Fraser Northwest Division
Primary Care Network
Registered Nurse in Practice Program

Working Document – Manual (2021)

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Section 1: Acknowledgements

We want to acknowledge our place of work is within the ancestral, traditional and unceded territory of the Kʷikʷəƛ̓əm (Kwikwetlem), Qiqéyt (Key-Kayt) and Coast Salish Nations.

Section 2: Primary Care Network Overview

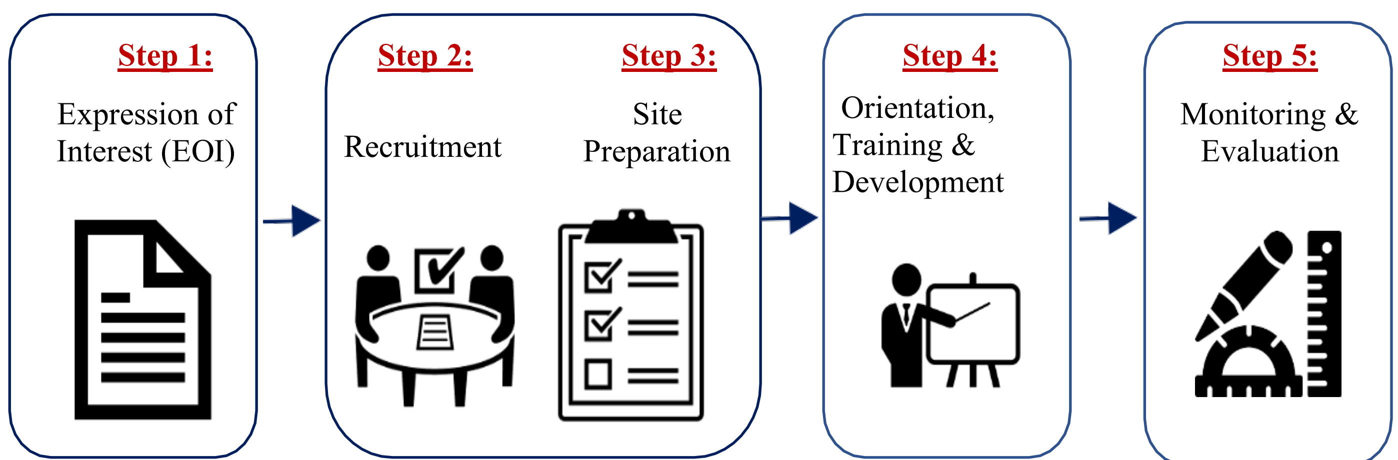
A primary care network refers to a clinical network of health care providers in a geographic area that responds to the primary care needs of the patients within the community and provides clear linkages to more specialized services as needed. It includes family doctors in Patient Medical Homes (PMH) along with allied health providers, health authority services and community health services. The provincial government is the lead on primary care networks; input is being provided by GPSC, Divisions of Family Practice, Doctors of BC, and other partners and stakeholders.

In the Fraser Northwest Division (New Westminster, Coquitlam, Port Coquitlam, Port Moody, Anmore & Belcarra), our PCNs include the following: Registered Nurse in Practice program, SHARE MHSU clinical counselling program, PCN Family Physician alternative payment program, PCN Nurse Practitioner alternate payment program, the Tri-Cities Urgent & Primary Care Centre, Primary Care Community Pharmacist program and Specialized Community Service Programs (SCSP) service integration.

Registered Nurse in Practice Program – Strategic Why?

Registered Nurses practicing within a team increase the capacity for longitudinal primary care in patient medical homes. Ultimately, the aim is to improve the capacity for each provider, the sustainability of their practice and the attractiveness of longitudinal primary care for new practitioners.
As part of the PCN work occurring in the Fraser Northwest, family practices are being offered funding and overhead to work with a Registered Nurse in Practice.

Summary of Process Steps



Section 3: Expression of Interest Form

Clinic Eligibility Requirements

The first step to onboarding an RN in Practice is for the clinic to complete an EOI Form. Appendix A Expression of Interest Form

To be eligible for an RN in Practice, clinics must first ensure the following:

- All physicians in the clinic must have completed or be registered in the GPSC Panel Development Incentive program which pays physicians $6000 to review the patients listed under their care and bring their information up to date (Panel Cleanup)
- Must be using an EMR
- Clinic has a dedicated workspace for a nurse to practice
- All clinic Physicians must be members of Fraser Northwest Division of Family Practice and practice in New Westminster, Coquitlam, Port Coquitlam or Port Moody, Belcarra, or Anmore.
- Agree to participate in practice-level evaluation and reporting
- Nominate a Physician Lead. This Physician Lead will act as the clinic's point of contact, ensure accountability within the practice and oversee delivery of information to the Division and health authority as needed. See link: Roles and Responsibilities

Appendix B Physician Lead Role.

If a Panel Cleanup is required, there are a few options for completing this work with additional support. The Division Patient Medical Home Support Manager will meet with the clinic and determine the best option to assist. Options at this time include:

- Complex Care Management Program (Division & PSP initiative) which is a group format that takes approximately 6 months to complete
- PSP liaison in practice support which is individualized and goes at the physician pace.
- Panel Assistants, which are available remotely or in practice, will assist in the clean-up. Works with the physician and office staff to accomplish the work at an accelerated pace. Please talk to the PCN Director for further information.

The Primary Care Network/Patient Medical Home Provider Advisory Committee will review the EOI for approval and bring this forward to the PCN Leadership and Steering Committees.

Section 4: Recruitment

Once the EOI is approved, the recruitment process can begin. RN recruitment will be conducted by FH as the RN is a FH employee. For internal candidates, due to the collective agreement, positions are filled based on seniority. If positions are not filled by internal candidates, positions will be posted publicly, and an interview process is required. The hiring process follows FHA standard hiring procedures.

Hiring options – FP/Clinic involvement is welcomed and coordinated between the FHA manager and the Clinic. The interview process is shared with Division and FHA representatives. A standardized template is used for continuity. Once the candidate is identified, a meet and greet with the clinic physicians and team will be arranged. The meet and greet is an opportunity for the RN and Physician group to discuss role expectations, clinic culture and confirm on all sides that it is a good fit.

Characteristics & Skills of a good fit for this program

- values relationships
- respects boundaries
- flexibility
- adaptability - the day is going to involve changes and undesirable or unexpected situations.
- knows when to ask for help and when to offer help
- respectful of all the clinic team members (Respect for all people)

RN Interview Tool

Appendix C RN Interview Tool

Section 5: Site Preparation

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

- Communication with Office staff - MOA/Office Manager discussions & preparations (everyone to know start dates and support with training)
- Office Space - desk, chair, office supplies (purchasing of equipment in advance may need to occur) Funding for this would come from overhead funding from the RN in Practice overhead. Clinics may also apply for GPSC incentive grants.
- Technology - computer, access to EMR, login information
- Overhead Invoices and payment information - coordinated through the Division (The Division staff will create and submit invoices to FHA on behalf of the clinics to alleviate additional administrative burden)
- A checklist can be referred to from the PCN toolkit. GPSC team training check list.

Appendix D GPSC team training check list

OH&S Walkthrough/Hazard Assessment

The Hazard Assessment will be completed by the FHA Occupational Health and Safety department. This activity is estimated to take 1 hour of time and will be coordinated by the Division. A OH&S A brief example of the Hazard Assessment recommendations can be found here. example report

Appendix E OH&S example report

Section 6: Documentation

The following documents are identified beneficial to have agreement upon. * FNW does not have the Practice Collaboration Agreement finalized yet and work is still being completed on this.

Confidentiality Agreement - example confidentiality agreement

Appendix F Confidentiality Agreement

Team Charting Agreement - Team Charting Agreement

The team charting agreement will be signed by FHA and the hosting clinic after the initial meeting with clinic staff.

Appendix G Team Charting Agreement

Practice Collaboration Agreement **not available

Appendix H (TBA)

Appendix H Practice Collaboration Agreement

Section 7: Orientation and Training

Clinics will need to have reviewed the Orientation Guide. This has been beneficial for clinics, new RNs and all involved supporting the program to follow and keep as reference. This Guide walks through key onboarding activities and the individuals responsible during the RN in Practice's first 8 weeks in the clinic.
Appendix I Orientation Guide

Encounter Coding

Nurses are required to report on their activities through Encounter Codes. The Encounter record submission procedures can be found here.
Appendix J Encounter record submission procedures

The Division's HR manager will train new nurses and support the nursing team with the encounter codes. Ongoing support from clinical administrative staff will also need to occur. Rejections of codes and other challenges need to be reported to the Division for follow up and for quality improvement. There needs to be specific time set aside to complete and continue to support the paperwork involved with encounter coding. Connections with HDC and MSP will be beneficial to help with MSP changes, assignment of payment timelines and other rejection issues.

Attachment Coding - why and how

The attachment code is a $0 fee code to identify and acknowledge new attachments of patients in the Primary Care Network (PCN). The code is to be used by all Primary Care Providers participating in the PCN. When a clinic has an RN in practice (PCN service), all providers should be using the code. The attachment record is a $0 fee code submitted to MSP/Health Insurance BC through Teleplan on a one-time basis where attachment is agreed to by the practitioner and the patient upon completion of an attachment conversation.

- attachment codes
  - New West 97615
  - Port Coquitlam 97616
  - Port Moody, North Coquitlam (Foothills & Plateau), Anmore, Belcarra 97617
  - Southwest and Southeast Coquitlam 97618

Section 8: Tactical And Operational Management Tasks

The following list of responsibilities for the management of staff have been co-created to figure out the pieces through this program without a signed collective agreement. This has been prepared for the purpose of further defining the relationship between Fraser Health Administration and the physician of the Fraser Northwest Division of Family Practice.

Responsibility	PMH Physician Lead Role	FH Administration Role	Division Role	Notes
Day to Day HR Oversight	Operational – the designated Physician Lead is the point person.	Operational – FHA designated manager	Strategic – collection & reporting of resource used and issues to inform QI	RN can bring forward concerns to FP Lead. If this is not resolved FHA can support. If more discussion. Division can help coordinate resolution meeting.
Medical Legal Responsibilities	Operational – to understand the requirements of the MRP when working with each team member. Tactical – FP needs to report concerns to FH Manager in a timely manner	Operational - Policies & Procedures to protect patients & providers Operational - orientation training for RNs on medical legal risk Tactical - to provide timely follow up and provide training in follow up to raised concerns by patients, providers, or colleagues.	Operational - develop physician training on what they need to know for all providers to understand how to manage/decrease risk Tactical - document and report examples & risks for the purposes of QI	There is not a standard answer in response to who has medical-legal responsibility when there is an error. Whether the FP or AHP is liable would depend on the details of the situation (ie. Who acted, whether they acted on instruction or on their own). FPs should have insurance for themselves and the clinic. Further clarification from CMPA may be required. RNs should have insurance from their organization HA. Reporting process – depends on sensitivity. FHA manager must be notified, and

				FP lead must be notified. Division can support record keeping.
Scheduling, Backfilling, Coverage, time and attendance management	operational - understand the process and limitations for scheduling and coverage tactical - identify if there are blackout periods within a year that coverage is critical Tactical - Physician Lead or Office Manager reports hours to manager (leave early, come late) if concern arises.	Operational - responsible and accountable to providing coverage to the agreed upon clinical patient hours for the PMH to avoid disjointed care Tactical - coordinate vacation, sick relief and RNiP time to avoid impact on patient care hours.	Tactical- document and report examples and risks for the purposes of QI.	See Appendix K

Scheduling, Backfilling, Coverage, Time, and Attendance Management

Communication between the RN and Office Manager/MOA team and Physicians is vital to make sure everyone is aware of upcoming vacation, sickness and scheduled time off.

Appendix K Advanced Vacation Planning

Responsibility	PMH Physician Lead Role	FH Administration Role	Division Role	Notes
Recruitment & Selection	Operational: define what are the characteristics of a good fit for this clinic Tactical - physician lead or delegate can participate in the interview process Tactical - physician lead to determine the role and activities of the RNiP for the PMH	Operational - responsible and accountable for hiring candidates that are a good fit for the PMH Tactical - responsible and accountable for posting, screening and coordinating interview and offers	Operational - support the development of identifying the characteristics and skills for RNiP based on physician feedback Tactical - document and report examples & risks for the purposes of QI - can be the representative/delegate for the clinic in the interview process	RNs that want to provide direct patient care long term RNs that value relationships & lifetime of care
Dispute Resolution and Grievance Management including concerns raised, (OH&S)	Operational - understand and respect the process Tactical - Physician lead or office staff may be asked for collateral information to support the process.	Operational - is responsible to manage staff disputes, and grievances according to collective agreement language. Tactical - is responsible and accountable to follow up and document with a	Operational - support the skill development of conflict resolution & supporting the clinic with the needs Tactical - document and report examples & risks for the purposes of QI	Process: follow Dispute resolution workflow in Appendix B: FP Lead Role

		determined time/period through a respectful process to resolution.		
Policy and Procedures	Operational - PMH has a policy and procedure manual for their specific clinic Tactical - have a process to ensure all new RNiPs are aware of the PMH policies and procedures and have reviewed and know where to find them. Tactical - to document and notify the PCN FHA manager within set time period when policy and procedures are not followed	Operational - is responsible to manage RNs to understand their responsibilities of following PMH policies and procedures. Tactical - is responsible and accountable to follow up and performance manage in the case of not complying with PMH policy & procedure	Operational - support the development of PMH policy and procedure manual Tactical - document and report examples & risks for the purposes of QI	Division has created an extensive PMH policy and procedure manual. Please contact FNW for more information. For the purposes of the RNs the process for notifying the FHA manager remains the same in the workflow in Appendix B.
Financial Management	Operational - PMH is a private business and will operate their business with their own organizational practices and policies. Operational - PMH has a process and guidelines for managing equipment and clinic resources. Tactical - provide access to EMR, provide the agreed upon supplies to the clinic without adding additional costs to the clinic that add operating costs that are not recoverable.	Operational - is responsible for all employer related costs for the RNiP including requested special equipment for the purposes of OH&S that are not included in the overhead PMH agreement. Tactical - is responsible and accountable to follow up and performance manage in the case of RN mishandling of PMH resources.	Operational - support the development of PMH financial, inventory and ordering process and policies. Tactical - document and report examples & risks for the purposes of QI Tactical - support the PMHs by submitting overhead invoices	Some supplies that are FHA standard or required to be a certain variety will be ordered through the HA. Eg. Specific FHA syringes. Medical supplies will be discussed between PMH and RN when creating scheduling and creating tasks. Communication around what is needed prior to appointment is vital.
Interdisciplinary team building, including clinical practice support,	Operational - PMH is a private business and will operate their business with their own	Operational - FH has training that is available as an option through their OD team as well	Operational - support the development of PMH team building & training plan.	RNs are invited to join FNW Division and are included

team leadership, physician development	organizational practices and will determine what the best approach to interdisciplinary team building is for their PMH. Tactical - the physician lead will create a plan for how to engage their PMH team in change management, QI & team development.	as PSP and will respect the individual PMH plans. Tactical - will support the RNiP to participate in the training and activities	Tactical - document and report examples & risks for the purposes of QI Tactical - support the PMHs by bringing in the resources and providing remuneration for those involved in this work outside of their employed hours of work	in focus groups, committees, and QI work. Division and FHA work together to organize workflow lunches, meetings, check in and book the time for the FPs and RNs and MOAs to attend. Organized meetings: FP leads, RN FP leadership meeting, operational RN meeting, ad hoc PMH meetings.
Performance Management	Operational - the PMH will have a performance feedback process in place for the clinic which includes patients and colleague feedback opportunities. Tactical - implement and use the patient engagement tool and team survey tool	Performance Management will be FH responsibility. Physician practice will provide feed back with issues and time lines to the FH manager who will start the evaluation and put a performance management plan in place. (have to work within the Union regulations). If the issue is simple staff will be performance managed within the practice. If the issue is affecting the normal functioning of the staffs duties and is impacting patient care, staff will be moved back to FH and the practice will get a replacement staff.	Operational - support the development of PMH Leadership and performance management Tactical - document and report examples & risks for the purposes of QI Tactical - support the PMHs by bringing in the resources and providing remuneration for those involved in this work outside of their employed hours of work.	Questions to answer: Who is responsible to ensure evaluation are happening routinely? How do we know if there is a problem early? What is the escalation commitment? We are working on process for FPs to send in feedback like “my performance link” at FHA.
Clinic operations, workflows, equipment, staffing, roles & responsibilities, policies and	Operational - the role and responsibility of the clinic ownership	There is no role for FHA in this	Operational - collect and report on lessons learned and using the data to inform quality improvement.	

procedures for the clinic	Tactical - the role and responsibility of the clinic ownership		Tactical - provide support for clinic sustainability	

Section 9: Quality Improvement

Quality Improvement & Panel Management "BOB" RN Position

There have been multiple RNs hired in the FNW PCN that help support vacation and relief coverage. They are clustered to support the same clinics so that they are familiar with the PMHs EMR, the staff and the physicians. This has helped to cover vacation and sickness leaves.
In addition to the relief coverage, the new nurse is available to support the management of the clinic's patient panel and quality improvement projects. Below is a list of suggestions that this BOB RN can assist with. The nurse will require access to the EMR and can work in the clinic if there is space 1-2 days per week or they can work remotely based the clinic's preference and space.

Some Examples:

- Patients with a mental health disorder
    - update the problem list in your EMR
    - arrange a visit and education
    - connect with the PCN Mental Health Clinician to determine if there are additional supports this patient could benefit from
- Patients with Addiction disorder
    - update the problem list in your EMR
    - arrange a visit and education
    - update patients with opioid prescriptions
    - arrange for pill counts & urine tests
- Rheumatoid Arthritis & Chronic Pain
    - annual RA clinical assessment
    - chronic pain counseling
    - update the problem list in your EMR
- INR Management
    - review active patients with an active vitamin K antagonist medication, such as warfarin who have NOT had an INR result in the last month recorded in the EMR
    - update the problem list in your EMR
    - patient education & follow up
- Blood pressure check program
    - 6 month checks for patients with
        - impaired renal function
        - hypertension
        - diabetes
        - chronic kidney condition
    - patient & education
        - calibrate home blood pressure to the clinic
    - update the problem list in your EMR

- Heart failure program
  - update the problem list in your EMR
  - patient education
  - follow up with the FH cardiac program & patient attendance
    - annual follow up to review and update patient education
  - update records for all patients with least one active continuous medication of ACE Inhibitor or ARB recorded in the EMR
  - update records for all patients with heart failure (HF) (based on the problem list) with at least one active medication for a beta blocker
  - follow up to confirm if ejection fraction completed and recorded in the EMR in the past 3 years
  - two weight measurements every 6 months, recorded in the EMR
- Patients >90
  - frailty assessment
  -
  - update the problem list in your EMR
  - review and update level of Intervention (LOI) recorded in the EMR
  - review with the patient if any community programs (seniors connector) might be good fit
  - update falls assessment
- Patients with diabetes
  - update the problem list in your EMR
  - HbA1c test result in the EMR in the past six months follow up
  - patient education
  - follow up to confirm patients have LDL lab result within the past 5 years recorded in the EMR
  - blood pressure checks and recorded every 6 months
  -
  - follow up with the diabetes program & patient attendance
    - annual follow up to review and update patient education
- Patients with COPD & Asthma
  -
  - update the problem list in your EMR
    - update smoker and non-smoker status in EMR
  - patient education
  - blood pressure checks and recorded every 6 months
  - complete annual activity plan
  - record spirometry test in EMR
  - pneumococcal vaccination recorded in EMR
    - follow up and arrange vaccine if required
  - follow up with the pulmonary rehab program & patient attendance
    - annual follow up to review and update patient education
    - review patient plan
- Patients with hepatitis C & RNA
  - update problem list in EMR
  - RNA PCR lab result recorded within 2 years follow up and education
- Age Related cancer screening
  - review & follow up on all patients in the panel who have not had cancer screening completed within guidelines
  - patient education
- Age related vaccines

- review & follow up on all patients in the panel who have not had vaccinations completed within guidelines
- patient education

Quality Improvement of the RN in Practice Program

This program is still a major work in progress. All parties continue to work together to figure out best practices and efficient workflows. The Division holds monthly meetings with the RN FP Leads for feedback and sharing amongst clinics. The Division meets with the FHA PCN manager and FHA clinical nurse educator regularly to share challenges and work on issues that arise. This could be discussions around RN scope of practices, scheduling, hiring, encounter coding and general HR related concerns.

The impacts of this program are documented in our PCN Period Reports.

Highlights can be viewed in this video as well.

Section 10: Appendices

Fraser Northwest
Division of Family Practice
A GPSC initiative

Primary Care Network (PCN) - Registered Nurse in Practice
Expression of Interest (EOI) Form

Preamble/Introduction

Across BC, divisions of family practice are working with health authorities and community partners to establish primary care networks (PCNs).

The goal of the Primary Care Network is to create the structures necessary to enable all members of the community to receive the primary care they require, by bringing together health authorities, physicians, nurse practitioners, nurses, allied health and other community providers in partnership.

When participating in a PCN, family physicians will be able to:

- Provide optimal care for patients with the support of teams, allied health care providers, and easily-accessed health authority services.
- Access expanded services for vulnerable patients and those with complex health conditions.
- Arrange needed care for patients from community services quickly and with a minimum of additional work

As part of the PCN work occurring in Fraser Northwest, family practices in New Westminster and the Tri-Cities are being offered funding and overhead to work with registered nurses in practice (RNiPs). This EOI will helps us determine what is required to support your clinic with implementing this team member into your practice. From the time of submitting and EOI, it may take 2-6 months for the RN to begin work at your practice.

What's in it for your practice?

This RN role is meant to support practice staff in providing the best possible care for patients. Examples of tasks the RN can do which may help elevate the care your practice provides are:

1. Review panel and ensure all preventative cancer screens are completed
2. Review lab work
3. Complete complex care plans
4. Independent visits for direct patient care (i.e. chronic disease management, screening and health promotion)
5. Complex appointments such as new intakes, post-discharge and planning visits
6. Education and self-management support of patients[1]

Clinics will not be responsible for the recruiting and remuneration of the RNiP. RNiPs will be employed by Fraser Health with the support of the Division to ensure that the nurse will be an appropriate fit for the clinic. Support and training for the onboarding of the RNiPs within clinics will be provided to clinics.

[1] See end of document for a Fraser Health job description

Eligibility

To be eligible, the clinic must meet the criteria below:

- Must be using an EMR
- Clinic has a dedicated workspace for a nurse to practice (if space is a concern, please submit the EOI and the Division will work to support this concern)
- All clinic Physicians must be members of Fraser Northwest Division of Family Practice and practicing in New Westminster, Coquitlam, Port Coquitlam or Port Moody.
- Agree to participate in practice-level evaluation and reporting
- Nominate a Physician Champion. Physician Champion is paid by sessional. The time commitment is approximately 2 hours per week (maximum) in the initial implementation and 2 hours per month once full implementation is completed.

Fraser Northwest
Division of Family Practice
A GPSC initiative

Primary Care Network: Registered Nurse in Practice
Expression of Interest Form

Please email completed form to Kristan.Ash@fnwdivision.ca.

Clinic Information

Clinic Name: ____________________ Date: ____________

Principal Setting of Medical Clinic:

Solo, office-based family practice	Group, office-based family practice	Walk-in clinic	Hybrid walk-in/family practice clinic
☐	☐	☐	☐

Address: ____

Street Address *Unit #*

____

City *Province* *Postal Code*

Phone: ____________________ Email: ____________________

Do the all the physicians in your clinic have membership with the FNW Division of Family Practice? YES ☐ NO ☐

Please explain your clinic's interest in participating: (Please include as much detail as possible)

Please explain why we should select your clinic: (Please include as much detail as possible)

Please outline the supports for the RN and the plan to integrate a RN into your practice:

Fraser Northwest
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Please describe what you envision the nurse's role might be in your clinic:

Is there clinic space for a nurse to practice? YES ☐ NO ☐

Does your clinic utilize an EMR? YES ☐ NO ☐

What is your clinic's approximate panel size?______

On average, how many total appointments does your clinic offer daily? ______

Does your clinic routinely have unfilled appointments? YES ☐ NO ☐

Does your clinic reserve appointment slots for same day visits? YES ☐ NO ☐

Does your clinic offer patients the option to:

a) Book appointments online? YES ☐ NO ☐

b) Discuss medical issues via email? YES ☐ NO ☐

c) Refill prescriptions online? YES ☐ NO ☐

d) View test results on a secure website? YES ☐ NO ☐

Number of healthcare providers working in clinic:

Physician days per week	Nurse Practitioners	Registered Nurse	LPN	Other

Number of physicians that have been in practice for:

Residency	0-5 years	5-10 years	11-20 years	21+ years

Number of physicians that have started the GPSC Panel Development Incentive:

Completed	In Process	Not Started

Approximately how much time do physicians in your clinic spend on administrative tasks other than face-to-face patient care (i.e. practice management tasks, filling out forms, connecting with allied health providers and specialists)? (For multi-physician offices, please provide a rough average for the clinic as a WHOLE. Once selected, data will be collected at a more granular per-physician level).______________

Nominated Physician Champion: **Dr.** ______________________________

First Name *Last Name*

	YES	NO
Does he/she have membership with the FNW Division of Family Practice?	☐	☐
Has he/she completed/started the GPSC Panel Development Incentive?	☐	☐

Signature of Nominated Physician Champion: ________________________________ Date:______________________

Fraser Northwest
Division of Family Practice
A GPSC initiative

fraserhealth
Better health. Best in health care.

Job Description

POSITION:	Registered Nurse in Primary Care Practice
LOCATION:	Fraser Health Community Simon Fraser Fraser Health Community South Fraser Fraser Health Community North Fraser
PROGRAM/SERVICE:	Primary Health Care Clinics
REPORTS TO:	Manager, Clinical Operations or designate
BARGAINING ASSOCIATION:	Nurses' Bargaining Association
BARGAINING UNIT:	British Columbia Nurses' Union (BCNU)
CLASSIFICATION:	Community Health Level 3 (CH1)
JOB DESCRIPTION NUMBER:	N6461
JOB CODE:	N_CH1

JOB SUMMARY:

In accordance with the British Columbia College of Nursing Professionals (BCCNP) scope of practice, standards of practice and the Mission and Values of Fraser Health, works collaboratively as a member of an interprofessional team to provide direct patient care to clients of family practice clinics within the Primary Care Network. The role of the Registered Nurse in Primary Care Practice is to partner with and complement that of the family physician.

Provides initial client consultation, assessment, triage, coaching and teaching, health promotion and intervention, client care services and follow-up based on the client's needs, urgency of request and best practices, to ensure clients, families and caregivers are provided with ease of access to timely, person-centred, continuous and culturally safe quality health services. Care may be provided in the clinic setting, over the phone, or in the community setting. Facilitates and manages client transitions across the healthcare continuum to optimize health and well-being and adapts to changes in the client's condition to minimize avoidable admission to healthcare facilities; collaborates with the client and ensures linkages with acute, primary and community care healthcare providers including the client's primary care provider (Nurse Practitioner, Physician), other specialists and family supports with respect to client care planning to facilitate the flow of information through a variety of settings including FH and non-FH community services.

Provides client and family-centered care through a trauma-informed approach and evidence-informed practice. Establishes a dignifying, purposeful and trusting relationship with clients, promoting self-determination and independence. Encourages knowledge exchange in day-to day activities, and empowers clients to engage and connect within their communities. Ensures clients and their family members are supported in navigating the health care system.

DUTIES & RESPONSIBILITIES:

1. Provides direct nursing care to clients receiving scheduled or urgent/timely primary care. Assesses clients and collects information from a variety of sources using skills of observation, communication, data review and physical assessment. Triages and makes a nursing diagnosis of the client's condition and determines whether the condition can be improved or resolved by an appropriate nursing intervention or through interventions and collaboration with other clinical staff and primary care provider. Assists the Physician/NP and other team members with urgent and emergent care as necessary.
2. Performs a comprehensive and focused health assessment that includes health history and complete physical evaluation; considers the patient's psychosocial, emotional, ethnic, cultural and spiritual dimension of health, the client's goals for health, including a thorough medication assessment and best possible medication history, and his or her understanding of their health/illness experience and how their daily life is affected.
3. Processes physician or nurse practitioner orders through methods such as initiating unit standing orders, administering medications, carrying out treatments and monitoring and documenting the effects.

4. Performs nursing procedures within their scope of practice and their own level of competency both independently and in an assisting role with the Physician/NP. Establishes a therapeutic relationship with the client through the use of interpersonal and interviewing techniques, in person and/or over the telephone, to ensure the client's choice and autonomy in decision-making and care planning including the client's right to dignity and privacy.
5. Screens referrals, provides individualized client assessments, and contributes to interprofessional care planning and clinical interventions. When appropriate collaborates and refers to specialized services for clients with multiple complex conditions; assists clients to achieve an optimal level of function by facilitating timely and appropriate health services (e.g. public health, social services) and utilizing a variety of resources and services; collaborates with the primary care provider, client, the family/supports/caregivers, other health care professionals, clinics, hospitals and other community resources to identify and resolve client care issues and coordinate the integration of care and services.
6. Develops a comprehensive shared client care plan, in collaboration with the interprofessional team, client and/or family, other healthcare providers and/or referring clinics which includes health promotion, illness prevention, rehabilitation, chronic disease management, and/or palliative approaches; facilitates and supports the transition of the client care plan to the primary/community care provider and/or community agencies.
7. Provides direct planned and unplanned client care and identifies other care services required in accordance with applicable guidelines, policies and evidence-based best practice; informs and educates clients and families and provides comprehensive explanations of care to the client and family and checks for understanding, as appropriate.
8. Reviews client care plans, in collaboration with the interprofessional team/primary care provider to determine timing and referral to other services and/or interventions to improve client outcomes; initiates, monitors and evaluates the appropriateness and effectiveness of the short and long term care plan to meet specific client goals; develops next steps in collaboration with the client and family; develops and supports a transition process for achieving client care goals across the care continuum.
9. Discusses clinical findings with client/family, in collaboration with the interprofessional team to develop action plans and set goals directed at clinical needs, self-management, and improved health-related quality of life; accesses system information and resources to review client data such as medical history, progress notes, consultation reports, lab reports and incorporates findings into the care plan; plans, organizes and establishes priorities by using resources effectively and efficiently; monitors and evaluates the plan of care and responds to unanticipated events and/or changing client or service assignment needs, as needed.
10. Supports clients and their families' clinic visits by providing information through their decision-making process regarding treatment options; advocates on behalf of the client/family to support their choices and needs and provides direct care to client as they transition to another program, service or healthcare provider.
11. Arranges and participates in outreach nursing care to clients in their home setting or suitable alternative, as required; performs nursing functions such as assessment, determining physical and mental status, and evaluating response to medications administered. Formulates and explains plan of care to client/family or supportive care persons and provides advice to the client and/or caregiver about available community resources.
12. Provides health counselling to clients including education, self-management, self-monitoring and wellness/health promotion/prevention through a combination of clinic, telephone or home/outreach visits; assesses the learning needs of individuals, providing and explaining techniques and equipment, and evaluates the overall effectiveness of the selected teaching methods and outcomes of learning.
13. Maintains clinical records such as intake screens, client assessments, clinical interventions, medication documentation, care plans and progress notes; maintains statistical information on clients in accordance with established policies, standards, and procedures.
14. Maintains professional practice growth, knowledge and expertise to reflect current standards of practice by reviewing relevant literature, attending educational workshops and in-services, consulting and networking with other health care professionals based on own learning needs.
15. Participates in quality improvement and risk management activities by identifying client care issues and collecting data; participates in research opportunities, as required.
16. Provides input in the development and revision of standards of care, policies and procedures and advocates for improvements in clinical practice, health care and health care services; participates in the development, implementation and evaluation of quality improvement initiatives within the program by providing recommendations to the Manager.
17. Performs other related duties as assigned.

QUALIFICATIONS:

Education, Training & Experience

Current practicing registration as a Registered Nurse with the British Columbia College of Nursing

Professionals (BCCNP).

One (1) year recent related clinical experience including assessing and treating children, youth and adults in an acute or community/outpatient care setting or an equivalent combination of education, training and experience.

Immunization additional education completed and up to date.

Valid BC Drivers license and access to a personal vehicle for business related purposes.

Skills & Abilities

- Demonstrated ability to complete initial and ongoing client assessments and provide nursing care through therapeutic interventions
- Demonstrated ability to communicate effectively, both verbally and in writing
- Demonstrated ability to integrate and evaluate pertinent data from multiple sources to problem-solve effectively
- Knowledge of broad health care services, community resources agencies and their role in providing a continuum of care
- Knowledge of common chronic diseases, effects of aging on health, infection control approaches, and primary care competencies
- Knowledge of adult guardianship act and related acts for children and reporting processes
- Knowledge of basic wound care assessment and treatments
- Ability to promote client-focused care including sensitivity to diverse cultures and preferences and utilization of harm reduction strategies
- Ability to independently manage and prioritize clients with diverse healthcare issues Ability to teach clients and others about topics essential to health care, health promotion and care self-management using care management principles
- Ability to work effectively in a dynamic environment with changing priorities
- Ability to work independently and as a member of an interprofessional team
- Ability to operate related equipment including applicable software applications
- Physical ability to perform the duties of the position

Manager	Date
Employee Experience	Date
Revised: 26/Apr/2019	Replaces:

Fraser Northwest
Division of Family Practice
A GPSC initiative

Registered Nurse in Practice

Family Physician Lead Role

Overview

As the Registered Nurse in Practice (RNiP) program is a partnership between the clinic, the FNW Division and Fraser Health, strong collaboration between all partners is pivotal to ensure success. The primary role of the RNiP FP Lead is to act as a liaison for the clinic and its physician team. Beyond this, our physician's contributions to the continuous quality improvement work are of great benefit to not only showcase the value of our RN's but, to support the growth of this much needed program.

Examples of FP Lead Roles include, but are not limited to, the following:

- Division initiated meeting(s) regarding the RN in Practice program (Bi-monthly FP Leads Meeting)
- RN & FP Lead meeting regarding operations
- Meeting with RN Fraser Health Manager regarding clinical concerns, staffing, etc.
- Meeting with Division staff regarding the RN in Practice program
- Orientation for new or relief/vacation nurse
- Coordination of clinic staff meeting (MOAs, RN, all FPs)

Sessional available up to 5 hrs/month

- Acceptance and expenditure of overhead funding
- Review of program materials, agreements and other relevant documents
- Responsible for communicating updates to clinic team (MOAs, OMs, and FPs)
  - Administrative expectations (i.e. Attachment Coding, new RN orientation, EMR)
  - Assisting and/or assigning who supports RN for office supplies, furniture and office space
  - New RN Orientation
- Liaison for RN clinic operational matters
  - Relief RN schedules, sick calls, meetings with RN Fraser Health manager
- Clinic contact for OH&S updates, concerns and requirements

Dispute Resolution workflows

Workflow if RN has a concern for clinic

1) RN to bring up concern to FP lead (will also link in FH manager where appropriate)
    a) Office space and supplies
        i) Working area - desk & chair * needs to be oh&s approved
        ii) Stationary supplies
        iii) IT troubleshooting
        iv) PPE
    b) Communication
    c) Scheduling

2) If no resolution - RN will contact FHA PCN manager
3) Issue/concern brought forward to next operations meeting for
    a) Review issues/discussion
    b) Problem-solving - create plan
    c) Keep in the mind for overall program improvement: shared learnings and identification of QI work as need
    d) Depending on issue, determine if escalation is needed to Kristan/Sandy
    e) Principles/guiding principles for discussion to maintain employee confidentiality as appropriate
    f) Decide on action plan, next steps, responsibilities
    g) Maintain topic on weekly operations meeting until resolution has been achieved
    h) Alina responsible for notes/minutes/tracking
4) FHA PCN manager to discuss with clinic (could include cc'ing Division so Division is aware and it is documented)
5) If no resolution - Division staff to contact clinic (including MOA, OM, FP lead)
6) If no resolution - full meeting with PCN Leadership to discuss RN placement

Workflow if RN has a concern regarding an FP

a) Workload
b) Scope of practice
c) Communication and team based care relationships
d) other

1) RN to bring this to FHA PCN manager to decide next steps
    a) Inform Division there is an issue (details to the discretion of situation
2) If required Division to contact clinic
3) If required full meeting with PCN Leadership to discuss RN placement

Workflow if Clinic has a concern regarding RN

a) Education needs
b) Attendance
c) Professionalism
d) Communication
e) Working in partnership
f) Quality of care
g) Clinical skills
h) privacy/confidentiality
    1) FP or MOA or OM bring concern up with RN and to notify FH Manager
    2) FHA manager to investigate
    3) Bring up with Division - if appropriate depending on nature of the concern
    4) FH manager to follow-up with appropriate FH teams as needed e.g. HR, BCNU, professional practice, CRN etc
    5) FH to partner with clinic partner with problem solving and resolution processes throughout
    6) Close the loop with Division for shared learning and program QI as appropriate

Bottom section * employee confidentiality, keeping QI in the background, understanding the principles and values of the RNiP program.

Strategies - look at orientation guidelines and orientation check list

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RNs in Practice - INTERVIEW QUESTIONS

Candidate Name: Click here to enter text. Interview Date: Click here to enter text.
Interviewer(s): Click here to enter text.

INTERVIEWER

In preparation for the interview, please review the tool, process, scoring, and etiquette

WELCOME

- This interview is for *(clarify position they are applying for)* i.e. RNs in Practice, Primary Care Network
- Round of introductions
- Brief overview of job responsibilities
- Clarify if the position is FT/PT regular/temporary/casual
- If this is for a casual position discuss with candidate commitment to … including:

1. Minimum of X shifts per month
2. Availability at following sites: (as per your needs)
3. Need to provide availability ahead of time in writing to staffing services and update this as availability changes

OVERVIEW OF THE INTERVIEW PROCESS

- Includes alternating questions by interviewees and writing of answers
- Clarify to the applicant that the interview tool is scored
- Clarify that applicant can ask that the question be repeated or clarified
- Tell applicant they will have an opportunity to ask questions at the end

Note to interviewers: Each question has possible answers. Other answers can be accepted at the discretion of the interviewer.

OPENING QUESTIONS *Demonstrated interest, knowledge, skills and competence in the areas of applicable to the primary care setting*		
1) Please give us an overview of your skills and qualifications related to this position and tell us why you think you are a good fit for the RN in Practice position.		
ANTICIPATED RESPONSE: **2 points for (required/pre-screened):** ☒ Nursing degree, CRNBC practicing registration ☒ Up to date BCCDC Immunization course ☒ Clinical experience (1 year recent related clinical experience or greater. Includes assessing and treating children, youth, and adults in an acute or community/outpatient care setting) **Up to 3 points for:** ☐ BCCDC course AND 2+ years continued/recent practical experience immunizing ☐ Additional related education/certificates (if any) that can be utilized in this setting ☐ Knowledge/experience in primary care setting or related experience	**APPLICANT:**	**SCORE /5**
2) What do you believe the RN in Practice position will achieve for this community?		
ANTICIPATED RESPONSE: ☐ Demonstrates an awareness of the inter-sectoral nature of the role and benefits of team-based care ☐ Enhance support for physicians and primary care services e.g. retention of family physicians, patient attachment, etc. ☐ Better assist patients to navigate the health care system and reduce unnecessary use of acute care services ☐ Support shift towards community-based care ☐ Improve integration of health care services	**APPLICANT:**	**SCORE /5**
3) Tell us about what you have done in the last year to keep your knowledge current and how does this position align with your current professional goals?		
ANTICIPATED RESPONSE: ☐ Demonstrates an interest in professional growth In the past year has completed:	**APPLICANT:**	**SCORE /5**

☐ in-services ☐ online education, research articles ☐ conferences, committees ☐ up to date with mandatory education ☐ interact with peers, physicians	

CORE COMPETENCY
Demonstrated skills and ability to cope with a dynamic and changing work environment.

4) In the current health care climate, change can be frequent and sometimes unexpected, making it necessary to work in unsettled and rapidly changing circumstances. Please provide an example of a recent change at work and describe what you did to cope with that change.

ANTICIPATED RESPONSE:	APPLICANT:	SCORE /5
☐ Able to articulate an example of change in the workplace ☐ Communication skills and teamwork evident ☐ Demonstrates optimism, adaptability, resiliency ☐ Gathers information (evidence based), seeks collaborative solutions, effective problem solving ☐ Plays an active, participatory role (not avoidant/negative), – change champion		

CORE COMPETENCY
Demonstrated skill and ability to manage conflict.

5) Give an example of a time when you had a challenging relationship or interaction with a colleague resulting in anger or frustration. What did you do to resolve the issue and how did it affect your future relationship?

ANTICIPATED RESPONSE:	APPLICANT:	SCORE /5
☐ Able to articulate an example of conflict in the workplace ☐ did not avoid ☐ listened to others perspective ☐ worked towards a collaborative solution		

☐ professional communication ☐ assistance from 3rd party if unable to manage on own	

6) You are caring for a client who has different values, beliefs and customs than you. You note on your second visit, a change in their willingness to work with you. How will you self-reflect before responding to the client and what approaches will you take that demonstrate your cultural humility.

ANTICIPATED RESPONSE:	APPLICANT:	SCORE /5
Self-Reflection/Questions to ask yourself (2 pts): ☐ Acknowledge your own values and beliefs ☐ How prepared am I? e.g. have I taken education on cultural sensitivity and safety ☐ Reflect on how the health needs and current services may be impacting the client's values, beliefs and customs ☐ Identify the values and beliefs in the client that are causing tension in the situation **Approaches to take (3 pts)**: ☐ Be curious about the impact culture has on decision making - ask client what is important to them for their health goals/plan of care ☐ Seeks out support and education for professional growth ☐ Identifies techniques to use with the client e.g. resources, teach back, health literacy approach, translation services, include other family/supports if appropriate		

TEAM-BASED CARE

Demonstrated ability to work effectively in an interdisciplinary team environment

7) What does successful inter-professional collaboration mean to you?

ANTICIPATED RESPONSE:	APPLICANT:	SCORE /5
☐ Working as part of an inter-professional team - understanding each other's roles and philosophy		

<table>
<tr><td>☐ Understanding of how other professionals' knowledge and speciality can contribute to help meet client goals
☐ Include client and their family as part of the team
☐ Respect and effective communication
☐ Know how to manage group dynamics and conflict on teams</td><td></td><td></td></tr>
<tr><td colspan="3">8) Considering your role will be new, developmental and will affect the existing roles around you, we would like to hear about a time when you used communication techniques to foster a positive working environment.</td></tr>
<tr><td>ANTICIPATED RESPONSE:
☐ Provides an relevant example
Demonstrates:
☐ Listening to others' perspectives
☐ Reflecting and clarifying
☐ Respecting everyone's role and position
☐ Understanding any follow-up actions needed</td><td>APPLICANT:</td><td>SCORE /5</td></tr>
<tr><td colspan="3">9) Team based care is one of the eight attributes of Primary and Community Care. I am going to present a case scenario and following, would like you to identify who should be part of the client's care team and what is their role in supporting the client?

Case Scenario: You are asked to see an patient in the clinic who is presenting with the following issues:
● Chronic disease
● Multiple visits to ER and admissions to the hospital over the past year
● Struggling to take medications and polypharmacy
● Challenges with personal care and meal prep
● Financial issues and limited family/social support
●</td></tr>
<tr><td>ANTICIPATED RESPONSE:
Team member (2.5 pts) : Role description (2.5 pts)
☐ Primary Care Physician: provide primary care as the most responsible physician
☐ Registered Nurse in Practice: assessment, review meds, care-planning, education, refer to resources
☐ Social worker – support financial and social issues</td><td>APPLICANT:</td><td>SCORE /5</td></tr>
</table>

☐ Pharmacist – review polypharmacy and support med admin options ☐ SCSP/CHN/FH community services – assess and support long term care needs e.g. home support, community nursing etc		
TECHNICAL COMPETENCY: SKILLS AND ABILITIES *Knowledge of chronic disease management models*		
10) Chronic diseases are currently the highest cause of preventable death worldwide. What are some strategies and tasks you might use to support chronic disease management as an RN in practice within the primary care setting?		
ANTICIPATED RESPONSE: ☐ Routine screening activities, chart/labs review, recall ☐ Perform nursing assessments e.g. medication review, physical exams, etc. ☐ Provide resources, patient education, health promotion activities ☐ Provide treatments e.g. wound care ☐ Assist with referrals to chronic disease management programs or clinics	**APPLICANT:**	**SCORE /5**
TECHNICAL COMPETENCY: SKILLS AND ABILITIES *Knowledge of the role and value in advance care planning*		
11) Why is Advance Care Planning important and what is the nurse's role in the advance care planning process?		
ANTICIPATED RESPONSE: **Importance (2.5 pts):** ☐ Illness/events can be unexpected and it's possible you will be unable to make your preferences known ☐ Patients are much more likely to have their end-of-life wishes known and followed ☐ Fewer life-sustaining procedures and lower rates of intensive care unit (ICU) admissions ☐ Family members/substitute decision makers experience significantly less stress and uncertainly during the end of life process ☐ Patients and families are often more satisfied (as well as their families and substitute decision-makers) with the care provided **Role (2.5 pts):** ☐ Get/stay informed on advance care planning practices, approaches and resources	**APPLICANT:**	**SCORE /5**

☐ Initiate advance care planning conversations ☐ Honour patient's values and health-care wishes ☐ Advocate for and support people to express their wishes for future/end of life care ☐ Help ensure significant others and substitute decision-makers know their loved one's wishes	

TECHNICAL COMPETENCY: SKILLS AND ABILITIES
Knowledge of public health management models

12) A mother has come in to the clinic with her 2-month-old baby for baby's first immunization. When you ask how mom is doing, she immediately tears up and expresses concern that the baby is not gaining enough weight. Describe your assessment and intervention, if any.

ANTICIPATED RESPONSE:	APPLICANT:	SCORE /5
☐ Physical assessment – examine baby undressed if possible (physical and developmental), weight/height - use growth chart, hydration status, responsiveness ☐ Discuss with mother if child has been ill/health conditions impacting feeding ☐ Feeding ● breast (latch, position, etc.) ● formula (quantity, tolerance, type, dilution) ☐ Observe mother – child interaction, screen for post-partum mental health/coping concerns ☐ Discuss potential interventions based on assessment findings e.g. physician consultation, breast feeding clinic, lactation consultant, ongoing monitoring, may postpone immunization		

TECHNICAL COMPETENCY: SKILLS AND ABILITIES
Knowledge of broad health care services, community resources, agencies and their role and responsibility in providing a continuum of care.

13) A client comes into clinic following a recent discharge from hospital. Please describe the role of an RN in Practice in this scenario.

ANTICIPATED RESPONSE:		SCORE /5

Role (5pts): ☐ Assess client for any changes to their care and support needs on discharge. ☐ review best possible medication history and flag for medication reconciliation ☐ Provide any teaching that is required ☐ Consult with family physician as appropriate ☐ collaborative care planning including any additional resources as indicated		

TECHNICAL COMPETENCY: PROBLEM SOLVING AND DECISION MAKING
Ability to problem-solve and make decision in adherence to professional standards and scope of practice

14) Tell me about a time when you faced a nursing procedure with which you were unfamiliar. What did you do?

ANTICIPATED RESPONSE:	**APPLICANT:**	**SCORE /5**
☐ Refer to Clinical Practice Guidelines and other resources ☐ Seek clarification and support from physician/clinic team ☐ Consult Clinical Resource Nurse/Practice Leader ☐ Seek support from colleagues/mentors ☐ Scope of practice questions – speak with Manager Prompt: would your previous approach differ in the RNs in Practice setting – why/why not?		

FINAL QUESTIONS
If you were the successful applicant, what do you think your orientation needs would be?
NOTES: Click here to enter text.
If you were the successful applicant, when would you be available to start?
NOTES: Click here to enter text.
Do you have any pre-booked vacation?
☐ No ☐ Yes If yes, when Click here to enter text.
Describe your attendance in the last year:
NOTES:
Is there anything that would prevent you from meeting the physical requirements of this position?
☐ Yes ☐ No If yes, why Click here to enter text.
Do you have any questions for us? (The applicant should have a number of questions that indicate their interest in the position)
References
WRAP UP
Thank you for coming to the interview. I will contact you to advise of the outcome of the interview ● Provide date they should hear back by..

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PCN CARE TEAM MEMBER TRAINING & ORIENTATION CHECKLIST

BACKGROUND

As new care team members are deployed into Primary Care Networks (PCNs), there is a need to support their onboarding and orientation into primary care practices. Multiple organizations and/or individuals may be responsible for each part of the orientation process.

PURPOSE

This checklist is to be completed by PCN planning partners. It has been developed to help identify the administrative, training and technology elements that should be addressed when new care team members **join a practice**, **chart in the practice's EMR, and onboard to the practice's workflows.**

USING THIS CHECKLIST

- The checklist should be completed for each PCN care team member for each practice they are deployed to. It should be completed in partnership with the health service organization (such as the Health Authority) and a representative from the primary care practice.

- This checklist is not an exhaustive list of orientation requirements. There may be other requirements that emerge and/or are required as part of the orientation of new care team members by the practice, Heath Service Organization (HSO), PCN or Division. The checklist should be modified as needed to meet the needs of the PCN.

- The 'Responsible Person' identified below will vary and may be designated to the PCN, Division of Family Practice, primary care clinic or HSO. Where possible, it is recommended that a specific individual from an organization is named at each step to ensure that the onboarding process is complete.

- It is recommended that one person be responsible for confirming that the checklist is completed in its entirety. In some cases, this may be the PCN Manager.

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Administrative		
Action	**Responsible Person**	**Notes**
☐ Provide overview of Patient Medical Home (PMH) and PCN care models		PMH & PCN: The Big Picture
☐ Identify who is responsible for welcoming and orienting the care team member to the practice		
☐ Provide orientation to the practice, including: ☐ Office space and parking ☐ Operating hours ☐ Identification and keys ☐ Office equipment (e.g. phones, fax machine) ☐ Medication and immunization storage ☐ Supplies (e.g. pens, gloves, BP cuffs) ☐ Organizational structure ☐ Contact list ☐ Shared drives ☐ Meeting schedule ☐ Panel size and special programs or services		
☐ Identify what agreements the care team member needs to sign and ensure these are completed (examples below) ☐ Confidentiality Agreement[1] ☐ Team Charting Agreement ☐ Other _____________ (practice to specify)		Information Sharing Implementation Toolkit

☐ Identify supports available for navigating the agreements and who care team members can contact with questions – see Page 6 for a list of available supports		
☐ Identify process for care team members to receive and submit flowsheets to HSO (if applicable)		
☐ Identify key contacts at each organization to help resolve issues as needed and provide list to care team member detailing names and contact information: ☐ Workflow/training support ☐ IT support (device issues, remote login) ☐ EMR support (access to the EMR) ☐ Human resources support ☐ Billing/encounter codes support		
☐ Other:		

Training		
Action	**Responsible Person**	**Notes**
☐ Confirm that new care team member will be charting in the practice's EMR[2]		
☐ Provide training on the practice's policies and procedures, such as: ☐ Privacy and security training ☐ Patient and staff incident(s) and safety reporting		DTO's Online Clinic Security Course Divisions of Family Practice: Practice Toolkit BC Physicians Privacy Toolkit: A Guide for

☐ Emergencies and occupational health and safety ☐ Administrative processes ☐ Other ____________ (practice to specify)		Physicians in Private Practice
☐ Provide any additional training or orientation required for care team member to deliver care in primary practice, including shadowing, and the process for raising concerns if tasks fall outside of scope of role (e.g. notify practice lead)		
☐ Provide training on EMR software and charting workflows[3]		EMR Small Group Learning Sessions
☐ Provide training on documentation standards and minimum charting requirements of the practice[4]		
☐ Ensure that care team member is registered for Encounter Reporting and provide training on submission process (if applicable)		Primary Care Networks: Clinic Setup For Encounter Reporting
☐ Provide training on care team communication processes and notification of required tasks (e.g. lab results review and follow-up)		
☐ Provide training on accessing the practice's schedule and assigned caseload		
☐ Other:		

Technology			
	Action	**Responsible Person**	**Notes**
☐	Determine what hardware care team member will require (e.g. laptop, cell phone) and equip them as necessary		
☐	Develop a standard process for provisioning and de-provisioning access to the practice's EMR and arrange for set-up (and potential purchase) of EMR license or user account[5]		EMR Frequently Asked Questions
☐	Develop a list of standard permissions in the EMR and ensure that these are set, including encounter codes if applicable, and identify who is responsible for maintaining up-to-date access permissions on an ongoing basis		
☐	Install any software on laptop that is required to access the EMR and confirm that native tools are configured for access[6]		
☐	Install any additional software on laptop that is required for care team member to perform their duties ☐ Scheduling software ☐ Phone, fax and/or printer ☐ Virtual care tools ☐ Other ____________ (practice to specify)		
☐	Determine how care team member will connect to the EMR when		

	physically located in the practice (e.g. clinic computer, laptop connected via Wi-Fi or hardwire connection) and provide instructions/training		
☐	Provide wireless connectivity solution to enable access to EMR and HSO systems remotely and provide instructions/training[7]		
☐	Arrange for remote access to EMR and provide instructions/training to ensure appropriate security measures and processes are in place[8]		Physician Office IT Security Guide PPN Technical Support Guide
☐	Arrange for remote access to all required HSO applications and systems (e.g. Health Authority EHR, CareConnect, etc.) and provide instructions/training		
☐	Other:		

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SUPPLEMENTAL NOTES

[1]Health Service Organization (HSO) Care Team Members are generally expected to have signed a Confidentiality Agreement prior to joining the primary care practice. If an HSO Care Team Member has not signed an appropriate Confidentiality Agreement, they must sign the Doctors of BC Health Authority Employee Working in a Primary Care Clinic Confidentiality Agreement on an annual basis.

[2]GPSC recommends that care team members chart in the EMR of the primary care practice in which they are working either directly (including via remote access), or indirectly via integrated chart notes. See here for a more detailed description of the team charting principles, assumptions, and implementation considerations.

[3]It is expected that EMR training will be the responsibility of the primary care clinic and delegated as needed. See the supports section below to learn about the various training supports available.

[4]The Team Charting Principles recommend that in order to maintain data standards, charting by care team members should meet minimum charting requirements of the primary care clinic in which they are working. It is expected that each care team will agree upon a core data set, informed by PCN, provincial and international best practices.

[5]Each EMR vendor has a different licensing model and costs. The Doctors Technology Office (DTO) can provide support to engage vendors on licensing discussions.

[6]Intrahealth Profile EMR can be accessed using Rich Client or Citrix. However, as different clinics may use different versions of Rich Client we recommend using Citrix to connect. TELUS Osler EMR also requires Citrix, while TELUS Wolf EMR requires Remote Desktop. If unsure of the requirements, you should speak with the EMR vendor directly or contact DTO for support.

[7]Care team members that are provided a smart phone should be able to connect to networks remotely via a tethering solution or mobile hot spot. If no connectivity solution is provided, alternative networks will need to be used to enable remote access.

[8]Remote access to EMRs that are used on the Private Physician Network (PPN) can be facilitated through soft tokens provided by PHSA. Laptops must also have PHSA pulse secure VPN client installed. Contact ppnadmin@phsa.ca to request a token. If accessing an EMR not hosted on the PPN on an unsecured wireless connection, a VPN should always be used. Remote access to EMRs that use a local server will require internet configuration – contact your EMR vendor for support.

SUPPORTS AVAILABLE

New care team members joining a practice have a number of onboarding and training needs and it is strongly encouraged that the PCN partners come together to plan for a smooth transition. Each clinical environment is different and so are the learning needs of each new care team member. A collaborative approach is needed to identify gaps and opportunities for success. The groups and resources listed below are available to support the deployment of new care team members to primary care practices.

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Doctors Technology Office (DTO)

DTO aims to provide leadership, guidance, expertise, and alignment of health technology and information needs for private practice physicians across BC. DTO is available to provide support on PPN and network-related queries and issues, clinic privacy and security, and EMR vendor escalation and engagement, including discussions of EMR licenses, training and workflow needs. Contact DTO for technical queries or to get connected with EMR vendors.

GPSC Information Sharing Task Group

A time-limited group responsible for creating the agreements and best practices required to support information sharing within the PCN. Any questions or comments regarding the team charting principles or information sharing agreements can be sent directly to gpscinfosharing@doctorsofbc.ca

Practice Support Program (PSP)

PSP is a quality improvement initiative that offers clinical and practice management learning opportunities and data-informed tools and resources—both supported by a team of practice improvement professionals including physician and MOA peer mentors. Clinics may choose to take advantage of the PSP's Team Based Care and EMR small group learning sessions that are open to Allied Health Providers. Contact your regional PSP support team to find out how their services can be customized to meet each practice's needs or click here to learn more.

EMR Vendor

Training on EMR systems is available through the clinic's EMR vendor, typically at a cost depending on the clinic's contract. You can contact the vendor directly to request a quote or engage DTO to help facilitate.

Other Contacts

Each PCN will have a unique set of contacts that will be available to support the onboarding and orientation of new staff, such as a PCN Manager, HA Manager, HA IMIT Support, local Division of Family Practice, etc. It is suggested that a comprehensive contact list be provided to new staff with key personnel at each organization.

A copy of this checklist is available on the PCN Toolkit website and within the Care Team Agreement Implementation Guide.

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Walk-Through Workplace Hazard Assessment
and Review of Hazard Controls

Site Address:

Date of Walk-Through:

Report Date:

Background:

Fraser Health will be operating a clinic in collaboration with physicians weekdays, typically 0830-1630 hours at the above noted location commencing around November 27, 2019. One Fraser Health Registered Nurse will be working at this location. Fraser Health is not the owner/lease of the office space and will typically be using equipment provided by the clinic, unless additional equipment is required in order to meet the Fraser Health OH&S program requirements.

Walk-Through Findings

Health & Safety conducted a walk-through review and the following requirements to be addressed prior to Fraser Health providing services at this location, unless otherwise noted:

First Aid

- ☐ A WorkSafeBC approved First Aid Kit must be purchased and maintained in a central location accessible to Fraser Health staff.
  - The first aid kit and supplies provided by the clinic may not be sufficient. To view the requirements for Basic and Level 1 kits please see list below.
  - WorkSafeBC requires a Basic Kit for up to 10 workers and a Level 1 First Aid Attendant if there will be between 11-50 workers on site. Our records indicate that there will only be 1 office manager, 2 medical office assistants, 2 or 3 general practitioners onsite in addition to the RN.
- ☐ At least one portable Emergency Eye Wash Bottle is required. This may be purchased from Fraser Health Stores and must be installed in an easily accessible location (e.g. not in a closet).
- ☐ First Aid risk assessment and response procedure to be developed by Health & Safety later and will be shared with the FH manager.

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Basic first aid kit

6	14 cm x 19 cm wound cleansing towelettes, individually packaged
10	Sterile adhesive dressings, assorted sizes, individually packaged
6	10 cm x 10 cm sterile gauze dressings, individually packaged
1	10 cm x 16.5 cm sterile pressure dressings with crepe ties
1	Cotton triangular bandage, minimum length of base 1.25 m
1	14 cm stainless steel bandage scissors or universal scissors
1	2.5 cm x 4.5 m adhesive tape
1	7.5 cm x 4.5 m crepe roller bandage
3	Pairs of medical gloves (preferably non-latex)
1	Waterproof waste bag

Note: A kit that meets the requirements for an Alberta Type P first aid kit is acceptable as a basic kit in B.C.

Level 1 first aid kit

1	Blanket
24	14 cm x 19 cm wound cleansing towelettes, individually packaged
50	Sterile adhesive dressings, assorted sizes, individually packaged
10	10 cm x 10 cm sterile gauze dressings, individually packaged
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties
2	7.5 cm x 4.5 m crepe roller bandages
2	7.5 cm conforming gauze bandages
1	2.5 cm x 4.5 m adhesive tape
2	Cotton triangular bandages, minimum length of base 1.25 m
2	Quick straps (a.k.a. fracture straps or zap straps)
1	Windlass style tourniquet
1	14 cm stainless steel bandage scissors or universal scissors
1	11.5 cm stainless steel sliver forceps
1	Pocket mask with a one-way valve and oxygen inlet
6	Pairs of medical gloves (preferably non-latex)
1	Waterproof waste bag
	First aid records

Monthly Safety Inspections

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- Inspections must be conducted monthly by an informed Fraser Health staff member and reported through the Safety Inspection Reporting System (SIRS). The Fraser Health manager is to ensure deficiencies are addressed.

New Employee Orientation

- The New Employee Orientation checklist must be reviewed and completed for each FH staff member working at this location prior to starting work. A copy of the checklist must be retained for at least 1 year by the FH manager.

JOHS Committee

- WorkSafeBC requires a Joint Occupational Safety and Health Committee in workplaces where there 20 or more workers regularly employed. This worksite does not require a safety committee however; WorkSafeBC requires a worker representative as there are more than 9 workers at this site.

Personal Protective Equipment (PPE)

The following personal protective equipment must be available for use by FH staff and easily accessible at all times during clinic hours:

- Eye/facial protection to protect staff from any Blood or Body fluid (BBF) splash: http://fhpulse/workplace_health_safety/safety_and_prevention/Personal%20Protective%20Equipment/Face%20protection%20ordering%20Information.pdf
- Fluid resistant gowns to protect staff from any BBF splash and (if applicable) hazardous drugs:
  - If nursing staff are performing any tasks that pose a risk for BBF exposure, fluid resistant disposable gowns must be available.
  - If nursing staff are performing any tasks that has a potential of direct contact with hazardous drugs, fluid resistant disposable gowns tested against hazardous drugs must be provided. Medline Prevention Plus, Blue Isolation Gown with Sleeves is protective against hazardous drug permeation as well as fluid resistant and can be ordered via FH Stores.
- Exam gloves – Nitrile gloves are available for use at this clinic. Please note that if hazardous cytotoxic drug administration or handling is conducted by FH staff, they must utilize chemo tested nitrile gloves (and double glove). The clinic can request related information from the vendor and FH Health and Safety will review whether the gloves can be used for hazardous drugs or not. Alternatively, Medline Nitrile gloves that meet these requirements are available through FH Stores.
- N95 Respirators – for protection from airborne infectious agents
  - It was noted that while there was no N95 respirators available on site, FH will provide appropriate N95 respirators and will fit-test FH staff who will be working in this clinic.

Hazardous Drugs (including Cytotoxic/antineoplastic Drugs)

- The site has not confirmed if antineoplastic drugs would be stored nor administered on site. However, patients who come in may be on precautionary period (i.e. time period beginning at the time of first dose and ending 48 hours after the completion of the last dose of an antineoplastic hazardous drug). If FH staff are to clean up BBF spills from these patients, they must be trained and provided with proper PPE and spill kits (refer to spill clean-up procedures).

Chemical Hazards

This clinic stores and uses the following chemicals:

- 70% Isopropyl alcohol
- Formalin/ Formaldehyde
- Cytology Fixative (Propane, Isobutane, Benzyl Alcohol, Isopropyl Alcohol, PVP)
- 450 mL Stanhexidine (4% Isopropyl Alcohol, 2% Chlorhexidine Digluconate)
- 10% Povidine Iodine Solution
- 3.8 L Enzyclean (Protease Enzyme)
- Liquid nitrogen –Liquid nitrogen should be stored in a location that is not easily accessible to everyone and should be away from high traffic areas. Liquid nitrogen is transferred to exam rooms using a cup with a loose lid. When spilled onto clothing and parts of human body, liquid nitrogen exposure can result in cold burns, frost bites, and permanent eye damage. Transfer should be in sealed containers (ex. sprayers designed for liquid nitrogen). If FH staff will have any responsibilities related to handling of liquid nitrogen, a written work procedure noting all precautions to be taken to safely handle the product must be created and applicable education and training provided.
- Oxygen – Should be secured as it is inside a compressed gas cylinder.
- Consumer products – While consumer products are not covered by WHMIS, if FH staff will have any responsibilities related to handling, disposing, cleaning (spills) of these products, or other chemicals (under WHMIS) not listed above, education and training for safe use of these products will still need to be provided.

- ☐ Spill Clean-up procedures: The site does not have spill clean-up procedures in place for these chemicals. If FH staff are expected to assist in spill clean-up, FH staff must be trained and the appropriate spill kit and PPE provided. The FH spill clean-up procedures for the above noted chemicals are hyperlinked and as noted in these procedures spill clean-up supplies are needed or the clinic must commit to calling an external spill clean-up company should a spill occur for which FH staff have not been trained to clean-up, the spill is larger than they can safely clean-up and/or staff don't have access to required spill clean-up materials. When liquid nitrogen spills, it quickly vaporizes and can lower oxygen concentration inside the clinic potentially leading to

asphyxiation. Staff must be familiar with evacuation procedures in case of large amounts of liquid nitrogen spill.

- □ Safety Data Sheets (as per WHMIS requirements): The clinic must have Safety Data Sheets (SDS) available to staff for any chemicals stored or used on site.
- □ Labels: As per WHMIS 2015, a workplace label must include 1) product identifier, 2) safe handling precautions, and 3) a reference to the SDS.

Medical Sharps

- □ FH will also provide safety engineered medical sharps. If FH staff are expected to use and/or assist a physician while sharps are in use, these must be Safety Sharps products as per the FH Policy and WSBC OHS regulation.
  - o As per FH guideline, sharp containers should not be obstructed by anything, and should be placed at a height and location suitable to "point-of-use".
- □ It was noted that the clinic provides suturing services. Suturing would be completed by physicians and it is expected that physicians will be responsible for disposing their sharps into sharps disposal containers themselves. Sharps are not to be left on equipment trays for handling/disposal by FH nursing staff.

Latex-Free

- □ Products that are latex free should be supplied whenever possible and FH employees should be notified of any latex containing products. Notification should allow a reasonable time frame for the accommodation of employees to take place where applicable.

Scent-Free

- □ This clinic needs to comply with the FH Scent-Free policy.

Safe Patient Handling

- □ Fraser Health's Safe Handling of Patients/Residents/Clients Policy must be reviewed by clinic leaders and staff. Record of completion of the Practice Accountability Quiz should be received.
- □ Fraser Health's Patient Handling Mobility Assessment Algorithms must be reviewed by clinic leaders and staff, to ensure clarity around when assistive devices are required to handle patients. E.g. If patient arrives in a wheelchair and more than minimal assistance is required to transfer to the table then care should be completed in an area where assistive equipment is available or the patient must remain in the scooter.
  - o Algorithm: Standing Transfer
  - o Algorithm: Established Seated Transfer

- ☐ Fraser Health's Falls Injury Reduction Guideline must be reviewed by clinic leaders and staff and certificate of completion should be received for the following:
  - Practice Accountability Quiz
  - Learning Hub Module: Falls in Clinic and Ambulatory Setting
- ☐ Note: Based on observation at the clinic, no mechanical assistive devices are available for use on site. Please consult with the Fraser Health Ergonomics team on appropriate patient handling equipment if needed.
- ☐ The weight capacity of the exam room furniture should be indicated/known to ensure the weight capacity is not exceeded.

Office Ergonomics

- ☐ When working at a computer staff should be able to adjust their workstation to achieve optimal posture as outlined in CSA, 2017. To achieve this, staff will require access to:
  - External monitor
  - External Keyboard
  - Mouse
  - Chair with sufficient cushioning and the following adjustments:
    - Seat height, angle and depth
    - Backrest height and angle
    - Armrest height and width
    - All of these adjustments should be controlled independently of each other
- ☐ If computer use and/or charting will be required in the clinic rooms, an appropriate work surface should be provided. Considerations for determining an appropriate workstation include:
  - Will live charting be completed and the worker need to face the patient and computer at the same time?
  - What equipment/documentation is required on the work surface?
  - Will the worker have a designated clinic room or will they be mobile and required to move the equipment (e.g. workstation on wheels) between clinic rooms?
  - Please contact the Fraser Health Ergonomics team if consultation on equipment is required.

Violence Prevention

- ☐ Please ensure that all FH staff working in the clinic has completed their required violence prevention training and education (risk level medium).
- ☐ Place anti-violence signage in a prominent area in the clinic and/or waiting room.

- □ Ensure that staff working at the clinic is educated with the developed Code White procedures.

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- □ Please limit the number of items in reception and the waiting room, such as potted plants as these can be used as weapons.
- □ Limit the number of items in each exam room and place them in the cupboards.
- □ Review EMR system used by the clinic with the RN.

Additional information required, please confirm:

- Will IPS conduct a walkthrough of the clinic?
- How will staff be provided access to the online charting program, EMR, and trained? Can you please provide screenshots of the program and how clients at risk of violence will be identified?

Next Steps
Please review the above noted requirements and contact us if you require any additional information to help address them. Also please provide further details as requested above related to supply of safety engineered needles, work practices related to handling and disposal of sharps, plans to address patient falls and the Violence Prevention program requirements so that we can complete our Health and Safety assessment and associated violence prevention pre-occupancy report.

Assessment Completed by:

CONFIDENTIALITY AGREEMENT FOR EMPLOYEES OF <Name of Medical Practice> ("Medical Practice")

I am aware that the Medical Practice has policies and procedures regarding the privacy, confidentiality and security of personal information and that it must comply with British Columbia's Personal Information Protection Act. I have read the current version of these policies and procedures and understand the requirements.

During my employment with the Medical Practice, I acknowledge that I will be given access to employee and patient information that is deemed sensitive and/or confidential.

I agree that:

a) I shall not share this information with anyone within or outside of the Medical Practice who are not authorized to have this information.

b) I shall not publish such information.

c) I shall not communicate such information without authority.

d) I shall not use or disclose any such information for other than authorized official purposes.

e) I shall not remove any such information from the premises without permission.

f) Should I receive any such information I will accept full responsibility to ensure the confidentiality, accuracy and safekeeping of this information.

g) I shall take every reasonable step to prevent unauthorized parties from examining and/or copying any such information.

h) I shall observe and comply with all policies and procedures of the medical practice with respect to privacy, confidentiality, and security of information during and after my term of employment.

I understand that any breach of the policies and procedures, including misuse or inappropriate disclosure of information, may be grounds for termination of my employment and/or legal action

Employee

Name: (please print) ______________________________

Signature: ______________________________

Date: (dd/mm/yy) ______________________________

Witness (Privacy Officer)

Name: ______________________________

Signature: ______________________________

Date: (dd/mm/yy) ______________________________

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TEAM CHARTING AGREEMENT

PREAMBLE

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.

This agreement should be used together with the Team Charting implementation guide.

This agreement was developed by the General Practice Services Committee for use by Primary Care Networks.

British Columbia

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TEAM CHARTING AGREEMENT ("AGREEMENT")

Dated the ___ day of __________________, 20__ ("Effective Date")

BETWEEN:

[Name of the Primary Care Practice]

(the "Primary Care Practice")

AND:

[Name of Health Authority or other Health Service Organization]

(the "Health Service Organization")

(collectively, the "Parties")

PURPOSE

1. Pursuant to the service contract between a Health Service Organization (HSO) and Primary Care Practice (PCP) to place HSO Care Team Members into a Primary Care Practice, the purpose of the Team Charting Agreement or Schedule is to:
   (a) set out the roles and responsibilities in relation to information governance as it pertains to charting by HSO Care Team Members;
   (b) provide for HSO access to patient records for performance management of Care Team Members, and
   (c) require patient notification as per the *Personal Information Protection Act* (PIPA).

DEFINITIONS

2. The terms in this section will have the meanings ascribed to them as follows:

   "BC Physician Privacy Tool Kit" is a document created in partnership by Doctors of BC, the Office of the Information and Privacy Commissioner for BC, and the College of Physicians and Surgeons of BC to assist physicians in meeting their obligations under PIPA.

   "Care Team Member" means physicians, nurse practitioners, nurses, allied health professionals, clinical pharmacists, medical office assistants and other individuals providing or supporting care, either full or part-time to patients of the Primary Care Practice. These individuals may be employed or contracted by the Primary Care Practice or employed or contracted by a Health Service Organization and deployed to the Primary Care Practice.

   "Custodian" means the person or organization having custody and control of the health information of the Primary Care Practice, whether delegated or inherent, and having obligations or duties for maintaining, storing and managing that information in compliance with ethical, professional and legal requirements (such as PIPA), whether the records are paper or electronic.

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"Electronic Medical Record" (EMR) means the collection of health information relating to a patient of the Primary Care Practice stored electronically and managed by the Custodian, also known as the team chart when more than one Care Team Member has recorded information in the EMR. EMR may also refer to the licensed system that contains this information. For the purposes of this Agreement, this will equally refer to paper records.

"Encounter Reporting" means the Care Team Members enter codes for each encounter with a patient to the Medical Services Plan Program (MSP) through the Primary Care Practice's Teleplan system.

"Health Service Organization" (HSO) means an organization such as the regional Health Authority whose employees are deployed into a Primary Care Practice.

"Inappropriate Access" (commonly referred to as "snooping") means access by a Care Team Member to their own health records or those of friends, family, co-workers or others that is unauthorized.

"Primary Care Practice" means a patient-centered longitudinal care setting where patients have a most responsible provider who provides and directs their care. Primary Care Practices may include Patient Medical Homes, First Nations clinics, Community Care Centers, Urgent and Primary Care Centres, Nurse Practitioner clinics, and specialized practices such as mental health or maternity care practices.

"Patient Medical Home" means a primary care practice with certain attributes asserted by the Family Physicians of Canada.

"PIPA" means the *BC Personal Information Protection Act*.

"Poster" means the poster and Privacy FAQ published by the General Practice Service Committee, in conjunction with the Team Charting Agreement.

"Quality Improvement" means using the Primary Care Practice's information for purposes of systematically improving the way care is delivered to patients.

"Team Charting" means all Care Team Members are recording notes about a patient in the same EMR either directly, remotely or through integrated chart notes.

ROLES AND RESPONSIBILITIES

Role of Primary Care Practice

3. **Primary Care Practice as Custodian.** Subject to the rights of access by the Health Service Organization set out in Sections 13, the Primary Care Practice will have full custody and control of team charts or electronic medical records.

4. **Obligations of the Primary Care Practice.** The Primary Care Practice will:

    (a) designate a person to be the single point of contact to the Health Service Organization to manage all matters concerning this Agreement;

(b) designate a person to be the Primary Care Practice's Privacy Officer responsible for ensuring compliance with PIPA;

(c) provide (or delegate responsibility for providing) new HSO Care Team Members with training and access to the EMR;

(d) ensure (or delegate responsibility for ensuring) new HSO Care Team Members have signed a privacy and confidentiality agreement(s) for working in the Primary Care Practice;

(e) provide access, or records, from the EMR and any other related systems in accordance with this Agreement;

(f) remove a Care Team Member's EMR access when they cease to work at the Primary Care Practice;

(g) investigate and manage any reported or suspected Privacy Breach, as soon as reasonably practical after becoming aware of the potential Privacy Breach;

(h) advise the Health Service Organization as soon as reasonably practical, if the Privacy Breach – or suspected Privacy Breach – involves an HSO Care Team Member;

(i) take appropriate administrative actions in consultation with the Health Service Organization—up to and including suspension of access to the EMR—against any HSO Care Team Member reasonably suspected of inappropriate access;

(j) store, retain and destroy team charts (patient records) in accordance with the College of Physician and Surgeons of BC or BC College of Nursing Professionals bylaws as appropriate, as per the *Health Professions Act*;

(k) accommodate in their EMR, to the best of their ability, the requirements of the regulatory colleges' charting and information management requirements whenever possible; and

(l) have a process in place for a Care Team Member to notify another team member of a required action (e.g. lab results review and follow up) and the notification and completion of the action must be acknowledged between Care Team Members and charted accordingly. All Care Team Members must adhere to the process to ensure critical results or follow up actions are not missed.

5. **Obligations of Privacy Officer.** The Privacy Officer appointed under Section 3(b) will:

(a) apply the guidelines of the most recent BC Physician Privacy Tool Kit to the operations of the Primary Care Practice;

(b) ensure the Primary Care Practice meets the requirements of PIPA; and

(c) act as the point of contact for Care Team Members when patients request access to their records or corrections to records.

Role of Health Service Organization

6. **Obligations of the Health Service Organization.** The Health Service Organization will:

    (a) designate a person to be the single point of contact for the Primary Care Practice to manage all matters concerning this Agreement;

    (b) provide reasonable and timely advance notice to the Primary Care Practice of the name, role and arrival date of new HSO Care Team Members or likewise, of the removal of an HSO Care Team member;

    (c) if delegated by the Primary Care Practice, ensure HSO Care Team Members have signed a privacy and confidentiality agreement(s) that is specific to / encompassing of information of the Primary Care Practice;

    (d) if delegated by the Primary Care Practice, ensure HSO Care Team Members have received appropriate privacy and security training;

    (e) request access to, or records from, the EMR or any other related systems in accordance with this Agreement; and

    (f) as needed, support investigations of privacy and security incidents involving HSO Care Team Members as requested by the Primary Care Practice's Privacy Officer.

TEAM CHARTING

Both the Primary Care Practice and the Health Service Organization will endeavour to ensure Care Team Members meet the Team Charting principles and section 7 to 10 of this Agreement.

7. Unless otherwise agreed amongst the Parties, HSO Care Team Members will chart directly or remotely in the Primary Care Practice's EMR in accordance with the Team Charting principles below:

    (a) Whenever possible, Care Team Members should only chart in one system;

    (b) Care Team Members should chart in the EMR of the Primary Care Practice in which they are working either directly (including via remote access) or indirectly via integrated chart notes;

    (c) Information will be made accessible to Care Team Members (and organizations) when needed for patient care;

    (d) Care Team Members should consider brevity and actionability in charting and encounter summaries;

    (e) Charting should be optimized for patient safety, clinical decision support, team performance, and reporting and should meet the minimum charting requirements of the Primary Care Practice in which they are working;

    (f) Access to EMR records is only appropriate if the Care Team Member has a care relationship with the patient, is identifying patients in need of their care or is

undertaking quality improvement activities (authorized by the primary care practice);

(g) Care Team Members must only access the information necessary to provide care, identify patients needing care or for expressly authorized quality improvement activities.

8. Inappropriate Access to patient information is strictly prohibited.

9. Care Team Members shall not alter or modify another team member's notes in the EMR.

10. Chart notes must clearly denote the author/contributor, their profession and the date of the patient encounter.

11. Care Team Members must refer all requests for patient access or corrections to EMR records to the Primary Care Practice Privacy Officer.

12. This Agreement does not apply to records created within the HSO's system(s) by HSO Care Team Members, even if such records are created while the HSO Team Member is providing care to patients within the facilities of the Primary Care Practice.

HEALTH SERVICE ORGANIZATION ACCESS TO EMR

13. **HSO Rights of Access to EMR.** Despite Section 3 appointing the Primary Care Practice as the Custodian and in addition to the HSO Care Team Members having access to the EMR for charting in accordance with Section 7, the HSO will have the right to access the information recorded by HSO Care Team Members in the EMR for purposes of:

(a) performance management, including matters related to a Collective Agreement between an HSO Care Team Member and the HSO;

(b) responding to patient or custodian complaints about the HSO Care Team Member;

(c) responding to legal claims or as required by law;

(d) service delivery reporting to the Ministry of Health in relation to the applicable service delivery plan for the placement of HSO Care Team Members into the Primary Care Practice or other reporting as may be required by the Ministry of Health and as agreed to and documented by the Parties in a Schedule A to this Agreement.

In such circumstances, the Custodian will provide access to the designated person of the Health Service Organization to the EMR or provide copies of records pertaining to the activities related to the complaint or issue as requested. This is to be done in a timely manner in a way that is agreed upon by the Parties. Any costs for this will be borne by the Health Service Organization. This right of access continues to be in effect even after the expiry of this Agreement.

CHANGE IN CUSTODIANSHIP

14. Primary Care Practice will not transfer custody of records containing Care Team Member team charting to an entity that is not a party to this Agreement, unless prior to the transfer:

    (a) the Custodian notifies the patients and Health Service Organization of the transfer of records to a new Custodian, and

    (b) the entity that will be receiving custody of the records enters into an agreement with the Health Service Organization to provide access to the Health Service Organization in accordance with section 13 of this Agreement, or

    (c) the Primary Care Practice shares all Care Team Member records with the Health Services Organization prior to the transfer of custody.

LIABILITY

15. The Custodian is not liable for mistakes, inaccuracies or misrepresentations of the charting of an HSO Care Team Member working in their practice unless the Custodian has directed that Care Team Member to chart specific information in the EMR. Despite this, Care Team Members require professionalism in charting.

PATIENT NOTIFICATION

16. The Primary Care Practice will ensure that the Poster is displayed prominently in the waiting area of their clinic or other facilities in which the Primary Care Practice provides healthcare services to patients.

17. The Primary Care Practice will make the Privacy FAQ available to patients upon request.

18. A patient can request that their information not be shared with an HSO in accordance with Section 13 (opt out).

PRIMARY CARE PRACTICE REPRESENTATIVE

19. The individual who signs this Agreement on behalf of the Primary Care Practice ("Primary Care Practice Lead") represents and warrants that he or she has the authority to bind the Primary Care Practice to the terms and conditions set out in this Agreement and undertakes to ensure that all members of the Primary Care Practice comply with them.

20. The Primary Care Practice Lead will ensure that all physicians / entities comprising the Primary Care Practice as of the Effective Date are aware of their responsibilities under this Agreement and are listed in Schedule B to this Agreement and that new physicians / entities joining the Primary Care Practice after the Effective Date acknowledge their responsibilities under this Agreement according to the process set out in Schedule B.

TERMINATION

21. This Agreement will terminate by mutual agreement of the parties; or if the Primary Care Practice ceases to access HSO Care Team Members; or if the Primary Care Practice ceases to provide services in the Primary Care Network (e.g. practice closure). A party will provide 60 days' notice to the other party if their intent is to terminate the agreement

This Agreement will take effect as of the Effective Date upon its signing by the respective authorized representatives of the Parties.

[Health Service Organization]
Per:

____
Signature

____
Name & Title

____
Date

[Primary Care Practice]
Per:

____
Signature

____
Name & Title

____
Date

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Schedule A

ADDITIONAL TERMS AND CONDITIONS

[Set out any additional details that the Parties would like to agree to, including terms and conditions that the Parties wish to continue from existing /previous agreements]

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Schedule B

PRIMARY CARE PRACTICE MEMBERS

The following list identifies the physicians / entities comprising the ownership / management team members represented in the signing of this Agreement as set out in Section 19 by the Primary Care Practice lead. The following list is accurate as of the Effective Date.

Physicians / entities joining the Primary Care Practice after the Effective Date should formally acknowledge their obligations under this Agreement by signing a form, suggested content for which is provided in Exhibit B to this Schedule.

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Exhibit B

PRIMARY CARE PRACTICE NEW MEMBER ACKNOWLEDGEMENT FORM

[Primary Care Practice Letterhead]

Team Charting Sharing Agreement
Primary Care Practice New Member Acknowledgment Form

By my signature, I acknowledge that I have read, understand, and as of the date of signature on this form, agree to fulfill my responsibilities as a member of the Primary Care Practice under the Team Charting Agreement between **[Primary Care Practice name]** and **[Health Service Organization name].**

__________________________	__________________________
Member Signature	Primary Care Practice Lead Signature
__________________________	__________________________
Name & Title	Name & Title
__________________________	__________________________
Date	Date

Fraser Northwest
Division of Family Practice
A GPSC initiative

Registered Nurse in Practice

Orientation Outline Overview

The Registered Nurse (RN) in Practice **Orientation Outline** is intended to support you, as Clinic and Physician Leads, to integrate the RN in Practice role into your practice and interdisciplinary team. Our goal is to work collaboratively with your clinic, to support the RN in Practice to be an effective member of your team and ensure they have the appropriate support and orientation to work at their full scope of practice.

This **Orientation Outline** describes key onboarding activities and the individuals responsible during the RN in Practice's first 8 weeks at your clinic (orientation period). ● **Fraser Health's RN in Practice Core Orientation responsibilities includes:** 2.5 hour welcome/program overview, tailored learning hub courses (time variable 1-5 days). Scheduling: RN in Practice buddy shifts, CHN shadow, and if applicable Public Health shadow shifts.

- **Fraser Northwest Division of Family Practice Orientation responsibilities include:** Support for EMR orientation including: encounter coding training, ensuring the RN's Encounter Reporting documentation has been submitted and/or completed, and liaising with physician and clinic staff.
- **Your Clinic's recommended Orientation responsibilities include:** preparing clinic (space, team, admin tasks) for new RN, working through orientation items (as needed) with RN, organizing FP shadow day, and providing clinic-specific training to RN
- Ideally the clinic will identify who will be the RN's Orientation 'champion' prior to the identified start date.

Summary of RN in Practice Orientation Deliverables:

Week 0 (Prior to RN start in clinic)	RN will have: ● Completed Fraser Health RN in Practice Orientation Activities/courses ● CHN shadow shift, Public Health Shadow Shifts (if applicable) Clinic will have: ● Prepared clinic for RN arrival (e.g. space/office supplies, communications, admin tasks, EMR log-in) ● Meet & Greet with Clinic Manager/MOA's/Drs., brief guided clinic tour ● Completed RN in Practice buddy shifts within clinic

ENCOUNTER RECORD SUBMISSION PROCEDURES

The record of service provided to a patient by a nurse practitioner is called an encounter record. Encounter codes and diagnostic codes (ICD9 codes) are included in the encounter record and are used to represent the service performed by a nurse practitioner. Encounter codes are used to capture nurse practitioner practice activities and while similar to physician fee item codes they are not used for billing purposes and are assessed at zero dollars.

Nurse practitioners are required to submit encounter records to the Medical Services Plan/Health Insurance BC. The information included in a nurse practitioner's encounter record serves the same purposes as a medical claim submitted by a physician or other health care practitioner. Therefore, for administrative purposes, an encounter record is considered by the Medical Services Plan/Health Insurance BC to be equivalent to a medical claim. It is the responsibility of the nurse practitioner to apply for a **billing number** and a **payee number** and complete an Encounter Records Submission Authorization form http://www2.gov.bc.ca/assets/gov/health/forms/2871fil.pdf and send them to Medical Services Plan/Health Insurance BC. It is the responsibility of the nurse practitioner's employer to establish a mechanism for submission of encounter records through their data centres (electronic record) through Teleplan to the Medical Services Plan/Health Insurance BC.

Purpose of Encounter Records

Encounter records include encounter codes and diagnostic code(s) (ICD9 code(s)). Diagnostic code(s) (ICD9 code(s)) represent the medical condition and are not the same as encounter codes which represent the service provided.

Encounter records (which include diagnostic and encounter codes) are used for the following purposes:
(1) identify the nurse practitioner providing services;
(2) provide the location of services, e.g. practitioner office, hospital inpatient, residential care, etc.;
(3) provide patient data, e.g. age, diagnosis, etc.;
(4) provide information for MSP/HIBC administrative purposes;
(5) assist the Ministry to evaluate NP patterns of practice and project funding requirements; and
(6) allow specialists, GPs and diagnostic facilities to be paid for services referred by nurse practitioners.

Submission of Encounter Records to Medical Services Plan /Health Insurance BC

In the event a medical office assistant submits encounter records to the Medical Services Plan/Health Insurance BC claims processing system directly through electronic billing software system or through a service bureau on the nurse practitioner's behalf, the nurse practitioner rendering the service is ultimately responsible for the information submitted to the Medical Services Plan/Health Insurance BC.

While encounter records do not generate payments, the same rules used to assess physician's fee-for-service claims apply to nurse practitioner encounter records submitted to the Medical Services Plan/Health Insurance BC Teleplan claims processing system. Nurse practitioners must be aware of Medical Services Plan/Health Insurance BC requirements, rules, and procedures for encounter records submission.
All records submitted and encounter codes used must be for patient services that are within the nurse practitioner's scope of practice, as established by the Health Professions Act and the College of Registered Nurses of British Columbia. For details about nurse practitioner scope of practice including

Notes

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- Employees are entitled to vacation leave in accordance with collective agreement provisions.
- Advanced vacation planning occurs annually (October-December) and posting of the approved vacation schedule is completed by December 31st of the preceding calendar year.
- Based on operational requirements of the unit, the manager sets an Allowable Leave Quota (the maximum number of staff who can be off per shift on a pre-approved leave) to guide the vacation planning process each year.
- Employees may hold back up to 37.5 hours from the advanced vacation planning process.
- Once the approved vacation schedule has been posted, it can only be changed with manager approval.
- Late vacation requests are approved on a case-by-case basis, as relief coverage and clinic planning allows.
- When relief coverage is not available or when the clinic specifically requests no RNiP relief coverage, late vacation requests are approved in consultation with and support of the clinic.
- The advance vacation schedule will be shared with the clinics upon posting and when change of staff occurs

Employee Requested Leave of Absence

- All leave of absence requests are submitted to the FH manager.
- Certain leave requests must be granted regardless of operational requirements (e.g. compassionate care leave, court/jury duty, maternal/parental/adoption leave, sick leave). Other leave requests may be granted on a discretionary basis if certain parameters are met e.g. education leave, unpaid leave of absence, special leave.
- The clinic is notified of all schedule changes including approved leaves and in turn, the clinic must notify the FH manager if the RN is out of clinic for non-approved or unexpected reasons (looking forward to working together to improve our shared communication process/workflow for this)

Short Call and Unplanned Absences

- Employees notify the FH manager of any unexpected absence due to illness, injury or other reasons by calling the Employee Absence Reporting Line (EARL) prior to the start of their shift.
- RNs also notify their respective clinic of their absence as early as possible to facilitate clinic scheduling.
- As a back-up notification, the FH manager contacts the clinic to report the RN absence following receipt of an EARL call.

standards for referrals to physicians and for diagnostic services, please see College of Registered Nurses of BC's *Nurse Practitioner Scope of Practice: Standards, Limits and Conditions* https://crnbc.ca/Standards/NPScopePractice/Pages/Default.aspx.

Submitting Encounter Records Electronically to Teleplan

Nurse practitioner encounter records are submitted electronically into the Medical Services Plan/Health Insurance BC claims processing system by connecting directly through a private Internet Service Provider (ISP) portal. The Teleplan web interface is a secured encrypted Internet connection for record submission and to verify patient eligibility. It has been built to industry standards for secure Internet communications, like that used for online banking transactions. Information about the Medical Services Plan/Health Insurance BC's Teleplan claims submission and processing is found at: http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp

Nurse practitioners' employers (i.e. health authorities) are responsible for providing a mechanism for nurse practitioners to submit encounter records to the Medical Services Plan/Health Insurance BC.

Encounter Record Submission Authorization

In order to have their encounter records submitted through Teleplan to the Medical Services Plan/Health Insurance BC's claims processing system and through their employer's electronic billing software system or service bureau, nurse practitioners must complete an authorization form and submit it to Medical Services Plan/Health Insurance BC, granting permission for electronic encounter records bearing the nurse practitioner's billing number to be used by the billing service.

Forms can be obtained from the Ministry's web site at: http://www2.gov.bc.ca/gov/content/health/health-forms/msp/forms-for-medical-health-care-practitioners

Description	**Forms**	**Online Submission Form**
Application for billing number.	Application for Billing Number (Nurse Practitioners, Registered Nurses, Licensed Practical Nurses) www2.gov.bc.ca/assets/gov/health/forms/2997fil.pdf	Form #2997
When an NP is employed and the site has a payee number the NP will use the site's payee number.	Encounter Record Submission Authorization www2.gov.bc.ca/assets/gov/health/forms/2871fil.pdf	Form #2871
Site has no payee number. This will enable the NP to use his/her personal payee number to submit encounter records.	Application for Teleplan Service-Opted In (for Medical and Health Care Practitioners) www2.gov.bc.ca/assets/gov/health/forms/2820fil.pdf	Form #2820

Encounter Record Submission Period
Encounter records must be submitted within 90 days of the date of service. Encounter records for services to a beneficiary (patient/client) whose coverage has been backdated are exempt from the 90 day submission limit (submission code C). Encounter records submitted with a service date that precedes the date of submission by longer than 90 days are automatically refused by the Teleplan claims processing system. The accurate and timely submission of encounter records is the responsibility of nurse practitioners and their employer.

Submission of over aged encounter records (after 90 days). There may be extenuating circumstances when a record must be submitted after 90 days (over aged encounter records). There are two submissions codes nurse practitioners may use for over aged (after 90 days) encounter records. One is because at the time the service was rendered the patient did not have active coverage. The encounter record is now over 90 days old and the coverage has been reinstated. There is no need to write for prior approval instead, use Submission Code C. In the note record field on the electronic submission insert *"coverage reinstated."*

The second is Submission Code A. This Code is used only when a record does not meet the criteria for the Submission Code C, and is not related to coverage. In order to use Submission Code A, the nurse practitioner needs to provide a written request including a detailed explanation for the late submission and include the date range of the records, number of records, and the encounter codes involved. **Administrative issues such as staffing problems, clerical errors, lost or forgotten records, system or service bureau problems do not qualify for exemption or use of Submission Code A.**

The approval of late submissions applies only to the exemption to the 90 day submission limit and does not guarantee a successful submission.

Note: When a written application is approved for retroactive billing, the maximum retroactive period will be six months from the date of approval. Only in very exceptional circumstances will encounter records be approved beyond six months. In those exceptional circumstances due to system restrictions the maximum retroactive period granted will be 18 months.
http://www.health.gov.bc.ca/msp/infoprac/physnews/july_2009_submission_claims.pdf

Application for approval to submit over aged encounter records:
http://www2.gov.bc.ca/assets/gov/health/forms/2943fil.pdf

Clients Eligible for Benefits under the Medical Service Plan/Health Insurance BC
For an encounter record to be submitted to the Medical Services Plan/Health Insurance BC, it must include the Personal Health Number (PHN) of an eligible Medical Services Plan/Health Insurance BC beneficiary. An eligible beneficiary is defined as a person who is a resident of BC and who is enrolled with the Medical Services Plan/Health Insurance BC. If a nurse practitioner provides care to a patient who is not enrolled with the Medical Services Plan/Health Insurance BC, an encounter record cannot be submitted through the Medical Services Plan/Health Insurance BC Teleplan claims processing system. The exception is for residents of other Canadian provinces/territories (except Quebec) for which a reciprocal billing system is in place. For billing reciprocal encounters, the patient's medical insurance number (same as personal health number in BC) from their home province/territory, birth date, and provincial code should be entered in the 'other insurer' portion of the Teleplan C02 record.

Medical or diagnostic services referred for patients who do not have valid medical coverage with BC or one of the provinces/territories covered under the reciprocal claims processing agreement are the responsibility of the individual patient. Patients covered under the Quebec Medical Plan may submit directly to the Quebec Medical Plan for reimbursement.

Verification of BC Services Card

The Medical Services Plan/Health Insurance BC does not pay physicians for uninsured services. Nurse practitioners will need to discuss with their employers how to proceed with providing care to an uninsured patient and providing uninsured services.

Eligibility Checks

Nurse practitioners submitting encounter records to the Medical Services Plan/Health Insurance BC for services outlined in s. 22(1) of the *Medical and Health Care Services Regulation,* have a duty to verify enrolment in Medical Services Plan/Health Insurance BC. Eligibility may be confirmed as follows:

1. If a person has a previously scheduled appointment, the practitioner must take reasonable steps to verify enrolment in advance or:

2. If a person does not have a previously scheduled appointment, the practitioner must verify enrolment at the time the person presents for health services by:

- Asking to see the person's BC Services Card, or prior to early 2018, their CareCard; or
- Asking for the person's PHN, plus an additional piece of identification that shows the person's photograph and legal name; or,
- Asking for the person's PHN, plus two pieces of identification showing the person's legal name.

If necessary, Medical Services Plan/Health Insurance BC eligibility may be checked by using the individual's date of birth, legal name, gender or address. The Ministry's Investigations Unit conducts investigations into matters involving the possible abuse of the Medical Services Plan /Health Insurance BC. The Ministry is concerned about BC Services Card misuse. Health care providers who suspect that a person is attempting to access or has accessed health care services inappropriately are required by regulation to report this to Health Insurance BC at 604-456-6950 (Metro Vancouver) or 1-866-456-6950 (elsewhere in B.C.).

Verifying Coverage Prior to a Visit

When booking an appointment, ask the patient for his/her name and PHN (Personal Health Number) exactly as it appears on their BC Services Card. Remind each patient to bring their BC Services Card with them to the appointment. If it is a current patient of the facility, ask the patient if they have had a name or coverage change since their last visit.

Teleplan's Batch Eligibility function provides overnight verification of patient eligibility. There is no limit to the number of verification requests and the information will be made available the following morning. Additional details are provided in chapter 2 of the Teleplan Specifications: http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/ch2.pdf

Two alternatives for an immediate reply to an Eligibility Coverage Request are:
(1) The online Check Eligibility Request option available in Teleplan, and

(2) MSP's IVR (Interactive Voice Response) systems.

The online request provides the same function as the nightly Batch Eligibility Coverage Request but information is returned immediately, rather than overnight. The Teleplan Check Eligibility function and equivalent function in the API is intended for real-time Point-of-Service checks only. Automated calls and batching of patients to check eligibility are NOT ALLOWED. This action can result in significant delays and ongoing monitoring of your operations by health representatives.

Automated Coverage Enquiry Line

The automated service handles coverage enquiries using an Interactive Voice Response (IVR) system. The patient's Personal Health Number (PHN) must be provided. This service can also provide information on a patient's surname and initials.

Victoria 250 383-1226

Vancouver 604 669-6667

Other areas of BC (toll- free) 1-800 742-6165

If the PHN is unknown a coverage research form may be faxed to 250-405-3592.

http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/ch2.pdf

	Division will have: ● Ensured MSP & other billing administrative items are in place ● Pathways Access Key (if required)
Week 1-2	RN will: ● Be oriented to the clinic, complete all administrative documents, etc. ● Meet with Clinic Manager o EMR support eg: schedule set-up, clinic policies etc. ● Meet with FP lead/clinic team to understand clinical practice and RN role/responsibilities ● Have 1-3 day shadow shift with physician

Week 2-4 RN will:

- Begin seeing patients and supported to incremental increase in patient bookings per hour
- Meet with FP lead to determine additional learning activities required

Week 5-8 RN will:

- Meet with the FP Lead to review progress & any additional support needed and identified 1:1 meeting opportunities with FP lead
- Attend performance review meetings with Fraser Health Operations Manager

Key Support Contacts:

If you have any comments or questions, please contact us at:

FNW Division Program Director: Michiko.Mazloum@fnwdivision.ca
FNW Division PMH, Sustainability Support Manager: Tricia.George@fnwdivision.ca
FNW Division Project Manager: Alina.Lalani@fnwdivision.ca
Fraser Health Operational Manager contact: kristine.byers@fraserhealth.ca

Anmore · Belcarra · Coquitlam · New Westminster · Port Coquitlam · Port Moody

I acknowledge my place of work is within the ancestral, traditional and unceded territory of the Kʷikʷəƛ̓əm (Kwikwetlem), Qiqéym (Key-Kayt) and Coast Salish Nations.

Registered Nurse in Practice **Orientation Outline**	
Practice Name:	
RN Name: Responsible person FH, FNW or Clinic Person	**Date completed**
RN start date: kristine.byers@fraserhealth.ca	
Week 0 (Prior to RN starting in clinic) : Preparation Activities	
Fraser Health RN in Practice Core Orientation Activities	
RN in Practice Fraser Health Core Orientation (2.5 Hours) (includes MSP application) kristine.byers@fraserhealth.ca Coordinate shadow shifts with another registered nurse in primary care practice kristine.byers@fraserhealth.ca	
Organize RN meet & Greet in clinic(s) kristine.byers@fraserhealth.ca & alina.spring@fnwdivision.ca Provide RN with Self-Learning Modules: kristine.byers@fraserhealth.ca & tricia.george@fnwdivision.ca - EMR Videos - Pathways Learning - Pathways, Community Pathways, Medical Directory - Community Contact Resources (CHN, MHSU)	
Division of Family Practice – Preparation Activities	
Confirm MSP # active alina.spring@fnwdivision.ca	

Y-payee created (if required) and Encounter Record Submission Authorization form completed and faxed to HIBC	alina.spring@fnwdivision.ca	
Pathways Key (log-in) tricia.lewin@fnwdivision.ca		
Clinic Preparation Activities		
FP Lead to meet with team to determine RN role Including: - Review position description and customize for practice	FP Lead	

- Determine and implement scheduling process - Educate MOA on RN in Practice scope and role - Provide communication to team staff RN start date (expectations)		
Administrative Tasks: Set up office – desk-top, office, phone etc.	Clinic Manager/MOA	
EMR user set-up: User ID/Password MSP & Y-Payee attached to user profile in EMR	Clinic Manager/MOA	
Week 1-2: Clinic to provide RN with Orientation to practice & Physician Shadowing		
Meet with RN to discuss expectations, clinic flow, scope of practice, team based care model, communication structure with clinic management etc.	FP Lead	

RN to meet with clinic manager & MOA to understand: - Scheduling - Patient education teaching resources/templates - Determine the urgency of client's need (telephone or in-person triage as per established protocols) Give RN Tour of Clinic (point out location of emergency supplies, immunization fridge, equipment, supply list etc.) Provide RN with training on equipment (computer and printer)	Clinic Manager/MOA Clinic Manager/ FP Lead	
Orient RN to clinic's EMR system: - EMR training (clinic specific), templates, measurement entries, immunizations etc. - EMR structure (tasks, messages, emails) - EMR schedule (coding, appointment types etc.)	Clinic Manager or Tricia George	
Organize RN shadow shifts with physician(s) for 1-3 days Physician to review with RN: - Chronic Disease Management pathways - Print report, discuss flow, chart review	FP Lead	

- Complex care eg: diabetes education for patients		
Week 2-4: Clinic to support RN to begin seeing patients (e.g. incremental scheduling, teaching materials)		
Incremental patient volume for RN: MOA to work with RN to explain scheduling: 1. Book RN with 1 additional patient per hour for 2-3 days	MOA	

2. Book 2 additional patients per hour for approximately two weeks	MOA	
3. Increase to 3 patients per hour if desired/feasible	MOA	
Review patient teaching materials and resources with RN as required	FP and/or Fraser Health Clinical Educator	
Organize Orientation Progress Meeting with RN to identify progress and next steps	FP Lead & Clinic Manager	
Share RN performance with Fraser Health Operations Manager and discuss any outstanding learning needs	FP Lead	
Week 4-8: Clinic & FH Program Manager to review RN progress, learning gaps and organize monthly 1:1 meetings		
Identify with RN additional learning modules/training required based on practice needs (e.g. STI training)	FP Lead & Kristine.byers@fraserhealth.ca	
Provide RN feedback regarding performance and reassess scheduling, patient selection, patient flow, communication	kristine.byers@fraserhealth.ca	
Organize monthly 1:1 meetings with RN & FP lead to review scope of practice, practice concerns/teaching opportunities	FP Lead	

Vacation and Absence planning process

What is Advance Vacation Planning?

- Advanced vacation planning occurs annually (October-December)
- Employees may hold back up to 37.5 vacation hours from the advanced vacation planning process to schedule later
- Posting of the approved vacation schedule is completed by December 31st of the preceding calendar year
- Once the approved vacation schedule has been posted, it can only be changed with FH manager approval
- Late vacation requests are approved on a case-by-case basis, as relief coverage and clinic planning allows
- When relief coverage is not available or when the clinic specifically requests no RNiP relief coverage, late vacation requests are approved in consultation with and support of the clinic
- If you change RNs during the course of the year, a vacation schedule for the new RN will be provided upon the change

Relief Coverage – What to Expect:

- Relief coverage for planned leaves is available to all clinics
- Currently we have noted that your clinic prefers <insert relief coverage, no relief coverage, or other specification e.g. when away longer than 1 week etc> when your RN is away on a planned leave
- As we have recently expanded our relief team, there are additional benefits to bringing a relief RN onto your team such as support for QI initiatives and support with panel management – please contact <division contact?> for more information
- You can change your relief coverage preference at any time by contacting: Kristine.byers@fraserhealth.ca
- Relief RNs will orientate to the clinic by buddying with your regular RNiP in advance of the planned leave. This orientation will be tapered down over time as the relief RN becomes familiar to the clinic
- Our aim is to have the same RN providing relief coverage e.g. relief RN will consistently provide coverage across a cluster of 3-4 clinics
- While unlikely, it is possible, that both your regular RNiP and relief RN have vacation scheduled at the same time. In this event, a replacement relief RN can be scheduled
- Relief coverage is confirmed at least one month in advance of a vacation set so that the clinic's aware of coverage arrangements and can plan accordingly
- If there are unforeseen circumstances where relief coverage if preferred, but not available, the clinic will be notified of this as early as possible

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