Comox Valley Primary Care Network

Change and Engagement Framework

Overview

The purpose of this document is to provide an overview of the change and engagement framework for the Comox Valley Primary Care Network (PCN).

The Comox Valley PCN includes activities that are related to the planning and successful implementation of a Primary Care Network. The CV PCN Program Team understands that it is not possible to "manage" change. Rather, it is our responsibility to provide the structures, processes and supports to individuals and teams that encourage innovation, creativity, psychological safety, resiliency and continuity of safe, quality health and care for all patients, families, and communities, particularly during times of uncertainty. The Comox Valley PCN Vision and Shared Purpose will provide the foundation to all change, engagement and learning activities.

Change *Management* relies on coordination, collaboration, and consistency across all PCN related activities specifically: engagement, communications, learning, sustainment and measurement; regardless of the work stream, accountability, or responsibility. Individually each of these components plays a crucial role to the success of the PCN and collectively they form the overall Change and Engagement Framework**.**

To support individuals as they engage in the work of the PCN we will provide opportunities to engage in processes which will enable the integration and sustainment of the behaviors that support vision for the PCN in the Comox Valley. Through engagement and learning activities, a new culture of care will evolve and our communities will fully realize a primary care network. This change and engagement plan is an internal plan with a focus on individuals who will be working within the primary care network. The framework will be combined with strategies for both the "being" nature and "doing" activities of individuals and groups involved in creating and working within the PCN.

Drivers for Change - Eight Core Attributes

Evidence has shown that interdisciplinary team-based care puts the patient at the centre of their care. When implemented effectively the result is a patient and family-centred system that is provided by physicians, nurse practitioners, allied health providers other health professionals who are working together effectively in a collaborative way to deliver appropriate care for patient needs.[1] The Change and Engagment framework is strategically aligned with the eight core attributes of a PCN and inlcuded within these attributes is the development of team-based care.

1. The eight attributes of a primary care network form the drivers for change. Process for ensuring all people in a community have access to quality primary care and are attached within a PCN.

[1] General Practices Services Committee The BC Minsitry of Health and The Doctors of BC. Primary Care Network Planning and Implementation Guide. Vancouver, BC. July 2019 46 p. Version No: 1.0

2. Provision of extended hours of care including early mornings, evenings and weekends.
3. Provision of same day access for urgently needed care through the PCN or an Urgent Primary Care Centre.
4. Access to advice and information virtually (e.g. online, text, e-mail) and face to face.
5. Provision of comprehensive primary care services through networking of PMHs with other primary care providers and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.
6. Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.
7. Clear communication within the network of providers and to the public to create awareness about and appropriate use of services.
8. Care is culturally safe and appropriate

The BC Ministry of Health defines team-based care as "Multiple health care providers from different professional backgrounds work together with patients/clients, families, caregivers and communities to deliver comprehensive health services across care settings".[2] Within the primary care network, the implementation of team based care as the central model will enable communities to realizes the eight attributes of the PCN and provide high quality primary care services.

Cultural Safety and Humility

As outlined in the mandate letter to Minister of Health Adrian Dix from Premier John Horgan, the Ministry of Health is responsible for providing team-based primary care, as well as adopting and implementing UNDRIP and TRC Calls to Action.

PCNs will be established across B.C. to provide quality services to the population of local communities, coordinating access to health authority specialized services through integration and service redesign. The local PCN Steering Committee will work together to deliver the PCN core attributes, associated measurable outcomes, and the client and provider value propositions, as outlined below.

PCNs present an opportunity to effect change, to build relationships founded in the practice of cultural humility, and to support the development and implementation of mechanisms to promote the advancement of culturally safe care. Expectations for cultural safety, Indigenous engagement, and partnership have been included in the Ministry of Health's policies and guiding documents for PCNs, including:

[2] BC Minstry of Health Nursing Policy Secretariat, Health Sector Workforce and Beneficiary Services. Team-based Care. Victoria, BC. 28 May 2020. 11 p Report No: Version 2.0.

• PCN core attribute: Care is culturally safe.

• Client value proposition: I am treated with dignity and respect; I don't experience shame or intimidation and feel my health concerns are addressed without racial or other discrimination.

• Provider value proposition: I am given the training and supports to provide my clients with care that respects their culture and history.

• Expectations for Indigenous engagement and partnership in the expression of interest (EOI) and service plan documents.[3]

In alignment with the eight core attributes, the Comox Valley PCN and the Change and Engagement Framework recognizes the importance of embedding cultural safety as a core planning principle as outlined in the Indigenous Engagement to Cultural Safety Guidebook. Cultural Safety will be reflected in all plans, schedules, and activities related to transforming the culture of care including but not limited to engagement, learning, communications, sustainment & measurement.

Due to the significant integration of these principles in collaboration with our FNHA partners and within the day-to-day operations of the PCN Steering Committee, Program Team and Working Groups, indigenous representation is included. The Indigenous Health Working group is well established, and two essential roles Indigenous Wellness Liaison and the Indigenous Wellness Advocate have been added to the PCN.

Team-based Care

Team-based care is the central model for building a diverse, collaborative, integrated team of health care providers and administrative staff that optimizes team functioning, enhances the experience of care and improved population health and supports equitable access to sustainable, high quality primary and community care services. [4]. Team-based care provides the foundation for care within a Primary Care Network. The literature outlines the following known enablers for team-based care:

- Agreed Upon Definition of a Successful Team[5]
- Shared Core Team Values and Principles[6]

[3] First Nations Health Authority and The BC Ministry of Health. Indigenous engagement and cultural safety guidebook: A Resource for Primary Care Networks. Victoria, BC. Sept 2019. 44 p. Report No. 1.0

[4] BC Minstry of Health Nursing Policy Secretariat, Health Sector Workforce and Beneficiary Services. Team-based Care. Victoria, BC. 28 May 2020. 11 p Report No: Version 2.0.

[5] Mackie S, Darvill A. Factors enabling implementation of integrated health and social care: a systematic review. *Br J Community Nurs* 2016; 21: 82-87.

[6] Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. *JAMA* 2002; 288: 1775-1779.

- Multi-disciplinary Teams, Including Patients and Caregivers[7]
- Roles and Responsibilities[8]
- Team Structure and Dynamics
- Co-location[8]
- Effective Communication[8]
- Leadership[8]
- Information Technology (IT) System [5]
- Training and Professional Development[7]
- Continuous Data Measurement and Analysis[9]

Establishing a high functioning model of team-based care will help to contribute to the IHI Quadruple Aim with enhanced patient experience, improved population health, reduction in cost, improvements in provider work-life. Team-based care requires a significant change in the culture of care and how patient care is organized. Team-based care requires collaboration, a collective competence, an optimized scope of practice along with the training necessary to build and sustain the team over the long term

Approach

The CV PCN change approach is multi-layered and not intended to represent a linear process but rather a web of interconnected and interdependent activities. As noted in the PCN Program Plan the Comox Valley PCN will be implemented in phases. These phases are:

Phase 1 – Preparing for Change – Expression of Interest, Service Plan Development

Phase 2 – Building our Foundation – laying the foundation for engaging stakeholders in change, program structure, scope and implementation plans developed, operational teams developed

Phase 3 – Engagement to Create a Plan – working with participants, people and processes to develop the plan for change. This phase includes developing the PCN Model for the Comox Valley, shared purpose, clinic contracting (overhead and MOU), team charting agreements in place, allocation of AHP's as determined through engagement with stakeholders, mapping and flow of AHP's, clinic risk assessments, measurement and evaluation framework in place, baseline evaluation

[7] Mitchell P, Wynia M, Golden R, McNellis B, Okun S, Webb C, Rohrbach V, Kohorn I. Core Principles & Values of Effective Team-Based Health Care. *NAM Perspectives* 2012; 2.

[8] Ghorob A, Bodenheimer T. Building teams in primary care: A practical guide. *Fam Syst Health* 2015; 33: 182-192.

[9] Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: the chronic care model, Part 2. *JAMA* 2002; 288: 1909-1914.

Phase 4 – Working our Plan – in this stage the PCN working groups and teams begin implementing change. This includes hiring and onboarding AHP's, training, team development, quality improvement (QI) and PDSA cycles, learning labs.

Phase 5 - Sustainment and Ongoing Measurement and Evaluation

Sustainment measurement covers a time period from the initial implementation of the allied health care practitioners into the Comox Valley PCN and is ongoing. The aim is to assess the extent of achievement of the initial implementation of the PCN while continuing to grow the capacity of the PCN. Ongoing evaluation and measurement of the PCN will be included in sustainment activities.

Two key models for change will guide the Change and Engagement Framework embedded within this plan. The NHS Model for Large Scale change will act as a guide to the Change and Engagement Framework along with the IAP2 Spectrum of Public Participation.[10]

1. NHS Model for Change

The NHS Change Model is a foundational framework that emphasizes the critical importance of developing a shared purpose that guides decisions and actions and fuels motivation and energy for change. The model articulates seven interrelated components that must be addressed for change to

[10] International Association for Public Participation. Vancouver, BC: IAP2 Canada; 2018. Availabloe from https://iap2canada.ca/

succeed[11]. Briefly, these include:

- shared purpose
- leadership by all
- spread and adoption
- improvement tools
- project and performance management
- measurement
- system drivers
- motivate and mobilise

Three key principles underpin the model across all components and heavily impact the success of change efforts, as follows:

Intrinsic and Extrinsic Motivation
Intrinsic motivation is based on our values and what is meaningful and important to each of us as individuals. Extrinsic motivation, on the other hand, comes from the outside and it based on pressure to perform, reward, competition and compliance. The evidence shows that relying predominantly on extrinsic factors does *not* yield successful or sustainable change; balance must be maintained between the two factors and strengths of both extrinsic and intrinsic motivation leveraged in transformation efforts.

Energy for Change
Energy relates to the capacity and drive of individuals and teams to do what is necessary to achieve goals. The lack of energy (or burnout) is one of the most common reasons leaders fail to achieve change goals. Change efforts require significant energy and the evidence suggests that organizations with high positive energy perform consistently better across a range of indicators.[12] It is important to consider four elements:

- Connection – alignment between values and purpose;
- Content – sense of achievement provided by work;
- Context – supportive and enabling work environments; and
- Climate – the extent to which people want to give their best and are encouraged to grow.

Given the extent of change in primary care over recent years, it is imperative to assess and manage

[11] NHS Leading Large Scale Change: A Practical Guide. Quarry Hilll, Leeds: NHS Quarry House; April 11, 2018 25 p 122.
[12] Bruch H, Vogel B. Fully Charged: How Great Leaders Boost Their Organization's Energy and Ignite High Performance. London: Harvard Business School Press. 2011. 288 p.

energy for change throughout the transformation process.

Commitment vs. Compliance

A balance between commitment and compliance must be established for change to succeed. In the past, change efforts have been skewed towards compliance-based approaches; targets and objectives are outlined, and indicators of success are measured. In practice, there is no evidence indicating that sustainable transformative change can be achieved through a compliance-based approach. Pairing compliance based mechanisms with a commitment-based approach, the change process builds motivation for change, which serves as a solid starting point to mobilize people to action.[13] The evidence suggests that when people are highly motivated and in a culturally (psychologically) safe workplace, they are more willing and encouraged to take risks, able to maintain their energy for change and more driven to achieve results.[14] For successful transformation, there needs to be a balance between both commitment (e.g., developing shared purpose) and compliance (e.g., project and performance management).

The NHS change model is a philosophy, not a methodology, and so is relevant to numerous change program settings. The change model provides us with an approach which can be tailored to fit our unique situation in the Comox Valley PCN.

International Association for Public Participation (IAP2) Model.

The IAP2[15] model has been adapted for use to engage both internal and external stakeholders in alignment with CV PCN initiative. Focus areas will include:

Inform – to provide the stakeholders with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consult – to obtain stakeholder feedback on analysis, alternatives and/or decisions

Involve – to work directly with stakeholders throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborate – to partner with stakeholders in each aspect of the decision including the development of alternatives and the identification of the preferred solution

Empower – to place final decision-making in the hands of the stakeholders

[13] Bevan H, Plsek P, Wistanley L. Leading Large-Scale Change: a Practical Guide. Coventry, England; NHS Institute for Innovation and Improvement: 2011. 157 p.

[14] Plsek PE. Complexity and the adoption of innovation in healthcare. In Proceedings of Accelerating Quality Improvement in Health Care: Strategies to Speed the Diffusion of Evidence-Based Innovations. National Institute for Health Care Management Foundation. Washington DC. January 27-28, 2003

[15] International Association for Public Participation. Vancouver, BC: IAP2 Canada; 2018. Available from https://iap2canada.ca/

The IAP2 core values include:

- Participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process
- Participation includes the promise that that the public's contribution will influence the decision
- Participation promotes sustainable decisions by recognizing and communicating the needs and interests of all participants including decision makers
- Participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision
- Participation seeks input form participants in designing how they participate
- Participation provides participants with the information they need to participate in a meaningful way
- Participation provides feedback and transparency to participants about how their input affected the decision

Engagement

When we talk about "transformational change" we are referring to change that is wide-spread, across many boundaries, and is interconnected and coordinated across multiple systems. It involves mobilizing a large collection of individuals, groups and organizations toward a fundamentally new future state. It challenges our current way of thinking and doing things and may generate some push-back or resistance. This kind of change can have a broad impact on people.

> *What I see rising is a new form of presence and power that starts to grow spontaneously from and through small groups and networks of people*
>
> *-Scharmer, 2016*

When we talk about transformational change, the words "resistance" and "tension" often spring to mind. However, there are tools we can use as change leaders to help create shared purpose with individuals, groups and organizations to enable a future state. Developing a shared purpose can be facilitated by:

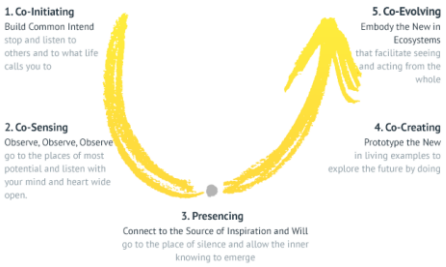
- Identifying and sharing key enablers
- Shifting power and considering a more distributed leadership model
- Fostering comprehensive and active engagement of stakeholders
- Ensuring mutually reinforcing changes in multiple systems and processes.[16]

[16]Bevan H, Plsek P, Wistanley L. Leading Large-Scale Change: a Practical Guide. Coventry, England; NHS Institute for Innovation and Improvement: 2011. 157 p

Transformational health care change begins at the **personal** and **team** level through the development of this shared purpose (which ultimately creates culture). By focusing on personal and team level change, the outcomes at the **system** (organization or community) level will be realized.

To this end, the process of engagement for change can best be characterized by leveraging a new *collective* leadership capacity to meet challenges in a more conscious, intentional, and strategic way. The development of such a capacity would allow us to create a future of greater possibilities. This experience often carries with it, ideas for meeting challenges and for bringing into being an otherwise impossible future. He coins this in five movements of change that include:

- Building a common intent
- Observing and listening
- Connecting to a source of inspiration – a future state
- Prototyping the new future state
- Embodying the *new* in that future state[17]



Underpinning the NHS Model for Change and the IAP2 Spectrum of Public Participation are the characteristics of the five movements towards change shown. These five movements provide change leaders reference points for not so much the "what" of change but the "how" of change and who we as leaders need to "be" while supporting change and engagement.

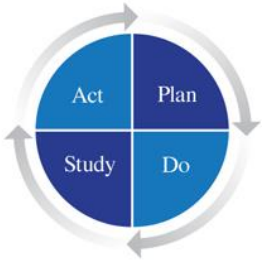
Feedback Loops

Feedback loops will help the PCN Program Team to understand the interrelationships between the current state and the desired future state of the PCN. Since the PCN is being designed for an emergent future, a future that is not yet known, feedback loops allow us to understand certain behaviours within the emerging and new PCN. The NHS describes large scale change as "the emergent process of mobilising a large collection of individuals, groups and organizations towards a vision of a fundamentally new future state".[18]

[17] Scharmer O. Theory U: Leading from the Future as it Emerges. Oakland, CA: Berrett-Koehlaer; 2006 468 p

[18] Bevan H, Plsek P, Wistanley L. Leading Large-Scale Change: a Practical Guide. Coventry, England; NHS Institute for Innovation and Improvement: 2011. 157 p

Based on the Model for Improvement supported by the Institute for Healthcare Improvement, PDSA methodology for quality improvement approaches will be used to gather data which will be fed back to the PCN Program Team.[19] The Program Team will reflect and create ways to communicate and/or act on any issues that present a risk to the PCN. Collective Impact methodology will be used by regularly checking in with our stakeholders, participants, and team. By using the Collective Impact framework, we can evaluate engagement, collaboration and the development or process of change. What we learn can support us in adjusting through PDSA Cycles that will help the project/program become more successful. Collective impact asserts that systematic change in complex social sector initiatives requires commitment of stakeholders from across different spectrums to a common agenda for solving a specific problem. There are five conditions of successful Collective Impact.[20]



Common Agenda	All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed upon actions.
Backbone Support	An independent, funded staff dedicated to the initiative provides ongoing support by guiding the vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy and mobilizing resources
Mutually Reinforcing Activities	A diverse set of stakeholders, typically across sectors, coordinates a set of differentiated activities through a mutually reinforcing plan of action
Continuous Communication	All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.
Shared Measurement	All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement

Examples of different approaches to data collection would be:

- A shortlist of questions designed by the measurement and evaluation working group (a maximum of 5 questions) that will be asked by working group leads at the end of each working group session and steering committee meeting via electronic survey

[19] Institute for Healthcare Improvement. Science of Improvement. How to Improve[Internet] 2020 [cited 2020 Aug 14]. Available from: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx
[20] Kania J, Kramer M Collective Impact. Stanford Social Innovation Reviews. Winter 2011; 36-41 p

- A series of questions to be asked at the end of every small- or large-scale engagement event/activity hosted by the PCN via electronic survey
- A series of patient experience "pulse check" questions to be asked of patients served by the PCN via electronic survey, focus group, one on one interviews.

Patient Engagement and Patient Experience

Person and family centered care includes "an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs and preferences…"[21] of patients and their family members. Person-centred care "shifts providers from doing something to or for the [patient] – where the health care providers perspective is dominant – to doing something with'' them in a true partnership.

The Comox Valley PCN is committed to ensuring that the patient perspective is included in the decision making around the design and implementation of the PCN. By ensuring that patients are actively engaged in the steering committee and various working groups the PCN can ensure that informed patient centered decisions are being made.

The outcome of person-centred care and patient engagement is improved by patient experience. Patient experience can be defined as "the sum of all interactions shaped by an organizations' culture, that can influence patient perceptions across the continuum of care".[22] The IAP2 Spectrum of Public Participation outlines the expectations around engaging our patients, partners and health care teams.

Stakeholders

The Comox Valley PCN Program Team will recognize and engage internal and external stakeholders throughout the lifespan of this program. Stakeholder groups will be engaged using a variety of methods over time based on needs identified in the Stakeholder Matrix embedded in the Master Program Plan. Type of engagement could include:

• Information Based – FAQs, newsletters, web sites,

• Consultation Based – in-person meetings, focus groups, surveys

• Involvement Based – working groups, events, celebrations

• Collaboration Based – participatory decision-making, advisory/working group/steering committees

• Empowerment Based – delegated decision-making as appropriate

[21] Accreditation Canada. Client and family-centered care in the Qmentum program[Internet]. 2015 [cited 2020 Aug 18]. Available from: https://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/accredication-canada.pdf
[22] The Beryl Institute. Defining patient experience [Internet]. 2020 [cited 202 Aug 18]. Available from: https://www.theberylinstitute.org/page/DefiningPatientExp

See the PCN Master Program Plan for the full overview of stakeholder engagement.

Implementation Approach

Due to the emergence of the COVID 19 pandemic, engagement approaches for the Comox Valley PCN have been modified to relaize our new current (changing and emerging) state. As such, the PCN Program Team will conduct small scale engagement with stakeholders based on their capacity and capabilities. Underpinning the approach are the five movements of Theory U engaging in *collective* leadership capacity which will support the "how" of our engagement efforts. Our engagement efforts will include:

- Information – FAQs, newsletters, web sites
- Consultation – virtual (in-person where possible) meetings, world café's/focus groups, readiness assessments, surveys, interviews
- Involvement– working groups, committees, events/celebrations, team training, team coaching and mentoring
- Collaboration – participatory decision-making, advisory/working group/steering committees
- Empowerment – delegated decision-making to stakeholders as appropriate

To begin with the seven clinic leads interested in participating in the PCN and their will be invited to participate in working groups, design meetings and recruitment processes.

The PCN Program Team will spend time one on one with these clinic leads building relationships and understanding needs.

Communication processes will be established through which updates will be provided and also will be used as a mechnism to access feedback to support the PDSA cycles to enhance project effectiveness.

Individuals who commit to joining the working groups or who become members of the PCN Program Team will be provided with the following supports:

- Cultural Safety and Cultural Humility overview and training opportunitites
- PCN Overview Project Overview & PCN Design review as part of an formal onboarding process
- Change leadership concepts and approaches

Events & Activities

The below sequence of events repeats approximately quarterly throughout the lifecycle of the project, in this proposed order, and are themed to support a specific project phase and Guiding Principles. See Milestones Calendar.

Awareness

IAP2: Inform

"We go to them"

- Level setting, inclusive and transparent presentation and discussion for all stakeholders. Project update status, schedule, decisions and upcoming activities
- Supports local leaders to share information amongst their networks and champion the PCN
- Readiness assessments

Pulse Check Surveys

IAP2: Consult

"We ask for feedback"

- Short, consistent on-line survey of all impacted persons to determine efficacy of change and engagement activities quarterly

Virtual Town Halls & Monthly Meetings

IAP2: Inform/Consult

"They come to us"

- Virtual PCN meeting updates open invitation to all internal stakeholders
- Changing focus depending on project phase and engagement needs

Milestone Events

IAP2: Inform

"We celebrate"

- Virtual or onsite events, open invitation to all internal stakeholders
- Changing focus depending on project phase and transition support needs

Milestones Calendar (sample)

1. Comox Valley PCN Milestone and Activities Calendar

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
	1. Preparing for Change Expression of Interest, Service Plan Development, Approval				
Clinic Planning Meetings	Aug 2018		Inform Introduction to PCN Clinic visits by Division Team	Comox Valley Family Physicians	In-person event/meeting: presentation and open forum discussion
MoH Letter of Intent Received	March 2019		Inform Approval to move forward with service plan Wave 1 Community	All Family Physicians clinics in the Vomox Valley	**Format?**
PCN Sharing Event	June 2019		Inform & Consult **What happened at this event?**	Who was the audience?	Format?
PCN Knowledge and Information Sharing Event *Shared purpose*	Dec 2019		Consult & Involve To share up to date informaiton on current state of PCN and to gain an expression of interest from clincis	All Family Physician clinics and their teams interested in PCN All tripartite stakeholders and their repeseantatives	Evening event Information sharing Q and A
	2. Building the Foundation Laying the foundation for engaging stakeholders in change, program structure,				

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
	scope and implementation plans developed, operational teams developed				
Indigenous Health Working Group *Shared purpose* *Motivate and Mobilize*	June 2018 ongoing		**Inform, Consult, Involve, Collaborate, Empower** Build an indigenous led partnership in alignment with the PCN core values	Representatives from indigenous communitites and interested partenrs within the comox valley	In person Ongoing working group Development of indigenous health roles for PCN
Lunch and Learn Series *Shared purpose* *Motivate and Mobilize*	Jan-April 2020	GPSC Documents: PMH/PCN Comparison What is a PCN? What could be the model for the PCN	**Inform & Consult** Provide information on the CV PCN – Update Current State Determine who the clinic leads and who the point of contact will be Determine number of stakeholders currently within each clinic (Physician, RN's MOA's other) Determine communication process - How do you want to be communicated to – how will you circulate	All interested physician clinics and their teams Health connections Clinic	In person Information sharing Information gathering

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
			communication within your team? Determine what analytics platform clinics may be using (HDC or other)?		
March to July 2020 – COVID 19 Hiatus					
One on One Interviews	June-July 2020	Key Questions for Clinic Leads,	Determine level of interest & capacity to move forward with PCN *What is the current state in how you are providing (or how patients are receiving from a patient perspective) care?* *What has changed in the service delivery since COVID 19 (or in the receipt of care from the patient perspective)?* *From your perspective – how have patients been experiencing care delivery?* *What do you see as the future state (with what you know now) for the provision of care in the next 12 months?* *What next steps*	Physician Clinic Leads, AHP's working in the system involved in PCn development work	1:1 Phone interviews Information sharing Informationm gathering

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
			can the PCN and the TBC working group take to support this?		
Individual Clinic Lead Meeting *Shared purpose* *Motivate and Mobilize*	Sept - Oct 2020	CV PCN Update Program Overview Working Groups Stakeholders MoH Updates	**Inform & Consult** Provide information on the CV PCN – Update Current State post COVID Confirm the clinic leads and the point of contact Determine number of stakeholders currently within each clinic (Physician, RN's MOA's other) Determine communication process - How do you want to be communicated to – how will you circulate communication within your team? Determine interest in WG participation as advisor Invitation to Zoom engagement	All interested physician clinics and their teams Health connections Clinic	Virtual Engagement Information sharing Information gathering

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
			meeting		
Implementation Plan Presentation – SC *Shared purpose*	Aug 20	PPT overview of Implementation plan Change and Engagement Plan	**Inform & Consult** PCN Steering Committee Present implementation Plan	PCN Steering Committee members	Virtual Meeting Presentation Feedback Discussion Next Steps
	2. Engagement to Create a Plan Working with participants, people and processes to develop the plan for change. This phase includes developing the PCN Framework for the Comox Valley, shared vision, clinic contracting (overhead and MOU), team charting agreements in place, allocation of AHP's as determined by the PCN, mapping and flow of AHP's, clinic risk assessments, measurement and evaluation framework in place, baseline evaluation activities				
CV PCN Steering Committee	**Monthly**	Meeting Package Meeting notes Action Items Slide Presentations Other misc Information MoH FNHA Guidebook to Indiogenous Engagement & Cultural Safety	**Inform, Consult**	PCN Steering Committee members	Virtual Meeting Presentation Feedback Discussion Next Steps
WG: Indigenous Health	**Bi-monthly**	Previous meeting minutes	**Inform, Consult Involve, Collaborate**	IH Aboriginal Health, Patient Partner, Elder K'omoks First	Virtual Meeting Ongoing

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
		Action Items MoH FNHA Guidebook to Indiogenous Engagement & Cultural Safety		Nation, Physician, UBC, Physician KDC Health, Metis Nation, FNHA, Professional Practice IH, PCN Admin, PCN Program Manager, PCN Change Lead, Wachiay Friendship Center, HR IH, PCN Evaluation Lead	working group
WG: Team-based Care *Leadership by all* *Improvement Tools* *Project and Performance Management*	**Weekly to bi-weekly**	Meeting Notes Action Items Slide Presentations Other misc Information MoH FNHA Guidebook to Indiogenous Engagement & Cultural Safety	**Inform, Consult Involve, Collaborate**	MHSU, IH Human Resources, Patient Partners, Division of Family Practice, PSP, Professional Practice, HCC, Community Health Services, Nurse Practitioners, Social Work, PCN Admin, PCN Program Manager, PCN Change Lead, PCN Evaluation Lead, Physician,	Virtual Meeting Ongoing working group
WG: Measurement, Evaluation and IM *Shared purpose* *Motivate and mobilize* *Improvement*	**TBD**	Previous Meeting mInutes Action Items Slide Presentations Other misc Information	**Inform, consult Involve, Collaborate**	CVDoFP PMH, GPSC PSP, Physician Lead, Patient Partner, PCN Admin, PCN Program Manager, PCN Change Lead,	Virtual Meeting Ongoing working group

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
tools *Measurement*		MoH FNHA Guidebook to Indiogenous Engagement & Cultural Safety			
WG: Virtual Care *Shared purpose* *Motivate and mobilize* *Improvement tools*	**Bi-weekly**	Meeting Notes Action Items Slide Presentations Other misc Information MoH FNHA Guidebook to Indiogenous Engagement & Cultural Safety	**Inform, Consult Involve, Collaborate**	CVDoFP PMH, GPSC PSP, Physician Lead, Patient Partner, ED for the CVDoFP, PCN Admin, PCN Program Manager, PCN Change Lead,	Virtual Meeting Ongoing working group
WG: Vulnerable Populations *Shared purpose* *Motivate and mobilize*	**Bi-weekly**	Meeting Notes Action Items Slide Presentations Other Misc Information MoH FNHA Guidebook to Indigenous Engagement & Cultural Safety	**Inform, Consult Involve, Collaborate**	Coalition to end Homelessness, Car-A-Van, MHSU Clincial Coordinator, Public Health, Women's Transition Society, Health Connections Clinic Physicians, ER Physician CVH, Health Connection Clinic Coordinator, IH Project Manager, IH Indiogenous Health, KDC Health, EMD Island Health, Patient Partner	Virtual Meeting Ongoing working group

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
PCN Primary and Community Care Mapping *Shared purpose* *Motivate and mobilize* *Improvement Tools*	**October 2020**	Overview of PACC Mapping	**Inform, Consult Involve, Collaborate** Work with Clinic leads and staskeholders to map the new AHP roles to the 7 participating clinics	All stakeholder clinics and their teams. Select team based care WG members	Virtual Engagement
PCN Model *Shared purpose* *Motivate and mobilize* *Improvement Tools*	**October 2020**	Draft revised	**Inform, Consult**	Select Physician leads, select team based care WG members	Virtual Engagement
PCN team based care *preparing for change* assessment	**TBD**		**Inform, Consult** Develop, administer and analyze a preparing for change assessment to better understand the current state by clinic . Leverage the results of the		

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
			assessment to inform and map out next steps in the change management strategy and plan.		
MoH PCN Announcement	**TBD**	Widely in the media and throughout networks	**Inform** Announcing the PCN for the Comox Valley	All stakeholders	Various
Local Internal PCN Announcement	**TBD**	Newsletter or other	**Inform** Announcning the PCN model, vision, participating clinics, AHP's being hired, timelines	Internal stakeholders within the PCN	Various
Clinic Team Development *Leadership by all* *Improvement Tools* *Project and Performance Management*		Built upon assessment results	**Inform, Consult**		Virtual – BCPSQC Teamwork and Communication Action Series
Evaluation Activities			**Consult** Ongoing	PCN participants in various engagement	TBD

Event / Activity	Date	Communications	IAP2 & Description	Audience	Format
			evaluation of engagement activities	activities	
	3. Working Our Plan The PCN working groups and Teams begin implementing change. This includes hiring and onboarding AHP's, quality improvement (QI) and PDSA cycles, learning labs				
Learning Lab events *Leadership by all* *Improvement Tools* *Shared purpose* *System drivers*	**TBD** **1x every 2 months**		**Involve** Learning lab sessions with clinic teams accross PCN		
	4. Sustainment and Ongoing Measurement Sustainment measurement covers a time period from the initial implementation of the allied health care practitioners into the Comox Valley PCN and is ongoing. The aim is to assess the extent of achievement of the initial implementation of the PCN while continuing to grow the capacity of the PCN. Ongoing evaluation and measurement of the PCN will be included in sustainment activities				