



2016/17 Joint Project Board Project Annual Report Findings

June 19, 2018



JPB Funded Primary Care Projects

- 27 Joint Project Board projects
 - 26 projects are spread across the five regions
 - 1 project is provincial in scope implemented by the Provincial Health Services Authority

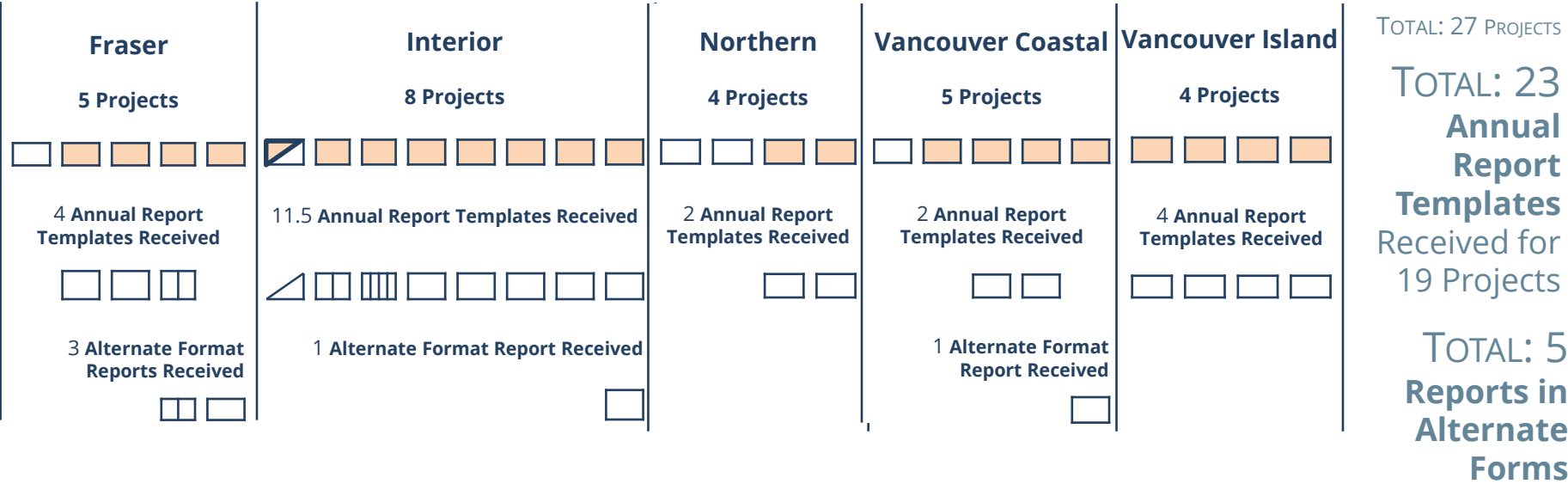


Provincial Analysis

- Objectives of Provincial Analysis:
- Identify models and supports that are working well
 - Identify implementation issues that JPB is in a position to address
 - Share innovations and lessons learned across other JPB projects
 - Measure outcomes across projects



Twenty-eight 2016/17 Reports were reviewed as part of the 2016/17 analysis



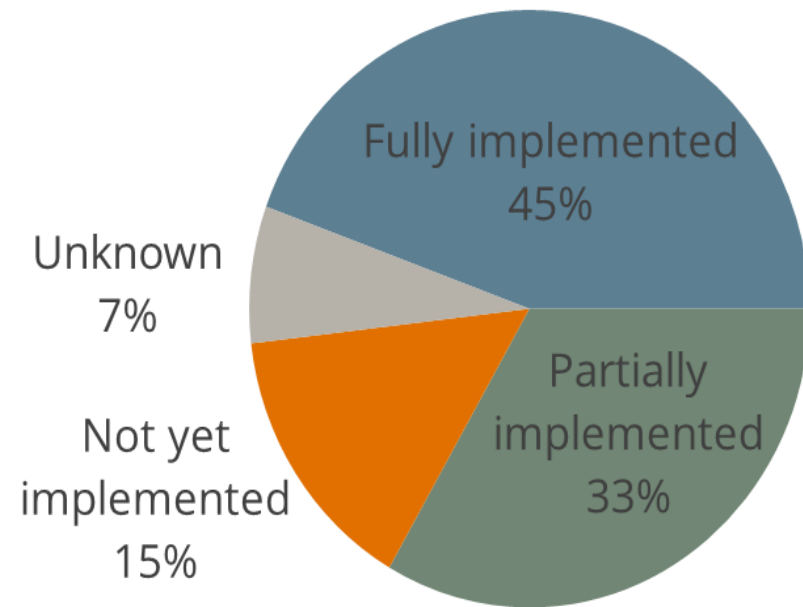
85% response rate across projects

- 2016/17 reports were submitted by:
- Project lead/manager/developers (36%)
 - Health managers or clinical supervisors (20%)
 - Directors (16%)
 - An employee of the host agency (12%)
 - Other staff involved in the project (12%)
 - Health Directors (4%)



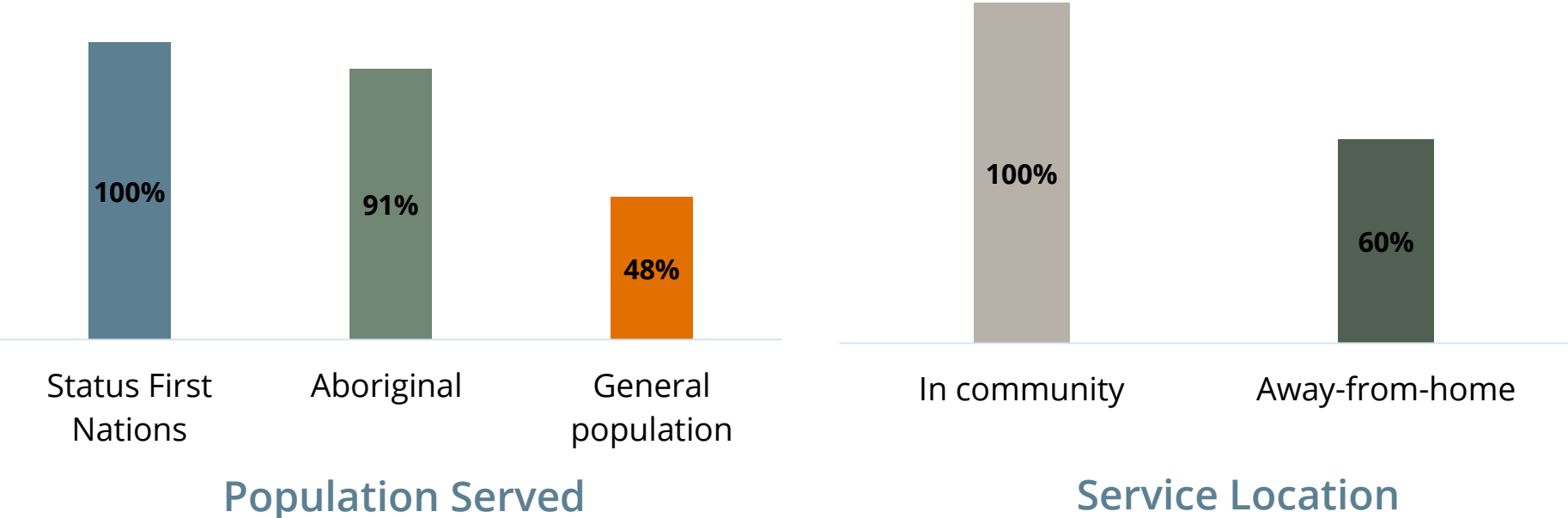
Project Implementation

- 45% of projects are fully implemented
 - 33% are partially operational
 - 15% of projects are not yet operational
 - Insufficient information to classify 7% of projects
-
- Most projects strongly agreed or agreed that they made good implementation progress this year





Populations & Service Locations





Service Delivery Models & Clinical Focus

Service Delivery Model	Number of projects
Distributed model	4 (15%)
Clinic based with outreach	4 (15%)
Distributed model with centralizing element	3 (11%)
Clinic based	3 (11%)
Navigator	3 (11%)
Mixed	5 (19%)
Unknown	3 (11%)
Mobile team	2 (7%)

Clinical focus	Number of projects
Primary Care	7 (26%)
Mental Health and Substance Use	8 (30%)
Primary Care & Mental Health	4 (15%)
Chronic disease & home care	2 (7%)
Maternal care	1 (4%)



Number of Clients Visits

- 1.5 times increase in client visits since last year

From 17,635 client visits in 2015/16 to...

25,682 client visits in 2016/17

REGION	# Client visits 2015/16		# Client visits 2016/17
All Regions	17,635	X 1.5	25,682
Fraser	10,878	X 1.3	14,576
Interior	5,755	X 1.5	8,502
Northern			310
Vancouver Coastal	193	X 2.7	524
Vancouver Island	809	X 2.2	1,770
Provincial Project			15



Average Recruitment Time by Health Care Profession





Average Recruitment Time by Health Care Profession

Highest % of positions filled

Lowest % of positions filled

Nurse
NP, LPN, NP



10 mos

GP



4 mos

Social Workers



6 ½ mos

Mental H&W
RCC, MHC, Psychologist, Certified Addictions and Mental Health Counsellor



5 ½ mos

Other Allied HP
Dietician, Naturopathic Doctor, Traditional Chinese Medical Practitioner, OT, PT, ST, Podiatrist, Pharmacist



2 mos

Admin Support



4 mos



Average Recruitment Time by Health Care Profession

Longest recruitment time

Nurse
NP, LPN, NP



10 mos

GP



4 mos

Social Workers



6 ½ mos

Mental H&W
RCC, MHC, Psychologist, Certified Addictions and Mental Health Counsellor



5 ½ mos

Other Allied HP
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2 mos

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4 mos

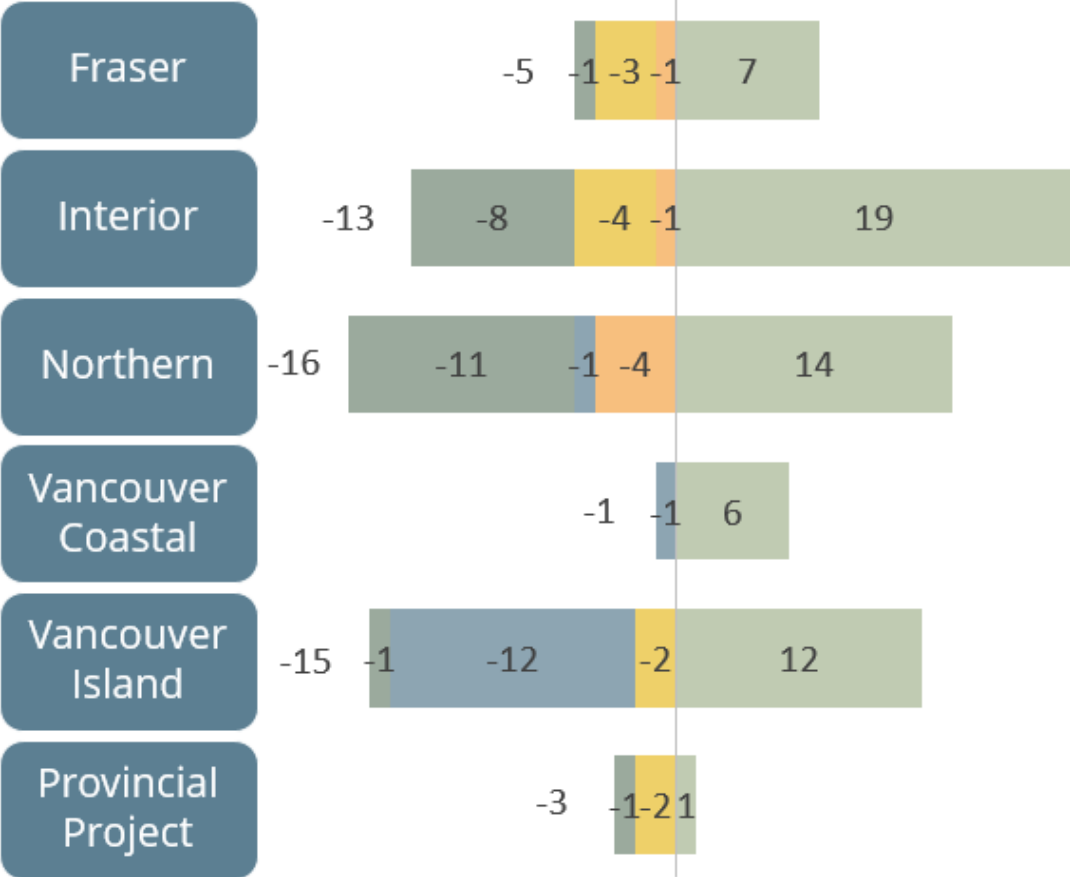
Shortest recruitment time



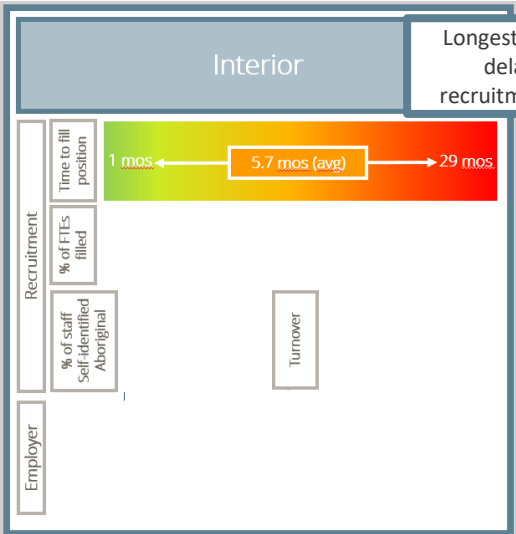
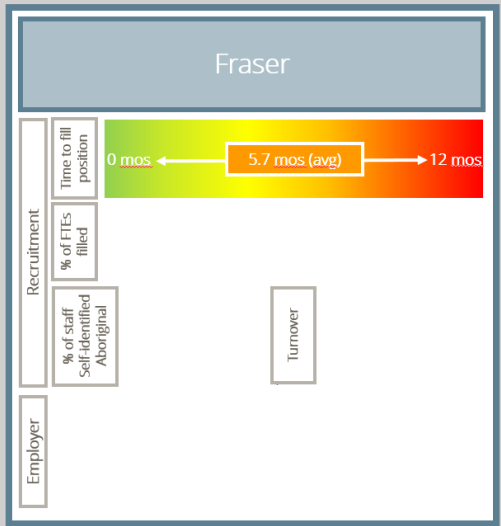
Filled and Unfilled FTEs by Region

53%

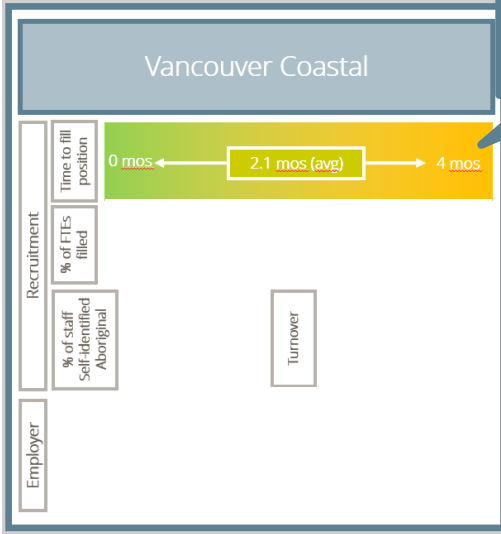
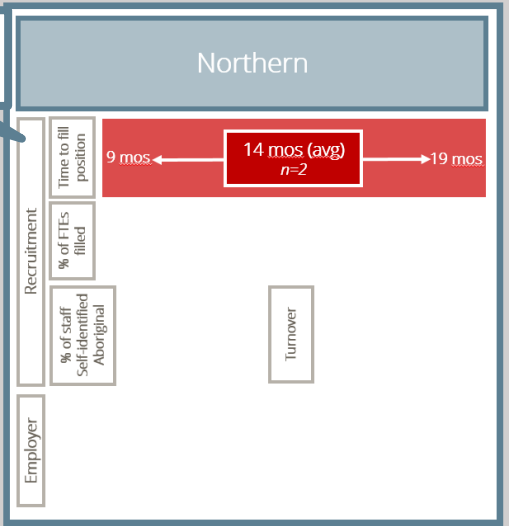
(59 out of 111)
Of JPB FTEs were filled across the province



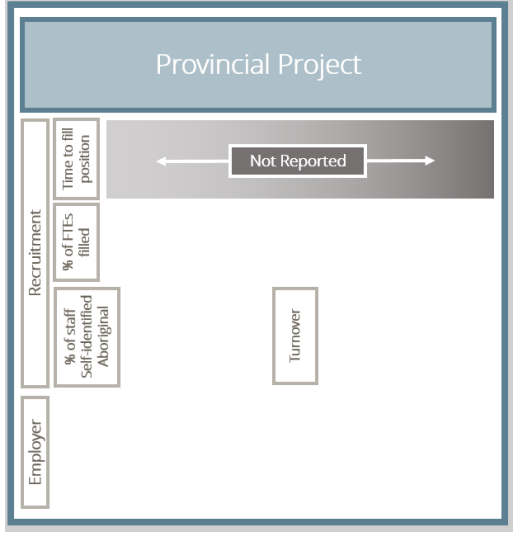
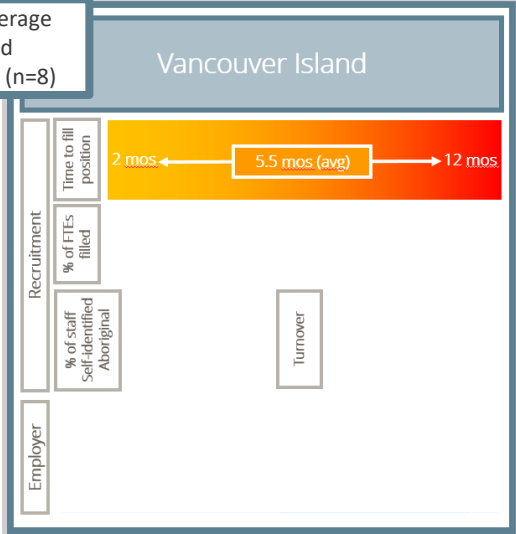
- Recruiting
- Position not yet posted
- Filled FTEs
- Turnover
- Unfilled (reason not indicated)

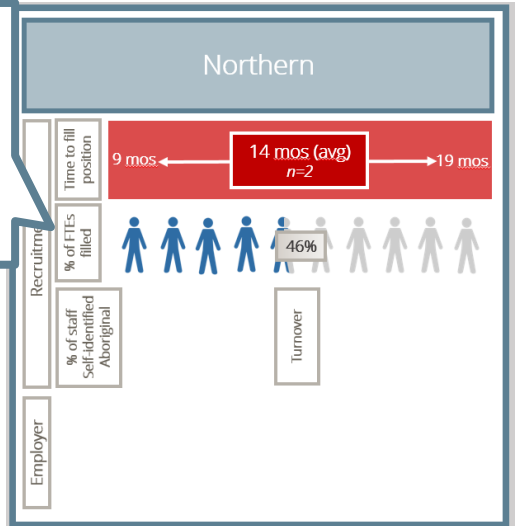
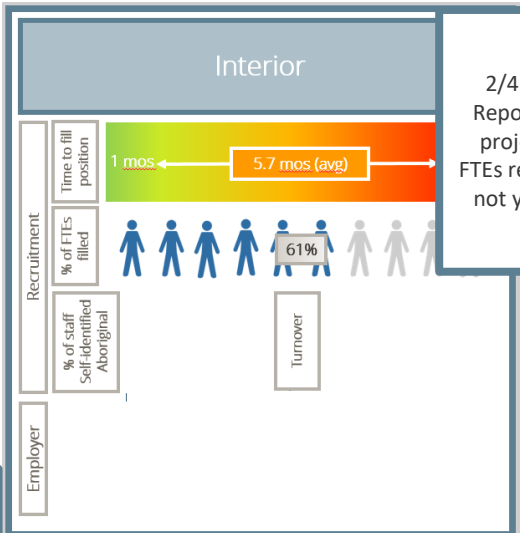
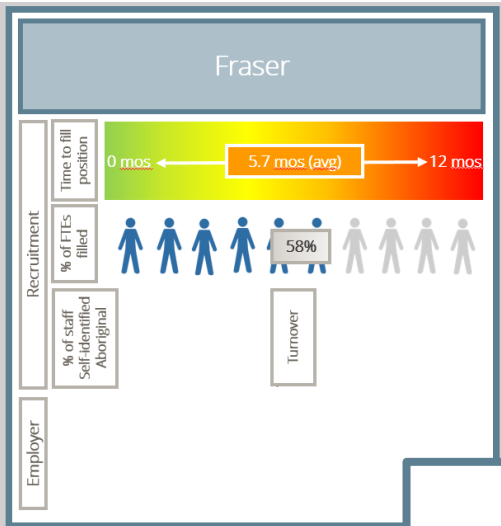


Longest reported delays in recruitment (n=2)

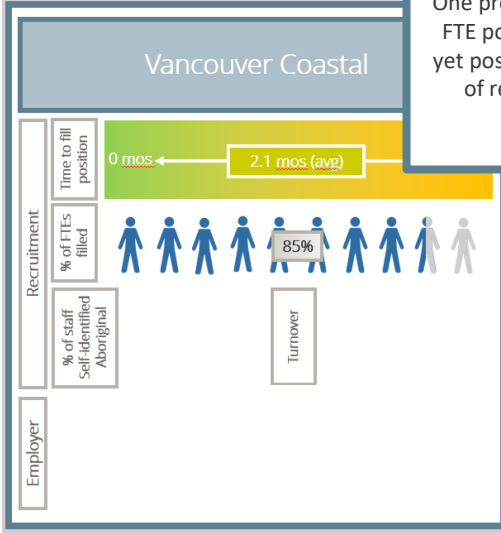


Shortest average reported recruitment (n=8)

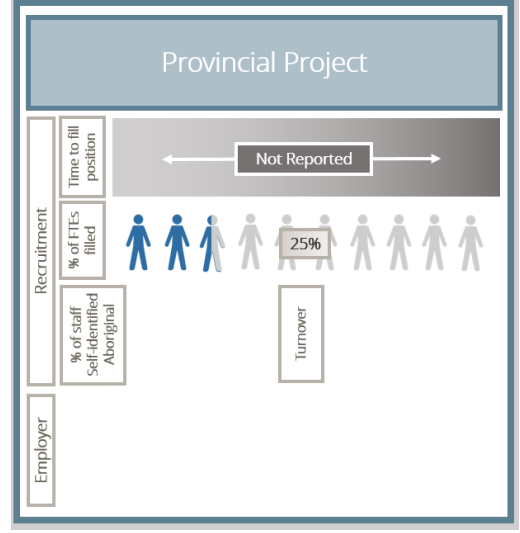
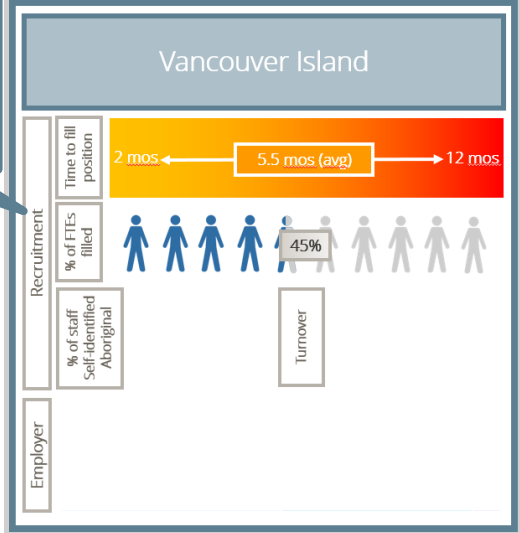


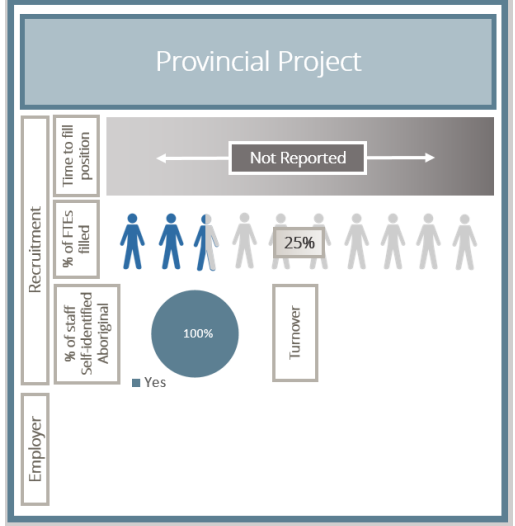
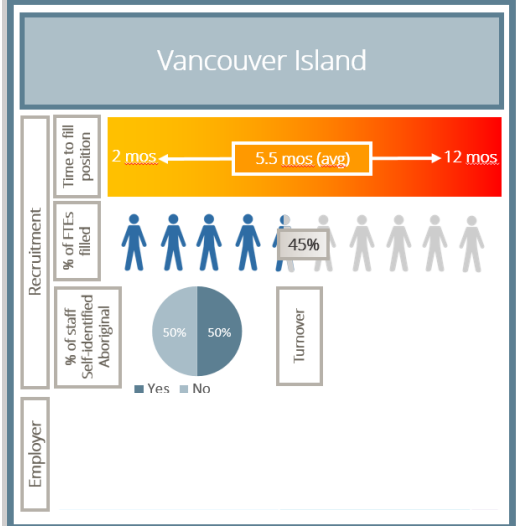
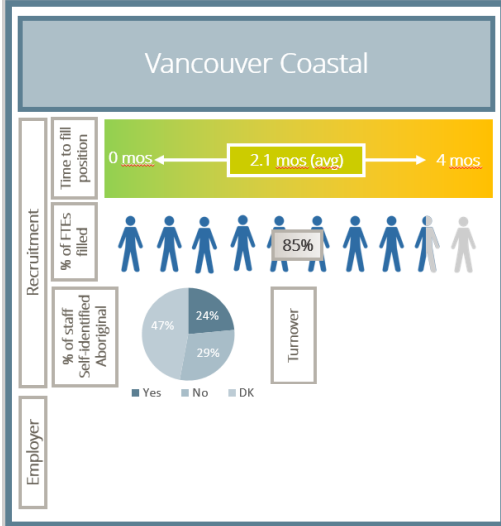
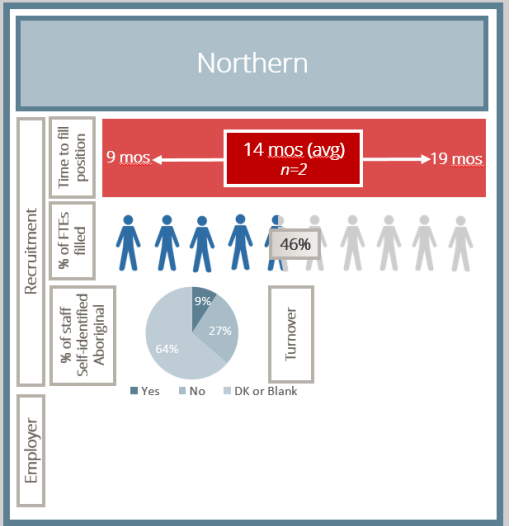
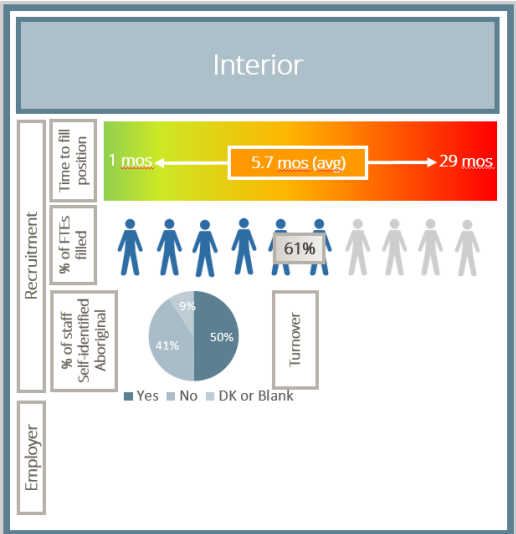
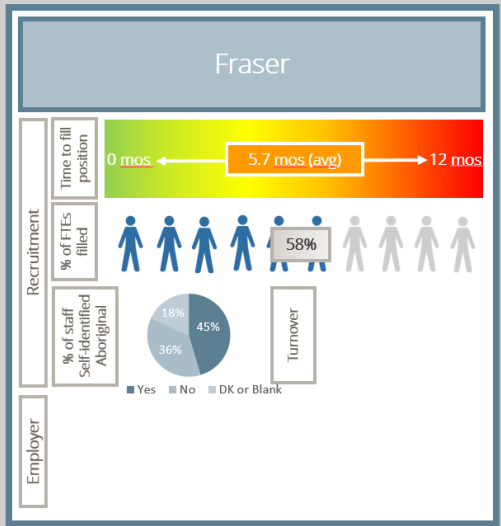


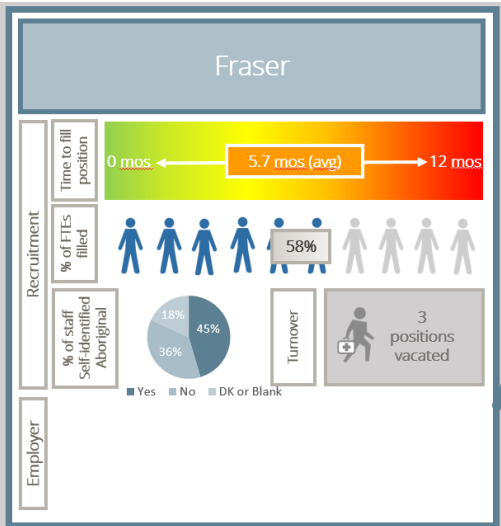
2/4 Projects Reported. One project had 5 FTEs recruiting or not yet posted



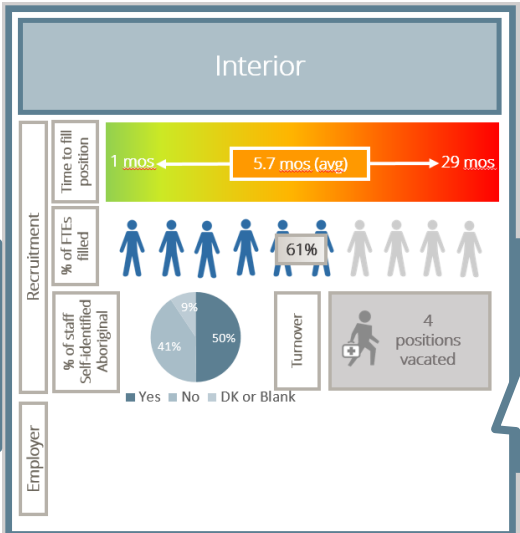
One project had 12 FTE positions not yet posted (at time of reporting)



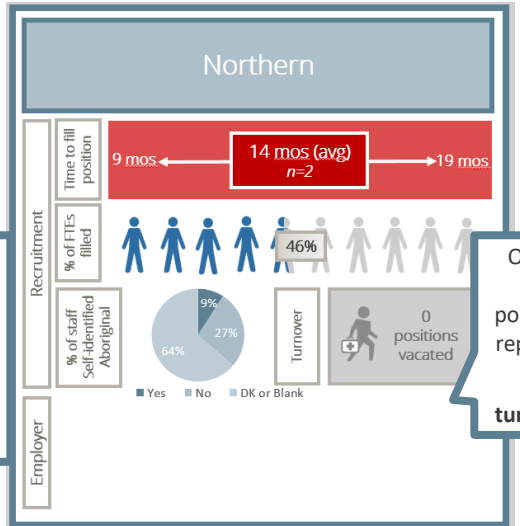




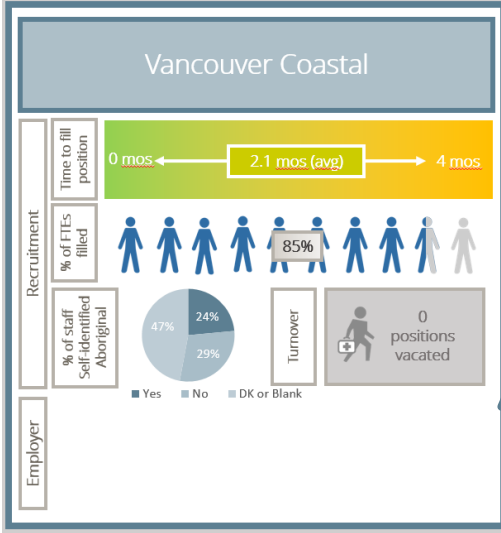
Of the 11 positions reported 27% turnover



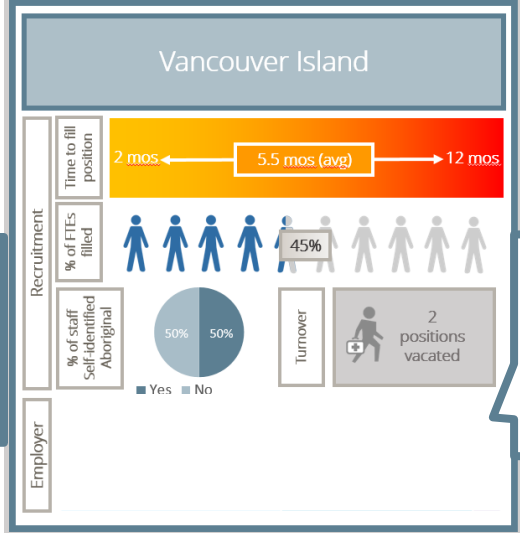
Of the 32 positions reported 12.5% turnover



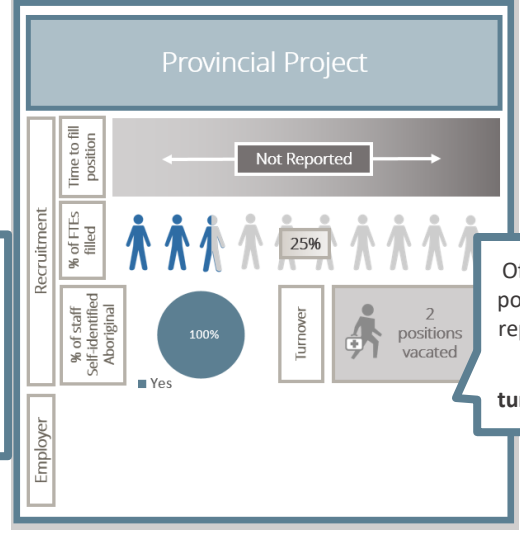
Of the 11 positions reported 0% turnover



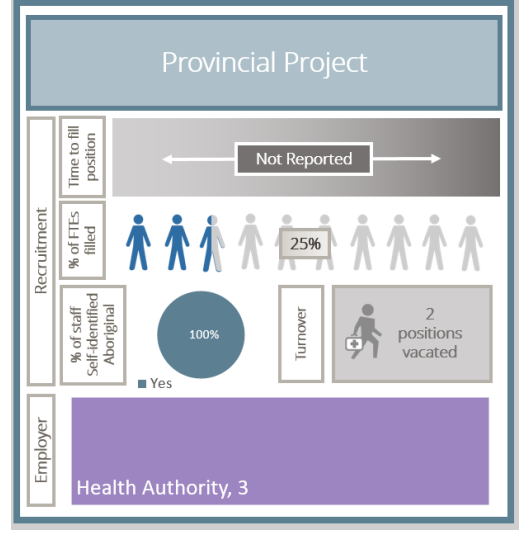
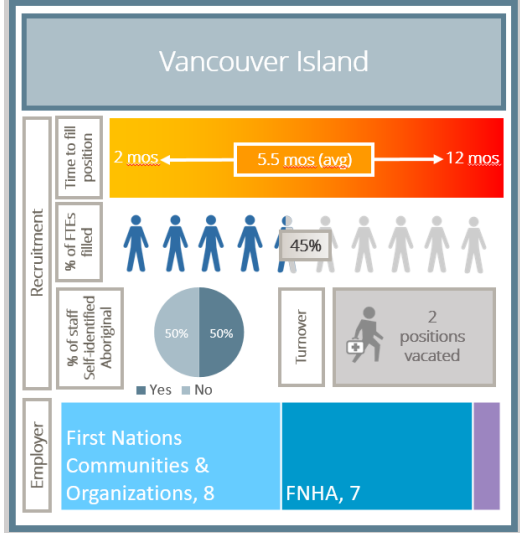
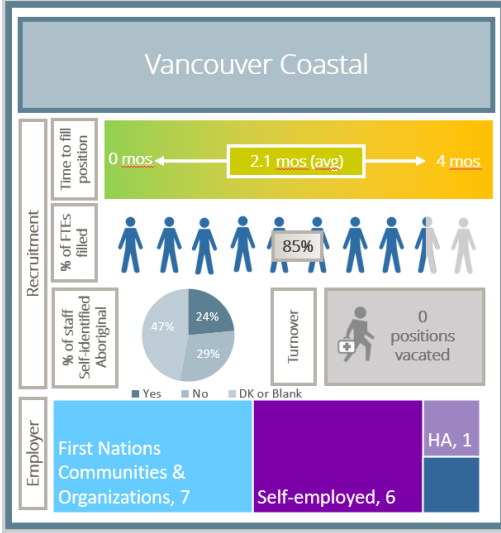
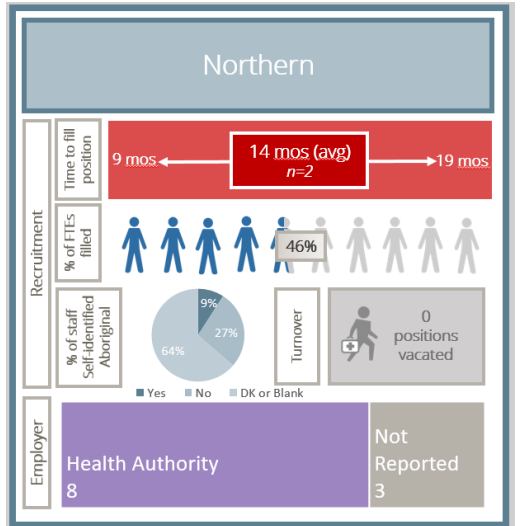
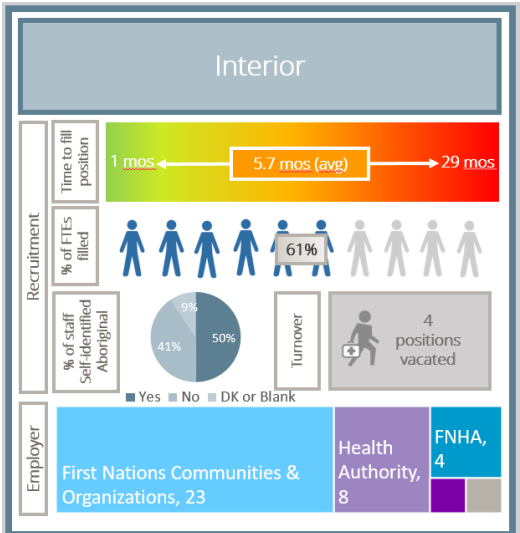
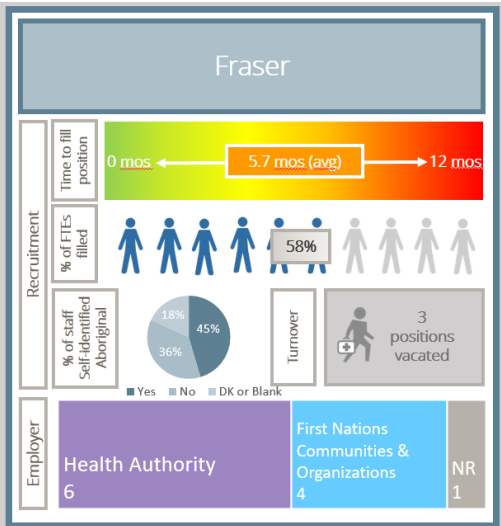
Of the 17 positions reported 0% turnover



Of the 16 positions reported 12.5% turnover

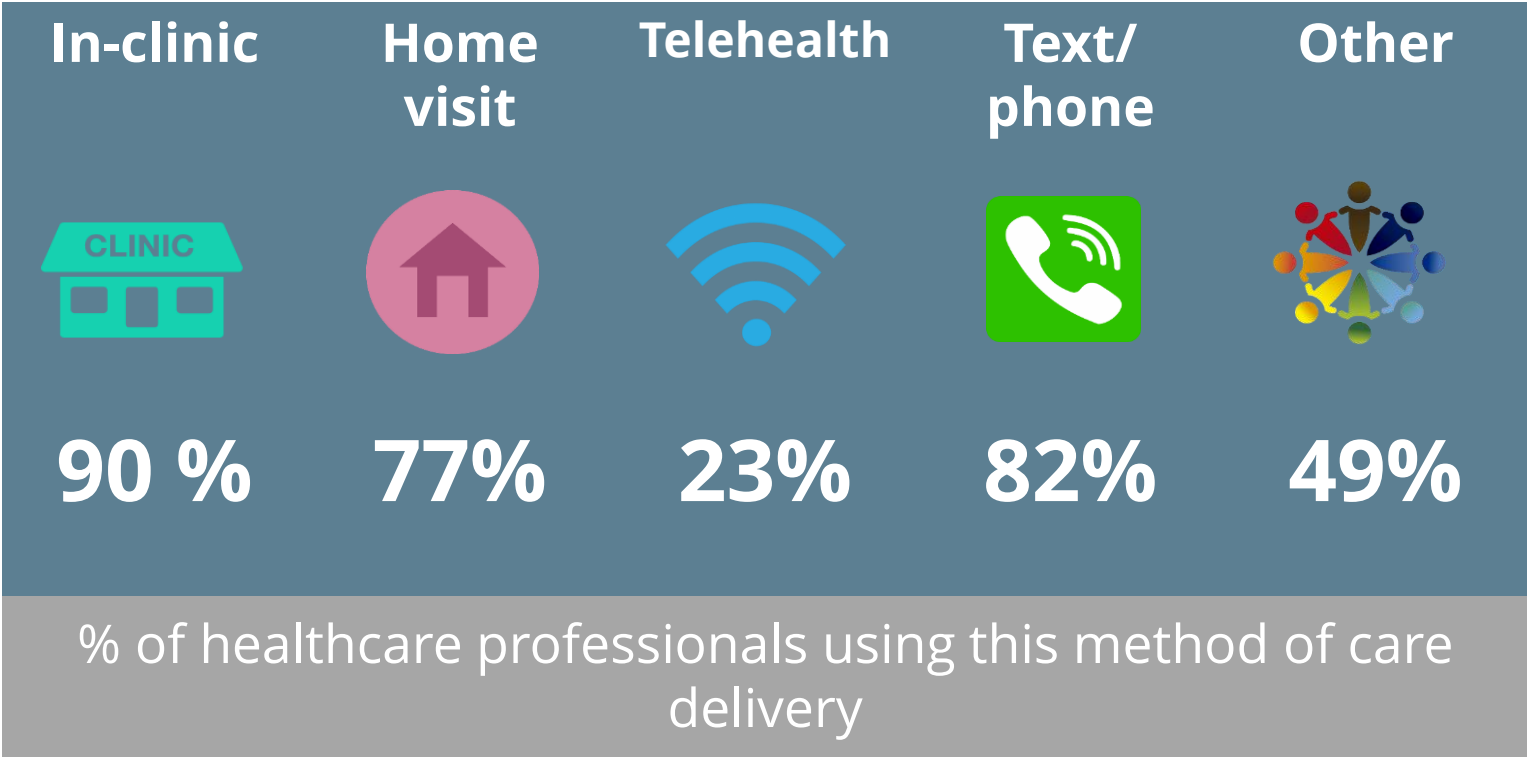


Of the 3 positions reported 67% turnover





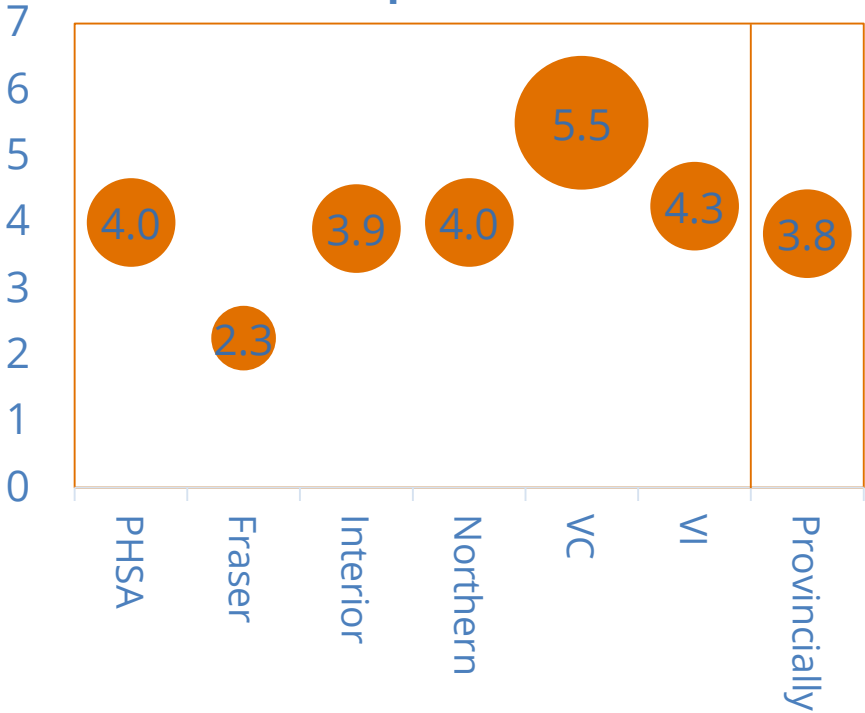
Mode of Care Delivery



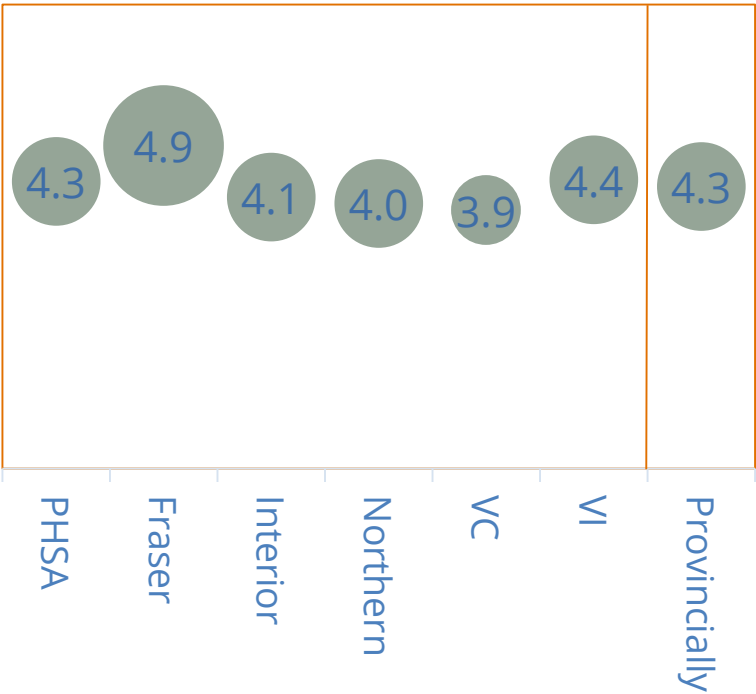


Partnerships – By Region

Average # of Partnerships Reported

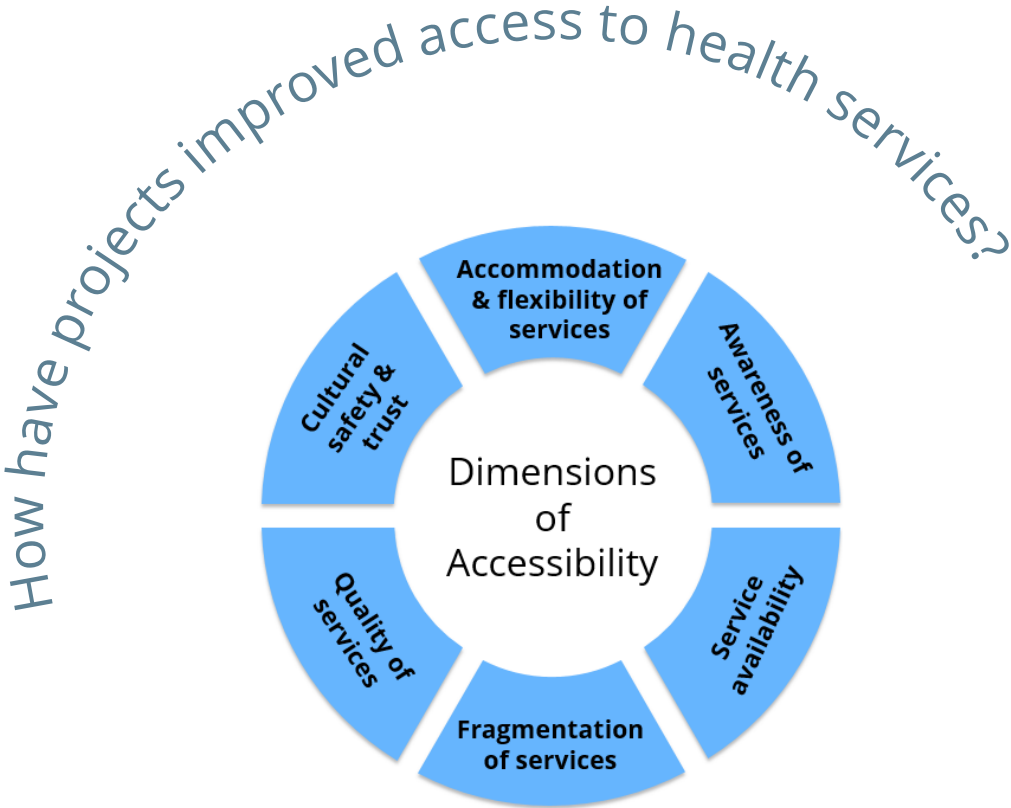


Average Partnerships Rating



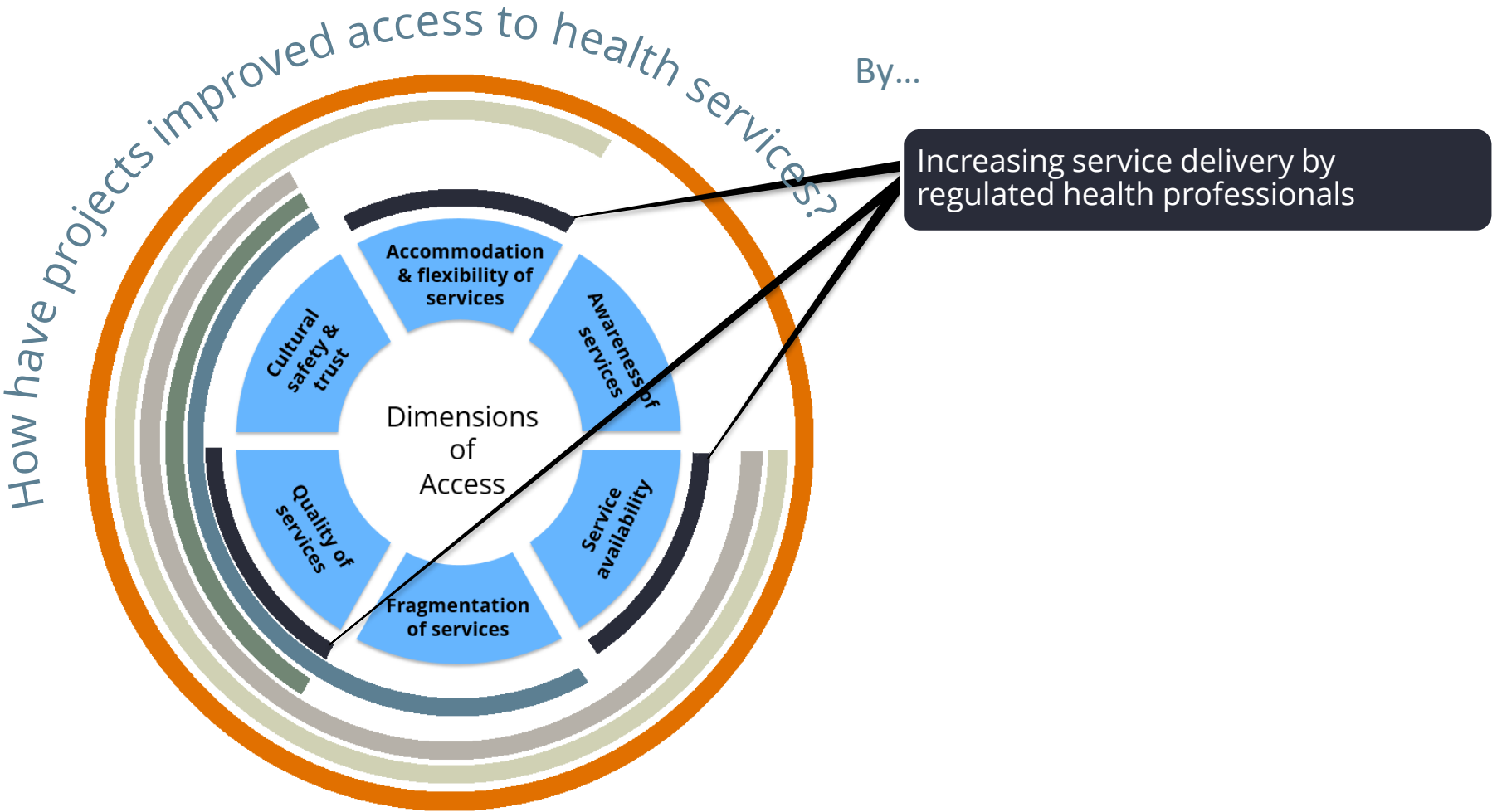


Dimensions of Access to health services



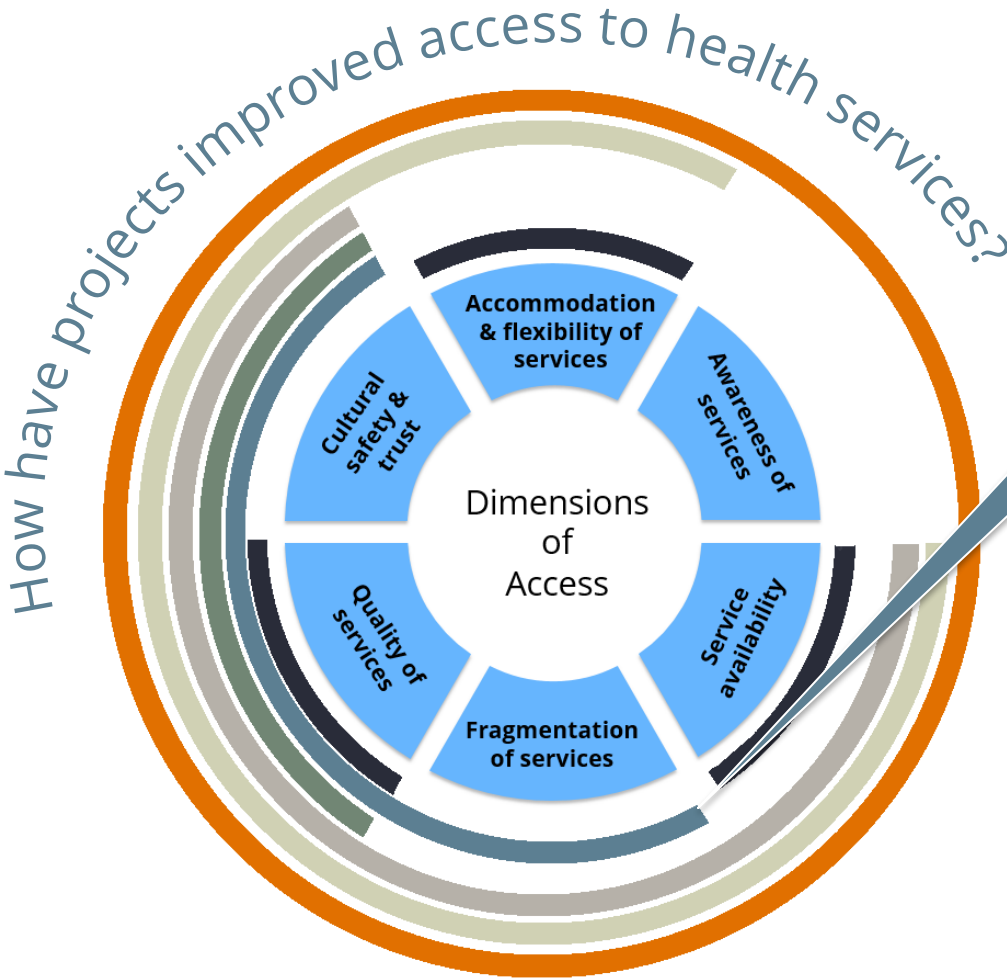


Dimensions of Access to health services





Dimensions of Access to health services



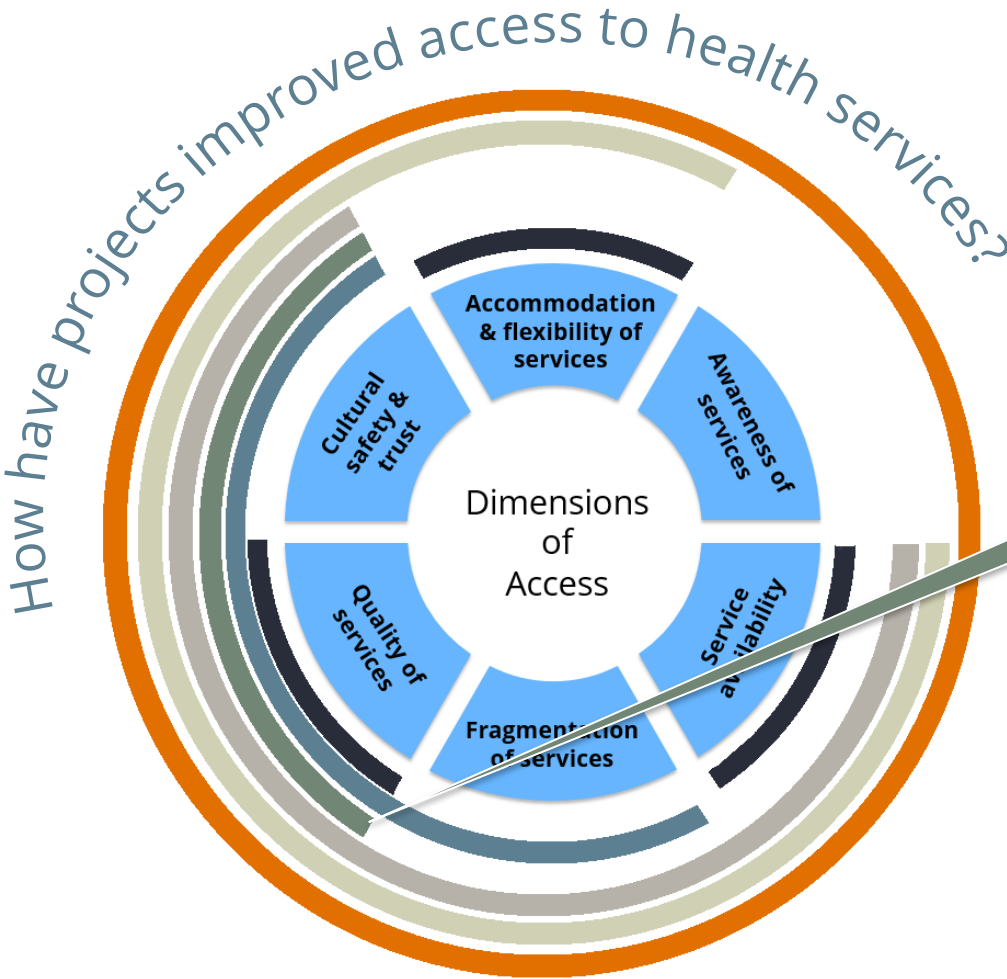
By...

Increasing service delivery by regulated health professionals

Interweaving wellness & culture



Dimensions of Access to health services



By...

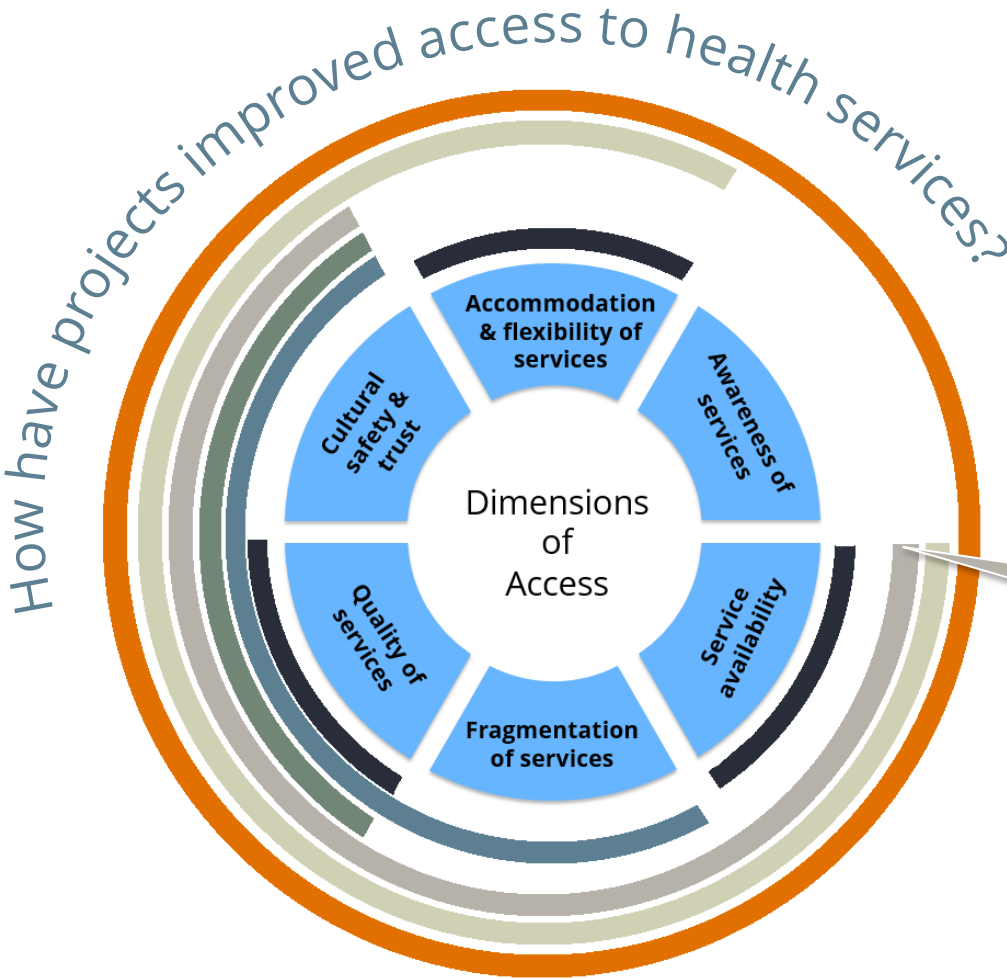
Increasing service delivery by regulated health professionals

Interweaving wellness & culture

Focusing on quality of services



Dimensions of Access to health services

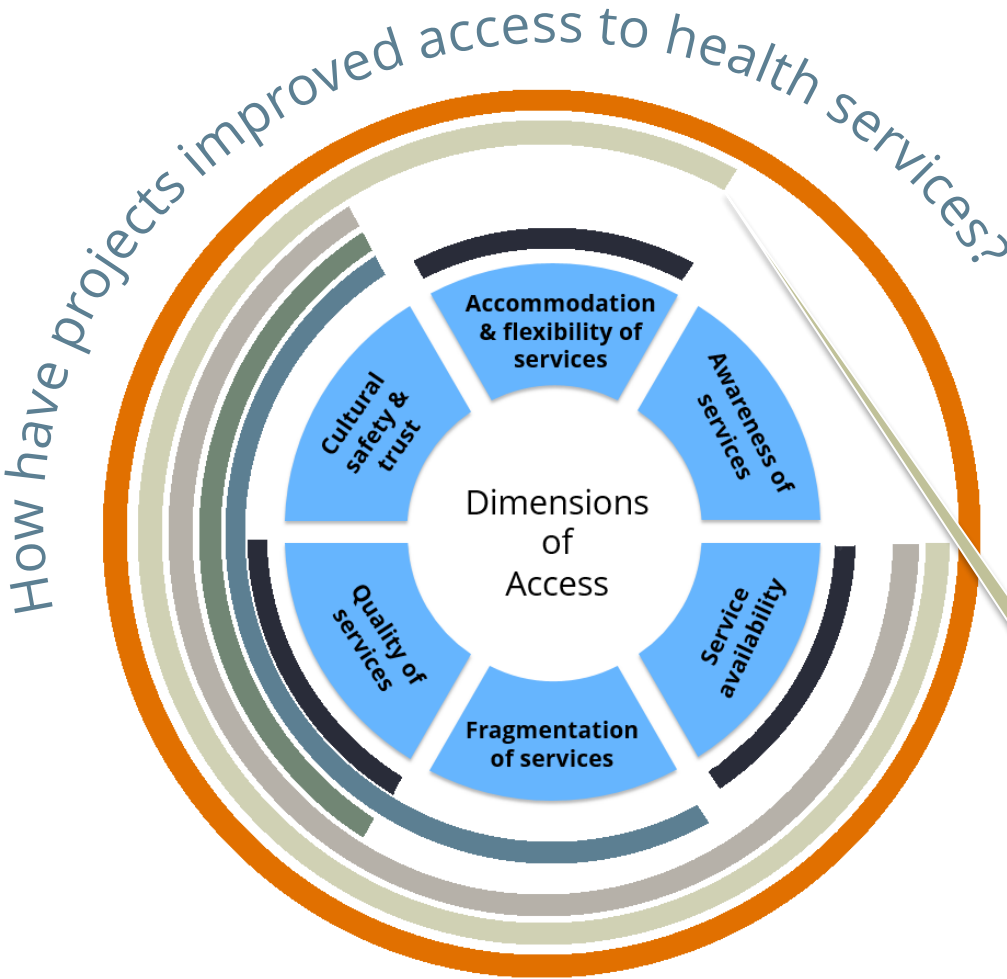


By...

- Increasing service delivery by regulated health professionals
- Interweaving wellness & culture
- Focusing on quality of services
- Coordinating & integrating services



Dimensions of Access to health services

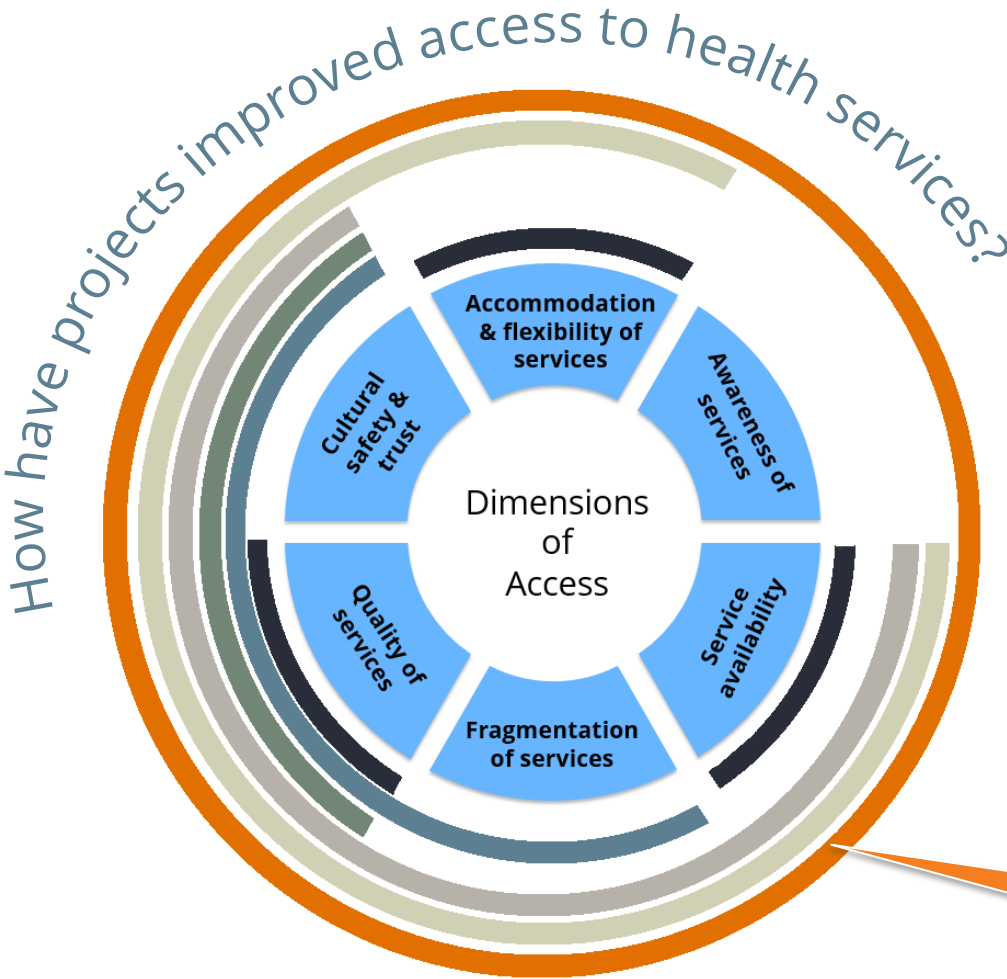


By...

- Increasing service delivery by regulated health professionals
- Interweaving wellness & culture
- Focusing on quality of services
- Coordinating & integrating services
- Developing client-centred care delivery models



Dimensions of Access to health services



By...

- Increasing service delivery by regulated health professionals
- Interweaving wellness & culture
- Focusing on quality of services
- Coordinating & integrating services
- Developing client-centred care delivery models
- Through partnerships & collaboration



On Average Projects strongly agreed that as a result of the project:

Cultural safety and humility of care has improved

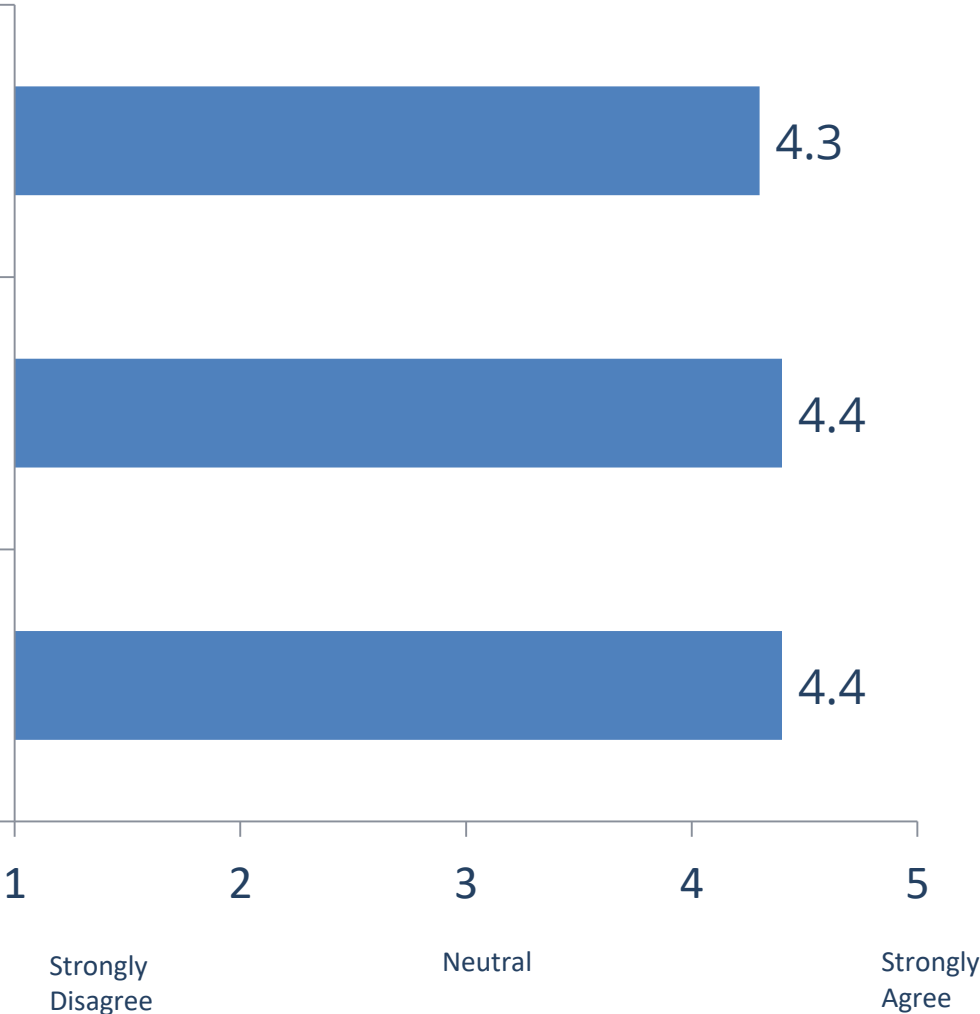
4.3

Access to care has improved

4.4

Wellness is integrated into the delivery of care

4.4





How have projects been interweaving wellness & culture?

Theme	Strategy
<p>Providing holistic, client-centred and integrated care</p>	<ul style="list-style-type: none"> • Integrated care teams • Non- fee-for-service funding models • Social determinants of health approach
<p>Honouring and integrating local cultural and traditional wellness methods and teachings in care and services</p>	<ul style="list-style-type: none"> • Working with Elders, cultural knowledge keepers or having dedicated cultural staff • Two-eyed seeing approach
<p>Grounding in First Nations driven and delivered services</p>	<ul style="list-style-type: none"> • Employing self-identified Aboriginal staff • Integrating services into existing First Nations health organizations • Community-driven service delivery and design
<p>Supporting access to culturally-safe, trauma-informed care</p>	<ul style="list-style-type: none"> • Providing training to project staff and partners
<p>Building on strengths and restoring trust and relationships with individuals and communities</p>	<ul style="list-style-type: none"> • Relational care • Community engagement



Most Commonly Reported Regional Implementation Issues

The most commonly reported implementation challenges reported were infrastructure and recruitment issues

Infrastructure Issues	Recruitment & Retention Issues	Funding & Project Performance Issues	Provider Logistics Issues
1. IT (e.g. Bandwidth, EMR) (48%)	2. Length of time to hire (e.g. developing job description, posting job, signing contract, setting up workspace) (41%)	5. Funding conditions (26%)	7. Provider uses up all of their time travelling (15%)
4. Lack of physical office space (30%)	3. Lack of trained candidates in the area (37%)	6. Insufficient time for project planning (19%)	7. Provider unable to access community due to weather (15%)
4. Lack of confidential clinical space (30%)	3. Unable to attract local qualified candidates (compensation issues such as pay, benefits, seniority) (37%)	7. Project goals and objectives are not clear/agreed upon (15%)	8. Lack of short-term housing/accommodation (11%)
7. Lack of confidential file storage (15%)	5. Unable to attract staff based on the service level required (e.g. 0.2 FTE) (26%)	7. Distribution of funding among multiple funding partners for shared services (15%)	8. Provider does not have the tools they need (11%)
	6. Union matters (19%)	8. Project roles and responsibilities are not well articulated or understood (11%)	9. Provider spends too much time on administration (7%)
	7. Lack of management/supervision resources (15%)		9. Provider travel costs are too high (7% of reports)
	9. Inability to retain staff (7%)		



Most Commonly Reported Regional Implementation Issues

Recruitment Issue	Infrastructure Issue	Other
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Fraser	Interior	Northern	VC	VI
Lack of trained candidates in the area (n=3)	Lack of trained candidates in the area (n=7)	Project goals and objectives are not clear/agreed upon (n=1)	Project goals and objectives are not clear/agreed upon (n=2)	Lack of physical office space (n=3)
IT issues (n=2)	Length of time to hire (n=6)	Lack of physical office space (n=1)	IT issues (n=2)	IT issues (n=3)
Unable to attract local qualified candidates (n=2)	IT issues (n=5)	Lack of confidential clinical space (n=1)	Distribution of funding among multiple funding partners for shared services (n=2)	Length of time to hire (n=3)



Facilitators to effective collaboration, communication & governance

- Capitalizing on existing relationships & investing time to maintain and build strong relationships
- Partners being flexible, adaptable and committed
- Leadership and support from both executives and front-line staff
- Having staff whose roles bridge several organizations

Barriers to effective collaboration, communication & governance

- Lack of trust, support, communication or engagement
- Operational integrating issues (scheduling, referrals, case management, access and storage of client records, multiple EMRs, multiple employer teams, lack of congruent policies)
- Geographical remoteness or distance



Sustainability considerations

- Financial sustainability
 - Need for fee-for-service billing of non-status clients to make service model sustainable
- Need for management and admin support
- Client load and complexity of patient needs
- Provider burnout
- Measuring long-term outcomes



Recommendations from 2016/17 Annual Report Analysis

- Detailed analyses of the provincial-level factors and supports that could aid in recruitment of nurses, mental health & wellness professionals and social workers.
- Investigate and support opportunities for projects to learn from each other and share tools and strategies. Consider the development of a Primary Care integration tools for communities.
- More analysis of EMR implementation and interoperability issues.
- Consider additional requests for supports and assistance by individual projects, including ongoing management and administrative supports, provider housing gaps, projects requesting FNHA's assistance in managing partnership issues.