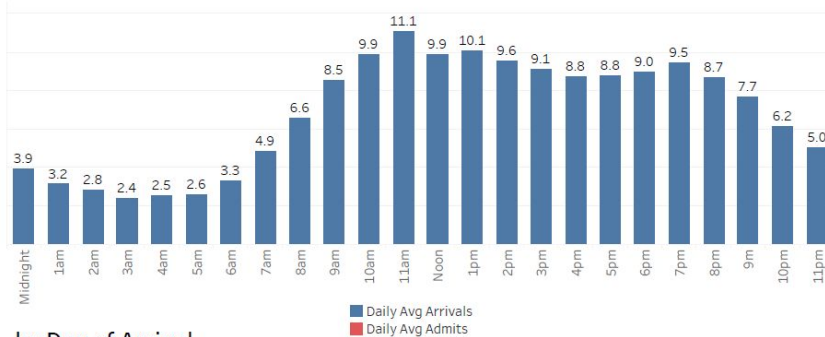
	Arrivals	Daily Avg Arrivals	Total Admits via ED	Daily Avg Admits	% Admitted	% of Arrivals	% of Admits
1 Resuscitation	508	1.4	352	1.0	69%	1%	4%
2 Emergent	10,087	27.6	3,343	9.1	33%	17%	37%
3 Urgent	34,258	93.6	4,901	13.4	14%	57%	54%
4 Less Urgent	13,794	37.7	454	1.2	3%	23%	5%
5 Non Urgent	1,279	3.5	24	0.1	2%	2%	0%
Unassigned	33	0.1	1	0.0	3%	0%	0%
All Acuity Levels	59,959	163.8	9,075	24.8	15%	100%	100%



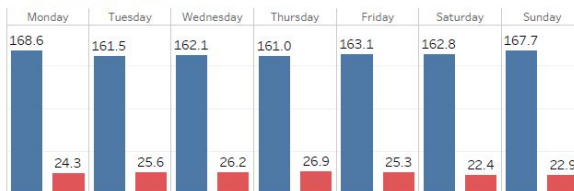
The busiest days for VGH visits in 2019/2020 were Sunday, Monday, and Friday respectively.

*Victoria General Hospital*  
2019/2020 Daily Average ED Arrivals by Hour and Day

by Hour of Arrival



by Day of Arrival



Daily Average Arrivals: 164  
Range: 79 to 204

Daily Average Admissions: 25  
Range: 11 to 45

The top three CTAS 4 and 5 presentations at VGH in 2019/2020 were for Orthopedic, Gastrointestinal and Neurologic symptoms.

### Royal Jubilee Hospital

In 2019/2020, ~18,462 which is a little over 32% of emergency room visits to the Royal Jubilee Hospital (RJH) were for Canadian Triage and Acuity Scale (CTAS) 4 and 5 visits, and it is understood that these lower levels of acuity can be managed at Urgent and Primary Care Centres. Royal Jubilee Hospital is 8.7 km away from the North Quadra UPCC site.

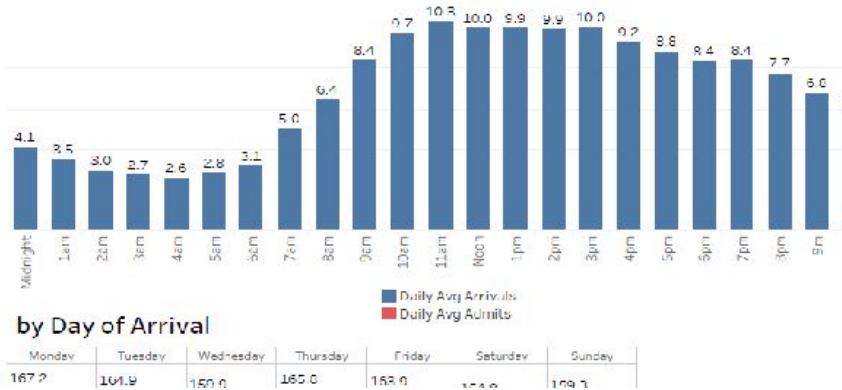
*Royal Jubilee Hospital*  
2019/2020 ED Arrivals by CTAS Level

	Arrivals	Daily Avg Arrivals	Total Admits via ED	Daily Avg Admits	% Admitted	% of Arrivals	% of Admits
1 Resuscitation	609	1.7	455	1.2	75%	1%	4%
2 Emergent	10,532	28.8	3,714	10.1	35%	18%	32%
3 Urgent	29,726	81.2	6,233	17.0	21%	50%	53%
4 Less Urgent	16,363	44.7	1,258	3.4	8%	28%	11%
5 Non Urgent	2,099	5.7	120	0.3	6%	4%	1%
Unassigned	61	0.2	0	0.0	0%	0%	0%
All Acuity Levels	59,390	162.3	11,780	32.2	20%	100%	100%



The busiest days for RJH visits in 2019/2020 were Monday, Tuesday, and Thursday respectively.

**Royal Jubilee Hospital**  
**2019/2020 Daily Average ED Arrivals by Hour and Day**  
 by Hour of Arrival



The top three CTAS 4 and 5 presentations at RJH in 2019/2020 were for Orthopedic, Cardiovascular, and Gastrointestinal symptoms.

**Saanich Peninsula Hospital**

In 2019/2020, ~8,001 which is a little over 32% of emergency room visits to the SPH were for Canadian Triage and Acuity Scale (CTAS) 4 and 5 visits, and it is understood that these lower levels of acuity can be managed at Urgent and Primary Care Centres. Saanich Peninsula Hospital is 14.2 km away from the North Quadra UPCC site.

**Saanich Peninsula Hospital**  
**2019/2020 ED Arrivals by CTAS Level**

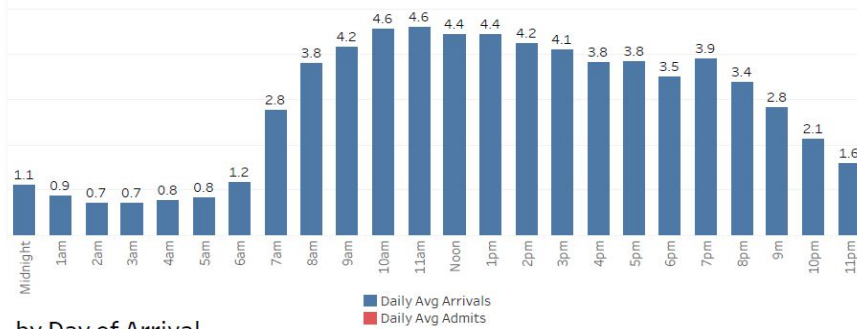
	Arrivals	Daily Avg Arrivals	Total Admits via ED	Daily Avg Admits	% Admitted	% of Arrivals	% of Admits
1 Resuscitation	149	0.4	40	0.1	27%	1%	2%
2 Emergent	4,060	11.1	851	2.3	21%	16%	39%
3 Urgent	12,776	34.9	1,235	3.4	10%	51%	56%
4 Less Urgent	7,865	21.5	83	0.2	1%	31%	4%
5 Non Urgent	136	0.4	0	0.0	0%	1%	0%
Unassigned	40	0.1	0	0.0	0%	0%	0%
All Acuity Levels	25,026	68.4	2,209	6.0	9%	100%	100%



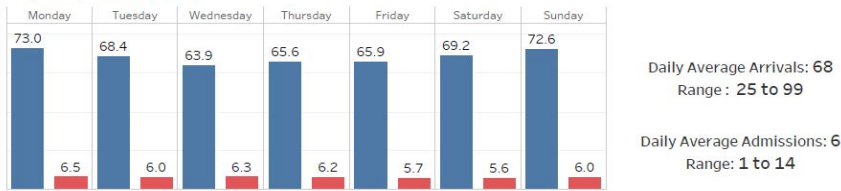
The busiest days for SPH visits in 2019/2020 were Sunday, Monday, and Saturday respectively.

**Saanich Peninsula Hospital**  
**2019/2020 Daily Average ED Arrivals by Hour and Day**

by Hour of Arrival



by Day of Arrival



The top three CTAS 4 and 5 presentations at SPH in 2019/2020 were for Orthopedic, Skin, and Gastrointestinal symptoms.

A summary of hospital use by CHSA follows:

Patient Home CHSA with ED Site Visited	2017/2018	2018/2019	2019/2020	3 Year Total	% of ED Visits for CHSA
<b>4115 Gordon Head/Shelbourne</b>	<b>10281</b>	<b>10342</b>	<b>10703</b>	<b>31326</b>	
RJH	7676	7781	7906	23363	75%
SPH	411	421	585	1417	5%
VGH	2194	2140	2212	6546	21%
<b>4116 Quadra/Swan Lake</b>	<b>7260</b>	<b>7312</b>	<b>7339</b>	<b>21911</b>	
RJH	3684	3689	3766	11139	51%
SPH	446	491	617	1554	7%
VGH	3130	3132	2956	9218	42%
<b>4117 Interurban/Tillicum</b>	<b>10161</b>	<b>10127</b>	<b>10555</b>	<b>30843</b>	
RJH	2492	2456	2756	7704	25%
SPH	558	524	703	1785	6%
VGH	7111	7147	7096	21354	69%
<b>4131 Royal Oak/Cordova Bay/Prospect</b>	<b>6861</b>	<b>6698</b>	<b>7068</b>	<b>20627</b>	
RJH	1851	1818	1620	5289	26%
SPH	1961	1915	2294	6170	30%
VGH	3049	2965	3154	9168	44%

<b>Total ED Visits</b>	<b>34563</b>	<b>34479</b>	<b>35665</b>	<b>104707</b>
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Source: CernerPM via the Island Health Enterprise Data Warehouse

## **HEALTH AND SOCIOECONOMIC STATUS:**

### **Greater Victoria:**

Compared to BC, Greater Victoria generally has lower chronic disease rates for most conditions, however the exceptions to this are mood and anxiety disorders, Schizophrenia, depression and Alzheimer’s/dementia, all which are higher than the BC average (2018 MoH LHA data). Many of these correlate with the most prevalent chronic diseases in Greater Victoria, which are hypertension, mood and anxiety disorders, asthma, respectively (2018 MoH LHA data). On average, almost a third of the population have a chronic condition (Island Health, 2018).

The median household income for Greater Victoria is less than that of B.C. at \$63,597 compared to \$69,979 for the rest of the province. The percentage of children and youth living in low income households is 18% in Greater Victoria.

### **Saanich Peninsula specifics:**

Compared to the rest of BC, Saanich Peninsula generally has lower chronic disease rates for most conditions, with Asthma being the exception. Although many chronic diseases have a lower prevalence in Saanich Peninsula in comparison to Island Health and BC, conditions related to mental health vary when compared to BC and Island Health rates. The most notable conditions are schizophrenia and delusional disorders, where Saanich Peninsula prevalence is much lower than BC and Island Health overall. Saanich Peninsula prevalence in all of the other mental health conditions sits between BC (lower) and Island Health (higher) (2018 MoH LHA data). The median household income for Saanich Peninsula is \$83,722 which is higher than the BC median household income of \$69,979 for the rest of the province. The percentage of children and youth living in low income households is 10% in Saanich Peninsula.

## **STATEMENT OF BENEFIT:**

The North Quadra UPCC will offer longitudinal care for patients and their families and will improve access to urgent primary care after hours and on weekends and holidays. Improving attachment and access has been demonstrated to decrease overall health system cost by reducing use of ER services, hospital utilization, specialist consultations, lab and diagnostic imaging use and medication costs. Providing a significant volume of same day access services with extended hours will benefit not only North Quadra residents but also those in neighboring communities and could lead to a reduction in utilization of nearby hospitals – VGH, RJH and Saanich Peninsula. Although causality is not able to be determined definitively, leaders associated with the VGH ER attribute a reduction in increase in volume at VGH ER in the past two years to the opening of the Westshore Urgent & Primary Care Centre. Further, the UPCC will support primary care providers by providing after hours care for their patients when their practices are closed and by increasing access to allied health professionals.

Continuity of care will be ensured by providing proactive care to patients attached at the North Quadra UPCC and by implementing a protocol to share the patient’s visit record with their regular primary care provider if elsewhere. Patients who do not have a regular primary care provider will be seen and receive necessary follow up for their urgent care needs. Efforts will also be made to attach them to a primary care provider (whether through the Attachment Protocol, to another UPCC in Greater Victoria as appropriate, or through community linkages to an

appropriate primary care provider in the Peninsula or Victoria PCNs, to other services as needed and to document their medical history.

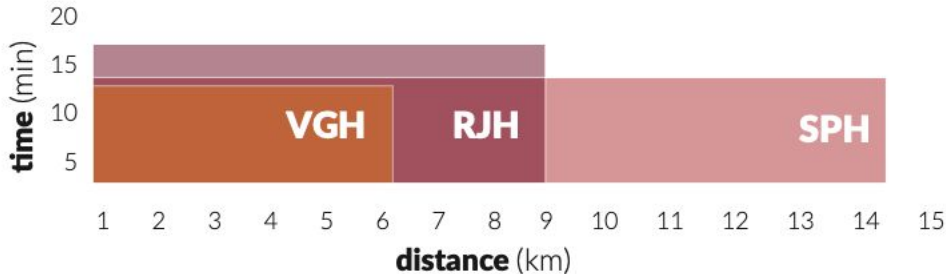
## 5.0 Physical Site Description

**PHYSICAL ADDRESS:** Unit \_\_\_\_, 4420 Chatterton Way, Victoria, V8X 5J2.

**ACCESSIBILITY:** This location is well positioned as it is at the junction of many main travel arteries, accessible from the #6 bus route and was formerly a walk-in clinic. Situated at the apex of four CHSA, all of which have substantial unattachment rates. It is on the main floor and is wheelchair accessible.

**PROXIMITY TO LABORATORY, DIAGNOSTICS AND WALK IN CLINICS:**

- LifeLabs is located 1.4 km away.
- West Coast imaging is 7 km away.
- Walk-in clinics: there is one primary care walk-in clinic within 1km of the UPCC.
  - The walk in clinic hours are 9:00am to 5:00 pm Monday-Friday.
  - They offer reduced hours on Saturday and Sunday, closing by 1:00pm.
  - All walk-in clinics report often having to close early due to capping out, being at capacity early or an inability to fill shifts.
  - Patient wait times typically average 1-3 hours (Medimap).
- Nearby hospitals:



**LEASE AND SITE SPECIFICS:**

- Island Health initiated negotiations to acquire the North Quadra site for the UPCC as a result of an RFP seeking primary care space.
- A Project Development Agreement (PDA) was signed by Island Health for the site owner to provide a “turn key” clinic renovation and expansion to Island Health based on a stipulated sum.
- Considerable renovations were required to the site to ensure compliance with Occupational Health and Safety and Infection Control requirements, and that the site is configured to support collaborative team-based care.
- As part of the PDA, the current site owner will act as contract manager for the renovations and requested time to confirm trades and inform existing staff prior to site identification as a UPCC.
- The site owner is expected to continue to run their existing business, as reasonably permitted by renovation activities, while construction is underway. As part of the PDA, Island Health will assume leases once renovations are complete.
  - The site owner will be responsible for the required renovations, described in a concept plan, to the space



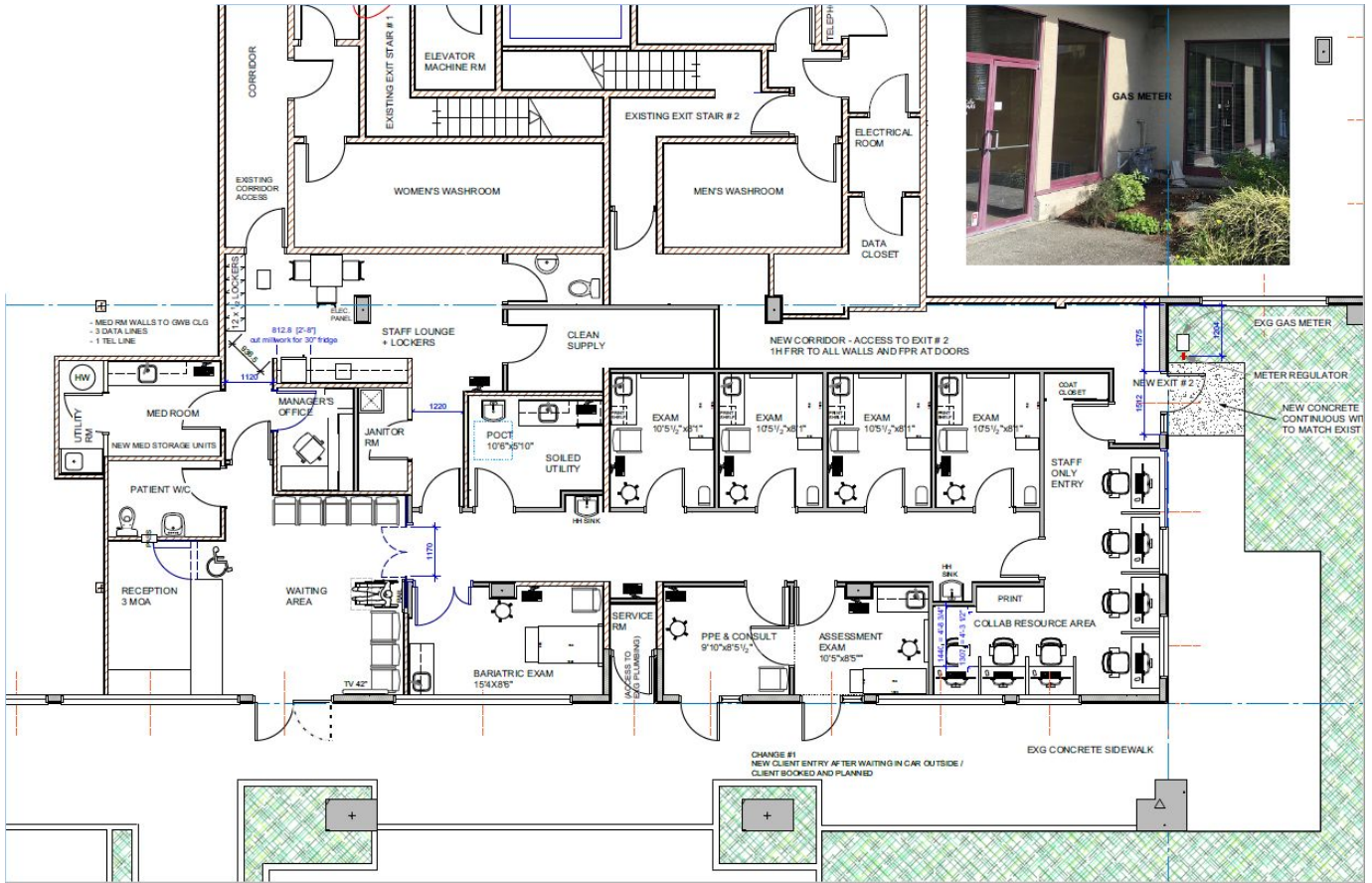
- Renovations are to be completed by August 31<sup>st</sup>
- Upon completion of the renovations the lease of the premises will be transferred to Island Health
- The site owner will have the responsibility to address the previous clinic's medical records and provide notice to clinic staff prior to the assignment of the lease
- The lease agreement is for a term of 10 years (option to renew for an additional 5 years), beginning on the earlier of December 1<sup>st</sup>, 2020 or the tenant receiving an occupancy permit for the premises.
  - Rentable area of the premises is 3,012 square feet
- Base rent is \$25.00 sq. ft. rising to \$27.00 sq. ft. by year 10, operating costs to the landlord are \$14.29 sq. ft., exact amount to be reviewed on an annual basis.
  - Parking, security, maintenance and health authority capital and operating costs are additional expenses.
  - Refer to Appendix 4 for full budget details.
- The UPCC, once fully renovated, will consist of the following:
  - 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>2</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

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<sup>2</sup> Workspaces will be equipped with headsets for the provision of virtual care.

- Refer to Appendix X for detailed construction plans.

## NORTH QUADRA UPCC UPON COMPLETION OF RENOVATION

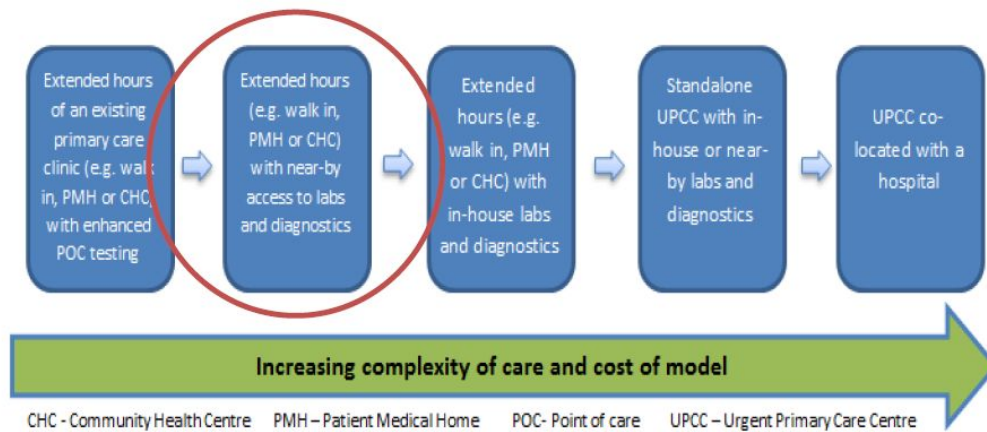


**Table 3: Projected Construction Timelines: (waiting for Details)**

Deliverable	
<ul style="list-style-type: none"> <li>● Schematic Design ready for VIHA sign off</li> </ul>	May 22, 2020
<ul style="list-style-type: none"> <li>● Drawings submitted to city for building permit</li> </ul>	May 28, 2020
<ul style="list-style-type: none"> <li>● Construction Documents Ready: Architectural, M&amp;E</li> </ul>	June 30, 2020
<ul style="list-style-type: none"> <li>● Construction begins, dependant upon building permit</li> </ul>	June 30, 2020
<ul style="list-style-type: none"> <li>● Construction complete – handover to Island Health</li> </ul>	August 31, 2020
<ul style="list-style-type: none"> <li>● Furniture, equipment and IT installation begins</li> <li>● Clinic set up, orientation and testing begins: office, supplies and exam room set up, device and equipment testing and workflow simulation</li> </ul>	September 1, 2020
<ul style="list-style-type: none"> <li>● UPCC target opening date</li> </ul>	October 13, 2020

## 6.0 Service Delivery Model

### UPCC CONCEPTUALIZATION:



Committed to quality patient care and the quadruple aim, in alignment with Ministry of Health October, 2019 (V5) UPCC policy direction requiring attachment and continuity of care, the North Quadra UPCC is being conceptualized as a Patient Medical Home, offering full scope primary care with team based care services and extended hours for timely access.

- The North Quadra Service Model is outlined in Table 1 of the Executive Summary.

### GUIDING PRINCIPLES & APPROACH FOR NORTH QUADRA URGENT & PRIMARY CARE CLINIC

The North Quadra UPCC service delivery model has been developed to optimize health outcomes, patient, family and provider experience and to reduce system costs (i.e. the quadruple aim). Principles that will guide further development, implementation and refinement include commitments to:

- Ensuring culturally sensitive, proactive, patient- and family-centered, relationship-based care;
- Where possible leveraging teams so that relationships between providers and between a team and the patients/families it serves are developed over time
- NQUPCC will start by attaching patients in a small geographic radius (see Attachment Protocol), get to know the patient population it serves\* and ensure that their needs are being met before expanding the geographic radius further as capacity allows.
- respectful, evidence-informed decision making processes and care;
- choosing clinic staff and physicians, and working with partners who are invested in working with NQUPCC to create an effective and efficient urgent and primary care site, and
- minimizing negative impacts on other services, including community longitudinal providers and nearby walk-in clinics.

\* i.e. there are at least two relatively unique populations who may fall in the initial North Quadra attachment area, those from the Garth Homer and the St Vincent de Paul societies, whose primary care needs would have to be met

### DETAILS REGARDING PROVIDERS AND TEAM BASED CARE:

**Table 4: Team based care staffing and role description:**

Position	FTE	Compensation model	Role
Physicians		Contract	<ul style="list-style-type: none"> <li>● Providing full scope relationship based family medicine, attachment and ensuring of continuity of care for all patients and families. Including follow up by physician or team RN for tests/consults ordered and provision of after hours call.</li> </ul>
NPs			<ul style="list-style-type: none"> <li>● Providing full scope, relationship based family medicine, attachment and ensuring of continuity of care for all patients and families. Including follow up by NP or team RN for tests/consults ordered and provision of after hours call.</li> </ul>
RN – Urgent Care		IH Employee	<ul style="list-style-type: none"> <li>● Triage urgent care patients to ensure that the patients in the most urgent need can be seen first and/or assessed by/discussed with on-duty FP/NP who will decide as to whether they should be sent to a nearby ED.</li> <li>● Provide urgent care procedures within their scope of practice, e.g.: ear syringing, routine suture removal, wound care, Point of Care testing, etc.</li> <li>● Assist PCPs during procedures and for patient exams as required</li> </ul>
RN – longitudinal care			<ul style="list-style-type: none"> <li>● Forms team with 2 PCPs</li> <li>● Panel management including:               <ul style="list-style-type: none"> <li>- Using EMR generated data to ensure that patients receive appropriate prevention, screening and chronic disease management;</li> <li>- Conducting medication reviews;</li> </ul> </li> <li>● Using the attachment protocol (see Appendix X),.</li> </ul>
MHSU			<ul style="list-style-type: none"> <li>● Provide same day access appointments for assessment, psycho-social support or single session therapy for any walk-in client. Performs short term follow up for a subset of patients.</li> <li>● Assists with referring to appropriate MHSU services where required.</li> <li>● support patients from NQUPCC and those referred by local community physicians</li> </ul>

MOAs	Health authority employee	<ul style="list-style-type: none"> <li>● Is on team of a PCP</li> <li>● Greet patients and family caregivers, answer phones, register patients, schedule appointments, estimate and report wait times, monitor waiting room for unwell patients.</li> <li>● Send out encounter notes for attached patients to community physicians, manage consultation requests and referrals, track referrals, follow up on consultations.</li> <li>● Maintain documents as per Island Health document standards for scanning and storing documents.</li> </ul>
Clinical Nursing Unit Aid (NUA)	Health authority employee	<ul style="list-style-type: none"> <li>● Supports RNs and patients; assists with patient care and vitals as required within scope, including codes/emergencies.</li> <li>● Assist with patients and family caregivers as required.</li> <li>● Order clinic supplies: medical equipment/special order items/office equipment. Ensure daily orders for Lifelabs, Stores, Praxair LN2 &amp; O2 Tank, Stericycle and Shred-It are on time and reconcile based on clinic needs.</li> <li>● Maintain stock in all exam rooms, sterile &amp; soiled rooms.</li> <li>● Facilitate all maintenance requests.</li> <li>● Cover for Rn and MOA breaks.</li> </ul>
Office Coordinator	Health authority employee	<ul style="list-style-type: none"> <li>● Promotes good public relations through effective communication with patients, caregivers/families, health care providers and staff.</li> <li>● Supports team based care.</li> <li>● Develops and supports MOA and NUA workflows and processes. Ensures standards are met.</li> <li>● Facilitates quality improvement initiatives.</li> <li>● Orients and trains MOAs.</li> <li>● Responsible for tracking and reporting.</li> <li>● Creates MOA schedules.</li> <li>● Conducts MOA huddles.</li> <li>● Provides patient and family caregiver support and relief for MOAs as required.</li> </ul>
Manager	Health authority employee, non-contract	<ul style="list-style-type: none"> <li>● Hires and oversees Island Health staff, supports team development and optimization of team based care.</li> <li>● Supports workflows and operational service delivery.</li> <li>● Supports the development of policies and processes, quality improvement initiatives and troubleshoots systems issues.</li> <li>● Ensures quality patient care, working in collaboration with medical lead.</li> <li>● Fulfills Ministry and Health Authority reporting requirements.</li> <li>● Full FTE required until clinic stabilized, then may move to support another UPCC (TBC).</li> </ul>
Medical Lead		

Laboratory Technician**	Health authority employee	<ul style="list-style-type: none"> <li>● Supports the implementation, technical support and advanced troubleshooting of POCT devices.</li> <li>● Maintain quality assurance programs and point of care device data management software, at designated sites.</li> <li>● Perform annual audits, assist with DAP accreditation.</li> </ul>
Pharmacy Technician**	Health authority employee	<ul style="list-style-type: none"> <li>● Package medications at RJH pharmacy.</li> <li>● Deliver and stock medications to the clinic once or twice weekly.</li> <li>● Ensure medications are stocked safely and securely, including checking of expiry dates for all medications.</li> <li>● Conduct medication room audit annually in conjunction with site leadership.</li> </ul>

\*\*Off-site resource providing clinic support

**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.
- 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.

**INCLUSION/EXCLUSION CRITERIA:**

- Refer to Appendix X for criteria

**CONTINUITY OF CARE:**

- Continuity of care will be ensured by:
  - Providing proactive, relationship-based primary care to attached patients;
  - Implementing a protocol to share the patient’s visit record with their regular primary care provider if attached elsewhere, and
  - Ensuring follow-up for those patients seen at the clinic who are not otherwise attached.

## 6.1 Hours of Operation

North Quadra UPCC hours are designed to increase access to care by providing extended hours mornings, evenings, weekends and holidays.

**HOURS:** Once fully staffed, the UPCC will provide extended clinic hours: 8:00-8:00, 365 days a year

- Longitudinal care: 8:00am-8:00pm, Monday to Friday and 8:00am-4:00pm Saturday
- Urgent care: 8:00am-8:00pm, 365 days a year
- Last patients will be seen at 8:00pm, 365 days.

## 6.2 Interdisciplinary Team-Based Staffing Model

Team Based Care is a central tenet of the North Quadra UPCC model with the goal of enhancing patient care, improving access, optimizing scope within the model and increasing efficiencies. It is expected that teams will be formed that work together closely to develop relationships with a specific ‘panel’ of patients. Ongoing education and training for primary care providers and team staff will be provided to improve patient care, ensure role clarity and effective team function..

- Refer to Service Model in Table 1 in the Executive Summary and Table 4 in Service Model 7.0

## 6.3 Staffing Hours

- Patient facing staffing hours are outlined in the service model in Table 1 in the Executive Summary.



- Refer to Appendix X for staff shift details.

## 6.4 Target Patient Attachments For Longitudinal Care

### To be calculated

## 6.5 Data, Quality Improvement, Reporting, Evaluation & Research

- See Appendix X for the North Quadra UPCC approach to use of data, quality improvement, reporting, evaluation and research.
- Logistics will be arranged, and funding built into the budget, to support staff and physicians to engage in practice/quality improvement

### IMPROVING ACCESS AND PATIENT CARE OUTCOMES THROUGH 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:

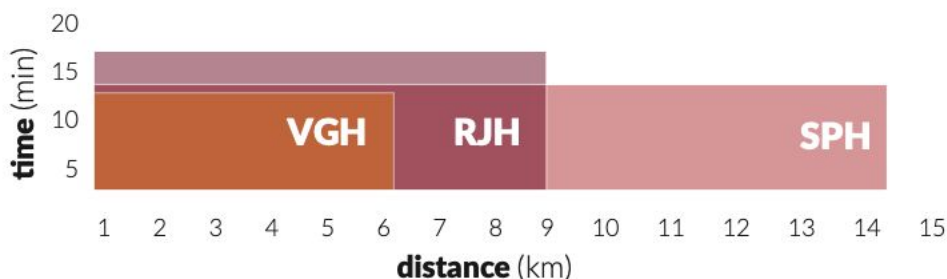
- Patient to provider clinical consultations
- Intake patient assessments
- Group visits/ education opportunities for patients and families
- Collaboration amongst team members and specialists with or without the patient and family caregiver
- Triaging patients for in-person appointments

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.

## 7.0 ACCESS TO LABORATORY AND DIAGNOSTIC SERVICES

### PROXIMITY TO LABORATORY AND DIAGNOSTICS SERVICES:

- LifeLabs is located 1.4 km away
- West Coast Medical Imaging is 7 km away.
- Nearby hospital labs and Diagnostic Imaging:



- 

#### **ON-SITE POINT OF CARE TESTING:**

- Glucose testing, urine testing, pregnancy test, UDA

#### **PHARMACY SERVICES:**

- Broadmead Pharmasave is 1.2km away.
- Shoppers Drug Mart is 1.3 km away.

## **8.0 Protocols and Processes**

### **8.1 Attachment Protocol**

- The North Quadra UPCC will provide attachment initially to XXX. Refer to Appendix X for the Attachment Protocol.
- Refer to section 7.4 for attachment volumes.

Patients attached to the clinic will be assigned a most responsible primary care provider. Efforts will be made to ensure that the PCP, RN and MOA team is consistent. This will improve continuity of care, reduce duplication in history taking and also help to develop trust and relationships between patients and their families with their team of providers. Panel management by the team will improve patient care effectiveness and will increase accountability.

### **8.2 Follow-up Protocol/Information Sharing**

- Proactive primary care will be provided to NQUPCC patients. For patients attached at another site, continuity of care will be ensured by sharing the patient's visit record (and any subsequent investigations resulting from that visit) with their regular primary care provider. For unattached patients, appropriate referrals will be made and follow-up for visit related issues will occur.
- All referrals, labs, and imaging will be followed up on for both patients whom are unattached, as well as for NQUPCC patients. Urgent labs will be followed up for all patients.

Use of Cerner at NQUPCC will enable efficiency in sharing encounter notes with community physicians for patients attached to a provider and will also assist with access to patient information at other sites. Given that this will be a new system for many providers, time would be allotted for adequate training for all staff and health care providers.

### **8.3 Referral Process/Access By Patients**

- Patients will access the UPCC urgent care through self-presentation at the clinic/telephone request. Clinic hours and wait times will be available through Medimap.ca.
- Aside from capacity, there will be no restrictions on referrals to the UPCC urgent care by any provider, service or program.
- Patients will be offered attachment to the NQUPCC based on the attachment protocol (see Appendix X).

### **8.4 Emergency Transport Protocol**

BC Emergency Health Services and the VGH, RJH, and SPH Emergency Departments to be engaged in discussions regarding the North Quadra UPCC. BC Emergency Health Services will tour the site before opening. Partnerships will be further fostered to ensure that patients who have higher acuity needs can be efficiently re-directed to appropriate services.

## 9.0 GP/NP Compensation Model & Recruitment

GP longitudinal care at NQUPCC will be compensated through a group service contract. Urgent care compensation will also be alternative payment, through a mechanism to be determined. Medical affairs will be consulted prior to further details being made available.

Recruitment will be for qualified physicians who have demonstrated interest in working in a team based care environment and who are keen to contribute to the success of the NQUPCC model. As NQUPCC is expected to maximize patient attachment, and minimize disruption to existing services, recruitment will take place with these imperatives in mind.

### **Guideline:**

*This section of the proposal must be developed collaboratively with the Health Authority's Medical Affairs group. This team must be engaged early and often, as they are best placed to provide advice on the most appropriate compensation option(s) to support the effective delivery of the proposed UPCC clinical services. As part of the proposal development process, care should be taken to ensure the UPCC compensation option(s) do not result in unintended consequences or destabilize existing services in the community.*

## 10.0 Operating Budget Costs

### **To be confirmed once model/staffing have been determined**

### **Guidelines:**

*Calculations for clinical staff FTEs are based on total hours worked per year for each provider type. Non-clinical staff (i.e. medical office assistant, clinical manager, medical director/lead) and non-wage related costs (examples provided in Appendix D table) are expected to be managed from within the funding envelope provided for overheads. The budget request is to be presented on a gross basis (i.e. no expectation for net recoveries, etc.). Please contact your Ministry liaison should you have questions about how to fill out the Appendix D budget table.*

## 11.0 Implementation Considerations

### 11.1 Operational and Clinical Management

Implementation will be supported by an Island Health hired manager and an IH appointed medical leader. Once a physician group has been established, a site medical leader will be selected by the group in consultation with Island Health.

### **Guidelines:**

Identify clinical and non-clinical leadership required to oversee the implementation and continued success of the team-based UPCC, including rationale for funding request. Please also include any known supports to ensure effective integration of the UPCC within the PCN as it develops.

Example:

**CLINIC MANAGER:**

- Refer to Table 4: Team Based Care Staffing FTE and Role Description.

## 11.2 Project Management

- Project timelines are below, refer to section 6.0 for construction timelines

Deliverable/Milestone	Completions Date
Establishment of working group to develop service model/plan	July 6, 2020
Wider engagement session to review proposed service model/plan	July 13, 2020
Wider engagement session to review final service model/plan	July 27, 2020
Service plan submitted to MOH	July 31, 2020
Ministry of Health Endorsement of Service Plan	August 10, 2020
Recruitment begins	August 11, 2020
Construction handover completed	August 31, 2020
Space is outfitted with IMIT, equipment and stock	September 2020
Training, orientation & simulations begins	September 21, 2020
UPCC opens	October 13, 2020

## Risk Management

- The most significant risks facing successful implementation:

Risk Description	Probability (High/Medium/Low)	Impact (High/Medium/Low)	Mitigation Strategies
Concerns raised around equity of access to service contracts and the delay in release of service contracts for existing practitioners.	H	H	<ul style="list-style-type: none"> <li>The MoH has confirmed that service contracts will be available to existing practitioners by August 2020.</li> <li>A separate service contract will be provided for the longitudinal and urgent care at this site; with urgent care shifts being available to those</li> </ul>

			with existing longitudinal practices, including those working at the NQUPCC.
Concerns around agreement on the EMR for this site. Island health has proposed Cerner to align with its wider UPCC strategy and ensure an integrated data system.	M	H	<ul style="list-style-type: none"> <li>● IMIT joint committee is meeting to walk through Cerner EMR and will bring back discussion to the working group for August 12<sup>th</sup>.</li> </ul>
Staffing at this site has been delayed until the completion of this service plan in mid August, which will impact completion of the recruitment for Oct 13 <sup>th</sup> launch.	H	H	<ul style="list-style-type: none"> <li>● Begin staffing of agreed upon positions in early August – e.g. RNs, Allied, MOA</li> <li>● Look at a phased approach to clinic opening.</li> </ul>
Concerns around the ability to recruit given high demand for primary care resources.	H	H	<ul style="list-style-type: none"> <li>● Develop recruitment plan that includes recruitment from outside the region, work with local education programs for allied, RNs and MOAs.</li> <li>● Support urgent care component through existing longitudinal practitioners.</li> </ul>
Increase in the number of unattached patients being admitted to the SPH, requiring support by the Doctor of the Day Program	M	H	<ul style="list-style-type: none"> <li>● Identify options for NQ longitudinal providers to participate in attached inpatient care/admission at SPH</li> </ul>
Determine the longitudinal attachment resource alignment with both the Saanich Peninsula and Victoria PCNs.	M	M	<ul style="list-style-type: none"> <li>● Use a data informed approach to identify patients served PCN to determine attachment resource alignment.</li> <li>● Review Saanich Peninsula attachment numbers.</li> </ul>
High unattachment rates in the CHSA connected to this UPCC, which may result in high demand for access to longitudinal care.	M	M	<ul style="list-style-type: none"> <li>● Develop an attachment protocol to ensure that longitudinal capacity aligns with demand.</li> </ul>
Concerns around the impact of the urgent care contract on existing Walk In Clinics	M	M	<ul style="list-style-type: none"> <li>● Ensure a process to allocate urgent care shifts to providers with existing longitudinal practices.</li> </ul>

### 11.3 Accountability

Oversight of implementation will take place by Island Health with input from advisory structures as determined in consultation with the Victoria and South Island Divisions of Family Practice, First Nations and community representatives.

The NQUPCC is being designed to optimize access and patient care and to iteratively improve. This includes

1. hiring practices that seek to employ/contract with staff and physicians willing to work in/contribute to the development of an excellent primary care model,
2. capturing and using quadruple aim data to inform strengths and weaknesses of the model,
3. use of a quality improvement approach and seeking information (including regular patient and family feedback) regarding best practices with an aim to modify existing and/or develop new services,
4. working closely with stakeholders.

As NQUPCC is opening at a time of significant change, and it is embracing novel approaches to care delivery, regular reviews (annually) will occur of the attachment protocol, panel sizes, available quadruple aim data and impact on other services. It is anticipated that other primary care services will also be committing to measurement so that a better understanding of best practice emerges and continual improvement of all primary care services occurs.

### 11.4 Communications

Island Health has developed a communications strategy to promote the Urgent and Primary Care Centres and to share appropriate health care service use messages utilizing the Right Care, Right Place campaign (Appendix 6). Island Health plans on using the following platforms to promote the UPCC: a government announcement, social media, Island Health webpage, print materials and internal messaging.

A North Quadra UPCC brochure and UPCC branding is in development. Brochures will be distributed to community stakeholders and local physician clinics to create awareness of the services available. Processes and criteria for attachment will be shared to inform residents and frame expectations.

The Right Care, Right Place materials, which focus on appropriate use of health care services and avoiding unnecessary use of the emergency department, will be shared throughout the community via paid advertising in community newspapers, printed brochures and posters at local health facilities and community centres. The potential for bus stop advertisements will be explored. The estimated total costs for print materials and paid advertising to a maximum of \$10,000.

The North Quadra UPCC will also be promoted through Medimap.ca which is an important patient resource for the UPCC. Utilizing Medimap to post clinic wait times and any potential early closures due to capacity issues is essential to providing patient centred care, as patients and family caregivers are able to plan accordingly based on Medimap updates. Medimap utilization contributes to office efficiencies as wait times are posted on Medimap versus patients calling the clinic to inquire. Monthly Medimap utilization data outlining average wait times and early closures supports clinic quality improvement initiatives. Annual costs for Medimap are \$12,000 annually plus applicable tax.

Through these communication methods Island Health will educate and inform community residents about the new urgent and primary care resources, support improved health outcomes, support recruitment, partnership and

relationship building with care providers and community members, support reduced reliance on emergency departments and improve patient attachment rate.

## 11.5 Testing and Assessment Response To COVID

Due to the global pandemic that is currently impacting our primary health care services, the layout of the NQUPCC clinic has been developed to include an assessment room that meets all of the safety requirements to enable the assessment of patients who may have Covid. This will be achieved by using a room that has two sub-rooms. One room, to be used for patient assessments, offers direct patient access from the outside, slightly negative pressure and a second access point for providers. The other room would be used for charting, donning, doffing and storage. Easily cleanable materials and furniture would be used. Implementation of this capability would require significant (likely temporary) adjustments to the service model.

Further, where appropriate, patients will be able to access a provider using secure communications on the virtual portal for patient visits. Where necessary follow up visits may be conducted safely in the office.

## 11.6 Opening Date

The target opening date for the North Quadra UPCC is October 13th 2020. This date allows for a launch supported with the integrated CERNER EMR and allows for sufficient time from an island-wide Cerner upgrade taking place on September 27th 2020. This date is also contingent on accessing building permits for construction as planned (see section 6.0) and on recruitment. Phased opening may be required depending on progress towards hiring.



## Appendices

Appendix 1: Schematic of space	CARE POINT 20-05-28_REVISED.ppt
Appendix 2: Provider Shifts & Visit Volumes ( <i>Ministry Appendix C</i> )	
Appendix 3: Inclusion/ Exclusion Criteria	Appendix 3 North Quadra - Inclusion Ex
Appendix 4: Detailed Operating Budget ( <i>Ministry Appendix D</i> )	
Appendix 5: Attachment Protocol	
Appendix 6: Right Care, Right Place Campaign	Appendix 6 Right care, Right PLace.pdf