The GPSC has endorsed one-time funding for minor tenant improvements to family physician owned/ leased clinics participating in their local Primary Care Networks (PCNs). The GPSC and the Ministry of Health are continuing to collaborate and support all PCN communities to lead the implementation, spread and sustainability of team-based care within the context of Patient Medical Homes and Primary Care Networks.

Divisions will report on the Minor Tenant Improvement funding within 3 months of completing the minor tenant improvements and return unspent funds to the GPSC via bank transfer. Please complete and submit this report to **Lucy Pottinger at** [**lpottinger@doctorsofbc.ca**](mailto:lpottinger@doctorsofbc.ca)

As part of this report, a member of the GPSC Analytics and Clinical Transformation Initiatives team **may contact you for more information**. If you wish to elaborate on any of the responses you provide below, please contact us at [evaluation@doctorsofbc.ca](mailto:evaluation@doctorsofbc.ca).

We appreciate your time in filling out this reporting template. Your responses help us understand the impact of the funding, and help us make strategic decisions about future funding supports and direction.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. General Information** | | | | | |
| **Date** |  | | | | |
| **Division Name** |  | | | | |
| **Executive Director Name** |  | | | | |
|  | **Email** |  | | **Phone** |  |
| **Signature** |  | | | | |
| **PCN Steering Committee Co-Chair (Physician) Name** |  | | | | |
|  | **Email** |  | | **Phone** |  |
| **Signature** |  | | | | |
| **PCN Steering Committee Co-Chair (Health Authority) Name** |  | | | | |
|  | **Email** |  | | **Phone** |  |
| **Signature** |  | | | | |
| GP Name |  | | | | |
| Private Clinic Name |  | | | | |
| Private Clinic Address |  | | | | |
|  | **Email** | |  | **Phone** |  |

|  |  |
| --- | --- |
| **2. Use of Funds** | |
| **Funding Received** |  |
| **Spent** |  |
| Design and contracting |  |
| Floor and wall covering |  |
| Ceilings, Walls/Partitions |  |
| Electrical |  |
| Plumbing |  |
| Other (Please specify) |  |
| **Total Spent** |  |
| **Balance - Unspent (Surplus) to be returned to the GPSC** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Briefly describe the alignment with your approved PCN Service Plan. Please include # of rooms & square feet added/modified to accommodate new inter-professional team members.**  **(max. 250 words)** | |  |
| **Briefly describe the value added to capacity and patient care. Please include the number of clinicians (FTE) using the new space; number of patients seen by the co-located RN, LPN and/or AHP.** | |  |
| **If another Division (or clinic) were to replicate the work that you undertook through this funding, how would they go about doing so?**  **(i.e., what staff were hired to undertake the work, what major projects and outputs were created, etc.?)"** | |  |
| **Impact on Strengthening Partnerships**  We want to understand the impact the funding had on supporting strong partnerships within the system. For the following section, partnership refers to the relationships that were created and experienced between two or more partner groups. The types of partnerships involved are between your Division and:   * Family Physicians: partnership between your Division and its family physician members * Divisions: partnership between your Division and other Divisions * GPSC/DoBC: partnership between your Division and Doctors of BC/GPSC staff, including business pathways, PSP, and DTO * Other JCC Partners (SSC/SCC/JSC): partnership between your Division and other non-GPSC staff, including Specialist Services Committee, Shared Care, and the Joint Standing Committee * First Nation Community: partnership between your Division and one or more local First Nations communities * Health Authority: partnership between your Division and one or more other health authorities * Community Partners: partnership between your Division and community partners (e.g. RCMP, Firefighters, local municipality) * Non-Government Organizations**:** partnership between your Division and NGOs (e.g. Canadian Red Cross) * Educational Institution: partnership between your Division and educational institutions (e.g. UBC, SFU, etc.) * Ministry of Health: partnership between your Division and the Ministry of Health | | |
| **How strong were the partnerships supported by this funding stream?**  **(Please indicate your selection with an “X” in the relevant cell.)** | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **N/A** | **Not at all Strong** | **Slightly Strong** | **Moderately Strong** | **Very Strong** | **Extremely Strong** | | **Family Physicians** |  |  |  |  |  |  | | **Other Divisions** |  |  |  |  |  |  | | **DoBC/GPSC** |  |  |  |  |  |  | | **Other JCC -SSC/SCC/JSC** |  |  |  |  |  |  | | **First Nations** |  |  |  |  |  |  | | **Health Authority** |  |  |  |  |  |  | | **Community Partners** |  |  |  |  |  |  | | **NGOs** |  |  |  |  |  |  | | **Educational Institutions** |  |  |  |  |  |  | | **Ministry of Health** |  |  |  |  |  |  | |
| **Please elaborate on the strength of the partnerships described above (max 250 words for each kind of partnership).**  **(Which partnerships worked well or didn’t work well, and why?)** |  | |
| **Please elaborate (max 250 words per partner) on how you worked with partners as part of this work.**  **(What did the process for working with partners entail? How often did you meet, and with whom? What was discussed?)** |  | |
| **Reflections and Lessons Learned**  We want to understand the key lessons that emerged from this work. Please share your highlights, lowlights, and lessons learned for the future (and other Divisions). | | |
| **What are your top 1-3 highlights of successful work?**  **(What worked, what was involved? Why do you think it worked?)** |  | |
| **What are your top 1-3 lowlights of work that was challenging?**  **(What didn’t work, what was involved? Why do you think it didn’t work?)** |  | |
| **Looking back on the work that this funding supported, what, if anything, will you do differently based on your experience to date?** |  | |
| **Do you have any additional feedback/comments?** | |  |

***Please send any additional documentation that you would like to share with us.***

***Thank you for all the great work you do in your communities!***