

SOUTH ISLAND PCN – CHANGE MANAGEMENT GUIDE TO CAPITAL ALLOCATIONS

| SOURCE | \$ AVAILABLE | ELIGIBLE EXPENSES | APPLICATION PROCESS | TIMELINE |
|--|---------------------------|---|--|--|
| GPSC DRAFT | 41K per room, per clinic. | <ul style="list-style-type: none"> • 85% of the total cost up to a maximum of 2 rooms. Clinic will cover the remaining costs. • Private GP owned or leased clinics currently participating in their local Primary Care Network, and planning to continue practicing in the expanded or renovated space. • Expanding and/or renovating existing or new space to accommodate new team members (RNs, LPNs and/or AHPs), as indicated in service plan approvals, who will be providing services in the new space at least 60% of the time. • Expanding and/or renovating may include: | <ul style="list-style-type: none"> • Clinic/GP connects with Change Manager to develop proposal • Division applies for funding using the provided submission form, signed by the PCN Steering Committee Co-Chairs or CSC Co-Chairs; at minimum, the form will ask for: <ul style="list-style-type: none"> • explanation of need and alignment with PCN service plan approvals • size of the new space (square feet) and anticipated usage (days per week) • Division submits completed submission form to GPSC staff <p>GPSC and Ministry Liaisons are available to provide clarity to</p> | CPQI Leadership Team provides a response within 3 weeks of receiving submission. |

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|---------------|--------------|---|--|----------|
| | | <ol style="list-style-type: none"> 1. design and contracting, including labour 2. permanent fixtures: materials for floor and wall coverings, ceilings, partitions, electrical, plumbing, fire protection and security <ul style="list-style-type: none"> • <i>Unexpected costs associated with building code upgrades will be considered on a case by case basis.</i> | <p>the PCN steering committee on funding parameters and to review proposals as needed.</p> <ul style="list-style-type: none"> • GPSC staff review proposal and make recommendation to CPQI Leadership; at this time GPSC Staff will also review PCN funding approvals to prevent duplication of funding for similar elements. | |
| ISLAND HEALTH | | | <ul style="list-style-type: none"> • GP/Clinic connects with Change Manager to develop proposal | |
| MIN OF HEALTH | See below | | | |
| PCN | | | <ul style="list-style-type: none"> • GP/Clinic connects with Change Manager to develop proposal | |

| Funding type (from MOH perspective) | “Capital” | | One-time Operational |
|--|---|---|---|
| | Routine (RCI) | Priority (PCI) | |
| Description | General capital funding envelope provided annually to HA | Specific funding envelope, already approved by Treasury Board (20/21 – budgeted for UPCCs only; 21/22 – MOH proposing to expand to other PCN purposes, decision expected in Feb/Mar) Unspent dollars allocated to UPCC in 20/21 can be diverted to support PCN | General MOH Primary Care Operations budget (no specific line items / allocation for PCN capital initiatives) Can be used to set up clinics, tenant improvements, equipment etc |
| Eligible Owner/ Lease holder | Island Health | Island Health | Non-profit or private |
| Considerations | Must undergo prioritization among other VIHA capital projects (1x annual process) | Does not have to be prioritized among other VIHA projects; most direct approval route | Dealt with by MOH on a case-by-base basis, new Exec & Finance approval process each time |