Primary Care Network Comox Valley

Registered Nurse in Practice

ONBOARDING PROCESS

COMOX VALLEY PCN

Contents

OVERVIEW

The Comox Valley Primary Care Network (PCN) is a clinical network of local primary care service providers with patient medical homes as the foundation. In a PCN (via patient medical homes), physicians, nurse practitioners, other primary care providers, allied health care providers, health authority service providers, and community organizations work together to provide all the primary care services a local population requires. PCNs ensure a collaborative governance structure, with all funding provided by the BC Ministry of Health for the PCN, to be administered at the joint direction of the partners through a local PCN Steering Committee.

The Comox Valley Primary Care Network has been working to develop teams of Family Physicians and allied care providers co-located in Family Physician clinics since the Fall of 2019. To date, various positions have been hired and joined the clinic teams: Social Workers (2), Mental Health Clinicians (2), Primary Care Clinical pharmacists (1), Indigenous Wellness Advocate (1), and a Dietitian (1). The RNs (3) in practice are the last positions to be hired and will complete the service plan hiring for the PCN in the Comox Valley. All RN's will be colocated in PCN early adopter family physician clinics in the Comox Valley.

PARTNERS

- Comox Valley Division of Family Practice
- Vancouver Island Health Authority
- Comox Valley Indigenous Health Working Group
- K'ómoks First Nation
- First Nations Health Authority
- Comox Valley PCN Steering Committee
- Comox Valley PCN Manager and Change Lead
- Island Health Primary Care Manager
- Comox Valley Early Adopter Clinics and Physician Leads
- PCN Registered Nurses
- PCN Allied Care Providers

CLINIC ELIGIBILITY

Clinic Eligibility Requirements To be eligible for an RN or any allied care provider through the PCN, a clinic must first ensure the following:	
☐ Member provider has a full-service family practice offering longitudinal care ☐ Will identify a physician and administrative PCN lead ☐ Member provider will participate in: o Working groups (funded through Division funding) o Patient Experience Survey (Practice Support Program) o Panel Management with the Practice Support Program (PSP), panel clean up and ongoing maintenance every 6-12 months. ☐ Make time to engage in team development and processes required to implement a team-based care model and work within a team o Comox Valley Division of Family Practice's Patient Medical Home and Primary Care Network initiatives as applicable (i.e reporting, team-based care orientation/educational opportunities, cultural safety learning journey, /evaluation, patient attachment imperatives)	☐ Member provider must ensure a respectful workplace code of conduct is in place ☐ Commit to: o Using the Health Data Coalition (HDC) to support reflective practice (if available with EMR) o Ensuring all team members complete team-based care training that is culturally safe, trauma-informed, and supports them in doing so o Sharing data and metrics for quality improvement and evaluation o Working with other clinics/teams to coordinate the "flow" of shared team members and share learnings. ☐ Make a minimum 12-month commitment to the PCN program. The PCN requires 3 months written notice of the clinic's intent to terminate its PCN involvement ☐ Member provider must demonstrate active implementation of the attributes of the Patient Medical Home (Appendix A – Supporting Dcumentation Attributes of a Patient Medical Home) ☐ EMR connectivity and WIFI Access ☐ It is also highly preferable any clinics seeking to join the Comox Valley PCN have first been assessed in terms of PMH capability, which significantly enables integration within a PCN.
Participating clinics must also complete the following: ☐ Team Charting Agreement ☐ Primary Care Practice Collaboration Agreement (PCPCA) ☐ Integrated Activity Agreement (IAA) – DRAFT	

STEPS

Step 1 - Expression of Interest via PCN Clinic Huddles and 1:1 conversations
Step 2 - Recruitment of RNs
Step 3 - Preparing to onboard RNs to clinics
Step 4 - Orientation and training for PCN RN and Clinics
Step 5 - Monitoring and Evaluation, communication

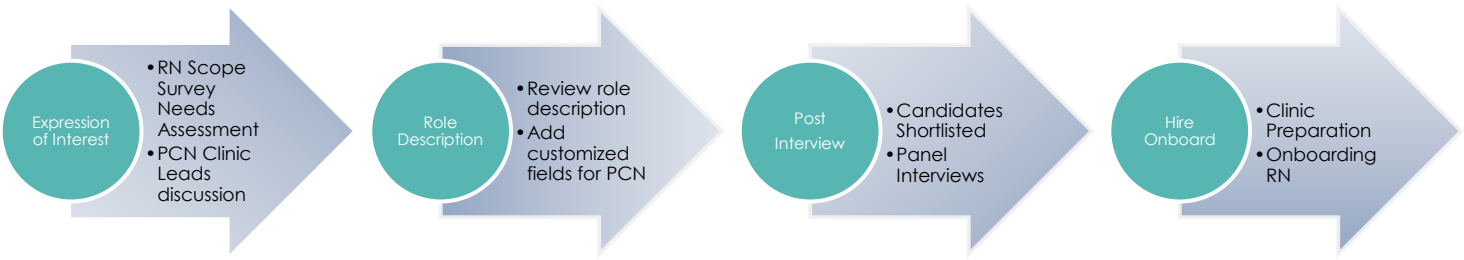
Step 1 - Expression of Interest

Overview

A RN scope of practice survey is sent to all participating PCN clinics to determine the desired scope of practice for the role of RN. From this survey and 1:1 discussions and PCN Clinic Leads discussions at the PCN clinic huddles, an expression of interest is made by those clinics wanting to have an RN join their team.

Step 2 - Recruitment

Overview



Role Description

Consulting multiple resources, including professional practice scope of practice for RN in PCN, the Ministry of Health recommends an RN scope of Practice and Care Activities, the role description is selected and adjustments are made wherever possible in customized fields to reflect the work of a PCN RN.

Posting & Interview Process

Once the expressions of interest are confirmed, the recruitment process begins. In preparation for the posting, the clinic provides the address, days and times they will need the RN to be in clinic. For internal candidates, positions will be filled based on a combination of seniority and experience. If internal candidates do not fill the positions, Island Health will post the positions publicly.

Interviews are panel style, and include a local family physician working in a PCN clinic, Island Health Primary Care Manager, PCN Manager, and Indigenous Representation.

Step 3 - Clinic Preparation - Onboarding

Overview

1. In-person meeting or zoom with participating clinics
2. Review onboarding checklist and RN scope of practice with Clinics (Found here Clinic Checklist)
3. Complete all clinic activities in the Clinic Checklist prior to the arrival of the RN and commencement of patient care

Prior to the RN beginning work and during the recruitment phase, various site preparation activities must take place, which include:

Check	Activity	Responsibility
☐	Meet with clinic staff – clinic preparation	PCN Manager, Island Health Manager, Change Lead
☐	Team Charting Agreement, Draft Primary Care Practice Collaboration Agreement and Integrated Activity Agreement	PCN Manager and Island Health Manager
☐	Conduct RN Workflow Assessment	PCN Manager and Island Health Primary Care Manager, Practice Support Program

Meet with Clinic

An in-person or zoom meeting with the Comox Valley PCN Manager, Island Health Primary Care Manager, Change Lead, and Clinic Staff including the PCN Physician Clinic Lead will be scheduled to discuss the process and model for implementing the RN's role in the clinic; also discussed will be how the clinic, Island Health Primary Care Manager, and PCN will communicate, support and sustain the RN roles in clinic. . This meeting is expected to take one (1) hour, and will provide the clinic with an overview of the Island Health Activities, Workspace & Workflow Optimization, and RN Duties & Scope.

The meeting will also be used to identify clinic-specific needs, how the scope of the RN can align with those needs, and what orientation and training are required. Please find the RN Scope of Practice here: PCN RN Scope of Practice and Care Activities

Agreements and Collaborative Principles

The following documentation must be completed:

Primary Care Practice Collaboration Agreement (PCPCA)

Island Health and the Primary Care Practice will sign the PCPCA. The purpose of the agreement is to establish roles and responsibilities in the planning, design, and delivery of health care services when placing Island Health employed healthcare professionals in primary care practices to support primary care practice patients.

Team Charting Agreement

This agreement will be used when Care Team Members employed by a Health Service Organization (HSO) such as a regional Health Authority (HA) chart within the Primary Care Practice Electronic Medical Record (EMR), of which the Primary Care Practice has control and custody. The Team Charting Agreement recognizes patients as owners of their information. FAQ and Agreement found here: Team Charting Agreement FAQ and Team Charting Agreement

Integrated Activity Agreement (Future – Draft form DoBC)

The IAA provides the legal framework for public providers (i.e., health authorities) and private providers (i.e., physician practices) to share identifiable information with each other and enable data-driven improvements to the PCN leading to improved patient outcomes. The IAA provides the legal framework that bridges the gap between the two privacy legislations, that exist for the public sector (FOIPPA) and the private sector (PIPA). Information found here: Integrated Activity Agreement

Confidentiality Agreement for Health Authority Employees Working in Physician's Private Practices within the Comox Valley Primary Care Network (PCN)

This agreement ensures that staff working in family practice will fully comply with the Personal Information Protection Act (PIPA) as directed by Practice's policies. Agreement found here: Health Authority Employees Working in Physician's Private Practices Confidentiality

Step 4 - Orientation and Training

Overview

Set up an orientation schedule – See Appendix C for sample schedule for the clinic using the checklist provided – See Appendix B

Orientation

Orientation for each RN considers experience, scope, and identified clinic needs. Island Health Primary Care Manager, the PCN Manager, and the Change Lead will work together to develop a comprehensive orientation for the RN.

The goal of orientation is to ensure that the RN is integrated into the care team and understands the workflows. Island Health will address regional orientation processes and the PCN will provide ongoing support during the onboarding process.

Encounter Reporting

Nurses are required to report on their activities through Encounter Codes. The Encounter record submission procedures can be found here: Encounter Code Submission Procedures

Establish Attachment Codes

The clinic will need to establish attachment codes and connect with their EMR provider to update their EMR instance with RN encounter codes. The Island Health Primary Care Manager will facilitate the RN's application for a billing number where required. Encounter Codes found here: Nurse in Primary Care Practice Encounter Codes

Clinic Overhead

To support operations the PCN through Island Health provides overhead to cover costs related to clinic operations including:

- fire,
- safety,
- housekeeping,
- hydro,
- labs referred out,
- lease,
- maintenance and repairs,
- natural gas,
- practice insurance, security,
- sundry, general supplies

Step 5 - Monitoring and Evaluation

Monitoring

Comox Valley PCN Manager and Island Health Primary Care Manager will be meeting regularly with participating PCN Clinic Leads, or their designate, to facilitate discussion around what is going well, what isn't, and how we can we optimize

the PCN RN in practice model. . This allows providers to collaborate and share best practices, and support the performance process – Appendix A – Supporting Documentation

We encourage collaborative leadership based on key enablers of team-based care. The Comox Valley PCN statement of team based care is found here: Team-Based Care in the Comox Valley PCN Enablers of Team-Based care are:

- Agreed Upon Definition of a Successful Team
- Shared Core Team Values and Principles
- Multi-disciplinary Teams, Including Patients and Caregivers
- Clear Roles and Responsibilities
- Team Structure and Dynamics
- Co-location models for staff
- Effective Communication
- Leadership
- Information Technology (IT) Systems
- Training and Professional Development
- Continuous Data Measurement and Analysis

Evaluation

The Comox Valley PCN and the PCN Evaluation Lead will work collaboratively with physicians, patients, practice staff, and allied health providers to collect information, and guide how the RN is affecting day-to-day work and patients' access to their primary care provider. This information will be collected on an ongoing basis through surveys, and formal and informal interviews. The results will be shared on an ongoing basis and will be included in the PCN dashboard.

APPENDIX A

Supporting Documentation

Attributes of a Patient Medical Home

Team Charting Agreement FAQ

Team Charting Agreement

Health Authority Employees Working in Physician's Private Practices Confidentiality

Performance Process

Encounter Code Submission Procedures

Nurse in Primary Care Practice Encounter Codes

PCN RN Scope of Practice and Care Activities

Integrated Activity Agreement

APPENDIX B – CLINIC CHECKLIST

Activity	Who	✓	Date
Administration Checklist			
Clinical and Office Staff Introductions			
Parking			
Clinic Hours			
Keys and ID if required			
Dress Code (where applicable)			
Office Equipment Review			
Workspace Tour and Office Tour			
Medication Storage			
Supplies (clinical and office)			
Access to appropriate PPE			
Office/Organizational Structure			
Key Contacts: • Workflow training support, IT • EMR access and support • HR support and billing • Encounter codes support Shared Drives Panel Overview Special Clinic Programs and Services Clinic Meeting Schedules Review Team Charting Agreement Presentation Review Team Charting Implementation Guide			
Poster – Island Health Care Team Member working clinic Doctors of BC Health Authority Employee Working in a Primary Care Clinic Confidentiality Agreement Signed Other administration:			
Hazzard Survey			
Ensure care team member is registered for Encounter Reporting and provide training on the submission process (NP/RN Only)			
Clinic Training Checklist			
Confirm Charting (in the practice's EMR) – Team Charting Principles			
Discuss DRAFT Scope of Practice and desired workflow			
Practice policies and procedures such as privacy and security training, patient, and staff incident training			
Emergencies and OH&S training			
Shadowing, the process for raising concerns if tasks fall outside of the scope			
EMR software and charting workflows			

Care team communication processes and notification of required tasks (ie: lab result review & follow-up)			
Accessing practice schedule and caseloads			
EMR Training Checklist			
Review EMR Training Videos and FAQ's EMR Instruction Sheets Other EMR Training as required The Five EMRs across the PCN clinics: • IntraHealth – Southwood and 5th Street • MedAccess – Seacove and Denman Island • InputHealth - Westward • Cerner – Health Connections Clinic • Oscar/Juno – Cottage and Highland • QHR Accuro – Courtney Medical Hornby Island Medical Clinic is Paper Based			
Clinic Technology Checklist			
Determine any additional hardware the care team member will require and equip them as necessary.			
Create a standard process for accessing the Practice's EMR – arrange for set-up and license purchase See EMR FAQ			
Develop a list of standard permission in EMR and ensure these are set including encounter codes, and identify who is responsible for maintaining up-to-date access permissions.			
Install any software on the laptop that is required to access EMR and ensure tools are configured for access such as: Scheduling software • Phone, fax/printer • Virtual care tools • Label making • Other_____			
Determine how care team members will connect to the EMR when physically located in the practice (ie: clinic computer or laptop connected to wi-fi or hardwire connection)			
Provide wireless connectivity solution for access to EMR and HSO systems remotely and provide training and instruction.			
Arrange for remote access to EMR and provide training and instruction to ensure security measures are in place			
Arrange for remote access to all required HSO applications and systems (ie: HA EHR, CareConnect) and provide instructions and training.			

APPENDIX C – SAMPLE SCHEDULE

Sample two-week orientation and onboarding schedule for an allied care provider in the Comox Valley PCN

Week 1

Day 1	Day 2	Day 3	Day 4	Day 5
AM 9-12	AM 9-12	AM 9-12	AM 9-12	AM 9-12
Meet IH Manager Review Role Description Review IH Onboarding Checklist – Appendix A Discuss activities in the checklist and ensure the right ones are completed for the role	Clinician client handover (where relevant) Orientation Review with IH Manager (IH Offices)	PCN Offices – review PCN Onboarding Checklists including PCN clinic contacts Q and A	Indigenous Diversity & Lateral Racism Session	PCN Offices – PCN Manager Preparing for Clinic visits Review clinic schedule, planning for in-person meet and greet clinic visits
Lunch Break				
PM 1-4	PM 1-4	PM 1-4	PM 1-4	PM 1-4
Set up Iphone Continue working through IH Onboarding Checklist Setup laptop	1pm-3pm Shadowing (where relevant) 3pm-4pm Visit PCN Offices, - Meet PCN Manager and Change Lead	PCN Offices – Laptop Setup Review draft schedule	PCN Offices Work on onboarding Activities - IH and PCN Q and A	Shadowing

Week 2

Day 1	Day 2	Day 3	Day 4	Day 5
AM 9-12	AM 9-12	AM 9-12	AM 9-12	AM 9-12
Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,
Lunch Break				
PM 1-4	PM 1-4	PM 1-4	PM 1-4	PM 1-4
Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care team members – end of day wrap up and only if needed and Physician is available	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA Meet Clinic Physician Lead (1hr) and care, team members,	Clinic Meet and Greet PCN Onboarding Checklist with clinic MOA (EMR etc.) Meet Clinic Physician Lead (1hr) and care, team members,	Paperwork, catch up, next week planning

Please note for onboarding we are trying to encourage a full-day in clinic to optimize the "colocation" advantages, given that for the regular clinic schedule, each Care Team Member would be in only one (1) clinic per day.

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APPENDIX D – FAQ'S

Are Physicians able to bill a full appointment in the case the Nurse sees the patient for most of it? See Appendix F

Physicians can continue billing for any MSP billable services they provide (not what the nurses provide). The Family Physician does not need to see every patient the RN sees but may need to depending on the nature of the visit and potential issues that may arise during the patient's visit with the nurse. Here's an example that might help clarify:

Scenario: A new mother calls the clinic worried about whether her baby is getting enough to eat. The MOA suggests she comes to the clinic. The new mother is seen by the RN who assesses the mom/baby including taking the baby's weight, checking latch, nutrition/hydration status and also assessing maternal wellness including a PPD screen.

Outcome A (not billable): Baby looks good, the latch is good, and mom is tired but otherwise well. RN determines that doctor does not need to see the patient. RN provides reassurance to mom and makes a few self-care recommendations for new moms.

Outcome B (billable): Upon assessment, RN identifies mom has mastitis. RN shares findings with the Family Physician. The family Physician meets with the mom/baby and can see the patient more quickly as a result of the RN assessment having been completed. The Family Physician provides a prescription to the mom. RN calls to follow up the next day to see how mom and baby are doing.

What are some examples of RN Encounter Codes billed?

Example 1:

The client has seen the Primary Care Provider who diagnoses a leg wound that needs a dressing. The PCP sends the client to the nurse to cleanse and dress the wound. The PCP orders to give a tetanus injection. During the visit the nurse provides client education on how to watch for signs & symptoms for infection, cleanse and change the dressing at home, and when to seek medical attention or come back to clinic:

- *RN Encounter Code #38170 - Dressing Change.*
- *RN Encounter Code #38160 - Injection Intramuscular.*
- *RN Encounter Code #38144 Education related to specific diagnosis.*

Example 2:

The nurse has a client booked for chronic disease management 1:1 visit to review client's self-care/care plan/education related to their new diagnosis of hypertension. During the visit the RN needs to collaborate with the PCP on goals to support the plan of care for the client.

- *RN Encounter Code #38195 Chronic Disease Management visit*
- *RN Encounter Code # 38070 Requesting Advice from an NP/GP*
- *RN Encounter Code # 38144 Education- Related to Specific Diagnosis*

Example 3:

The nurse has a client booked for a Pap smear.

- *RN Encounter Code # 38120 Routine Pelvic Exam including Pap*
- *RN Encounter Code # 38081 *Visit- In Office (* pick code for appropriate client age group*)*

Example 4:

The nurse is asked by the PCP to call a client to review recent blood work results and discuss lifestyle and diet modifications due to increase cholesterol.

- *RN Encounter Code # 38186 Telephone Follow up*
- *RN Encounter Code # 38145 Education- Health Promotion/ Disease prevent*
- *RN Encounter Code # 38141 Education-Cholesterol*

Example 5:

The nurse has a client booked for ear syringe, wax removal.

- *RN Encounter Code # 38081 *Visit- In Office (* pick code for appropriate client age group*)*
- *RN Encounter Code # 38168 Syringing- Ear Irrigation*

What is a Primary Care Registered Nurse?

Primary Care Registered Nurses are registered nurses who work in primary care teams. They work alongside Family Physicians and/or nurse practitioners and other care providers in clinics to produce better health outcomes, improved access to services, more efficient use of resources and greater satisfaction for both patients and providers.

Where will the Primary Care Nurse work?

The RN is dedicated to a specific family practice clinic and their job description is set to the practice location. In some cases, the RN will support multiple clinics within the Comox Valley PCN.

What are the Registered Nurse's working hours?

The Comox Valley PCN RNs are either in a 1.0 FTE position or in a .8 FTE position. For an Island Health employee, a full-time work week is 37.5 hours.

Can the RN work after hours?

Provided staff are working within the terms of the applicable collective agreement and service contract, there is no limitation on which hours are worked. Any changes to hours need to be approved by the Primary Care Network and Island Health Management before being requested by the employee.

What are the roles of the Registered Nurse in a doctor's clinic?

The roles of the RN would be closely based on the sample position description. The PCN Manager and the Island Health Primary Care Manager will work with clinics to determine the nurse's activities within clinics. Their role is going to be dependent upon the needs of the physician in the practice and their panel and based on the survey results from the expression of interest. See PCN RN Scope of Practice and Care Activities Document

Can the RN in Practice do group medical visits? Yes.

How will the RN's time be divided among practitioners in the same clinic?

We recommend the RN's time be split evenly among the practitioners in the clinic; however, it will be up to the clinic's discretion how they would like to divide the nurse's time for optimal productivity and fairness.

How is it decided which patients see the RN in Practice or the Provider?

This will differ from clinic to clinic as each one has unique needs. The patients the RN will see will be determined when the roles and responsibilities of the RN are being developed for each clinic and the workflows evolve.

Why are Registered Nurse in Practice being integrated into doctor's clinics?

We recognize that physicians need support to care for the population of patients. By having RN support providers in the clinics, we hope to increase the time physicians have in the day to care for their patients. An anticipated outcome of this is an increase in the number of patients a practice/primary care team can see in a day. This is by no means a requirement of physicians, but simply a result of efficient use of resources committed to improving attachment and access to care.

Who will be hiring, training and employing the Registered Nurse?

Clinics will not be responsible for the recruiting and remuneration of the RN. Health authorities receive Ministry funding to employ nursing and allied health employees, on behalf of the PCN. Island Health will be responsible for payroll and benefits administration, as well as ongoing HR management of employees. The nurses will also be covered by WorkSafe. The Comox Valley PCN makes every effort to ensure that a Family Physician is represented on any staff hiring panel.

Can participating physicians be involved in the hiring of the RN in Practice?

The PCN in partnership with Island Health will work with clinics to recruit and select unionized staff, following collective agreements and based on the needs outlined in the service planning process. In the Comox Valley PCN, Family Physicians along with Island Health Primary Care Manager, PCN Manager and a local Elder(s) participate in the hiring panel. The process for hiring nurses follows the collective agreement with the Nurses Bargaining Association. Clinics will work with the PCN Manager, Change Lead and Island Health to identify job requirements that outline the specific needs of the clinic, before posting positions.

Which unions will nurses be part of? Have they been engaged in this process to date?

Nurses will be part of the Nurses Bargaining Association represented by BCNU. Representatives from this association have been engaged in discussions around this model and are supportive of team-based care. MoH will provide updates as these issues are clarified.

Will support be available for our clinic to help integrate the RN into practice and adapt to the new changes?

Yes, the Comox Valley PCN Manager, the PCN Change Lead and Island Health Primary Care Manager will prepare the clinic for the allied care provider onboarding. Support will be provided in the beginning to ensure a smooth transition. PCN clinics are also eligible for the team-based care grant which helps to cover the costs associated with Time for documentation review

- EMR access/licensing
- Space for the allied care provider while working in clinic

- Workstation
- Other day to day clinic staffing supplies routinely used by the Practice's staff at the Clinic to provide primary care services

Will Island Health provide continuing clinical education support?

Yes, continuing clinical education and support will be provided regardless of the clinical setting.

Will there be multiple RN in Practice for one clinic?

No, each clinic will have one RN dedicated to working in their practice and some RNs may work across multiple clinics.

How does an RN in Practice get assigned to a clinic?

The hours available, location of the RN, the schedule, the type of EMR each clinic uses and available clinic space are all factored into how an RN is assigned to a clinic or a group of clinics. This is done in collaboration with the PCN Coordinator - who helps with the schedule, the PCN Manager, and the Island Health Primary Care Manager.

What happens if the RN in Practice is ill or goes on vacation?

Designated Island Health staff will be responsible for ensuring the collective agreement is applied. The PCN, in collaboration with Island Health, is responsible for the scheduling and backfilling of staff, and will work with the practice to determine the appropriate schedule to meet service needs. Island Health, in collaboration with the PCN, will identify the clinic and employee needs and ensure that they are met appropriately.

What happens if the RN resigns?

When an allied care provider resigns, the PCN Manager will inform the affected practice within three working days by email. The minimum required notice is two weeks for allied care staff. The Island Health Primary Care Manager and the PCN Manager will work with the Island Health team and the PCN Clinic Team to develop a transition plan for the Allied Care provider and re-post the position immediately.

How can the clinic be confident that there will be continuity in staffing? Is there a risk health authority staff will be subject to "bumping"?

Bumping can occur per the BCNU collective agreement; all efforts to reduce this likelihood are taken by the IH Manager to the extent possible to reduce the impact on services/clinics. Island Health will work with the PCN Manager, and the physicians/nurse practitioners to maintain continuity of service wherever possible. Generally, bumping occurs when there are staff layoffs, significant schedule/rotation and position changes (e.g. part-time to full-time). Health authorities have various mechanisms and processes to manage their workforce to minimize the risk of bumping; however, when it does occur, the process must follow the collective agreement language.

What vacation/education leave/sick time does the RN in Practice get?

They are Island Health employees, so this is dependant on seniority.

How is the performance of health authority staff within the private clinic managed? How does the health authority manage staff when they are not on-site?

The Island Health Primary Care Manager, in consultation with the PCN Manager, and the clinic, is responsible for clearly describing and communicating performance standards for each role and ensuring the appropriate training and orientation, as well as the necessary resources, supplies and equipment, are provided to staff to enable successful performance. If there are general clinical concerns or questions physicians, NPs or other health providers at the clinic

have about care, they would discuss those concerns with the employee in the same way they would with any other colleague. If those discussions do not resolve the concern, or if the clinic has any performance concerns, the provider can reach out to the PCN Manager who will connect with the Island Health Primary Care Manager. This approach allows physicians to focus on providing patient care, and not on managing staff; it also provides access to a wide range of employment and performance resources that health authorities already have established.

Island Health is not responsible for managing the provision of direct clinical care. It is expected the RN is responsible for their work and that they work with the clinic to ensure patients have all their clinical needs met.

What is the management/reporting model?

The RN will record their visits in a "shadow billing model" /encounter code as an opportunity to provide feedback to the MoH on the activity and usage of the RN; more importantly so-there is an opportunity for quality assurance.

How is information sharing and confidentiality addressed for health authority staff working in private clinics?

Under current privacy legislation, health care providers can share patient information for clinical care. In addition, there will be access to support assisting with privacy issues. The Ministry of Health has created an information-sharing agreement.

What if our clinic has issues or difficulties working alongside the Registered Nurse?

As soon as issues arise, the clinic will contact the PCN Manager for assistance to identify solutions. The appropriate interventions and actions will follow to resolve the conflict. See Appendix A – Supporting Documentation - Performance Process

What type of office space do they require (i.e. Own desk vs shared desk)?

This will be dependent on the workflow and resources of the clinic to determine whether the RN has their own desk or shares the space. They will need access to a workstation for charting, a phone to call patients, etc.

What happens if our clinic already employs a nurse? Would the existing nurse have to become a health authority employee as well? Will we still be able to participate in this initiative?

If a clinic already employs a nurse, they would not have to become a health authority employee. There is no restriction on clinics that already employ a nurse to participate in the PCN however, it is assumed the RN would be integrated into the overall primary care team at the clinic. Existing nursing staff in clinics cannot be funded through the PCN. At time and date of this document only net new nursing staff hired and implemented through the PCN are available/funded through the PCN model.

Can our practice contract with other, non-health authority employees?

Yes.

How can we ensure equal pay across different employers within our clinic?

Health authority employees' total compensation is determined through collective bargaining between the accredited bargaining agent for health authorities (the Health Employers Association of BC) and the accredited bargaining agent for health sector staff (the Health Science Professionals Bargaining Association, the Nurses Bargaining Association, etc.). The collective agreements are publicly available documents. Compensation for private clinic staff is determined by the clinic employer. If pay equity is being sought, we would encourage physicians/private clinic owners to consult these agreements when determining pay rates for clinic staff.

Will there be limits on how many nursing consultations we (FFS physicians) can bill per day? How will billing in these instances work?

Beyond the existing billing rules for individual fee items, there is no specific limit on how many nursing and/or allied consultations can be billed by a physician. Even so, there must be a formal need for the consultation directly related to the patient's care and there must not be duplicate billings for the same service.

What happens with the Primary Care RN when the Primary Care Network funding ends?

The RN in practice program is a sustainable program funded through the Primary Care Network via the Ministry of Health. The partners (Island Health, The PCN, and the First Nations Health Authority) will need to show value to ensure sustainability: reporting back, data collection and ongoing evaluation.

APPENDIX E

Team-Based Care in the Comox Valley PCN

Primary Care Network Comox Valley

TEAM BASED CARE

WHAT is TEAM-BASED CARE?

Team-based care is when the health care team is working collaboratively to meet whole health needs.

This team working together, enables and empowers the person who knows the most about their health care need. This team supports people to make decisions to improve their health outcomes which improves the health care experience for all those involved.

WHO is the TEAM?

The community member and partner/family
The primary healthcare team: Family Physician, Mental Health Clinician, Social Worker, Nurse Practitioner, Nurse, Indigenous Wellness Advocate, Traditional Healer and others.

The extended healthcare team:

Community Health Services, local Community Partnerships and Agencies, Métis and First Nations Health resources, Acute Care, Specialized services

What contributes to successful team-based care?

- The person at the center of care
- Shared Purpose
- Clear Roles and Responsibilities
- Effective communication and conflict resolution
- Collaborative Leadership
- Shared Learning
- An environment free of racism and discrimination

What foundations need to exist to make it all possible?

- Culturally informed policies and practices and Cultural Humility
- Shared goals, beliefs and values
- Collaborative decision-making
- Respect for multiple perspectives
- Infrastructure and time to promote collaboration
- Key skills in health promotion and chronic disease prevention and management

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APPENDIX F

Family Medicine billing for RNs working under FFS and as Health Authority employees

Not meant to be an exhaustive list, but to cover the majority of Family Medicine items.

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
Telephone/virtual care						
Phone calls	Phone with lab results	1. MRP identifies lab results to be called about. 2. MRP tasks lab to RN with guidance around reporting information. 3. RN phones patient with lab results and guidance. 4. RN updates task with any feedback and necessary additional tasks (e.g. setup appt to discuss further).		▪ MD bills 13706 ($20). ▪ Not payable for prescription renewals (alone), anti-coagulation therapy by telephone (00043) or notification of appointments or referrals. ▪ Not payable on same day as a visit.	▪ Not billable. ▪ Saves time.	—
Phone calls	Prescription renewal	1. Patient or Pharmacy requests medication refill. 2. RN calls patient, confirms medication list, and reviews history, side effects, positive effects, current status. 3. RN renews/creates prescriptions in EMRs and sets status to "pending approval." 4. RN transfers visit to MD daysheet. 5. Physician follows-up via phone to confirm and submit prescriptions.		MD bills 13706 ($20).	▪ Not billable. ▪ Saves time.	Bills telehealth visit 13X37 series ($31.62-$47.44)
Phone calls	INR management	RN calls patient with INR and provides guidance.		MD bills 00043 ($6.98)	Bill 00043 ($6.98)	MD could potentially bill 14077.
Phone/SMS/Email	Relay of advice	1. MD provides advice to RN about a patient. 2. RN provides two-way relay/communication of		MD bills 13707 ($7)	Bill 13707 ($7)	MD could potentially bill 14077.

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		medical advice from the physician to eligible patients, or the patient 's medical representative, via email/text or telephone.				
In-person Procedures						
Procedures	IM injections ≥ 19	1. RN conducts IM injection Includes influenza (flu) shot and other IM immunizations for patients 19 years or older. 2. MD does NOT conduct accompanying visit.		MD bills 00010 ($11.37).	▪ Not billable. ▪ Saves time.	Not billable in addition to a visit.
Procedures	Influenza immunizations ≥ 19	1. RN conducts influenza or pneumococcal immunization 2. MD conducts accompanying visit for an unrelated reason.		MD bills 10040 ($5.43).	▪ Not billable. ▪ Saves time.	MD bills 0100 visit for unrelated reason.
Procedures	Mass influenza immunization ≥ 19	1. RN conducts influenza or pneumococcal immunization as part of mass-immunization clinic. 2. MD does NOT conduct accompanying visit.		MD bills 10041 ($14.00).	▪ Not billable. ▪ Saves time.	Not billable in addition to a visit.
Procedures	SC injections ≥ 19	1. RN conducts SC injection. Includes subcutaneous injections, including desensitization treatments, immunization, oral polio vaccine, etc. (maximum charge per sitting - 3).		MD bills 00034 ($11.37).	▪ Not billable. ▪ Saves time.	Not billable in addition to a visit.
Procedures	Immunizations < 19	MD conducts assessment and directs RN to perform immunization.		MD bills 10010–10030 ($5.43).	▪ Not billable. ▪ Saves time.	MD bills 0100 visit in addition.
Procedures	Suture/staple removal	1. MD conducts assessment and directs RN to perform suture/staple removal. 2. RN conducts suture/stable removal.		▪ Not billable. ▪ Saves time.	▪ Not billable. ▪ Saves time.	MD bills 0100 for assessment.

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
Procedures	Wound care—DM foot ulcer	1. MD conducts wound assessment, directs RN to conduct wound debridement. 2. RN conducts wound debridement.		MD bills 13605 if infected ($44.49) and minor tray fee 00080 ($10.46).	▪ Not billable. ▪ Saves time.	MD bills 0100 for unrelated reason.
Procedures	PAPs	1. MD conducts visit for unrelated reason. 2. RN performs PAP—if have taken course and received certificate.	Extra Training May be Required	Not currently delegatable (when it is, can delegate entire 14560 + 14540 mini tray fee) and bill 50%	▪ Not billable. ▪ Saves time.	Bill 0100 for unrelated reason.
Procedures	Ear syringing	1. MD conducts assessment of patient's ears and determines ear syringing appropriate. 2. MD directs RN to conduct ear syringing. 3. RN performs ear syringing.		▪ Not billable. ▪ Saves time.	▪ Not billable. ▪ Saves time.	MD bills 0100 for assessment.
Procedures	Liquid nitrogen	MD conducts assessment and directs RN to perform Cryotherapy treatment.		MD bills 00190 + 00044	▪ Not billable. ▪ Saves time.	—
Procedures	Pregnancy test	RN conducts urine pregnancy test.		MD bills 15120 ($11.65)	▪ Not billable. ▪ Saves time.	—
Procedures	Urine test	RN conducts urine dip.		MD bills 15130 ($2.18)	▪ Not billable. ▪ Saves time.	—
Procedures	Peak Flow	RN conducts Peak Flow measurement.		MD bills 00930 ($5.54)	▪ Not billable. ▪ Saves time.	—
Procedures	Peak Flow calculating FVC, FEV1, and FEV1/FVC	RN conducts Peak Flow measurement.		MD bills 00928 ($12.77).	▪ Not billable. ▪ Saves time.	—
Patient Education						
Patient education	Target patient: Smoking cessation	1. RN does chart review based on lifetime preventative schedule. 2. MD reviews and identifies appropriate recommendations. 3. RN works with patient to review appropriate		▪ Not billable. ▪ Saves time.	▪ Not billable. ▪ Saves time.	MD bills 14066 ($50)

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		lifestyle counselling based on identified recommendations. 4. RN discusses smoking cessation and patient's state of readiness.				
Patient education	Target patient: Obesity	1. RN does chart review based on lifetime preventative schedule. 2. MD reviews and identifies appropriate recommendations. 3. RN works with patient to review appropriate lifestyle counselling based on identified recommendations. 4. RN offers to connect patient to healthy eating programs.		▪ Not billable. ▪ Saves time.	▪ Not billable. ▪ Saves time.	MD bills 14066 ($50)
Patient education	Target patient: Inactivity	1. RN does chart review based on lifetime preventative schedule. 2. MD reviews and identifies appropriate recommendations. 3. RN works with patient to review appropriate lifestyle counselling based on identified recommendations. 4. RN offers to connect patient with local activity programs, e.g. Rec Centres		▪ Not billable. ▪ Saves time.	▪ Not billable. ▪ Saves time.	MD bills 14066 ($50)
Patient education	Target patient: Unhealthy eating	1. RN does chart review based on lifetime preventative schedule. 2. MD reviews and identifies appropriate recommendations. 3. RN works with patient to review appropriate lifestyle counselling based on identified recommendations. 4. RN offers to connect patient with PCN dietician.		▪ Not billable. ▪ Saves time.	▪ Not billable. ▪ Saves time.	MD bills 14066 ($50)
Patient education	Group Medical Visit	1. Portion of group medical education delegated to RN.		RN does charting (saves time) and less than	RN does charting (saves time)	MD bills appropriate fee per patient

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
	(up to 90 mins)	2. RN completes charting on each patient. 3. MD is present for **majority** of session.		**majority** of presentation.	and **less than majority** of presentation.	(13763–13781): $155–296/hr
Patient education	Insomnia	1. RN conducts initial interview with patient and gathers information about sleep habits, substances used, other stressors, previous attempts to resolve, etc. 2. RN sends patient Sleep Diary to complete. 3. RN reviews with MD and plan jointly developed. 4. MD discusses with patient.		• RN does initial interview and associated charting • Bill 13706 ($20) • Saves time	• RN does initial interview and associated charting • Not billable • Saves time	• MD bills 14077 ($40/15 mins or greater portion) for conversation with RN. • MD bills 14043 ($100) for FU visit to review plan.
Patient education	STI visit	1. RN obtains sexual history and STI history 2. RN discusses options and develops plan 3. RN reviews plan with MD 4. MD presents plan and any Rx.		• RN does majority of visit, sexual history, planning • Not billable • Saves time	• RN does majority of visit, sexual history, planning • Not billable • Saves time	MD reviews plan with pt and bills visit (100 or telehealth)
Patient education	Contraception	1. RN obtains sexual history and STI history 2. RN discusses contraception options and develops plan 3. RN reviews plan with MD 4. MD presents plan and any Rx.		• RN does majority of visit, sexual history, planning • Not billable • Saves time	• RN does majority of visit, sexual history, planning • Not billable • Saves time	MD reviews plan with pt and bills visit (100 or telehealth)
CDM Planning						
Planning	Complex Care (14033) planning	1. RN does chart review, medication review, and completes Complex Care planning template. 2. RN reviews with MD, identifies any gaps. 3. RN connects patient with any necessary community resources. 4. MD conducts conversation with		• Not billable • Saves time	• Not billable • Saves time	• MD bills 14033 ($315) • MD bills 14077 ($40/15 mins or greater portion) for discussion with RN.

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		patient (min 16 minutes).				
Planning	Frailty (14075) planning	1. RN does chart review, medication review, and completes Frailty planning template. 2. RN reviews with MD, identifies any gaps. 3. RN connects patient with any necessary community resources. 4. MD conducts conversation with patient (min 16 minutes).		• Not billable • Saves time	• Not billable • Saves time	• MD bills 14075 ($315) • MD bills 14077 ($40/15 mins or greater portion) for discussion with RN.
Planning	MH (14043) planning	*Ability to delegate depends on individual issue, e.g. insomnia could be easily templated, but anxiety/depression is difficult.* 1. RN does initial interview with patient, getting some HPI, medications, other substances, and previous med trials/counselling supports 2. RN sends patient PHQ9/GAD7 to complete prior to speaking with MD. 3. MD conducts session with patient. 4. MD develops plan and reviews with patient. 5. RN connects patient with any necessary community resources.		• Bill 13706 ($20) • Saves time	• Not billable • Saves time	• MD bills 14043 ($100) • MD bills 14077 ($40/15 mins or greater portion) for discussion with RN.
Planning	Palliative (14063) planning	1. RN does chart review, medication review, and completes Palliative planning template. 2. RN reviews with MD, identifies any gaps. 3. RN connects patient with any necessary community resources. 4. MD conducts conversation with		• Not billable • Saves time	• Not billable • Saves time	• MD bills 14063 ($100) • MD bills 14077 ($40/15 mins or greater portion) for discussion with RN.

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		patient (min 16 minutes).				
Planning	Phone for CDM check-in	5. MD/RN identifies patients for RN to discuss CDM status with. 6. RN uses EMR template for specific CDM visit. 7. RN reports back to MD on status, or tasks visit back to MD for review prior to completion/submission. 8. RN consults MD for any prescription/management changes. 9. MD reviews prescription changes/management changes with Pt and submits Rx (if applicable).		▪ MD bills 14076 ($20) if related to a CDM (to count as one of the two visits for 14050, 14051, 14052, 14053) or else bills 13706 ($20). ▪ Not payable on same day as a visit.	▪ Bill 14029 ($0) so counts as one of the two visits for 14050, 14051, 14052, 14053. ▪ Saves time.	Bills telehealth visit 13X37 series ($31.62-$47.44) if not billing for FFS RN interaction.
Planning	Visit for CDM check-in	1. MD/RN identifies patients for RN to discuss CDM status with. 2. RN uses EMR template for specific CDM visit. 3. RN reports back to MD on status, or tasks visit back to MD for review prior to completion/submission. 4. RN consults MD for any prescription/management changes. 5. MD reviews prescription changes/management changes with Pt and submits Rx (if applicable).		▪ MD bills 14029 ($0) if related to a CDM (to count as one of the two visits for 14050, 14051, 14052, 14053). ▪ Not payable on same day as a visit (same patient/same physician).	▪ Not billable. ▪ Saves time.	Bills in-person visit 0100 series
Visits						
In-person	Prescription renewals	1. Patient or Pharmacy requests medication refill. 2. RN calls patient, confirms medication list, and reviews history, side effects, positive effects, current status.		▪ Bill 13706 ($20) ▪ Saves time.	▪ Not billable. ▪ Saves time.	Bills in-person visit 0100 series

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		3. RN renews/creates prescriptions in EMRs and sets status to "pending approval." 4. RN transfers visit to MD daysheet. 5. Physician follows-up via phone.				
On phone/in-person	Periodic Health Exam – health prevention review	1. RN conducts chart review and identifies health prevention activities that are due/overdue based on the LifeTime Prevention Schedule, as well as the patient's profile. 2. RN creates necessary lab requisition, imaging, and other requisitions. 3. RN reviews with MD 4. RN takes necessary vitals at patient appointment. 5. MD conducts appointment with patient and reviews plan for health prevention, as well as develops a "plan for the year" of high-level things to work on with appropriate follow-up conversations with RN or MD.		▪ Not billable ▪ Saves time	▪ Not billable ▪ Saves time	▪ MD bills 14077 ($40/15 mins or greater portion). ▪ MD bills 14066 ($50).
	Vitals	RN takes patient height, weight, BP and HR.		• Not billable • Saves time for MD AND MOA.	• Not billable • Saves time for MD AND MOA.	—
	Driver's Medical	1. RN takes vitals. 2. RN takes visual acuity. 3. RN conducts MoCA/MMSE if indicated. 4. RN completes Driver's Medical form. 5. MD conducts remainder of visit		• Not billable • Saves time for MD AND MOA.	• Not billable • Saves time for MD AND MOA.	Not billable to MSP as uninsured service.

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
	Telephone triaging	1. RN notified by MOA that patient needs triaging. 2. RN takes HPI from patient and makes initial triage decision, consults with MD if appropriate. 3. RN directs patient appropriately (MD to call, MD to see, to WIC, to Urgent Care, to ED, wait at home for FU).		▪ Bill 13706 ($20) ▪ Saves time.	▪ Not billable ▪ Saves time.	MD bills telephone visit or in-person visit depending on outcome (only if FFS RN triaging not billed).
	Well baby	1. RN takes well-baby height, weight and head circumference and updates growth chart. 2. RN discusses with parent(s) and completes Rourke as appropriate. 3. RN reviews with MD. 4. MD finishes appointment with family.		▪ Not billable ▪ Saves time for MD AND MOA.	▪ Not billable ▪ Saves time for MD AND MOA.	▪ MD bills 0100 visit. ▪ MD bills 14077 ($40/15 mins or greater portion) for discussion with RN (if applicable).
	Advanced Care Planning	1.				▪
	Pre-op visit	1. RN takes patient vitals. 2. RN reviews chart and completes form to extent possible. 3. MD reviews form and finishes visit with patient.		▪ Not billable ▪ Saves time for MD AND MOA.	▪ Not billable ▪ Saves time for MD AND MOA.	MD bills 0100 visit.
	Hospital Discharge follow-up	1. RN reviews Admission and Discharge note on PowerChart. 2. RN calls patient to find out how things are going following a visit to the hospital. 3. RN reviews any outstanding labs/imaging to ensure patient aware. 4. RN identifies any gaps. 5. RN reviews with MD. 6. MOA schedules FU visit with MD if necessary.		▪ 13706 ($20). ▪ Improves closed loop of care.	▪ Not billable ▪ Saves time. ▪ Improves closed loop of care.	▪ MD bills 14077 ($40/15 mins or greater portion).
	ER follow-up	1. RN reviews ERP note on PowerChart.		▪ 13706 ($20).	▪ Not billable	MD bills 14077 ($40/15 mins or

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		2. RN calls patient to find out how things are going following a visit to the Emergency Department. 3. RN reviews any outstanding labs/imaging to ensure patient aware. 4. RN identifies any gaps. 5. RN reviews with MD. 6. MOA schedules FU visit with MD if necessary.		▪ Improves closed loop of care.	▪ Saves time. ▪ Improves closed loop of care.	greater portion).
	Referral to community services	1. RN completes referral to community service(s), leveraging Physician Connector or direct connection. 2. RN connects with patient to confirm referral placed and next steps.		▪ Bill 13706 ($20) ▪ Saves time.	▪ Not billable ▪ Saves time.	—
	Medication reconciliation	1. RN reviews medication list in EMR. 2. RN reviews medication list on Pharmanet. 3. RN connects with patient and reviews current medications, side effects, compliance.		▪ Bill 13706 ($20) ▪ Saves time.	▪ Not billable ▪ Saves time.	—
	New patient intake	1. RN conducts patient history in-person or on phone, along with medication history, allergies, immunizations, etc. 2. RN updates patient chart with information. 3. RN sources missing documents from PowerChart. 4. MOA requests records from previous clinic. 5. MD meets with patient and confirms/develops short-term plan.		▪ Bill 13706 ($20) ▪ Saves time.	▪ Not billable ▪ Saves time.	MD bills visit (100 or telehealth).
Working as a team						
In-person or virtual	Daily planning/recap	1. MD and RN plan out day to review patients		Not payable for communications which occur as		▪ MD bills 14077 ($40/15

Category	Activity	Workflow	Scope	FFS RN	PCN RN	MD
		and plan activities/objectives. 2. MD and RN review day to discuss patients and changes/actions required.		part of regular workflow within a physician's community practice.		mins or greater portion). ▪ Max of 2 units/pt/day and 18/pt/year.