NP4BC Summary of Approved Applications – Second Intake

Interior Health Authority

Residential West

Target group(s): Vulnerable frail patients with disability who are "loosely" attached or unattached

The Residential Care Nurse Practitioner (NP) for Overlander/Ponderosa will provide collaborative primary care to the 'loosely attached' residents (19 years and older) who currently have limited GP involvement. The NP will work independently as MRP for unattached residents whose care will be transferred by the Medical Coordinator, and in collaboration with the rest of the interdisciplinary team. In this role the NP will practice to full scope, i.e. assess, prescribe medication and treatments, liaise with family, coordinate care with outpatient providers and, when necessary, with acute care upon admission, during hospitalization and upon discharge.

Kootenay Boundary

Target group(s): Patients with mental health and/or substance use (MH/SU) challenges.

This NP will provide full spectrum primary health care for severe MH/SU patients and work in collaboration with GPs, psychiatrists and the MH/SU teams in Trail and Nelson. This NP position would optimally complement Ministry of Health MH/SU accelerated funding resources that will be made available for Nelson and Trail. Once fully implemented this NP would carry a roster and provide much needed primary care services to approximately 500, currently unattached, people.

Lilooet

Target Group(s): First Nations populations including primary care services to Shalalth and Seton Portage and Pavilion. Focus on first nations with chronic diseases, frail, elderly and home bound, mental health and substance use, women's health initiatives, infant and children growth and development.

The NP will provide access to primary health care services in Aboriginal health and healing centres within a multidisciplinary team with Outreach services to rural and semi remote communities. The NP will work to full scope providing primary care services to diagnose, and manage diseases and conditions with a focus on specific target populations.

Okanagan Nation Band

Target group(s): First Nations including 150 frail elders living with chronic disease. On-reserve populations include; the Penticton Indian Band, Westbank First Nations, Osoyoos Indian Band, Lower Similkameen Indian Band, Upper Similkameen Indian Band, Upper Nicola Indian Band, and the Okanagan Indian Band.

The NP will be based at the Penticton Indian Band providing community-based primary care for target groups of high-risk community members including some home bound clients. The NP will work in a multi-disciplinary environment that includes collaborating with GPs and other health professionals, and Band health staff to work on building integration between on-reserve services and other health professionals in the region.

Sorrento and Area Community Association

Target group(s): Frail elderly, comprehensive chronic disease management, maternal and child health services, and services for residents with addiction and mental health conditions.

The NP will provide access to comprehensive primary care for the Sorrento and area residents reducing the need to travel out of the community. This NP will focus on diagnosing and treating diseases,

disorders and conditions in the course of managing a client's health care with emphasis on health promotion and diseases and injury prevention.

TRU Williams Lake

Target group(s): Unattached patients, faculty, staff, and students at TRU-WL as well as community members of Williams Lake and the surrounding areas.

The NP will provide primary health care within a multidisciplinary team to allow for a collaborative continuum of care in an effective and cost-efficient manner. Within his/her scope of practice, the NP will provide a wide variety of services such as complete physical exams, treatment of minor injuries, sexual health, health and wellness counseling, as well as diagnosis and management of acute and chronic health conditions. This clinic will also offer educational and research opportunities for students, faculty, and patients.

Fraser Health Authority

Langley Division, Mental Health Substance Use Program

Target group(s): Homeless population and individuals living with mental health and substance use issues.

The NP will work in collaboration with the Langley Division of Family Practice, Fraser Mental Health and Substance Use Program and community stakeholders as primary care giver establishing medical linkages to address medical conditions. The NP will be the initial source of contact, collection of demographic data, identifying the nature of health related problems, psychosocial background and work in full scope treating and managing primary health care needs to the homeless population and individuals living with mental health and substance use issues in Langley

Mission Division, Mental Health Substance Use Program

Target group(s): Unattached Alternate Level of Care patients – mainly seniors and individuals with chronic illness

The NP will be providing primary care services to unattached chronic mental health patients and those with socially challenging situations discharged from the emergency room and Mental Health Centre back into the community establishing medical linkages to ensure that patients have access to on-going and high quality care.

Abbotsford Division, Primary Health Care Program (2NPs)

Target group(s): Unattached at risk youth with mental health and substance use issues, unattached at risk mothers and their children under the age of 5, and unattached aboriginal youth/young adults and their families

These two NPs will join an interdisciplinary team – one will focus on mental health/substance use, and the other on aboriginal and maternal/perinatal health. Both NPs will support each other in meeting the needs of these populations providing full scope of care out of four service locations in Abbotsford.

Ridge Meadows, Home Health Program

Target group(s): Frail elderly homebound patients

The community NP will work collaboratively with other health professionals in the Patient Assessment and Transition Home unit at Ridge Meadows hospital providing primary care and transition for the target population to ensure continuity of care with the goal to discharge patients early to their home and provide coordinated follow up care.

White Rock/South Surrey Home Health Program
Target group(s): Frail elderly homebound patients
The community NP will work collaboratively with other health professionals in the Patient Assessment and Transition Home Unit at Peace Arch Hospital to ensure continuity of care with the goal to discharge patients early to their home and provide coordinated follow up care.

Abbotsford Division Cardiac Care Program
Target group(s): Residents served by the Abbotsford Regional Hospital & Cancer Centre who have difficulty accessing ambulatory services, with: end of life cardiovascular conditions; complex recovery from cardiac surgery and myocardial infarction, and; frail seniors who have undergone transcatheter aortic valve replacement
The NP will serve as a multidisciplinary team member providing primary care for advanced cardiovascular disease for clients who are homebound and unable to access ambulatory services, either temporarily or throughout the course of end of life care.

Fraser North West Division home Health Program
Target group(s): Frail seniors with complex care and co-morbidities
Within an interdisciplinary team, this NP will be attached to the Patient Assessment and Transition Home (PATH) unit in Eagle Ridge Hospital and will collaborate with the Fraser NorthWest Division of Family Practice in providing coordinated care in the context of transitioning frail complex patients in the PATH unit home with appropriate community supports. The NP will continue providing care for patients discharged from PATH who do not have a primary care provider.

Surrey Division Primary Health Care Program (2NPs)
Target group(s): Surrey South Asian population living with chronic disease
These two NPs will be operating a Primary Care Clinic out of the South Asian Health Clinic working to full scope of practice, building their own roster of South Asian clients, and focusing on attaching patients with chronic disease and multiple co-morbidities.

Northern Health Authority

Skidegate Band Council – Skidegate Health Centre
Target group(s): First nation's frail seniors, maternity care, and patients with mental health and substance use issues
The NP will work collaboratively with the health care teams in Skidegate, the Queen Charlotte Clinic and the Queen Charlotte Islands General Hospital. This NP will be conduct clinics aimed at providing comprehensive health care closer to home as well as health promotion and prevention.

Finlay Community Engagement Hub
Target group(s): First Nations
The proposed NP role will be modelled after NP services currently provided in Prince Rupert, BC. The NP will be based out of Prince George and work exclusively with Tsay Keh Dene and Kwadacha First Nations. These are two of BC's most isolated communities; however they are directly accessible by air from Prince George five days per week. An NP will collaborate with an interdisciplinary team consisting of two GP's, community health team, Community Health Representative, mental health workers, Dentist, First Nations and Inuit Health Nurses and Prince George/Mackenzie Physicians. This will be the link that fosters needed change and a focus on longitudinal care.

Atlin Health Centre

Target group(s): Rural remote community members of Atlin

The NP will work in Atlin as part of a multidisciplinary team to provide primary health care services to the community providing individual and potentially Nurse Initiated Group Medical Appointments. The focus of this NP will be to provide care to individuals with chronic disease; however, the NP will also be involved in palliative care, prenatal care in collaboration with the Maternity clinic in Whitehorse, and health promotion in collaboration with the Health Centre staff and community partners.

Carrier Sekani Family Services

Target group(s): rural/remote and semi urban First Nations of the Carrier and Sekani traditional territory; also known as the Omineca Lakes and Burns Lake district. The population is all ages, although there may be a specific client focus on the elderly, maternal health patients, chronic disease and specialized referrals

The NP will be part of a primary health care team providing increased collaboration, quality and timeliness of care and access to health care services for rural/remote and semi-urban First Nation's communities. The NP will rotate through First Nations communities and work as part of a multidisciplinary team, made up of – community health nurses, physicians, community health representatives, mental health therapists, social workers, drug and alcohol workers, early childhood educations, family preservation maternal child health staff and specialists via telehealth services – to address this care gap.

Providence Health Care

Residential Care

Target group(s): residents with high medical co morbidities and complexities

An NP will be attached to identified highly complex residents to actively assess, and manage, ensuring a proactive approach that shifts from addressing exacerbations to maximizing wellness and symptom management. This will prevent acute exacerbations and transfers to acute care, thereby improving quality of life. The NP will manage complex residents and will work collaboratively with the Medical Coordinator of the facility and with the Family Physicians. The NP will also work with on-site specialists and support staff providing dementia care. The NP will develop effective, efficient and timely communication with facility physicians to enhance the inter-professional collaborative model.

Provincial Health Services Authority

BC Cancer Agency – Provincial Survivorship Program

Target group(s): *Caring for patients from the BC Cancer Agency who are unattached or with complex issues resulting from treatment*

The NP will be integrated into a primary care setting, with a specific focus on cancer survivorship, to provide comprehensive care to cancer patients. This is an expansion of the primary care network approved in the first intake (UBC Family Practice Clinic) and now will include a clinic in Surrey.

BC Mental Health & Addictions Services – Heartwood Centre for Women

Target group(s): marginalized and vulnerable women with addictions and co-morbidities

The NP will provide primary care services to women who are undergoing addictions treatment with an addictions physician at a residential treatment facility. The NP will also admit and discharge patients to the facility and provide follow-up activities with community primary care and addiction/mental health providers.

BC Children's Hospital – Richer Program
Target group(s): Unattached, at-risk, vulnerable youth living in the inner-city Vancouver neighbourhoods of Grandview-Woodlands
The NP will work within a multi-disciplinary team to deliver community-based, youth friendly primary health care services to vulnerable, at-risk youth who are unattached to a consistent primary care provider.

BC Women's Hospital & Health Centre – Oak Tree Clinic
Target group(s): Unattached/attached, marginalized, vulnerable women with HIV/HCV living in the downtown Eastside Vancouver
The NP will provide primary care services and outreach services for patients, many of whom have complex health, mental health and substance use issues. During the patient's HIV/HCV treatment the NP will ensure the patient's safety and help them to maintain treatment by monitoring and managing any adverse effects resulting from treatment.

BC Women's Hospital & Health Centre – New Beginnings Maternity Clinic
Target group(s): new immigrant and refugee women
NP will provide primary care, maternity care (including pre-natal and post-partum care) and newborn care for new immigrant and refugee women.

Vancouver Coastal Health Authority

Richmond - Primary Care Services
Target group(s): patients who are unattached, homebound, home & community care case-managed, frail, chronic disease diagnosis/co-morbid, elderly, with mental health/social issues, or cognitively impaired
The NP will provide primary care in collaboration with physicians and other NPs to address the continuity of care gap between primary and community care. The NP will work with "hard to reach" populations, such as patients with mental health/social issues and cognitive impairment, who are homebound, frail and elderly, who have chronic co-morbid conditions and are unattached to a GP.

North Shore Community High Needs Priority Populations
Target group(s): First Nations members (Squamish and Tsleil-Waututh), new immigrants with co-morbid conditions, low income seniors and homeless (adult and youth)
The NP will provide primary care services to target groups that are unattached or marginally attached to a general practitioner. The NP position aims to improve health status, avoid unnecessary acute care visits and improve patients' experiences with health care services.

North Shore Palliative & Supportive Care Program
Target group(s): At home palliative care patients
The NP will increase community capacity to provide home-based longitudinal primary care, urgent and proactive medical care to palliative patients at home. The NP role will support patients who wish to die at home and overall will contribute to the reduction of ER visits, palliative hospital admissions and deaths at Lions Gate Hospital.

Bella Bella - Remote Communities Central Coast
Target group(s): First Nations population, patients with chronic diseases or with maternal health needs, and frail elderly

The NP will be based in Bella Bella and will work collaboratively with the existing GPs in that community to provide primary care services to the residents of Klemtu, Ocean Falls, Bella Bella, Shearwater, and Rivers Inlet. The NP role will focus on promotion and prevention, maternal/child health, chronic disease management, and the elderly populations. The NP role will work to address inequities in accessing health care services and assist in improving health and social disparities faced by the aboriginal population in these communities.

Powell River - Division of Family Practice

Target group(s): unattached patients, patients with chronic co-morbid conditions, or mental health issues and frail elderly

The NP will address the expected influx in unattached patients in Powell River due to several GPs leaving the community/retiring by attaching patients to a health care provider. The NP will provide primary, preventative and urgent care to the population, which should result in a reduction of inappropriate ER visits.

Ravensong Community Centre

Target group(s): youth who are street involved, vulnerable, pregnant or parenting.

The NP will provide outreach primary care services on Vancouver's Eastside to target groups. The NP will work in collaboration with public health care professionals and Vancouver Primary Care Clinics to provide these services.

Mid-Main Community Health Centre

Target group(s): unattached frail elderly, patients with complex chronic conditions, and marginalized youth

NP will collaborate with other health care providers to manage the frail elderly patients who are home bound, in nursing homes, and independent/assisted living facilities by building an offsite practice to meet the needs of this population. In addition, the NP will provide an onsite practice (Mid-Main Community Health Centre) to provide accessible primary care services to complex and marginalized patients who are unattached to a primary health care provider.

VCH Residential Care (2NPs)

Target group(s): frail elderly living in residential care who are loosely attached or unattached to a community GP

The NPs will provide longitudinal care by providing more timely and appropriate care and attachment in a collaborative practice with GPs and an interdisciplinary team to frail elders. The NPs will carry a caseload of patients in a Community Health Centre and Residential Care Facility.

Vancouver Island Health Authority

Oceanside (4 NPs)

Target group(s): unattached patients, patients that require complex care and/or who have chronic conditions, residential care patients

The NPs will provide longitudinal primary care at the Oceanside Health Centre (set to open June 2013), patients' homes, community settings and in residential care facilities to Oceanside residents and visitors; thus, reducing emergency department visits for non-emergency care services. The NPs will work in integrated primary health care teams to provide patients with appropriate and timely care.

W'SANEC

Target group(s): Aboriginal patients in the W'SANEC communities of Tsartlip, Pauquachin, Tsawout and Tseycum.
The NP will provide and increase access to primary care services for un/attached aboriginal patients, a large amount who have chronic conditions and require complex care. The NP will collaborate with local physicians and community health care teams to improve continuity of care, reduce medical emergencies and rates of chronic illnesses among the aboriginal communities.

Quadra Island
Target group(s): residents and visitors of Quadra and surrounding islands, First Nations (Cape Mudge reserve), frail elderly, disabled, children of low income families, patients who require home hospice care
The NP will collaborate with the local physicians and other agencies to provide primary care services and more consistent care for residents who have high rates of chronic disease. This position will help with increasing patient attachment to a primary health care provider by taking on new patients (resident physicians have not been able to accept new patients for past 3 years) and providing outreach to outlying communities and to most vulnerable patients.

Galiano Island
Target group(s): residents and visitors to Galiano Island, unattached, chronic conditions, newborns to seniors, and palliative care
NP will increase access to primary health care, improve continuity of care and chronic disease management for patients who currently only have access to sporadic medical coverage by a locum and part time NP. The NP will increase access to urgent care to five days a week and reduce current reliance on acute and emergency care.