



CENTRAL INTERIOR RURAL PRIMARY CARE NETWORK

IMPLEMENTATION WRAP-UP

"Optimizing accessible primary care service delivery
with coordinated, team-based, culturally safe approaches."

MESSAGE FROM THE CO-CHAIRS

Since the approval of our Primary Care Network Service Plan by the Ministry of Health in September 2019, we have collectively embarked on an incredible journey to enhance primary care in our region. Over the past five years, our dedication and hard work have been instrumental in achieving this vision. As we close the implementation phase of our PCN, we want to celebrate our achievements and share future plans.

While this newsletter marks the end of our regular communications and celebrates the milestones we've reached, the PCN continues through the hubbed approach to care we are creating at the new Williams Lake Primary Care Hub. The Hub embodies our original vision of having allied health working alongside primary care providers and building team-based care across the region.

Reflecting on our journey, we can be proud of how far we have come. Our collaborative efforts led to numerous successes and laid the groundwork for sustainable primary care in the Central Interior Rural region. Thank you for your partnership, dedication, and innovation throughout this journey. As always, let us continue this work together.

Jill & Kelly
CIR PCN Steering Committee Co-Chairs

**The Central Interior Rural
(CIR) Primary Care
Network (PCN) is situated
on the ancestral,
traditional and unceded
territories of the
Secwepemc, Tsilhqot'in
and Dakelh Dene
(Ulkatcho) Nations.**

WHAT'S INSIDE?

DAHOOJA / DZIN GUZUN / WEYT-KP / GOOD DAY!

DAKELH / TSILQOT'IN / SECWPEMC / ENGLISH

1. MESSAGE FROM THE CO-CHAIR. 2. ACHIEVEMENTS. 3. ACHIEVEMENTS CONT. 4. OUTPUTS.
5. OUTPUTS CONT. 6. OUTCOMES. 7. IMPACTS. 8. CONCLUSION.

PCN ACHIEVEMENTS

The CIR PCN was established with a clear purpose: to enhance primary health care delivery across our diverse geography, serving both First Nations and non-First Nations communities. We set out to improve access to care, increase attachment, increase the practice of cultural humility and the provision of culturally safe care, improve providers' and patients' experience of providing and receiving care through integrated teams. Over the past 5 years, we have achieved significant milestones, built strong partnerships, and laid the groundwork for sustainable primary health care in our region.

1. We successfully filled over 69% of allocated primary care positions and integrated them into primary care, addressing critical gaps in healthcare access.

2. Advocacy efforts in the final year of implementation resulted in the approval of 4.5 FTE net-new NP positions. We also submitted position change requests for hard-to-fill roles, such as the PCN physiotherapist.



3. We developed comprehensive cultural safety and humility training supports for PCN clinicians, including an education toolkit, enhanced learning for PCN clinicians hired and the culture kit website. We also created programming to bring providers on First Nations community visits, cultivating understanding and increasing cultural safety awareness through experiential learning, culture and context.

PCN ACHIEVEMENTS CONT.

- 4.** The Change Management team supported and implemented strategic changes in primary care locally by facilitating transitions and building operational processes to integrate allied health into primary care.

- 5.** Despite attachment being difficult to define and measure, PCN implementation provided valuable insights, including First Nations partners early on identifying that the MoH definition was not suitable, leading PCN partners to develop a local definition.

- 6.** Through evaluation efforts, feedback on PCN implementation was gathered from key stakeholders, providers, patients, and community members through eight quarterly reports and one final report.



- 7.** The opening of the Williams Lake Primary Care Hub on May 6, 2024, marked a significant milestone for our PCN. Going forward, it will play a crucial role in maximizing our unfilled positions and enhancing team-based care.



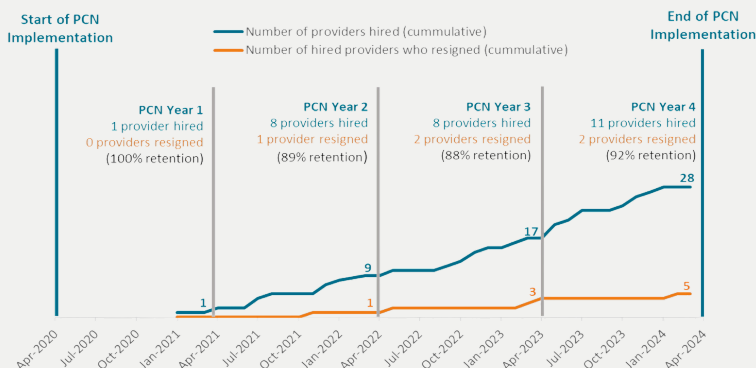
OUTPUTS & OUTCOMES

Our success through implementation is because of the strong leadership of the PCN steering committee partners, made up of the CIRD, IH, the Tsilhqot'in, Secwepemc, and Ulkatcho First Nations, family doctors and nurse practitioner leads, Reichert & Associates, FPSC, and FNHA. We sincerely thank each partner for their invaluable contributions to PCN implementation.



We began with the 1) creation of governance structures, 2) hiring and training of staff and care providers, and 3) developing care teams and referral systems, and establishing processes for communication and evaluation. We are pleased to share the highlights of this collaborative work from the PCN Final Evaluation Report.

OUTPUTS



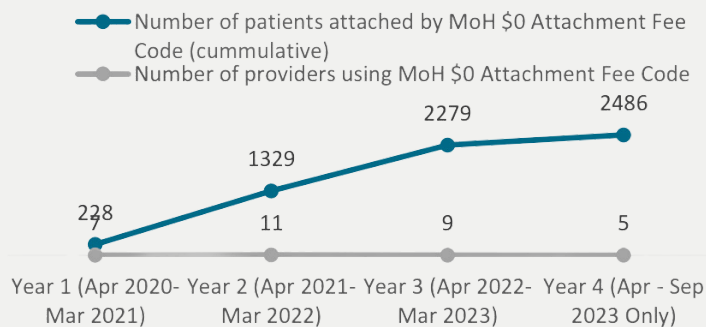
Hiring:

- 28 care providers, including AH, RNs, FP/NP, APN, hired & integrated.
- With an annual retention rate of 92%.



Attachment:

- 2,486 patients attached (based on MoH \$0 attachment fee code)
- 456 patients attached via the HCR**
- 4,438 patients registered with the HCR.



Allied Health Services:

- 14 Allied Health providers across a variety of disciplines hired
- Primary referral sources are family practice providers and IH departments/ services
- Each AHP sees an average of 29 patients per month and close to 2,000 patients have been served over the course of implementation.

Allied Health Disciplines Hired:



Social Worker



Dietitian



Clinical Pharmacist



Occupational Therapist



Respiratory Therapist



MHSU Clinician

**During PCN implementation, the Health Connect Registry was still a pilot, and transitioning from regional lists to the centralized system, combined with limited public awareness, likely contributed to our low attachment numbers.

OUTPUTS CONT.

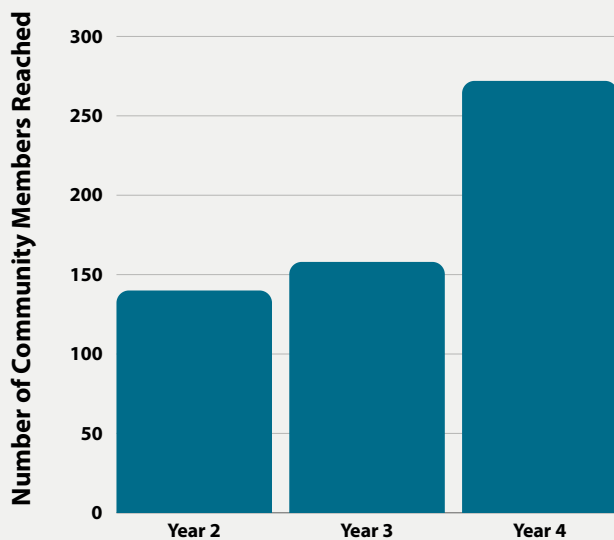
Cultural Safety:

- Cultural safety training environmental scan and evaluation completed
- The CIR PCN SC created its own definition of cultural safety.
- The CIR PCN SC developed its own definition of attachment that better reflects needs of First Nations.
- Created educational supports including an education toolkit, enhanced learning requirements & website
- 4 First Nation community visits with PCN providers.
- 100% of AHPs hired completed cs training requirements including San'yas training and enhanced learning requirements.
- All IH and CIRD PCN SC members and staff all completed San'yas training.



INCLUDE QUOTES ON CS
TRAINING/PROGRAM
FROM AHPs

Reach of Health Care Experience Surveys



Communication

- Stakeholders kept informed of PCN implementation through 17 newsletters
- 6 AHP discipline specific referral/education materials and annual community surveys
- 3 community-wide health care experience surveys.

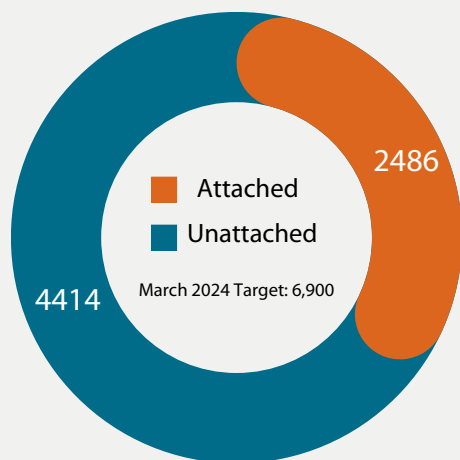
Evaluation:

Feedback on PCN Implementation gathered from key stakeholders, providers, patients, and community members:

- 8 quarterly reports
- 1 final report.



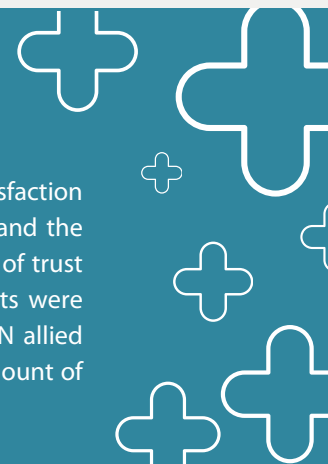
OUTCOMES



ATTACHMENT TO CARE

36% of the CIR PCN attachment target was achieved.

Overall, attached patients expressed a high level of satisfaction with the care received from their primary care provider and the PCN allied health professionals, along with a strong level of trust in their healthcare providers. Almost all attached patients were satisfied with the amount of time they had with the PCN allied health professionals, and most were satisfied with the amount of time spent with their primary care provider.



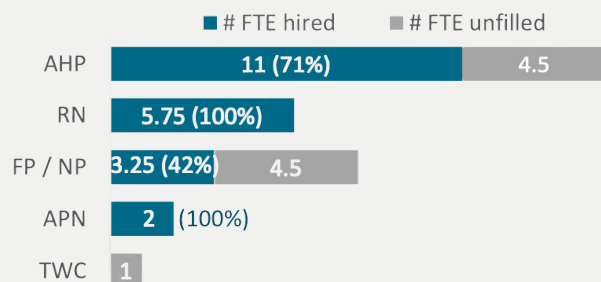
ACCESS TO TEAM-BASED CARE



We achieved 69% of our hiring target for CIR PCN, including all allocated RN and APN positions and 83% of our positions in WL/OMH

Most primary care providers and their staff found the referral process to allied health professionals clear, and the allied health professionals found the referrals they received appropriate. Team functioning satisfaction was high among primary care providers and their office staff, though slightly lower among allied health professionals. The establishment of the NP Virtual After-Hours Walk-in Clinic, staffed by two PCN-hired NPs, improved access to after-hours and virtual care. While patients reported fair to excellent wait times for accessing allied health professionals, overall satisfaction with accessing care remained low.

Achievement of hiring targets by role



CULTURALLY SAFE CARE

76% of Indigenous community survey respondents agreed that healthcare providers treat them with respect.

Providers responded positively to cultural safety initiatives, with a majority recommending the use of the culture kit website and participation in First Nations community visits to improve understanding and confidence in caring for Indigenous patients. In community surveys, healthcare providers were perceived to create a welcoming environment, and respondents felt their cultural, ethnic, or spiritual backgrounds were honored.



PCN IMPACT

IMPACTS

The implementation of the CIR PCN has had a transformative impact on primary care in our region, and we have much to celebrate. Some of the key impacts of our work include increased understanding and collaboration among PCN partners, enhanced patient access to comprehensive care, and better support for family physicians and nurse practitioners.

We should also be particularly proud of the success stemming from our collaborative efforts and the strengthening of partnerships among CIRD, Interior Health, First Nation partners, and our stakeholders. We made a commitment to cultural safety and humility, working to create a welcoming and inclusive healthcare environment by prioritizing cultural safety and humility training. Finally, the change management team facilitated the creation of a new team of allied health professionals, established a system for them within primary care locally, supported recruitment activities, and developed processes for operations, managing staff, and prioritizing continuous improvement and learning.

As we celebrate these key impacts and achievements in our work to build the CIR PCN, we look forward to continuing our journey towards sustainable, culturally safe, and accessible care for residents of the Central Interior region.



BEYOND IMPLEMENTATION

The province-wide PCN refresh is currently underway, focusing on significant changes across five key components: empowering physician leadership and community connections, strengthening team-based care, fostering innovative PCN clinic models, engaging with First Nations, and enhancing supports for attachment. Division staff are presently reviewing the PCN refresh funding agreement and will provide recommendations to the PCN Steering Committee in the fall.

During the governance refresh process, the CIR PCN will continue under the management of the PCN Steering Committee, operating as a sub-committee of the Collaborative Services Committee until the governance refresh is complete and a clearer path forward is established for PCN post-implementation.

BEYOND IMPLEMENTATION CONT.

Looking ahead to the post-implementation phase, the PCN Steering Committee will prioritize:

- Continuing recruitment efforts to fill remaining positions and support turnover in healthcare providers.
- Strengthening attachment coordination and support through expanded resources and collaboration with provincial initiatives like the Health Connect Registry (HCR).
- Enhancing team-based care models by leveraging new positions and optimizing workflows to improve patient outcomes and provider satisfaction.
- Advocating for additional resources and support as needed to sustain and enhance our primary care initiatives.

IN CONCLUSION

Reflecting on our journey, the implementation of the CIR PCN has significantly transformed primary care in our region. We celebrate the achievements of increased collaboration among partners, enhanced patient access to comprehensive care, and improved support for healthcare providers. As we look ahead to the post-implementation phase and the ongoing PCN refresh, we remain committed to building upon these successes and ensuring sustainable, culturally safe, and accessible care for the residents of the Central Interior region.

