

A GP for Me Communication Plan

Approach

The overall *A GP for Me* communications plan is to take a proactive approach to dialogue and engagement with members, stakeholders, and community. Timely and frequent communication in all channels will help ensure the implementation plan and its outcomes are tracked and reported. The frequency and methodology for this communication will be tempered to ensure its effectiveness and alignment with other priorities, and to avoid potential communication overload.

Our local approach will reflect and be delivered under advisement from the provincial communications team incorporating *A GP for Me* brand and message guidelines. All public-facing documents will be sent to the provincial communications team for messaging and branding approval in a timely manner.

The Powell River community is small and localized. Wherever possible, communication will be delivered to encourage person-to-person contact, and be supported through existing radio, print, and social media channels.

Target Audiences

Internal Communications

To ensure *A GP for Me* team and PRDFP remain informed at the regional and provincial levels, and coordinate activities with Divisions, communities and the Provincial Division's Communication Team, the following will be undertaken:

- Assign designated representatives to attend regional and provincial meetings;
- Build and maintain relationships with Division colleagues;
- Inform the appropriate people at least two weeks prior to implementation of events to ensure that they are aware of upcoming activities and can advise PRDFP of existing templates, tools and processes for public engagement and communications, information management, and privacy and security;
- Check regularly for updates on *A GP for Me* communications work on DivIT;
- Include other Division Executive Directors on e-mail distribution lists providing opportunities for partnership and sharing of information with PRDFP.

External Communications

Effective and cost efficient communication with community partners and the public at large is fundamentally important to the success of the *A GP for Me* initiatives. Fully informed and engaged community partnerships enable the sharing of information and resources, help implement collaborative initiatives, avoid duplication, help with identification of gaps, assist in increasing the capacity of the primary health care system, and reduce the per capita cost of care.

Stakeholders (Provincial Division, GPSC, Doctors of BC and VCH) will be kept informed through:

- Identification of designated representative from each stakeholder group to receive regular e-mail updates;
- Sharing of experiences and lessons learned, good news stories, and photos when relevant;
- Sharing of media coverage with Division membership, community partners, and residents.

Communication Activities

The proposed activities of the communications plan are tailored to the needs of the stakeholders and community, and will be coordinated to deliver and receive messages without overloading the channels. Consistency and repetition of our messages will help to establish and strengthen our connections within Powell River, while respecting the priorities of our constituents.

Each of our Key Strategies, related messages, proof points, tactics, and goals follow in the table below. For a complete description of these, please refer to the Implementation Plan.

Recruitment & Retention

Strategy	Key Messages	Proof Points (Validating Anecdotes and Facts)	Tactics (Media artifacts)	Goals
Reach out far and wide to potential doctors who are a good fit for PR, with a focus on recent (last 5 years) grads, with a partner	Powell River has a strong doctor community Healthy lifestyle Low cost of living Variety of Practice options Great for families	Photos of Doctors Lifestyle info Practice examples Quotes from locals Cost of business stats	Tourism insert Doctor videos PR Living advertorial Community event Physician recruitment flyers	More out of town physicians are aware of Powell River and know which clinics are looking for physicians
Increasing Division Awareness and influence	Division supports new physicians Division hub as community centre	Details of events sponsored Quotes from Docs	Supplement/revise existing Welcome package	New in town physicians are aware that they can get support through the division
Help new Docs feel welcome and comfortable in our medical community	Powell River is a welcoming medical community that supports physicians	Doctor profile Personal story Photos	New physician profiles similar to Dr. Van Zyl story in newsletter	Division members, VCH staff and other community members are aware that they need to be welcoming and supporting to new physicians to help them integrate in the community
Engage community partner organizations to help with recruitment	Help us build a healthy community by attracting more doctors for unattached patients Do you know Doctors to reach out to?		Tourism brochure plus insert with cover letter	Community organizations know how to support the recruitment and retention of new physicians

<p>Students who intern in PR are given the tools to present a good image of professional life here.</p>	<p>Powell River is a welcoming place with supportive physicians, a good learning environment. A Good place to practice</p>	<p>Student profiles Experience mapping</p>	<p>Powerpoint promoting Powell River with key slides Division Website/News letter/Annual report</p>	<p>Student physicians are aware of Powell River's need for physicians and incorporate correct and inviting information in their presentation to other students</p>
<p>Get retiring Docs to think about succession planning</p>	<p>Let the Division help you - prepare your practice for a new physician - recruit a Doc</p>	<p>Success stories How to guide</p>		<p>Retired physicians are aware that the division can help them plan/get their practice ready for easier hand over</p>

EXAMPLE

Increasing Attachment of Vulnerable and Complex Patients

Note: additional key messages have been developed for this strategy and are included as an appendix.

Strategy	Key Messages	Proof Points	Tactics	Goals
Communicate the advantages of an NP in a clinic for dealing with complex unattached patients	Docs and NPs can work together Patient benefits Systemic benefits Doc benefits	Photos of NP/GP Stories of collaboration Stats on workload	PR Living advertorial Community event	The community is aware that we have piloted an NP in a GP clinic and what the results of this pilot are.
Assist in appropriate patient referral to NP	Unattached complex and vulnerable patients can be attached to NP	Ideal patient attributes: -Anecdotal -by type -by age	Ideal patient profile piece	ER/Walk in clinic know which patients to refer to NP
Communication between NP/GPs Communicate the work of the NP to stabilize complex and vulnerable patients	Some stabilized patients are great candidates to attach to a family physicians once they have been stabilized	Case study of pilot	Member newsletter extolling benefits of the NP/GP relationship	GPs are open to receiving referrals from NP

Seniors Connectivity Support

Strategy	Key Messages	Proof Points	Tactics	Goals
Engage community in using support services	Fetch can help you find community resources Community organizations can supplement the care provided by physicians	Document seniors supported by the service	PR Living advertorial Quick Reference Guide Community Workshop on using Fetch Community event Peak	Community at large knows and uses the community database Fetch to find non GP related information
Engage support organizations to maintain their info on Fetch	Keeping info up to date is a good practice Fetch helps promote their service	Benefits of using Fetch	Community Workshop for Organizations represented on Fetch Quick reference guide	Community organizations are comfortable using Fetch and independently update their information on Fetch
Increase usage of Fetch through promotion by GPs and MOAs and general public	Fetch can help Docs manage their patients' needs	Use of Fetch	Reference Guide News letter	GPs and MOAs are aware of Fetch
Demonstrate effectiveness of Health Link referral process through pilot	Health Link project can help improve the health of seniors and support physicians work	Case studies Pilot testimonials	PR Living advertorial Newsletter	GPs and MOAs are aware of the Health Link pilot and the results

Appendix: Increasing attachment for Vulnerable and Complex patients

Co-location of Nurse Practitioner in GP clinic

Key Messages:

- Nurse Practitioner Erin Berukoff has co-located her clinic to Family Tree Health.
- Erin's clinic focuses on vulnerable and complex patients.
- Erin's clinic is not a walk-in clinic and only accepts local patients.
- The primary source of referrals will be from the ER or the walk-in clinic, where they screen if patients are suitable for the Nurse Practitioner.
- The Powell River Division of Family Practices is working on several initiatives to bring in additional family doctors to the community to help with the physician shortage.
- The co-location of the Nurse Practitioner in a family practice is a pilot project funded by A GP for Me. VCH is paying the salary of the Nurse Practitioner.
- The pilot ends March 31, 2016; extension is hoped for.
- The Powell River Division of Family Practice is exploring sustainable options and is developing a business model.
- Erin has her own panel of patients. Patients are not attached to the clinic but to Erin.
- When the pilot ends, if it is not continued, some patients might be unattached.
- The nurse practitioner is working with family doctors to refer and attach some particularly vulnerable patients to a family doctor.
- Nurse practitioners are able to order and interpret diagnostic tests, make medical diagnoses, prescribe pharmaceuticals, perform specific procedures and refer to medical specialists.
- Primary Health Care NPs generally work in community settings and provide general primary health care services to people of all ages.
- Nurse practitioners cannot prescribe narcotics or benzodiazepines; they cannot complete disability applications and some other forms.

Key Questions:

Is the Nurse Practitioner accepting new patients?

Erin's clinic focuses on vulnerable and complex patients. The primary source of referrals will be from the ER, where they screen patients for suitability for the Nurse Practitioner's clinic.

Can everyone go to the Nurse Practitioner's clinic?

Erin's clinic focuses on vulnerable and complex patients. The primary source of referrals will be from the ER, where they screen if patients are suitable for the Nurse Practitioner.

Erin's clinic is not a walk-in clinic. Once you visit the clinic you are attached. The clinic is only for local residents.

Why is the nurse practitioner focussing on vulnerable and complex patients?

Vulnerable and complex patients spend, in general, a lot of time in the Emergency Department of the Hospital. They have complex health care needs that would benefit from the care of a primary care provider.

Will the Nurse Practitioner accept patients that are not vulnerable and complex?

Erin's clinic focuses on vulnerable and complex patients. The primary source of referrals will be from the ER and the walk-in clinic, where they screen if patients are suitable for the Nurse Practitioner.

The Powell River Division of Family Practice is working on several initiatives to bring in additional family doctors to the community to help with the physician shortage.

If Erin accepts me as a new patient, can I go to all doctors in Family Tree Health?

No. Erin has her own panel of patients. Her clinic is only co-located in the Family Tree Health clinic.

Will Erin stay in Family Tree Health?

The co-location of the Nurse Practitioner in a family practice is a pilot project funded by A GP for Me and Vancouver Coastal Health. The pilot ends March 31, 2016, however, extension is expected.

What happens to the patients if the pilot ends?

Patients are attached to Erin, and not to the clinic. If the pilot ends, some patients might become unattached.

Will patients always stay attached to Erin?

Patients are attached to Erin, and not to the clinic. If the pilot ends, some patients might become unattached. The nurse practitioner is working with family doctors to refer and attach some particularly vulnerable patients to a family doctor.

Where do unattached patients go?

Unattached patients should go to the Emergency Department at the Hospital.

What is a Nurse Practitioner?

A nurse practitioner is a registered nurse with a Masters Degree in Advanced Nursing Practice and over 700 practice hours.

What can a Nurse Practitioner do?

Nurse practitioners are able to order and interpret diagnostic tests, make medical diagnoses, prescribe pharmaceuticals, perform specific procedures and refer to medical specialists. Primary Health Care NPs generally work in community settings and provide general primary health care services to people of all ages.

What can a Nurse Practitioner NOT do?

Nurse practitioners cannot prescribe narcotics, such as Tylenol3, morphine, hydromorphone, or benzodiazepines such as Ativan, lorazepam, oxazepam, serax and clonazepam. They cannot do assessments for disability applications and some other forms.

For questions not listed here, please refrain from commenting and reply:
I am not in the position to comment on that.

For more information, please contact:

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