CENTRAL OKANAGAN PRIMARY CARE NETWORK OPERATIONS GROUP

Terms of Reference

Background

The Ministry of Health (MoH)'s priority of implementing Primary Care Networks (PCNs) across British Columbia has been tasked to Regional Health Authorities, the Divisions of Family Practice, and local Aboriginal representatives. According to the Ministry of Health, PCNs should provide:

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

Following the Ministry of Health Service Plan for Central Okanagan (COK) Primary Care Networks, the PCN Operations Group (POG) and Collaborative Services Committee (CSC) are tasked with supporting PCN rollout and ensuring there is health system coordination and partnership. The POG will report into the CSC.

This document will outline the POG's purpose and scope of responsibilities and will provide POG members a guide for making decisions collaboratively with their colleagues, and for escalating decisions to the CSC when indicated.

As the POG is a newly created entity, it is acknowledged that decision-making will mature over time, and the POG and CSC will continue to evaluate and adjust their processes with an aim of continuous improvement.

Purpose

The purpose of the POG is to collaboratively oversee the implementation, day to day operations, and continual growth of the COK PCNs in accordance with the Service Plan approved by the MoH.

As stated in COK Schedule 3, page 3, the POG and CSC will:

a. Administer the PCN in accordance with the approved Service Plan;
b. Review the PCN's finances on a periodic basis and be accountable for expenditure of funds;
c. Ensure reporting to the MoH as outlined in the appendices;
d. Submit an implementation plan to the MoH each fiscal year based on established cashflow/budget targets;
e. Submit an annual progress report to the MoH by July 1 each year;
f. Manage patient attachment to applicable PCN members from the provincial Health Connect Registry, once available;
g. Provide notification to the MoH of any event that could materially impact the ability of the PCN to meet its goals or obligations under the PCN Service Plan;
h. Dialogue regularly with the MoH to mitigate issues and problem-solve as needed.

Guiding Principles

In alignment with COK Schedule 3, page 2, the POG will adhere to the following guiding principles:

The patient is at the centre of the local PCN.

Care is designed to be culturally safe through shared design and delivery of primary health care with Aboriginal representatives in BC. This care is consistent with the Government of BC's commitment to true, lasting reconciliation with First Nations in BC and fully adopts and implements the United Nations Declaration on the Rights of Aboriginal Peoples (UNDRIP) and Calls to Action of the Truth and Reconciliation Commission.

- The PCN recognizes the importance of family and community in supporting patient care.
- The PCN is intended to respect and preserve the longitudinal relationship between patients and their family physician or nurse practitioner.
- All partners in the PCN will participate in information sharing and reporting within and between the local PCNs and with other entities in the health care system, based on provincial collaborative direction (under development), to support optimization of direct patient care, as

well as quality improvement and planning at the community level. This is not a tool for quality assurance.

- The PCN acknowledges and respects the clinical and business autonomy of a primary care practice.
- Standardization and consistency of provincial policy direction are set by the MoH, and implementation is enabled through local decision-making and flexibility in response to prioritized community needs.
- Support for implementation will occur through current collaborative structures and relationships, expanded to be inclusive of the local broader primary care service context as appropriate. New structures will be established only as needed to allow effective functioning of the system.
- The PCN is intended to be inclusive of multi-disciplinary providers, where all providers are able to work to optimize their scope of practice.
- The PCN will support the optimization of PMHs as the cornerstone of the local PCN in the best interests of patients and the local population.
- The PCN will support the optimization of Urgent and Primary Care Centres (UPCCs), Community Health Centres (CHCs), First Nations Primary Care Clinics, Nurse Practitioner Clinics and Foundry Clinics as key models of primary care service in the community.
- Ongoing iterative adjustments will be made as approaches are developed and tested, and measurement and evaluation metrics will be co-developed by the Parties.
- The PCN will consult and engage with the community to ensure the needs of the community are met.

Additionally, POG members will reference the Quadruple Aim when discussing and making decisions with respect to matters within the POG's mandate.

The Quadruple Aim focusses on:

- Improving the patient and caregiver experience.
- Improving the health of populations.
- Reducing the per capita cost of health care.
- Improving the work life of providers.

Additionally, POG members recognize the importance of demonstrating and offering cultural safety. This approach considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. Through this approach, practitioners are self-reflective and self-aware with regards to their position of power and the impact of this role in relation to patients. Those who receive the service, not those who provide it, define "safety."

Responsibilities of the PCN Operations Group

Further to what is outlined in the Purpose section of this document, the POG will:

- Ensure that the PCN adheres to the principles for Primary Care Networks set out by the MoH and the General Practice Services Committee (GPSC).
- Oversee the strategy, implementation, and operations of the PCN in accordance with the Service Plan.
- Allocate funds and other resources for the PCN through the partners acting as PCN fund administrators in accordance with the Service Plan.
- Ensure that the financial and other reporting related to the PCN and required by the MoH is prepared, approved, and submitted.
- Bring voices of patients and staff to decisions and strategy.
- Ensure there is ongoing communication and reporting on progress (including risk mitigation efforts) to the CSC and respective organizations.

Deliverables

Furthermore, POG is responsible for producing the following deliverables:

- Implementation of the COK PCN according to the PCN Service Plan.
- Effective management of the COK PCN.
- Implementing the reporting requirements to the MoH, as outlined in the PCN Service Plan, Schedule 2.

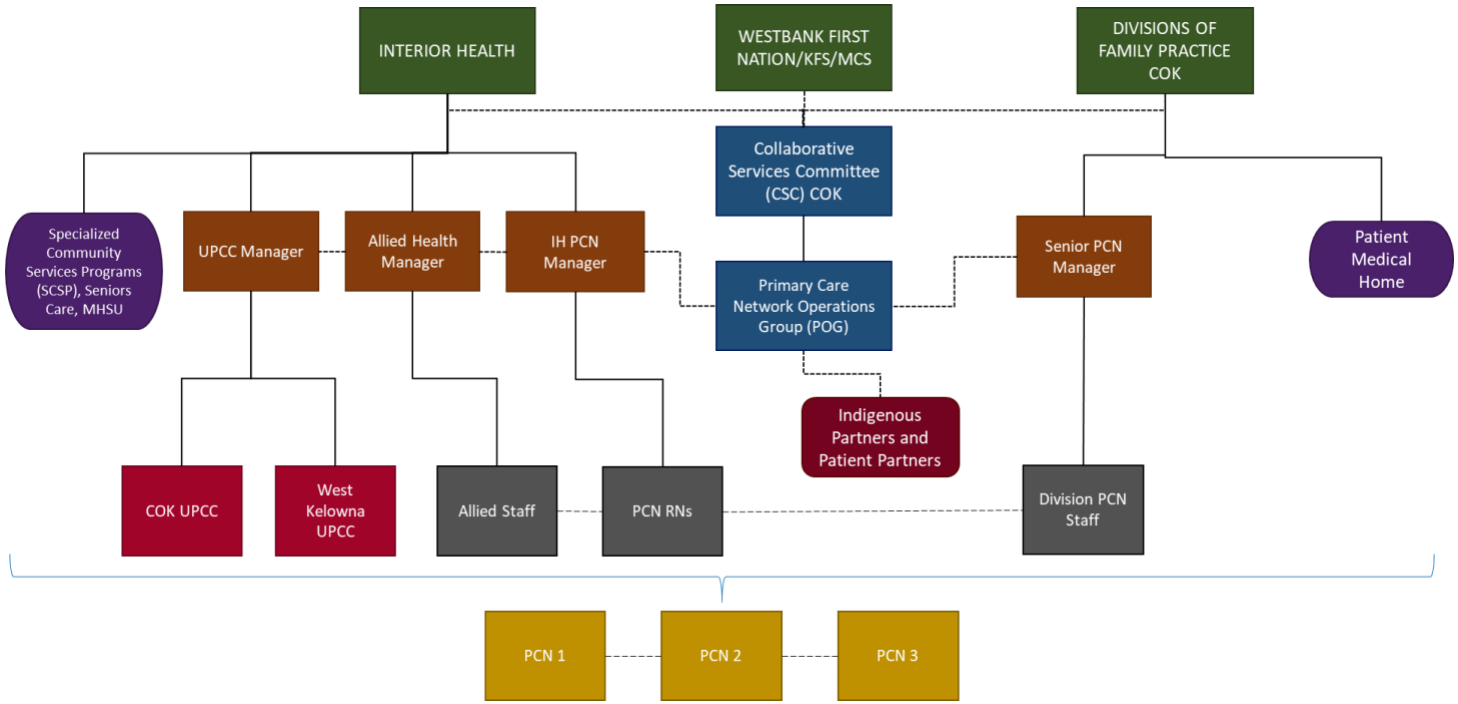
Expected Outcomes

- Attachment to a primary care provider for every interested person living in the communities served by the COK PCN.
- Improved access to primary care and allied health services for COK residents.
- Improved population health for people living in the COK PCN.

Governance and Decision-Making

Organizational Chart

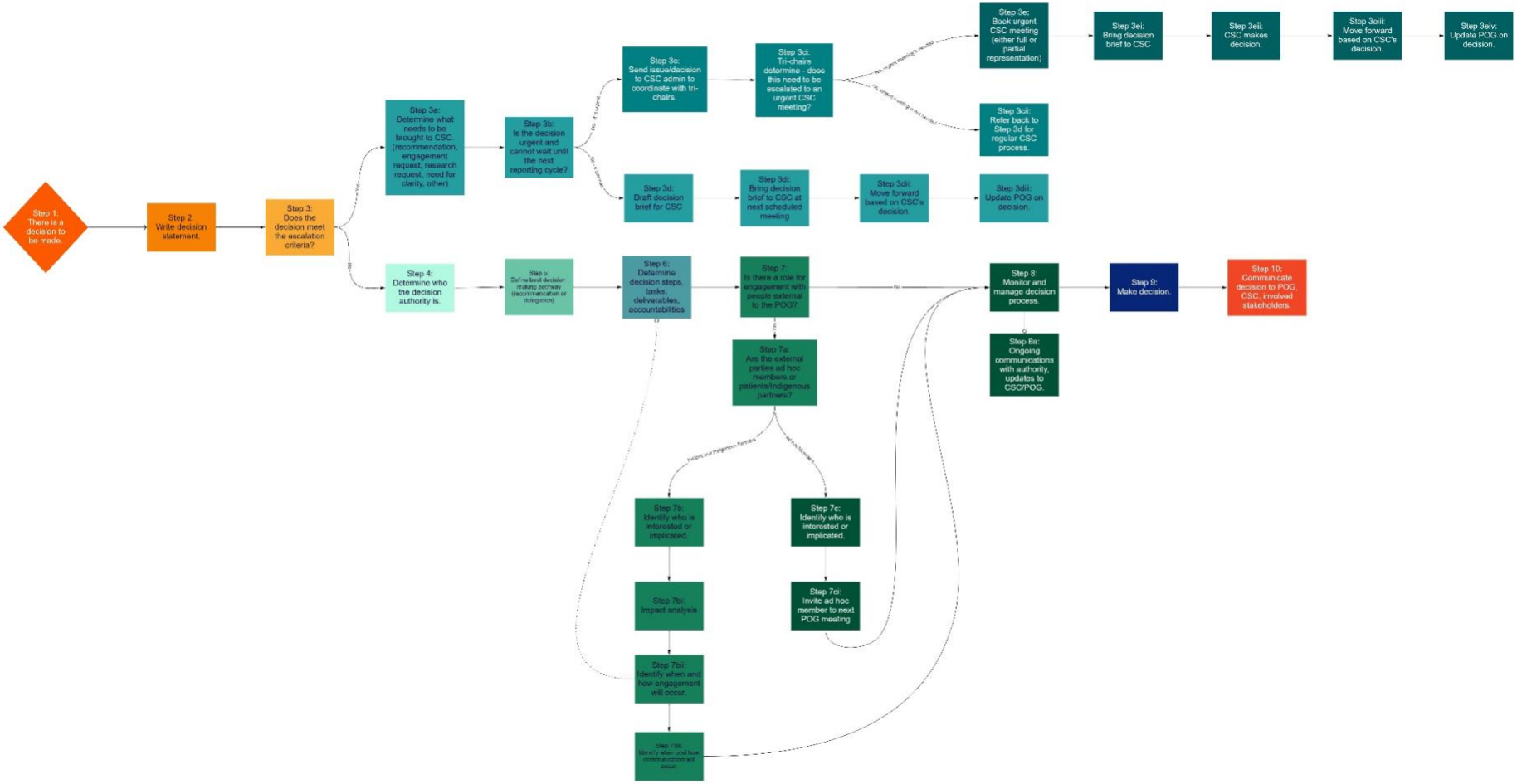
While the POG is responsible for daily operations oversight, there are many other partners in the governance of PCNs. See below for a high-level organizational chart.



Decision-Making Process

As the POG reports into the CSC, the POG will also escalate certain issues, questions, or recommendations to the CSC for decisions. A decision-making process is outlined below. A copy of the template to follow the decision-making process can be found in Appendix A. Please note that the fillable template is in a separate document.

PCN COK Decision Making Process



Decision-Making at POG

While the above process will guide POG members through the entire decision-making process, the following principles will be applied when it comes time for the POG as a whole to approve a recommendation or make a decision as a group:

- Decisions will be made through consensus.
- Consensus is defined as a willingness to move forward and a lack of opposition to a decision, while recognizing that it may not be an individual's or group's most preferred option.
- Opinions, ideas, and concerns from members are taken into account in the decision.
- No decision is made against the will of a minority of members; if significant concerns remain unresolved, a proposal can be blocked and prevented from going ahead.
- In the event that a decision cannot be made through consensus, the members will escalate to CSC, and if a decision still cannot be made, a mediator will be appointed.
- POG members are empowered to implement the Service Plan and to make decisions within the scope of the Service Plan. While it is important to follow decision-making processes and norms of each member's respective organization, making decisions related to operations and moving forward is necessary for the successful implementation of COK PCN via the POG. There is a risk to successfully implementing COK PCN by not working to reach timely decisions.
- Decisions will be recorded and communicated to all pertinent parties.

Escalation Criteria

The following criteria will be used to evaluate whether or not a decision needs to be escalated to the CSC. These criteria are presented as a checklist in the decision-making templates in Appendix A and B. It is important to note that these criteria are *in addition to* the regular reporting requirements for POG to CSC. CSC will have a regular standing item for PCN Managers to report on progress and issues from POG.

☐ It does not fall under the scope of POG

- Is not operational
- Is a strategic decision (e.g., structure, finances)
- Is a visionary decision (e.g., vision, mission, values)

☐ It is a plan that requires approval

- Implementation/work plan
- Change management plan
- Communications plan

☐ It involves a change to PCN plans

- Deviates from the Service Plan
- Alters budgeted staff allocations
- Changes funding
- Alters timeline
- Presents unique exceptions to PCN criteria (e.g., paper-based clinics, information sharing and consent)

☐ It is a significant financial decision

- Change management
- Engagement
- Contracts with external providers/services
- Capital funding (e.g., requesting space)
- Other _____

☐ It could impact stakeholders

- Involves Aboriginal Health or Cultural Safety
- Involves contracts with external providers
- Impacts organizations, timelines, or cashflows
- Falls under a different organization's policy

☐ It poses a risk

- It threatens the success of PCN or PCN clinics
- There is a financial risk
- There are system barriers to successful implementation
- It may garner attention from MoH or Interior Health

☐ It requires issue management that cannot be solved at the POG level

- Conflicts between PCN clinics/hubs
- Conflicts with other entities (e.g., Specialized Community Services Programs)
- Conflicts between the three partner organizations
- Conflicts between POG members
- Inability at POG level to come to consensus

☐ There is a lack of clarity

- It's not clear if decision aligns with direction, vision, or service plan
- There is not a regional precedent

☐ *Other:* _____

External Engagement

While it is the mandate of the POG to make operations-related decisions for COK PCN, it is also a guiding principle of the POG to support reconciliation by ensuring Aboriginal Peoples' voices are heard and acted upon in decision-making. For all patients, the POG will support a person-centred approach to care, where patients are empowered in their own care. The ultimate goal is to deliver culturally safe, trauma-informed care that supports the Quadruple Aim across the Central Okanagan.

As such, when appropriate, the POG will engage with patients and Aboriginal representatives through the following channels:

Patients	Aboriginal Representatives
• Patient Advisory Group[1] • Community-Level Engagement, as needed	• Patient Advisory Group • Aboriginal Representative to the POG2 • Aboriginal Representative to the CSC • Central Okanagan Aboriginal Partners Table • Community-Level Engagement, as needed

Decision-making template in Appendix A includes guidance for POG members when planning and carrying out engagement.

[1] Patient Advisory Committee is currently in the process of being formed (June 2021)

[2] Decision on representative is pending (June 2021)

Patient Engagement

Patient engagement, through the Patient Advisory Group (PAG), will be in accordance with the IAP2 Spectrum of Engagement (Appendix C). POG will engage with patients across the engagement spectrum, depending on the nature of the decision and based on the interests of and impacts on patients. See below for a table of some of the types of decisions where POG will engage patients, according to spectrum level.

Inform	Consult	Involve	Collaborate	Empower
We will inform patients about: • Team-based care • Primary care • PCNs and how they change care for patients • Clinic teams and providers • Access to clinics and their teams • Access to resources if one's primary care provider doesn't belong to a PCN • Navigating the attachment process • Hub visits vs clinic visits • PCN growth • PCN goals	We will consult patients on: • Understanding how Aboriginal patients are accessing care • Understanding what patients want to know about PCNs • Understanding attachment issues • Feedback on PCNs	We will involve patients in: • Care plans • Increasing cultural safety • Decisions to be more patient-centred • Hub design • Understanding their needs • Understanding their preferred approaches to Team-Based Care	We will collaborate with patients on: • Developing a patient satisfaction evaluation • Developing a framework for self-management conversations and plans • Hosting a community information event on PCNs • Issues relating to underserved or underrepresented communities • Developing community programs • Designing community engagement processes	We will empower patients in: Developing community-based programs unrelated to health care Community health coalition

Aboriginal Engagement

The COK POG recognizes both the vital importance of engaging with Aboriginal Peoples, while respecting the strain Aboriginal Representatives are under, with many competing priorities. The POG commits to ongoing and transparent engagement with Aboriginal Peoples, and will seek to engage as much as possible at the “Collaborate” level of the engagement spectrum.

POG will engage with Aboriginal Representatives on any issues or decisions related to health care for Aboriginal Peoples within the COK PCN service area. Ongoing updates to CSC will provide an opportunity for the CSC Aboriginal Representative to identify potential gaps and opportunities in Aboriginal Engagement that may not have been identified by the POG.

Ad Hoc Members

As needed, ad hoc members will be invited to attend regularly-scheduled meetings to inform decisions and provide updates.

Roles and Responsibilities of PCN Operations Group Members

Below is a table outlining the different roles related to governance and operations of COK PCNs.

Role	Responsibility
CSC	• Develop strategy and vision • Provide direction, guidance and oversight • Leverage partnerships/ensure collaboration • Advocate for appropriate and timely patient care • Approve model of care • Approve implementation plan • Approve communication plan • Approving funding amendments • Approve engagement plan that aligns with model of care • Ensure requirements from MoH are met • Escalate issues to Interior Health Authority (IH)/MoH • Liaise between IH/MoH and POG, provide direction • Review evaluation and quality improvement • Support POG with navigating health system, including addressing and mitigating barriers • Facilitate Aboriginal partnership • Support collaborative partnership transformation • Model collaboration for POG • Make necessary decisions

PCN Managers	• Dyad leadership of POG • Chair duties for meetings • Subject matter expertise • Delegation • Decision-making • Escalation of decisions • Evaluation • Reporting to CSC, organizations, and Ministry • Change management planning • Turn strategy into tactics • Develop and implement work plan • Develop and implement communication plan • Understand and amend model of care as needed • Ensure POG orientation occurs and members have clear understanding of roles
POG Members	• Subject matter expertise • Raise concerns, observations, suggestions • Evaluation • Engagement with patients and Aboriginal Representatives • Action the envisioned model of care • Change management implementation • Daily operations and logistics • Develop and implement hiring plan • Forecasting • Work plan implementation • Implement engagement plan • Decision-making • Implement communication plan

	• Share vision and direction for PCNs • Form working groups as needed • Define and uphold model of care • Support POG orientation and understanding of roles
Ad Hoc Expertise	• Offers ad hoc expertise from departments such as HR, finance, contracts • Team based care
Aboriginal Representatives	• Public communication • Advocacy • Experts in lived experience • Recognition as leaders • Build relationships • Education and training in cultural safety • Input into cultural safety plan • Support Aboriginal and patient engagement planning
Patient Partners	• Communications • Advocacy • Experts in lived experience • Build relationships • Support patient engagement planning

Membership

A table outlining membership is included below (as of May 2021). Please note that while names and emails may change over time, the positions and organizations represented at the POG will remain the same unless further representation is deemed necessary. For a membership list of the CSC, see Appendix D.

Individual representatives will be designated as members by each organization and may be replaced at the organization's discretion. Changes in these individual members may be considered and approved by the POG.

Title/Role	Organization	Name	Email
Allied Health Manager	Interior Health Authority	Staci Cooper	staci.cooper@interiorhealth.ca
Family Physician		Dr. Christine Hoppe	cah448@gmail.com
Lead, Transformation, COK Primary Care	Interior Health Authority	Amie Hough	amy.hough@interiorhealth.ca
Manager, Primary Care	Interior Health Authority	Luke Brimmage	luke.brimmage@interiorhealth.ca
Nurse Practitioner		Lindsay Maxwell	lraemaxwell@gmail.com
Nurse Practitioner		Julia Walker	jwalker@nnpbc.com
Aboriginal Representative[3]			

[3] Position is being determined (June 2021)

PCN Team Leads (shared or rotating role)	Interior Health Authority	Norit Watson Tammie Brophy	Norit.watson@interiorhealth.ca Tammie.brophy@interiorhealth.ca
PCN Change Lead	Central Okanagan Division of Family Practice	Maria Cihlar	mcihlar@divisionsbc.ca
PCN Clinical Lead	Central Okanagan Division of Family Practice	Julia Hunter	jhunter@divisionsbc.ca
PCN Project Lead	Central Okanagan Division of Family Practice	Tara Muncey	tmuncey@divisionsbc.ca
PCN Senior Manager	Central Okanagan Division of Family Practice	Beth Whalley	bwhalley@dvisionsbc.ca

Communications and Reporting

The POG recognizes the necessity of communicating with their partners in order to ensure partners are informed and can take part in decisions when necessary.

See below a table outlining how POG will communicate with partners and interested and affected parties:

Party	Method of Communication	Frequency	Notes
CSC	Regular updates Decision briefs Urgent meetings	Monthly Urgent meetings will be booked as needed	CSC will have a standing item on their agenda to hear POG updates and requests for decision from PCN managers
Partner organizations (Interior Health, West Bank First Nation/KFS/MCS, Divisions of Family Practice)	Regular updates	Annually Determined by organizations	Annual report to Interior Health Organization representatives will update their organizations as determined by their internal processes
External partners	Meetings	As needed	
Patients and Aboriginal Representatives	Engagement channels (see *External Engagement* section) Public communications	As needed	

Staff / Clinics	Clinic communications channels PCN bulletins or updates	Quarterly/monthly	To be shared with IH staff, PCN staff
Municipalities	Meetings	As needed	Via Community Facilitator
General public	Public communications	As needed	

Evaluation

In addition to annual reporting as outlined in the Service Plan, the POG will evaluate their own processes in an ongoing manner.

The following will be evaluated:

Measure	Method of Evaluation
Rate of decision making (number of decisions made over number of decisions put forward)	Decision log
Number of escalated decisions to CSC	Decision log
Completeness of decision log	Decision log
Attendance	Meeting minutes
Timeliness of decision-making	Meeting minutes Monthly feedback survey
POG member satisfaction	Monthly feedback survey
Clarity of roles	Monthly feedback survey
Support for POG members	Monthly feedback survey
Input from POG members	Monthly feedback survey
Communications with POG members	Monthly feedback survey
Communications with CSC	Feedback from CSC members

To view the feedback survey for POG members, which will be completed every second meeting, see Appendix E.

Administrative Processes

Frequency of Meetings

Meetings will be held on alternating weeks on Thursdays. There will be no meeting the week of the CSC monthly meeting. Additional meetings may be held as requested. The meeting dates and times will be adjusted when necessary, with input from the POG members.

Agendas, Minutes, Materials

Agendas will be developed by the PCN managers.

POG members may request space on the agenda for items related to POG objectives, with a deadline of the Friday before the scheduled meeting.

Agenda will be distributed the Tuesday before the scheduled meeting.

Minutes will be taken and stored by the PCN Administrative Assistant. The action/decision log will be updated and maintained by the PCN Administrative Assistant. For the decision log template, see Appendix F.

Minutes will be distributed the Tuesday after the scheduled meeting (i.e., meeting agendas and minutes will be distributed on alternate Tuesdays), with a call for new agenda items for the next meeting.

Meeting Invitees

The POG may invite guests to provide information that will help the POG become fully informed with respect to its areas of responsibility in accordance with these Terms of Reference. Invited guests may include PCN staff, representatives from the CODFP, IH, MoH, GPSC, Doctors of BC, Aboriginal representatives, the local medical community, and others as deemed appropriate by the POG.

Confidentiality

All materials produced and presented to the POG are the property of the COK PCN and confidential to this committee within their stated purpose. All members of the POG are required to maintain the confidentiality of all materials, documents, and discussions. Any communications that are of a public nature will be clearly identified as such and must be approved by the MoH in accordance with stated communications policies.

Terms of Reference Review Schedule

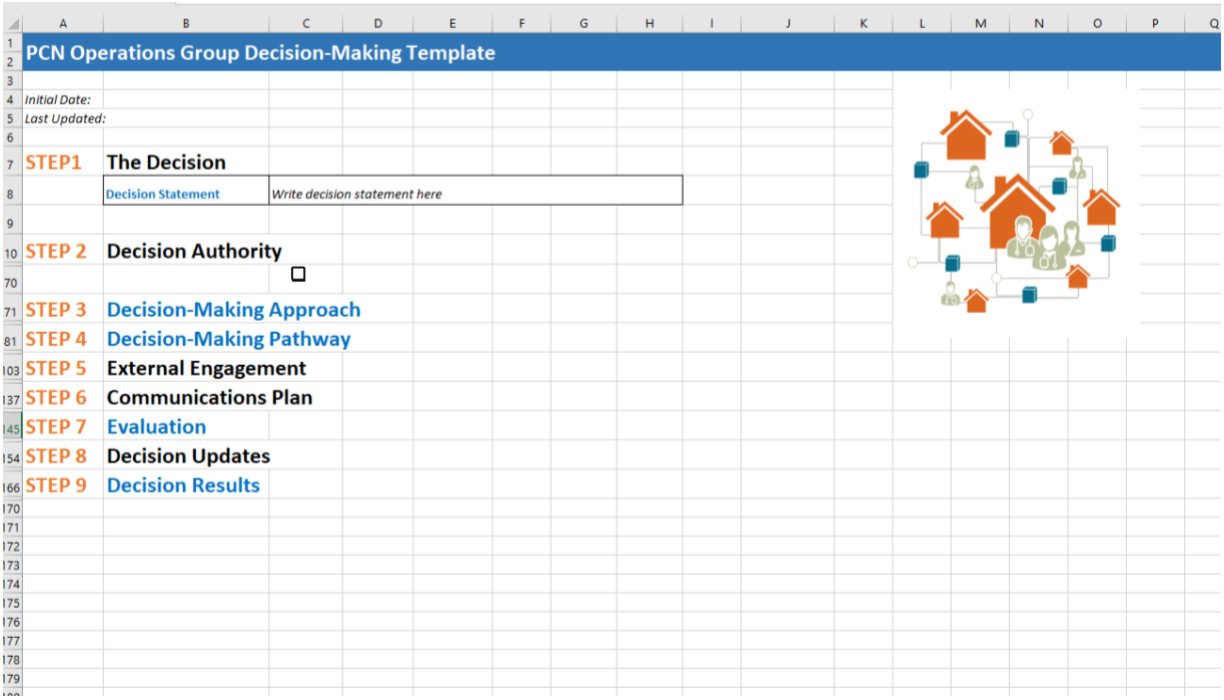
These Terms of Reference will be reviewed on an annual basis and/or at the discretion of the POG. Any proposed revisions will require approval of the POG and the CSC.

Glossary of Terms

Term	Definition
Collaboration	POG members defined collaboration as: Listening to and cooperating with one another to create something. Being flexible and open to new ideas from all stakeholders.
CSC	Collaborative Services Committee, which offers oversight, guidance, and decision-making support to POG.
Engagement	As defined by IAP2: Any process that involves the public in problem solving or decision-making and uses public input to make sustainable decisions.
Model of care	Refers to the way services are provided and how collaboration is fostered across COK PCNs.
Operational	Pertaining to the day-to-day functioning of COK PCNs.
POG	PCN Operations Group
Tri-chair	Tri-chairs, previously the chairs of the now defunct Steering Committee, are members of CSC and support POG in triaging urgent decisions.
Trust	POG members defined trust as: All perspectives are heard and understood, POG members are open, curious, respected, and feel comfortable with each other. POG members can rely on each other and follow through on their words with action.

APPENDIX A: Decision-Making Template

Below is a screenshot of the POG decision-making template. Please note, this fillable template can be found in a separate Excel Spreadsheet file.



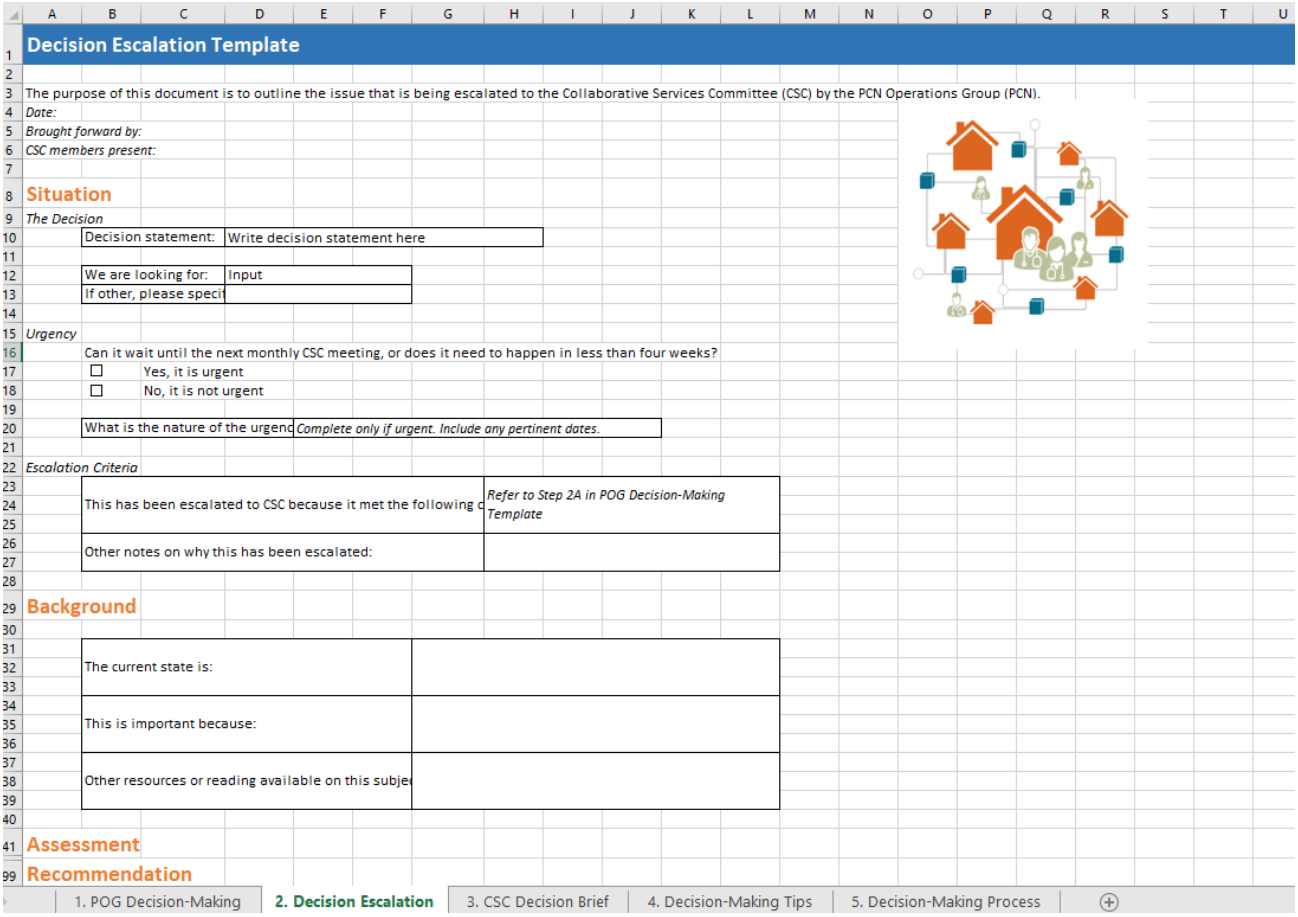
PCN Operations Group Decision-Making Template

Initial Date:
Last Updated:

STEP1	The Decision	
	Decision Statement	*Write decision statement here*
STEP 2	Decision Authority	
STEP 3	Decision-Making Approach	
STEP 4	Decision-Making Pathway	
STEP 5	External Engagement	
STEP 6	Communications Plan	
STEP 7	Evaluation	
STEP 8	Decision Updates	
STEP 9	Decision Results	

APPENDIX B: Escalation to CSC Template

Below is a screenshot of the POG decision escalation template. Please note, this fillable template can be found in a separate Excel Spreadsheet file.



Decision Escalation Template

The purpose of this document is to outline the issue that is being escalated to the Collaborative Services Committee (CSC) by the PCN Operations Group (PCN).

Date:
Brought forward by:
CSC members present:

Situation

The Decision

Decision statement:	Write decision statement here

We are looking for:	Input
If other, please specif	

Urgency

Can it wait until the next monthly CSC meeting, or does it need to happen in less than four weeks?

☐ Yes, it is urgent
☐ No, it is not urgent

What is the nature of the urgenc	*Complete only if urgent. Include any pertinent dates.*

Escalation Criteria

This has been escalated to CSC because it met the following c	*Refer to Step 2A in POG Decision-Making Template*
Other notes on why this has been escalated:	

Background

The current state is:	
This is important because:	
Other resources or reading available on this subje	

Assessment

Recommendation

1. POG Decision-Making | **2. Decision Escalation** | 3. CSC Decision Brief | 4. Decision-Making Tips | 5. Decision-Making Process

APPENDIX C: IAP2 Spectrum of Engagement

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities, and/or solutions.	To obtain public feedback on analysis, alternatives, and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate soutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

APPENDIX D: CSC Membership

Title/Role	Organization	Name	Email
Administrative Assistant to Deb Preston	Interior Health Authority	Michele Anderson	michele.anderson@interiorhealth.ca
Central Okanagan Division of Family Practice Physician Lead	Central Okanagan Division of Family Practice	Michael Koss	mkoss@telus.net
Director Community Services	Westbank First Nation	Maria Reed	mreed@wfn.ca
Director of Primary Care, Central Okanagan	Interior Health Authority	Deborah Preston	deborah.preston@interiorhealth.ca
Director, MHSU and Allied Health	Interior Health Authority	Donna Jansons	donna.jansons@interiorhealth.ca
Director, Primary Care Planning	Interior Health Authority	Greg Cutforth	greg.cutforth@interiorhealth.ca
Engagement Partner	Doctors of BC	Jillian Wong	jwobg@doctorsofbc.ca
Executive Director	Central Okanagan Division of Family Practice	Tristan Smith	tsmith@divisionsbc.ca
Executive Medical Director, Primary Care Team	Interior Health Authority	Dr Curtis Bell	curtis.bell@interiorhealth.ca
Family Physician	Central Okanagan Division of Family Practice	Dr Christine Hoppe	cah448@gmail.com

Interim Executive Director, Clinical Operations	Interior Health Authority	Danielle Cameron	danielle.cameron@interiorhealth.ca
Primary Care Manager	First Nations Health Authority	Kaela Schill	kaela.schill@fnha.ca
Non-Voting Members			
Director, Interior Region, Planning, Implementation & Oversight Branch	BC Ministry of Health	Nick Manzella	nick.Manzella@gov.bc.ca
Manager, Interior Region, Planning, Implementation & Oversight Branch	BC Ministry of Health	?	

APPENDIX E: POG Member Feedback Survey Questions

To be completed every second meeting. These questions will be programmed into an online survey platform.

For the following statements, please select the degree to which you agree or disagree. [Scale of 1 to 5, with 1 being Completely disagree, 3 being Neutral, and 5 being Completely agree]

1. I have all of the information I need to participate fully as a POG member.
2. I understand my role as a POG member.
3. I feel supported in my role as a POG member.
4. My input is considered in POG meetings.
5. As a POG, we effectively communicate with each other.
6. POG is effective at making decisions.
7. Is there anything you would like to see improved in how POG works together? [open text]
8. Are there any particular strengths you see in how POG works together? [open text]

APPENDIX F: Decision Log Template

Primary Care Network Collaborative Workplan and Decision Log Date Updated:

Status	#	Tasks	Lead	Key Stakeholders	Start Date	End Date	Comments
PCN Agreements							
Clinic Engagement							
Hiring Process							
Orientation and Clinic Prep							
EMR Reporting and Billing							
Overhead Decisions							

IPCC Transition							
Team Based Care Education							
HUB Sites							
PCN Reporting Process							
NP Contracts and Clinic Set up							
FP Contracts and Clinic Set Up							
Allied Health Hiring							