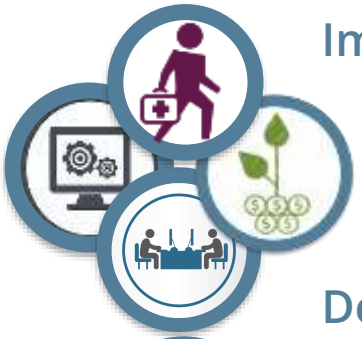
# 2017/18 Joint Project Board Project Annual Report Findings

February 12, 2019

# Overview

## Background

- Introduction
- JPB Annual Narrative Report Submissions
- Other Evaluation Component Updates



## Implementation Progress

- Implementation Progress 2016/17 to 2017/18
- JPB Funded Positions
- Implementation Barriers & Strategies

## Delivery Of Care Progress

- Service Delivery Trends: Total Client Visits
- Improvements in Service Accessibility
- Integrating a Wellness Approach
- Delivery Of Care Barriers & Strategies

## Discussion Questions

# Introduction

## 2017/18 JPB Project Annual Report Findings

- Key findings highlighted in this deck
- Second annual narrative report summary
- Analysis includes trends from 2016/17 to 2017/18
- Component of provincial analysis (one of three evaluation streams) of JPB Projects Provincial Evaluation

Joint Project Board

Joint Project Board Project
2017/18 Annual Report

Thank you for filling out last years JPB report.

In order to reduce reporting burden we have removed some questions and reworded others.

Please submit one annual report template per JPB project.

This annual report is in addition to your annual financial report.

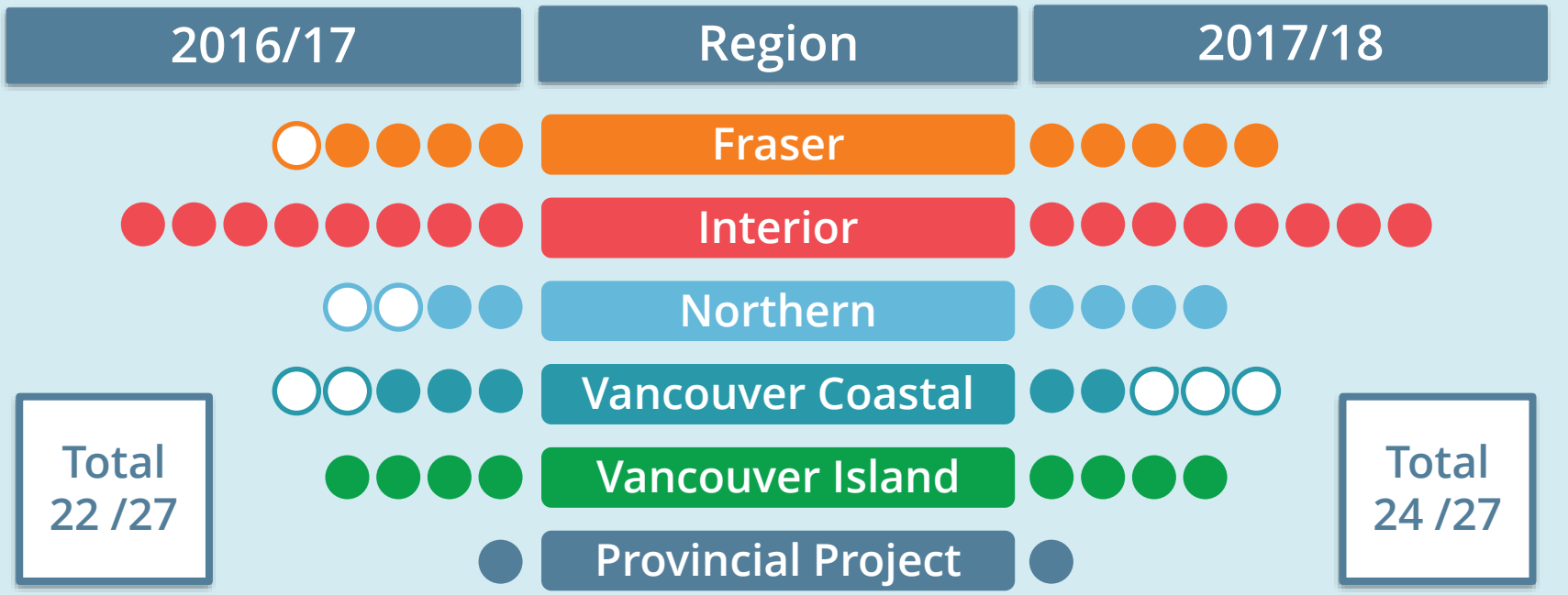
This report is due on July 29th, 2018.

Completed reports and any questions can be sent to: fnha.reports@fnha.ca.

1. General Project Information

| | |
|---|---|
| Project Title: | |
| Region: | |
| Date: | |
| Submitted by (Name): | |
| Organization: | |
| Email: | |
| Role in Project: | |

# JPB Annual Narrative Report Submissions




## Increase in number of annual narrative report submissions

Two additional projects submitted reports this year.

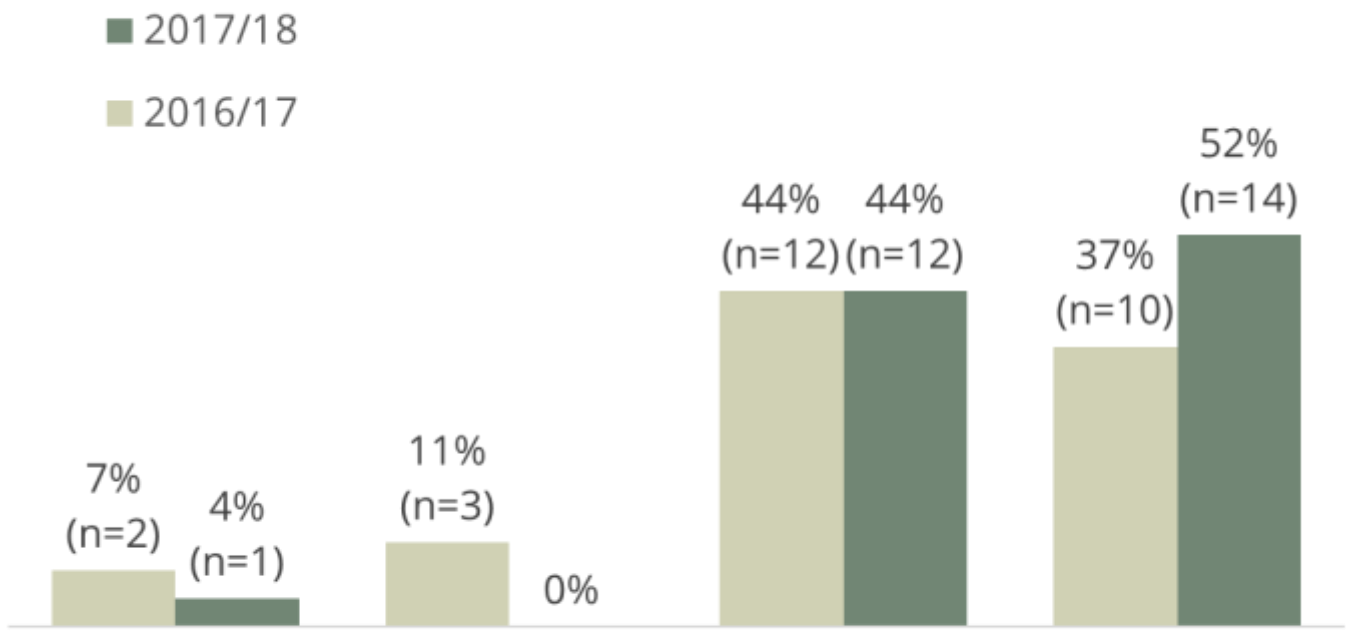
## Legend

- Report submitted
- Report not submitted

## Submission delays

Roughly half of projects had submitted annual narrative reports by the July 2018 deadline. Reports were coming in as late as 6 months after the deadline.

# Implementation Progress 2016/17 to 2017/18



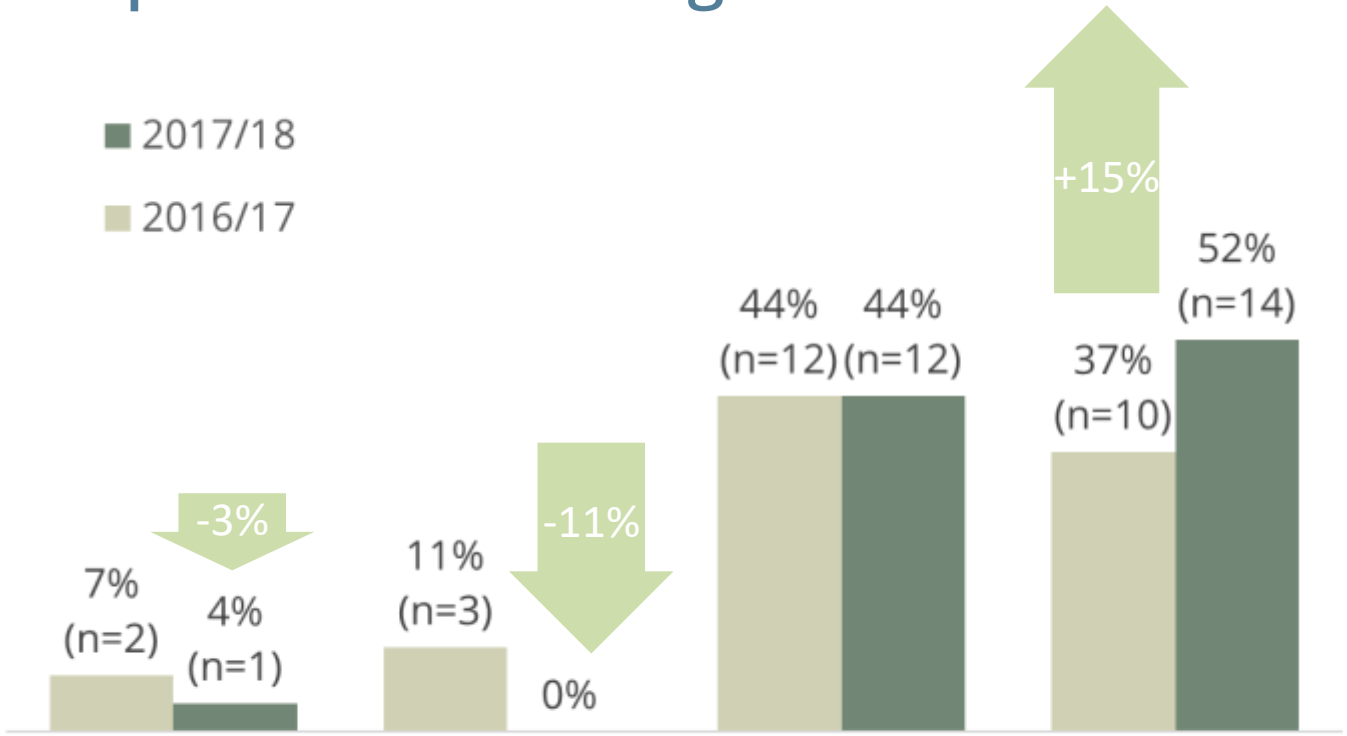

| Unknown | Not Yet Operational | Partially Operational | Fully Operational |
|---|---|---|---|
| Not enough information to determine implementation status | No clinicians hired and no clients being seen | Some clinicians hired and seeing clients | All clinicians on the team hired and seeing clients |

## Highlights

By the end of the 2017/18 fiscal year, 100% of projects with known implementation status were operational.

Over half (52%) of projects were fully operational.

# Implementation Progress 2016/17 to 2017/18

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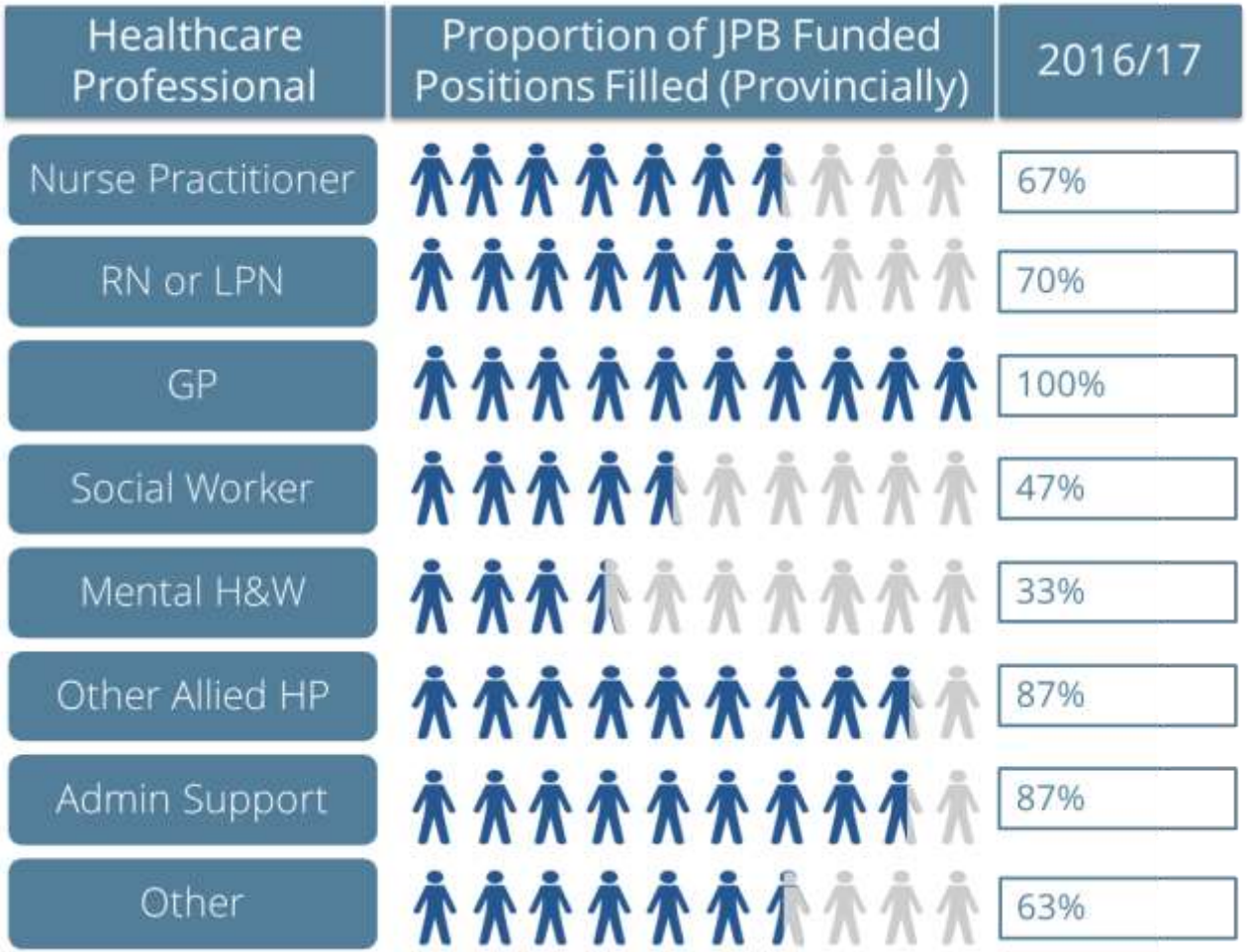
| Not enough information to determine implementation status | No clinicians hired and no clients being seen | Some clinicians hired and seeing clients | All clinicians on the team hired and seeing clients |

## Highlights

Over the past fiscal year, the proportion of operational projects has increased by 11% and the proportion of fully operational projects has increased by 15%.

# JPB Funded Positions: By Healthcare Professional Group




## Highlights

Overall, the proportion of JPB funded positions filled have increased or been maintained across every healthcare professional group from the 2016/17 fiscal year to the 2017/18 fiscal year.

**Mental Health & Wellness (H&W):** Registered Clinical Counsellor, Mental Health Clinician, Psychologist, Addictions & Mental Health Counsellor. **Other Allied Healthcare Provider (HP):** Dietician, Naturopathic Doctor, Traditional Chinese Medical Practitioner, OT, PT, Podiatrist, Pharmacist. **Other:** Project Lead, Primary Care Coordinator, Wellness System Navigator.

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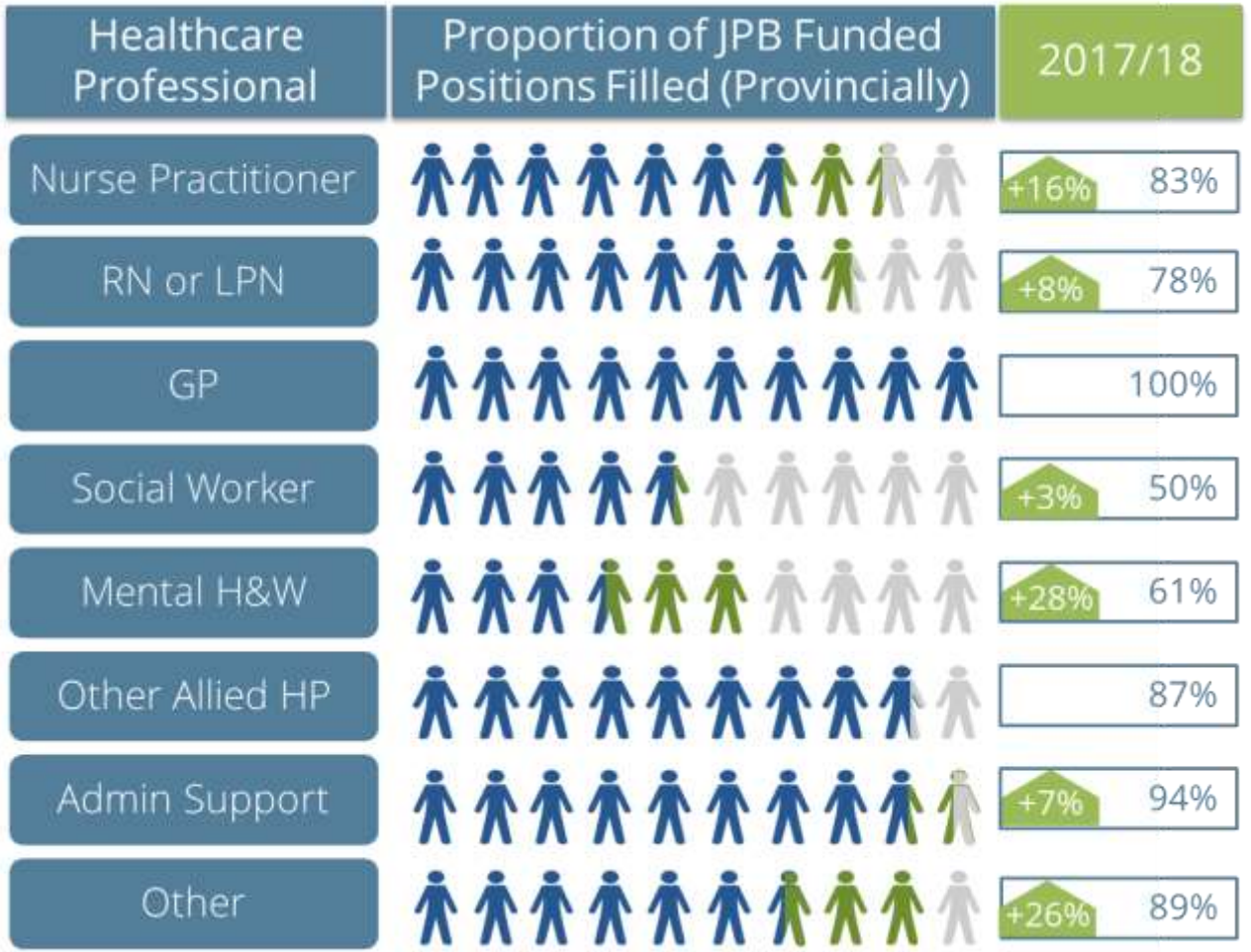


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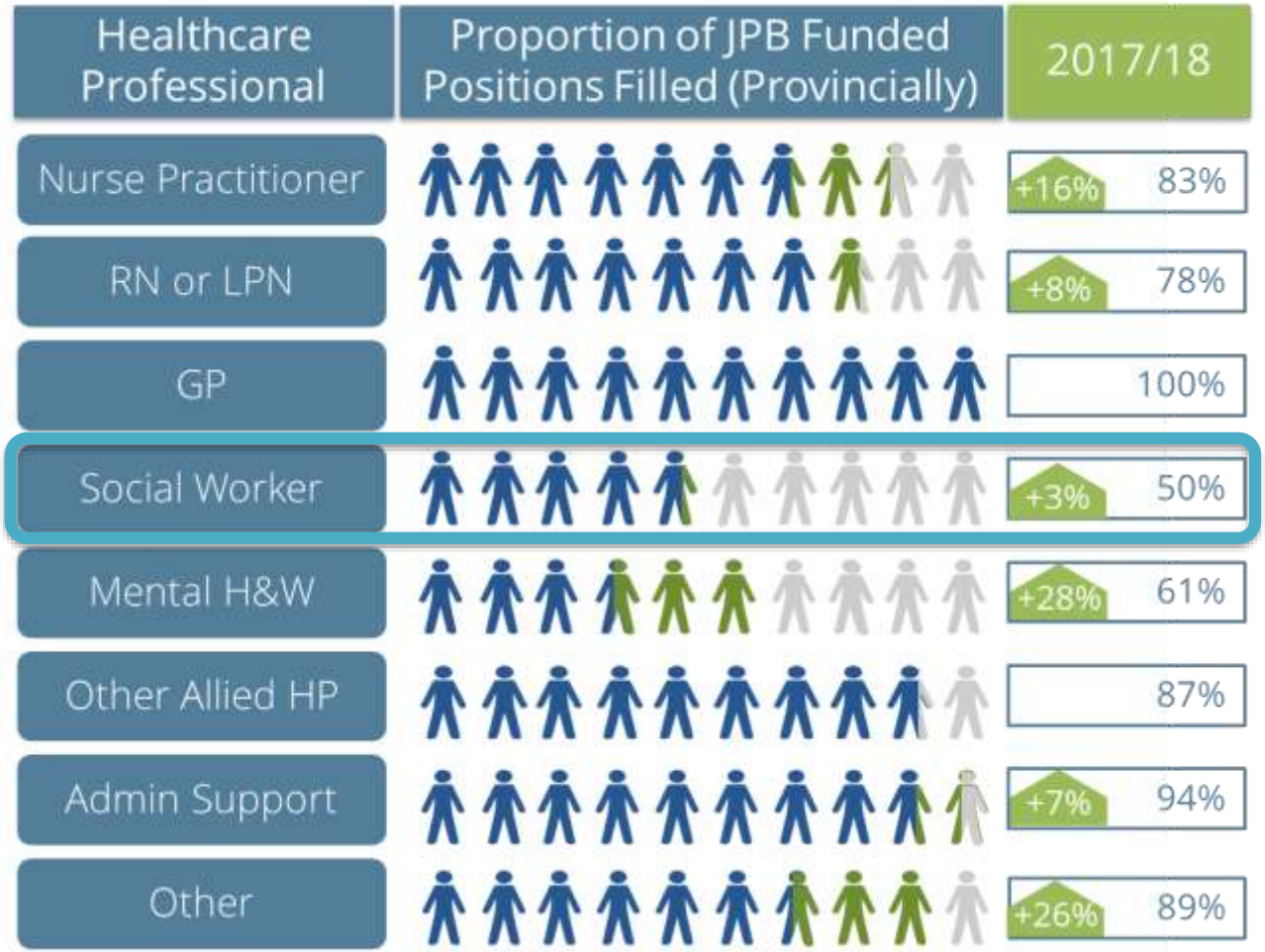


## Social Workers

50% (17 out of 34) of funded positions filled.

| Unfilled Position Status | # |
|---|---|
| Recruiting | 4 |
| Vacant due to turnover | 2 |
| Not reported | 11 |

**Recruiting**: 3 out of 4 have been recruiting for 7-10 months. All from one project in Vancouver Island Region.

**Mental Health & Wellness (H&W):** Registered Clinical Counsellor, Mental Health Clinician, Psychologist, Addictions & Mental Health Counsellor. **Other Allied Healthcare Provider (HP):** Dietician, Naturopathic Doctor, Traditional Chinese Medical Practitioner, OT, PT, Podiatrist, Pharmacist. **Other:** Project Lead, Primary Care Coordinator, Wellness System Navigator.

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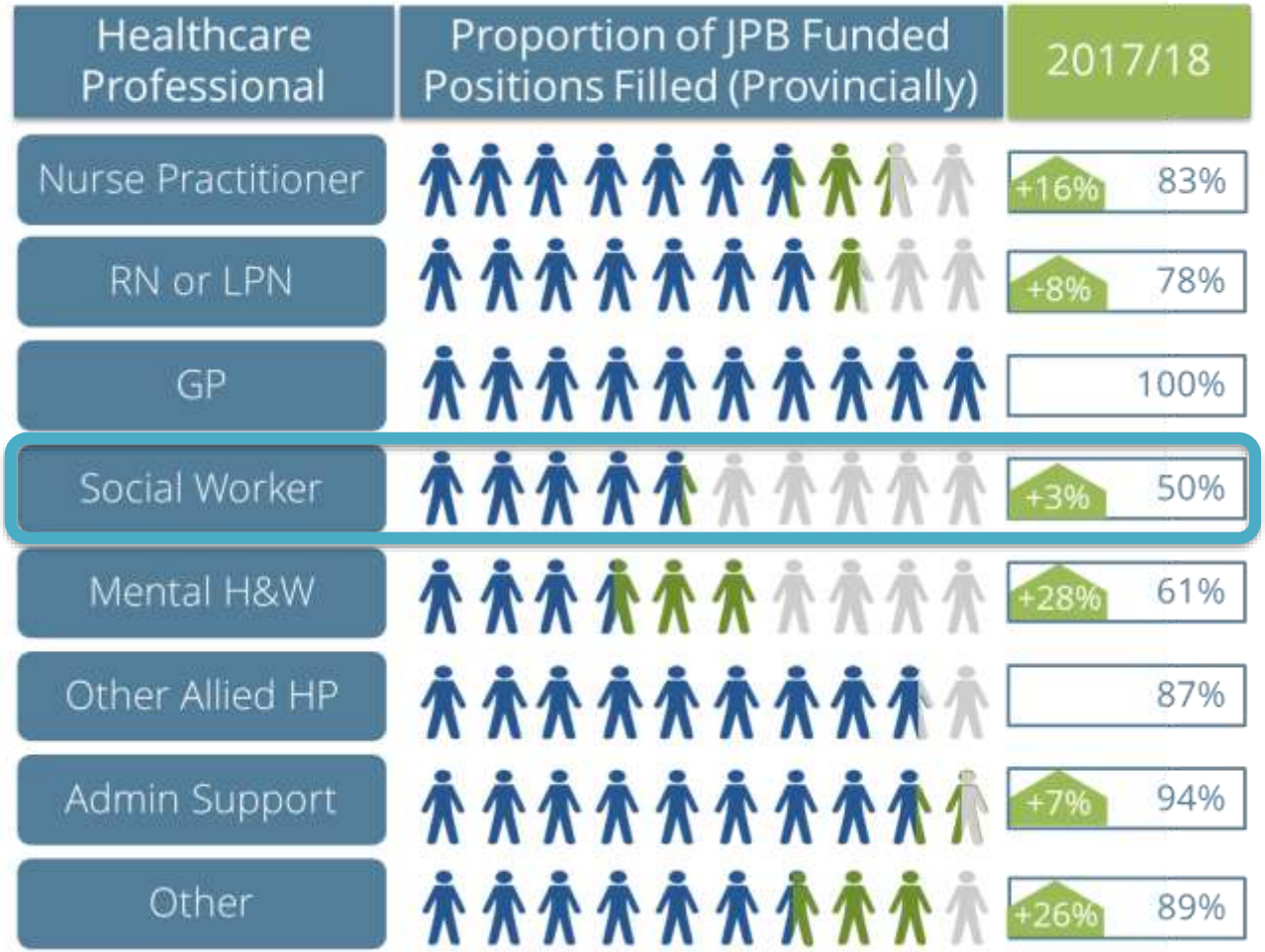


## Social Workers

50% (17 out of 34) of funded positions filled.

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| Vacant due to turnover | 2 |
| Not reported | 11 |

**Not reported:** The majority (10 out of 11) of these positions are from one project and are due to phased project implementation of versus recruitment challenges.

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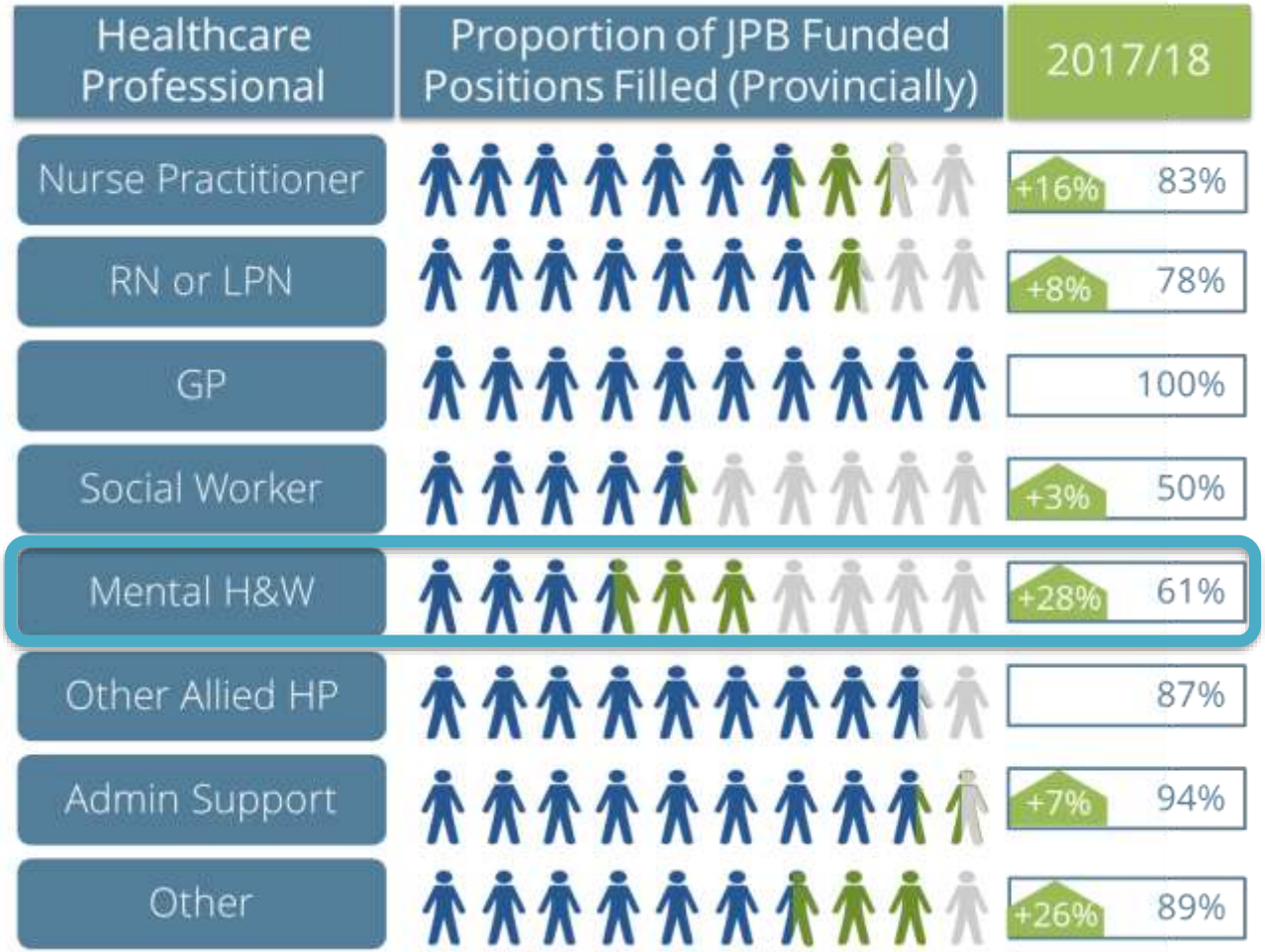


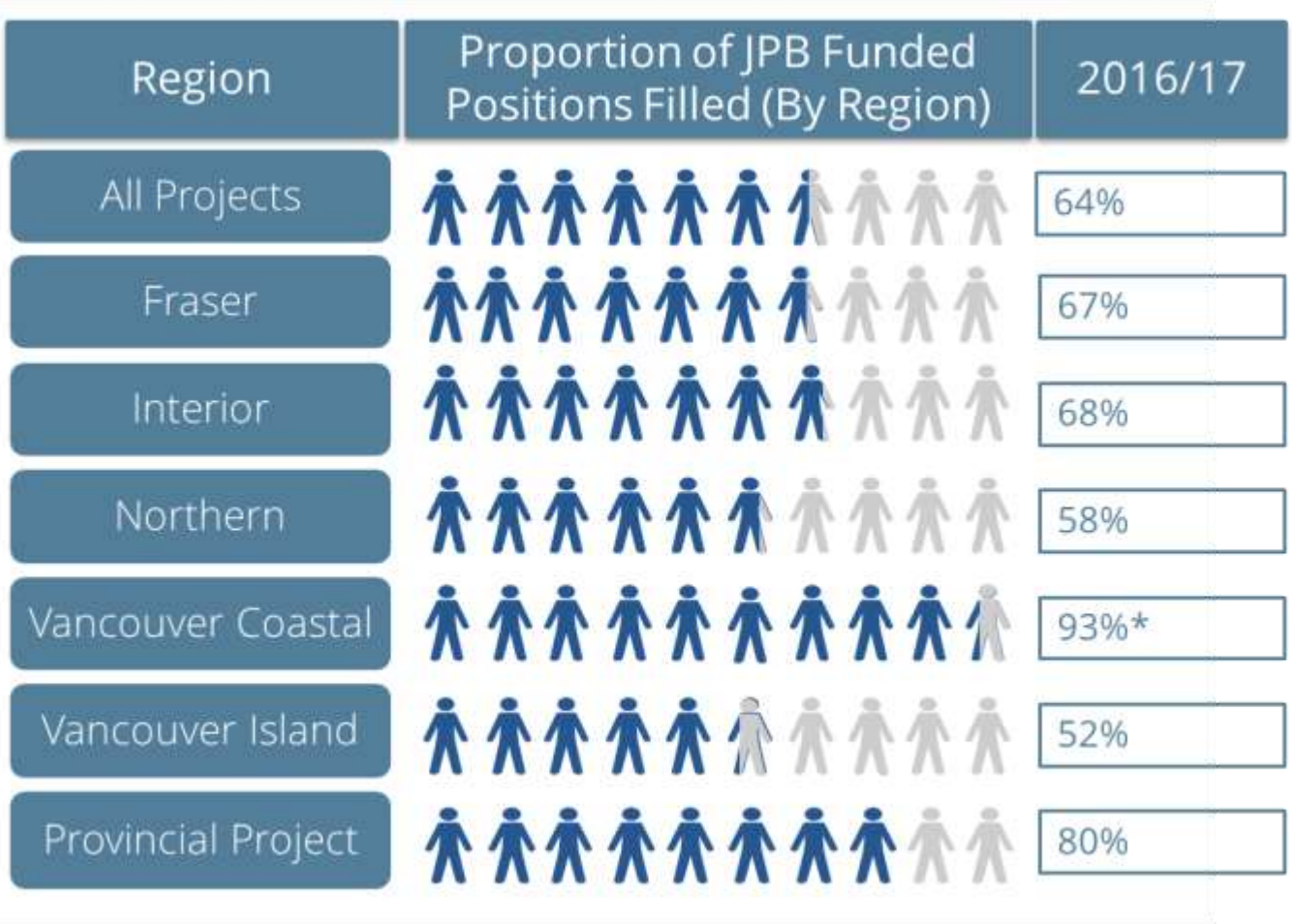

## Mental Health and Wellness Clinicians

61% (19 out of 31) of funded positions filled.

| Unfilled Position Status | # |
|---|---|
| Recruiting | 7 |
| Vacant due to turnover | 1 |
| Closed after >1yr recruiting | 2 |
| Not reported | 2 |

**Mental Health & Wellness (H&W):** Registered Clinical Counsellor, Mental Health Clinician, Psychologist, Addictions & Mental Health Counsellor. **Other Allied Healthcare Provider (HP):** Dietician, Naturopathic Doctor, Traditional Chinese Medical Practitioner, OT, PT, Podiatrist, Pharmacist. **Other:** Project Lead, Primary Care Coordinator, Wellness System Navigator.

# JPB Funded Positions: By Region

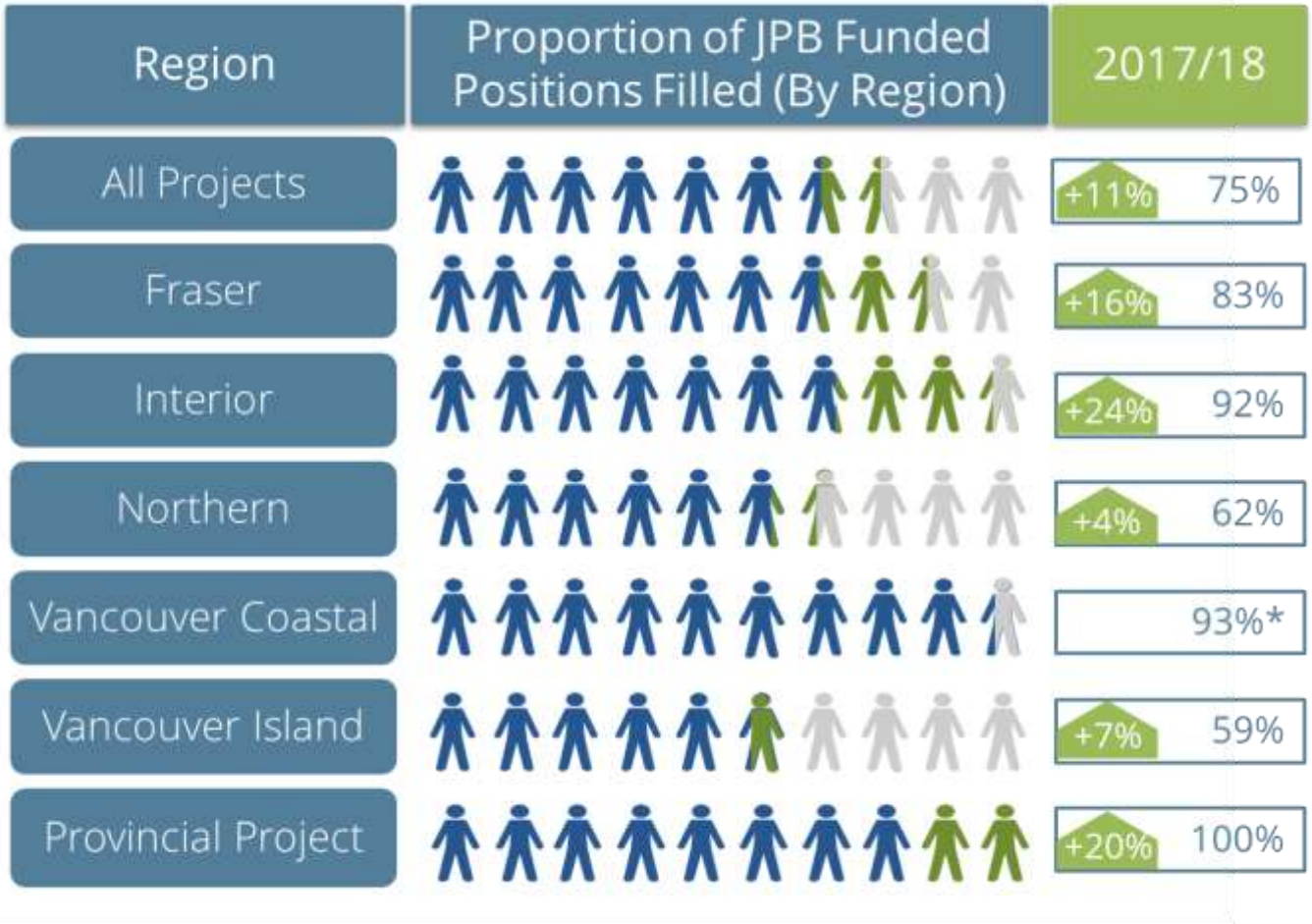



**Highlights**

In 2016/17, approximately 64% of JPB-funded positions were filled.

*These values only include funded positions from 2 out of the 5 projects in the Vancouver Coastal Region.

# JPB Funded Positions: By Region



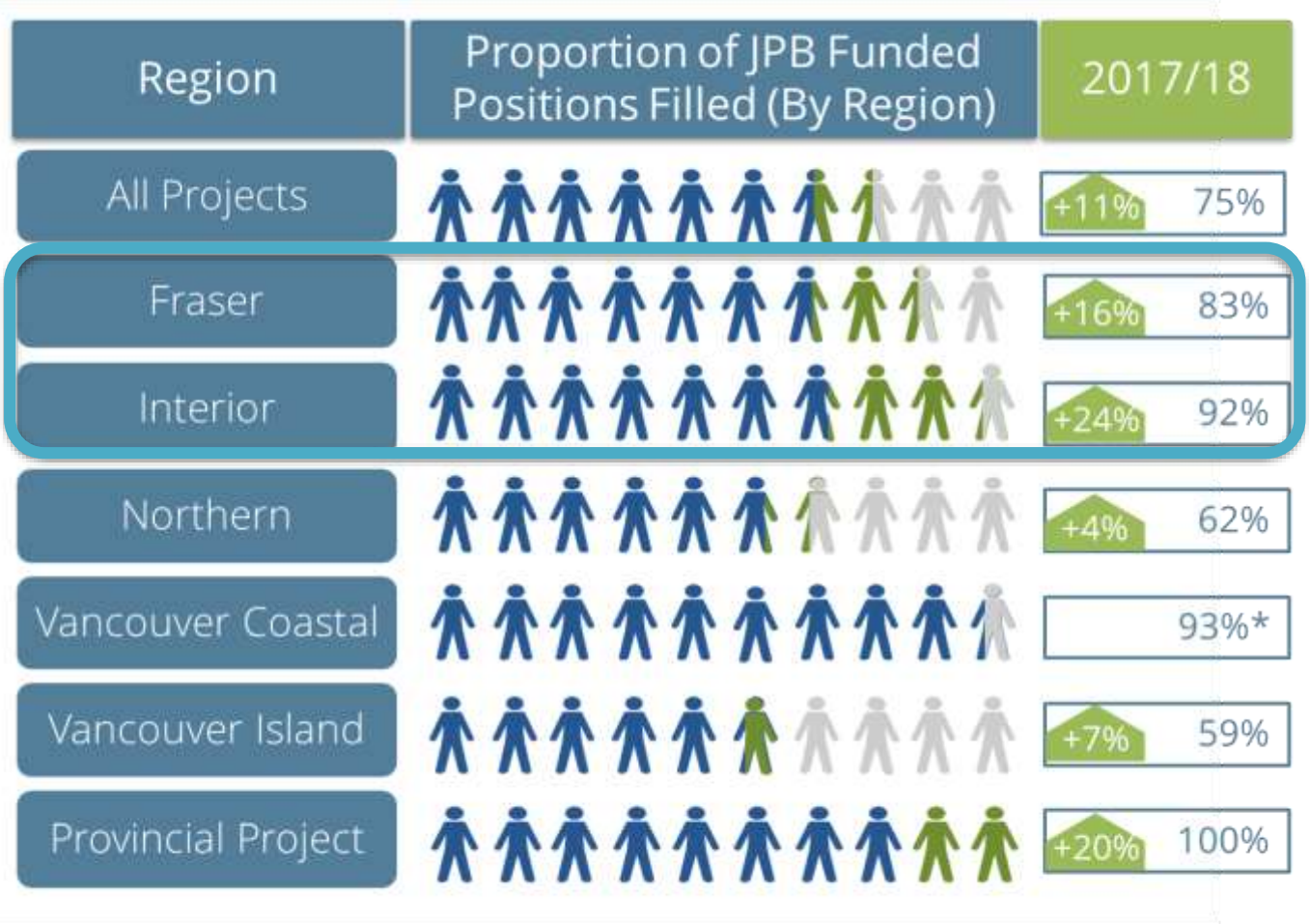

## Highlights

In 2017/18, 75% (121 out of 162) of JPB-funded positions were filled – an 11% increase from the previous year.

The proportion of positions filled has increased or been maintained across all regions.

*These values only include funded positions from 2 out of the 5 projects in the Vancouver Coastal Region.

# JPB Funded Positions: By Region

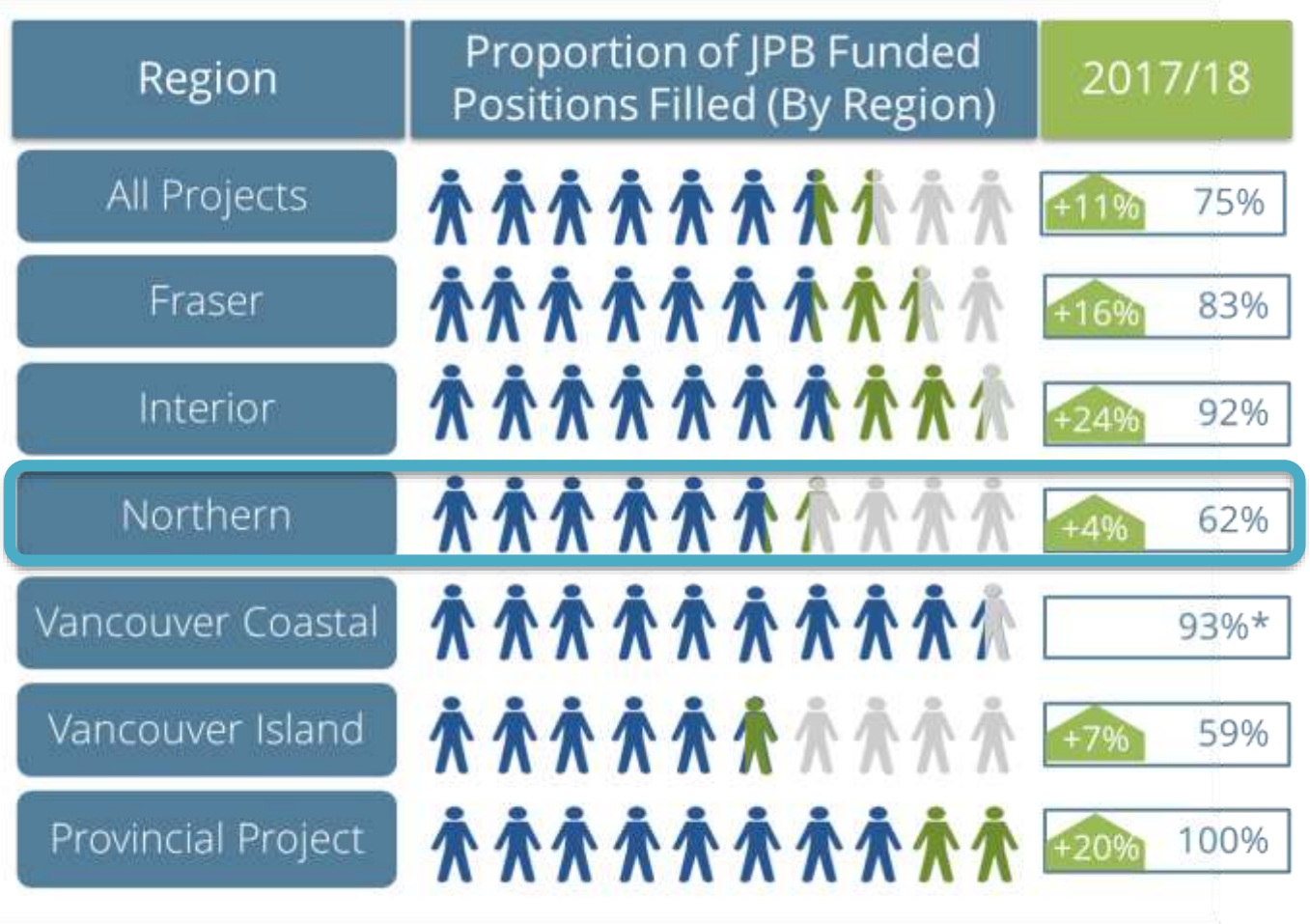



**Fraser and Interior Regions**

Both of these regions are close to having fully staffed projects with only three positions remaining (in each region) to be filled.

*These values only include funded positions from 2 out of the 5 projects in the Vancouver Coastal Region.

# JPB Funded Positions: By Region

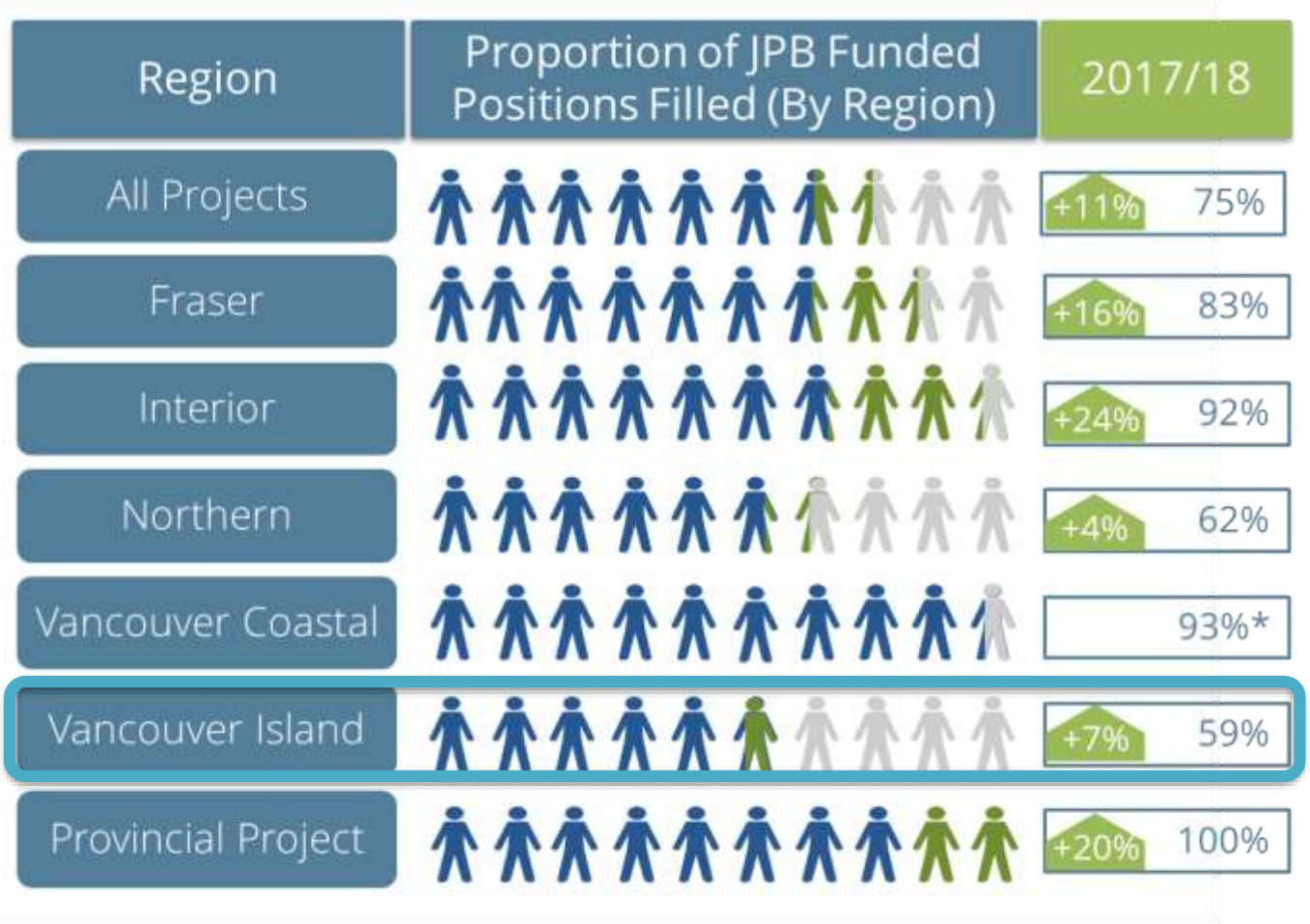



**Northern Region**

The majority (19 out of 22) of these unfilled positions are from one project and are due to phased implementation of this project versus recruitment and retention challenges.

*These values only include funded positions from 2 out of the 5 projects in the Vancouver Coastal Region.

# JPB Funded Positions: By Region




**Vancouver Island Region**

The majority (11 out of 13) of these unfilled positions are from one project. Half of these positions have been recruiting for a year or more.

The length of the recruitment and hiring process/ steps has contributed to attrition of potential candidates.

*These values only include funded positions from 2 out of the 5 projects in the Vancouver Coastal Region.

# JPB Funded Positions: By Region

| Region | Number of Unfilled JPB Funded Positions (By Region) |
|---|---|
| Fraser | 3 / 18 |
| Interior | 3 / 37 |
| Northern | 22 / 53 |
| Vancouver Coastal | 0 / 15* |
| Vancouver Island | 13 / 34 |
| Provincial Project | 0 / 5 |

# JPB Funded Positions: By Region

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| Interior | 3 / 37 |
| Northern | 22 / 53 |
| Vancouver Coastal | 0 / 15* |
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| Provincial Project | 0 / 5 |

Positions in recruitment stage

Overall, 9% of JPB funded positions are actively recruiting.

# JPB Funded Positions: By Region

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|---|---|
| Fraser | 3 / 18 |
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- Positions in recruitment stage
- Positions vacant due to turnover

Overall, 2% of JPB funded positions are vacant due to turnover.

# JPB Funded Positions: By Region

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|---|---|
| Fraser | 3 / 18 |
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| Vancouver Island | 13 / 34 |
| Provincial Project | 0 / 5 |

- Positions in recruitment stage
- Positions vacant due to turnover
- Positions closed after >1yr recruiting

Overall, 2% of JPB funded positions were closed after unsuccessful recruitment for one year or more.

# JPB Funded Positions: By Region

| Region | Number of Unfilled JPB Funded Positions (By Region) |
|---|---|
| Fraser | 3 / 18 |
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| Northern | 22 / 53 |
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- Positions in recruitment stage
- Positions vacant due to turnover
- Positions closed after >1yr recruiting
- Position status for 2017/18 FY unknown

Overall, the status of 13% of JPB funded positions for the 2017/18 fiscal year is not clear or was not reported on.

18 out of 21 of these positions are from one project.

*Note: Does not include positions from projects with no 2017/18 annual narrative report received.

# Most Commonly Reported Implementation Barriers

| Recruitment & Retention | Infrastructure | Funding Conditions |
|---|---|---|
| Lack of trained candidates in the area (54%) | IT issues (e.g. Bandwidth, EMR) (50%) | Barriers related to funding conditions (42%) |
| Lack of short-term housing/accommodation (38%) | Lack of physical office space (42%) | Lack of clarity on funding usage, eligible activities, and available resources |
| Unable to attract local qualified candidates (33%) | Lack of confidential clinical space (42%) | |
| Length of time to hire (e.g. developing job description, posting job, signing contract, setting up workspace) (25%) | Lack of spaces where clients feel comfortable and safe accessing care | |
| Finding candidates who are an appropriate fit and culturally safe and humble | | |

Top three **most commonly reported** implementation barriers in 2017/18

# Top Implementation Barriers: By Funding Recipient

| First Nations Organization/ Nation | FNHA | Health Authority |
|---|---|---|
| Lack of trained candidates in the area (43%) | Lack of trained candidates in the area (33%) | Lack of trained candidates in the area (75%) |
| Unable to attract local qualified candidates (compensation issues such as pay, benefits, seniority) (43%) | IT issues (eg. Bandwidth, EMR) (33 %) | IT issues (eg. Bandwidth, EMR) (63%) |
| Project planning and start-up taking a significant amount of time (43%) | Length of time to hire (e.g. developing job description, posting job, signing contract, setting up workspace) (33%) | Project planning and start-up taking a significant amount of time (50%) |
| | | Funding conditions (50 %) |
| Lack of accessible confidential file storage (43%) | Lack of accessible confidential file storage (33%) | Lack of confidential office space (50%) |
| Lack of physical office space (43%) | Provider doesn't have the tools they need (33%) | Lack of physical office space (50%) |

## Highlights

All three groups reported lack of trained candidates in the area and lack of confidential office space or accessible confidential file storage as top implementation barriers.

- Recruitment & Retention
- Infrastructure
- Funding Conditions

# Top Implementation Barriers: By Funding Recipient

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| Lack of accessible confidential file storage (43%) | Lack of accessible confidential file storage (33%) | Lack of confidential office space (50%) |
| Lack of physical office space (43%) | Provider doesn't have the tools they need (33%) | Lack of physical office space (50%) |

## Highlights

Funding conditions was only reported as a top implementation barrier among projects with Health Authority funding recipients.

Recruitment & Retention

Infrastructure

Funding Conditions

# Recruitment Strategies

**Expanding recruitment efforts by:**

- Networking with partner organizations and communities to reach larger pool of candidates
- Partnering with health authorities to support advertising of positions
- Use of creative recruitment incentives including flexibility in home location and interchange agreements with health authorities.
- Project suggestion/request: More flexibility in position qualification requirements/criteria

"The most significant challenge has been to recruit qualified and appropriate candidates who are a good fit and understand working in a First Nations context in a culturally safe and respectful manner."

# Retention Strategies

**Preventing provider burnout and improving retention by:**

- Staffing full-time positions with multiple part-time individuals
- Hiring casual staff to support leaves and fill staffing gaps (to reduce burden on permanent staff/providers)
- Project suggestion/request: Improved access to professional training opportunities for project staff/providers

"Although we have been unable to recruit a second midwife this year, we have been able to secure a few locums. This has enabled at least a few breaks for our busy midwife, who has an endless 'on call' schedule."

# Infrastructure Strategies

- Health centre's IT department conducting site visits and consulting with IT services in other communities
- Flexibility and willingness of providers to work effectively in whatever spaces may be available for care delivery/ meeting with clients in communities
- Sharing health authority office space/co-locating with other care providers
- Staggering provider schedules to share available office space

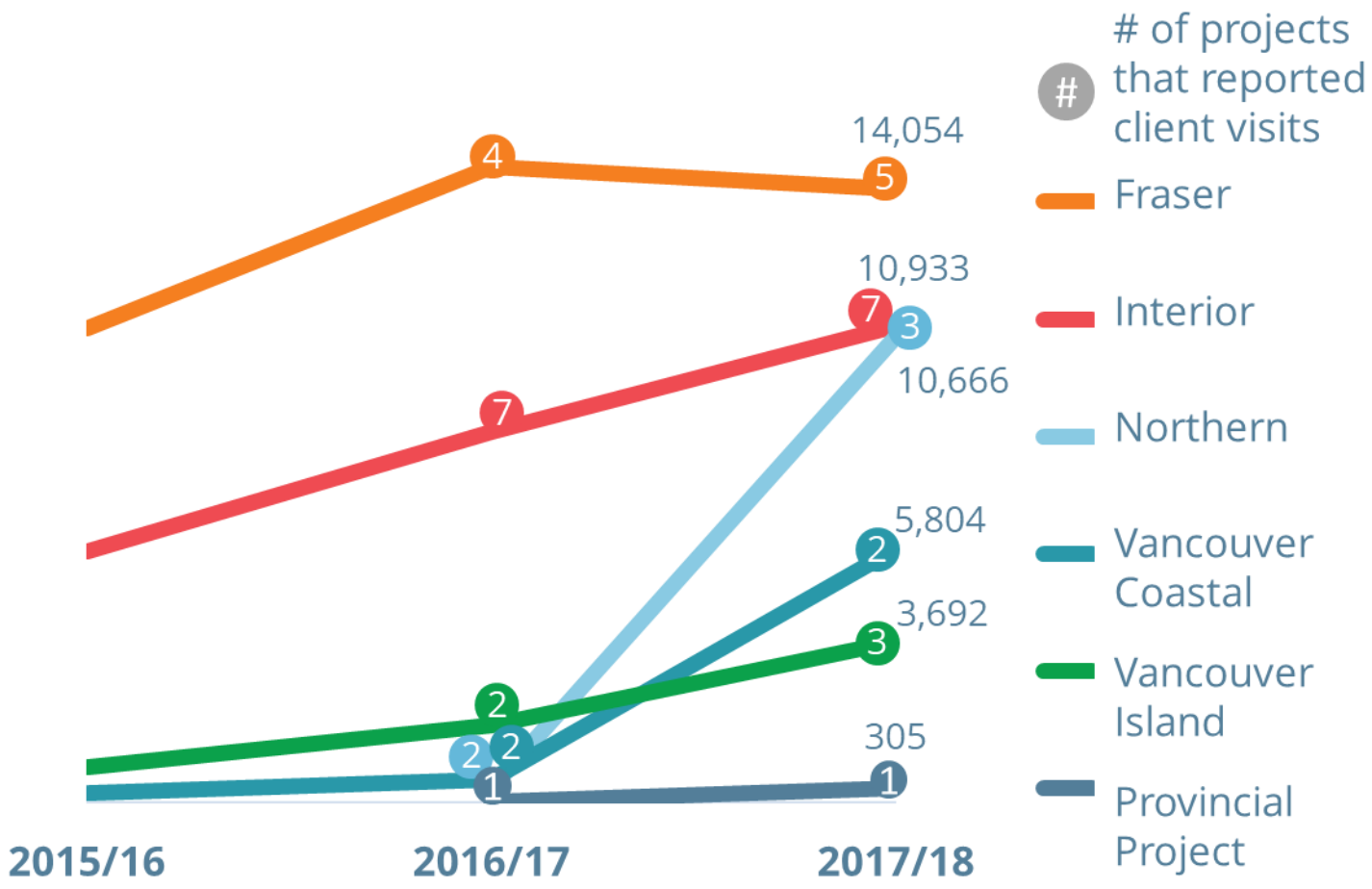
"Some communities [...] lack an optimal space for group and individual counselling, and it is a credit to the experience, skill, and flexibility of our counsellors that they are able to effectively work within these confines."

# Funding Condition Strategies

- Mobilizing funding from additional sources
- Discussion with partners (FNHA, health authorities, Nations/Bands) about managing operational demands with financial constraints
- Project request: more clarity and flexibility around what activities can be funded under JPB project

"Confusion and conflicting messages regarding funding of this project have occurred, and expectations during the course of the project have changed."

# Service Delivery Trends: Total Client Visits



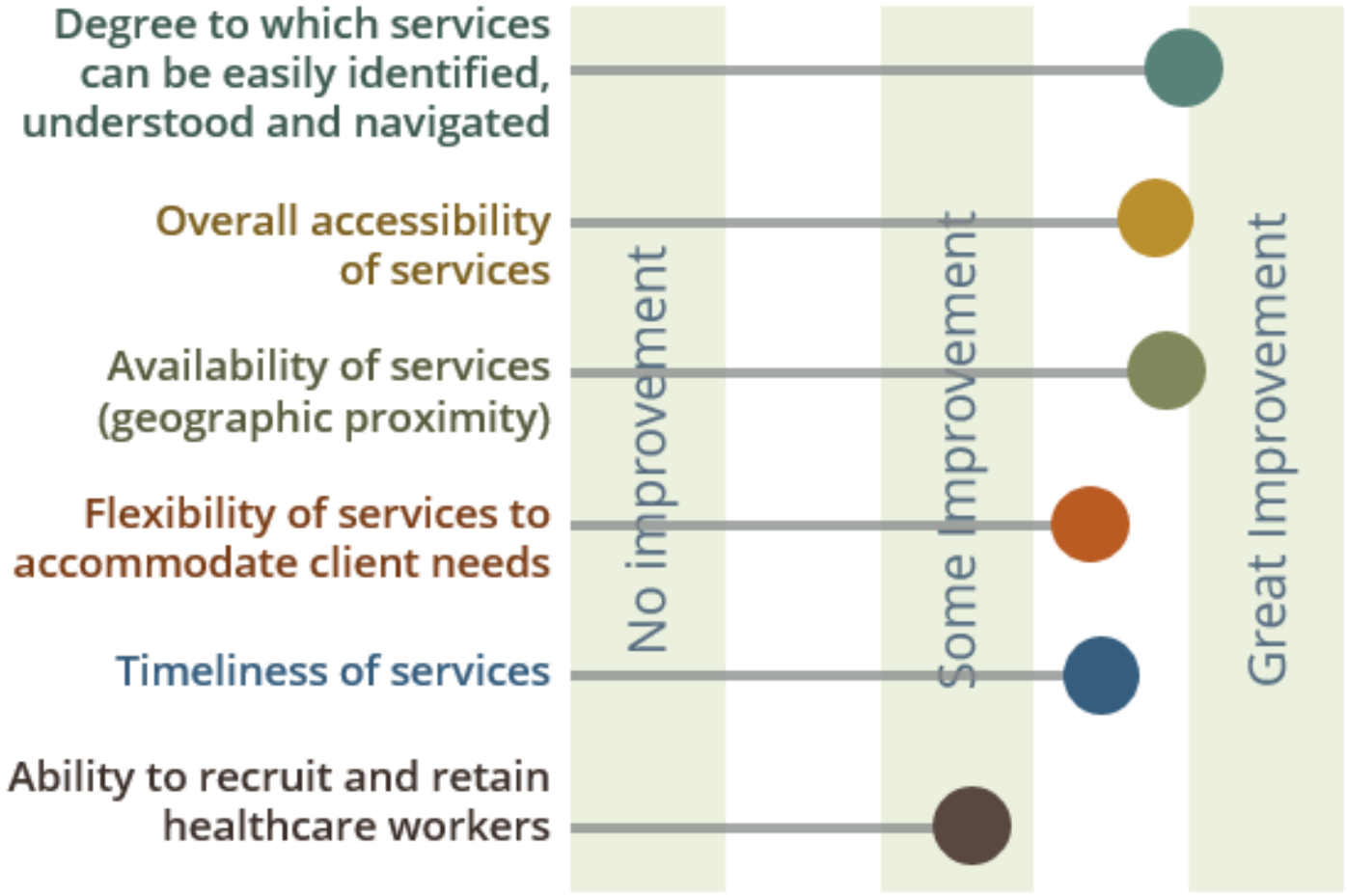

**Highlights**

Total client visits **increased by 77%** in 2017/18.

Fraser Region has consistently had the highest number of total client visits.

Fraser Region has the highest number of filled physician and NP positions: these groups tend to have more client visits compared with other provider groups.

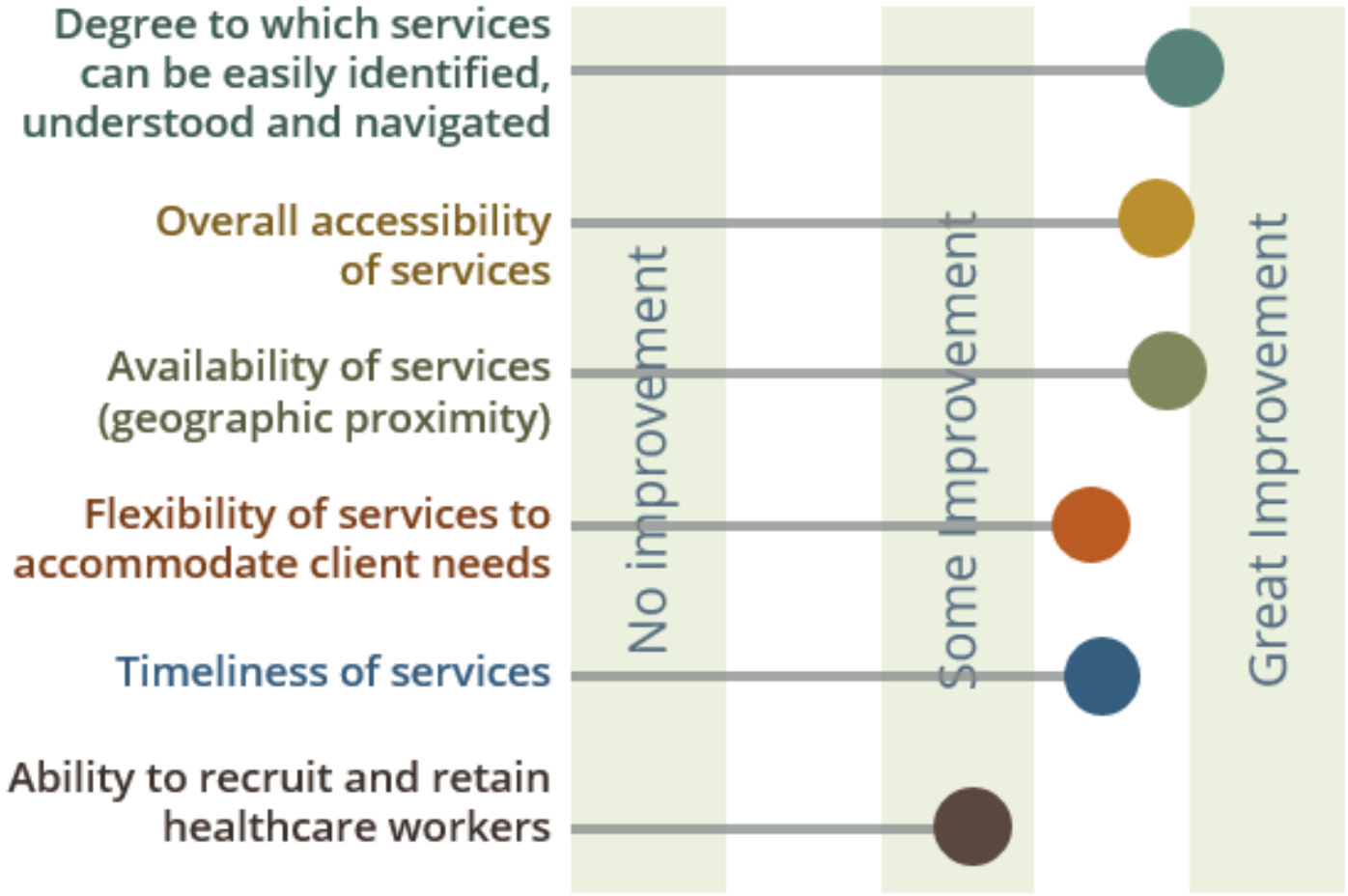
# Improvements in Service Accessibility




**Highlights**

Projects reported improvements across several dimensions of service accessibility and availability since project initiation.

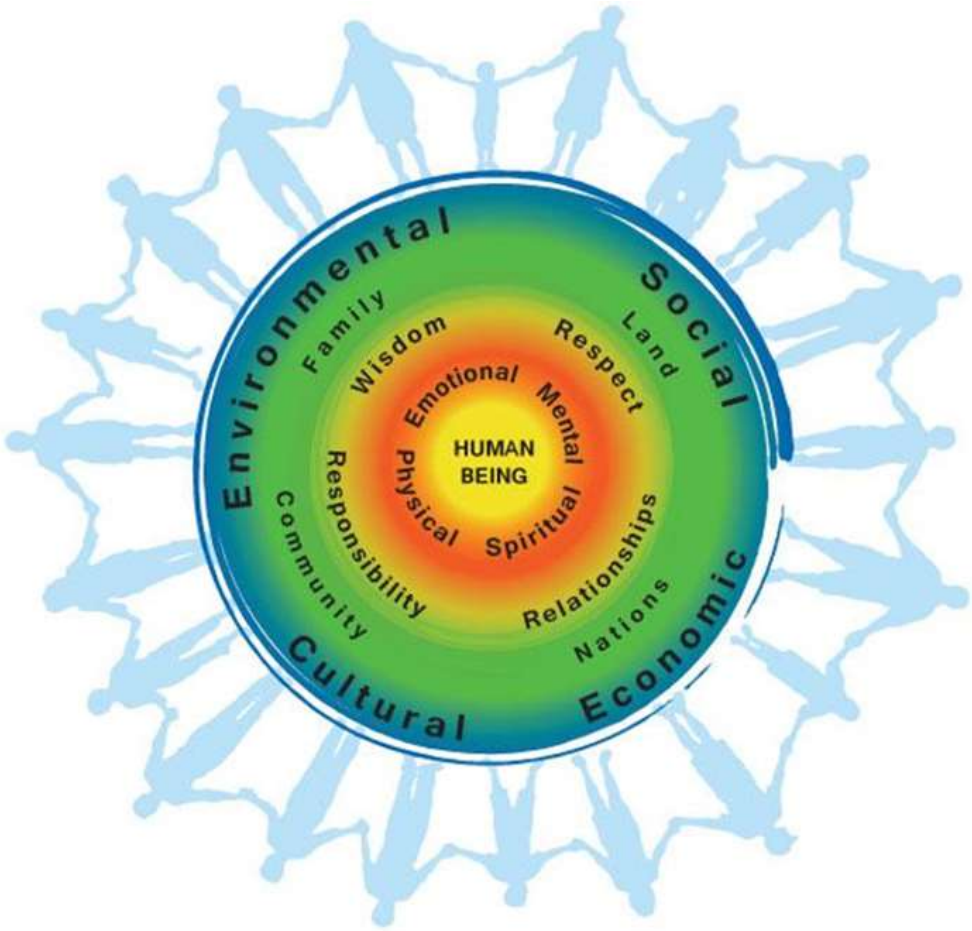
# Improvements in Service Accessibility




**Highlights**

On average, projects reported the greatest improvement in **service identification and navigation** and the least improvement in **ability to recruit and retain healthcare workers**.

# Integrating a Wellness Approach




**92%** of projects agreed or strongly agreed that as a result of the project, **wellness is integrated into the delivery of care**.

**96%** of projects agreed or strongly agreed that as a result of the project, **cultural safety and humility of care has improved.**

# Integrating a Wellness Approach

Inclusion of SDoH in initial client assessments

Social determinants of health approaches

Positions (e.g. navigators, wellness coordinators) to support navigation and coordination of health and social services and resources

Partnerships with other service providers and organizations (e.g. with non-profit housing society)

Integrated care teams

Person-centred & Family-centred care

Wrap around care

*"Staff work with families in a way that incorporates values like respect, responsibility, wisdom and relationships.*

*They also work with families around social determinants of health, including economic, social, cultural and environmental factors."*

Two-eyed seeing approaches

Knowledge exchange

Learning from traditional knowledge keepers

# Integrating a Wellness Approach

Inclusion of SDoH in initial client assessments

## Social determinants of health approaches

Positions (e.g. navigators, wellness coordinators) to support navigation and coordination of health and social services and resources

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Integrated care teams

## Wrap around care

Person-centred & Family-centred care

*"Providing holistic and wrap around support is key to working with families in a culturally mindful and supportive manner."*

## Two-eyed seeing approaches

Knowledge exchange

Learning from traditional knowledge keepers

# Integrating a Wellness Approach

Inclusion of SDoH in initial client assessments

## Social determinants of health approaches

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Integrated care teams

## Wrap around care

Person-centred & Family-centred care

## Two-eyed seeing approaches

Knowledge exchange

Learning from traditional knowledge keepers

*"There is a direct attempt to blend two approaches, western psychiatry and substance use modalities blended with First Nations perspectives on spirituality and the importance of local cultural practices and traditions in maintaining mental wellness."*

# Most Commonly Reported Delivery of Care Barriers

| Coordination of Care | Service Utilization | Technology Integration |
|---|---|---|
| Clients difficult to reach for follow-up (54%) | Client unaware of services (50%) | Lack of access to health authority EMR (46%) |
| Client record/charting issues (other than lack of EMR) (42%) | Restricted provider hours/availability (50%) | Multiple EMRs that aren't integrated (46%) |
| Lack of communication between service delivery organizations (38%) | Clients don't trust/know the providers yet (38%) | |
| Confusion over coordination of services or resources among multiple funding recipients (29%) | Location of service difficult for clients to get to (29%) | |
| Perceived privacy barrier to sharing information (29%) | | |

**Most commonly reported** delivery of care barriers in 2017/18

# Top Delivery of Care Barriers: By Funding Recipient

| First Nations Organization/ Nation | FNHA | Health Authority |
|---|---|---|
| Lack of access to health authority EMR (50%) | Clients difficult to reach for follow-up (100%) | Restricted provider hours (eg. Only available during daytime) (75%) |
| Clients difficult to reach for follow-up (43%) | Clients unaware of services (67%) | Clients difficult to reach for follow-up (63%) |
| Clients unaware of services (43%) | Client record / charting issues (if different than lack of EMR). (67%) | Multiple EMRs that aren't integrated (63%) |
| | Clients don't trust/know the providers yet (67%) | Location of service difficult for clients to get to (63%) |

## Highlights

Among all three funding recipient groups, difficulty reaching clients for follow-up was reported as a top delivery of care barrier.

Service Utilization, Access, & Availability

Technology Integration

Coordination of Care

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| | Clients don't trust/know the providers yet (67%) | Location of service difficult for clients to get to (63%) |

## Highlights

EMR-integration-related issues top barrier for both First Nations Organization-led projects and Health Authority-led projects.

Service Utilization, Access, & Availability

Technology Integration

Coordination of Care

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| | Clients don't trust/know the providers yet (67%) | Location of service difficult for clients to get to (63%) |

## Highlights

Delivery of Care barriers related to availability and flexibility of services, including provider availability/hours and location of services, were among the top reported delivery of care barriers for health authority projects only.

Service Utilization, Access, & Availability

Technology Integration

Coordination of Care

# Coordination of Care Improvement Strategies

- Building relationships between project staff/providers and staff/providers from other local health facilities and organizations
- Strengthening partnerships with health authorities
- Integration with other local health service providers and organizations
- Team-based approaches
- Co-locating specialist care

"Our focus on integration has resulted in improved care to patients, particularly for patients who are difficult to track down or have complex care issues."

# Service Utilization Improvement Strategies

- Project staff/providers visit communities, participate in community and Nation events, engage with Health Directors
- Promote project services in communities (e.g. information booths at events, distribution of promotional materials)
- Email and text notifications about project services, visits, sessions
- Increased flexibility of services (e.g. regularly scheduled drop-ins)
- Using combination of in-person and virtual service delivery

"We often go where the clients we work with go. We attend soup kitchens, community meals, pancake breakfasts and the harm reduction bus."

# Technology Integration Improvement Strategies

- Exploring other options for charting/medical records management (e.g. purchasing access to MedAccess)
- Development of centralized document/data collection tool

"Each of the communities have their own EMR systems that are not integrated, would be helpful for service providers to be able to access one system."