QI Power Hour with

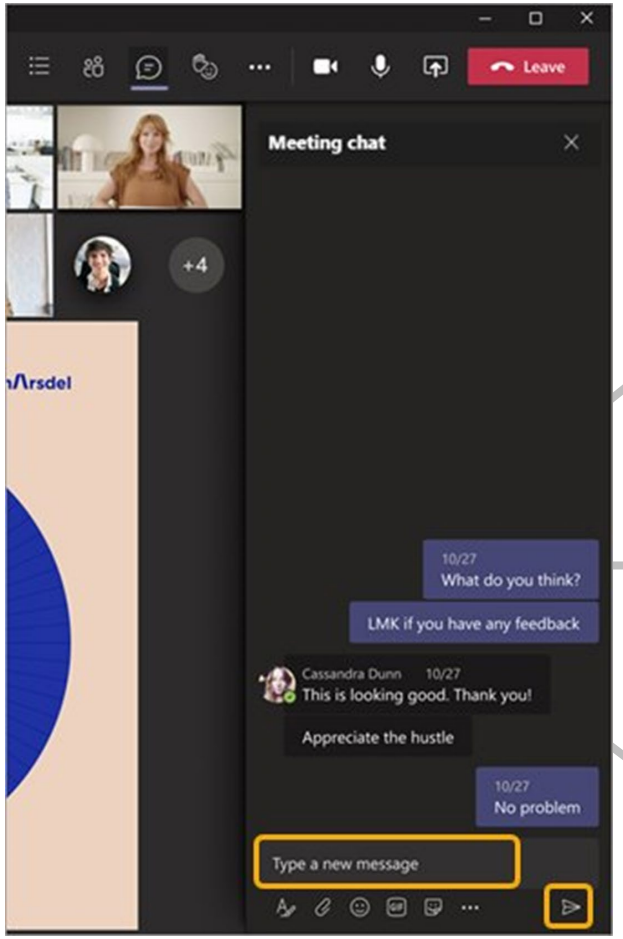
Dr. Coralie Darcis &

Dr. Emmett Harrison

Advancing the Patient Medical Home Model in Rural Saskatchewan: Insights from a pilot project in Swift Current

Land Acknowledgement

Chat Function



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QI Power Hour is shared from across Saskatchewan...

Across Canada...

And around the world

MASTERCLASS

SPECIAL EDITION

In-Person & Live Streamed

June 18, 2025
Louis' Loft
93 Campus Dr.
Saskatoon, SK
3:45 p.m. – 5 p.m.

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Dr. Coralie Darcis

Dr. Coralie Darcis is a postdoctoral researcher at the Johnson Shoyama Graduate School of Public Policy at the University of Saskatchewan. Mainly relying on qualitative methods, her current work focuses more specifically on primary care and models of care delivery. She is an expert in health systems, organizations, and public policy.

Dr. Emmett Harrison

Dr. Emmett Harrison is a family medicine and emergency physician in Swift Current, Saskatchewan. He is nearly 3 years into practice at the Associate Family Physicians Clinic, where he has the position of “Team-Based Care & Quality Improvement Physician Lead” for Saskatchewan’s Patient’s Medical Home Pilot site. Emmett gained a passion for Quality Improvement after completing the QI in Clinics Pilot and is pursuing a master’s in Quality Improvement and Patient Safety.

Brenda Andreas

Brenda Andreas is a patient living in rural Saskatchewan with many chronic conditions. Her PMH is the Associate Family Clinic. She is a collaborator on patient-oriented research and a partner with the SHA, Health Care Excellence Canada, Ministry of Health, and SCPOR. Brenda has been a co-chair of the Canadian Primary Care Research Network and a board member of the North American Primary Care Research Group.

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Toward a Patient Medical Home model of care: A study of the role of nurses

Agenda

I. AFP clinic PMH pilot – Context
II. Research results
III. A patient partner's perspective
IV. Q&A

The AFP clinic's PMH pilot project: Few words of context

CONTEXT – Patient's Medical Home Pilot & Associate Family Physicians Clinic

- Review the Associate Family Physicians Clinic's history of team-based care, patient-oriented improvement and partnership with the Saskatchewan Health Authority.
- Describe the staffing compliment of the Patient's Medical Home Pilot at the Associate Family Physicians Clinic.
- Outline improvements in patient access to care following the patient's medical home pilot.

Saskatchewan Health Authority

Saskatchewan
Health Authority

Patient Medical Home – Associate Clinic

Pre-Work/Warming the soil

Team-based Care

- Behavioral Health Consultant co-located in Sept 2020
- Primary Health Care Manager (Saskatchewan Health Authority) connections with local clinics
- Sylvan Lake/Medicine Hat - Primary Care Network tour Spring 2023

Saskatchewan Health Authority Connections

- Physician engagement (Two Saskatchewan Health Authority – Physician Leaders).

Quality Improvement/Patient Engagement

- Family Medicine Residency Program – Scholarly Projects
- Local physician expertise Quality Improvement

Pilot approved
June 2023

Saskatchewan Health Authority

Patient Medical Home – Associate Clinic

Mission Statement

Our vision is to improve patients' access to primary care services while improving the quality of care received and improving the work satisfaction of our staff, physicians, resident physicians, and medical learners. This task will be completed by incorporating comprehensive team-based care with family physician leadership and continuous quality improvement.

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High Level Milestones (Before Adding Staff)

Team effectiveness (process flow, communication, information flow, team norms, Physical Lead/PHC Manager DYAD)

Space and logistics (renovations, contract, IT)

Communication & Engagement (for public, for staff at AFPC, SHA PHC teams, etc.)

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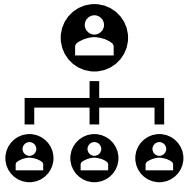
Pre-Existing Associate Clinic Compliment

FTE = Full Time Equivalent

10 Doctors (5.0 FTE)



Office Manager

3 Receptionists (2.0 FTE)

4 Medical Office Assistants (3.0 FTE)

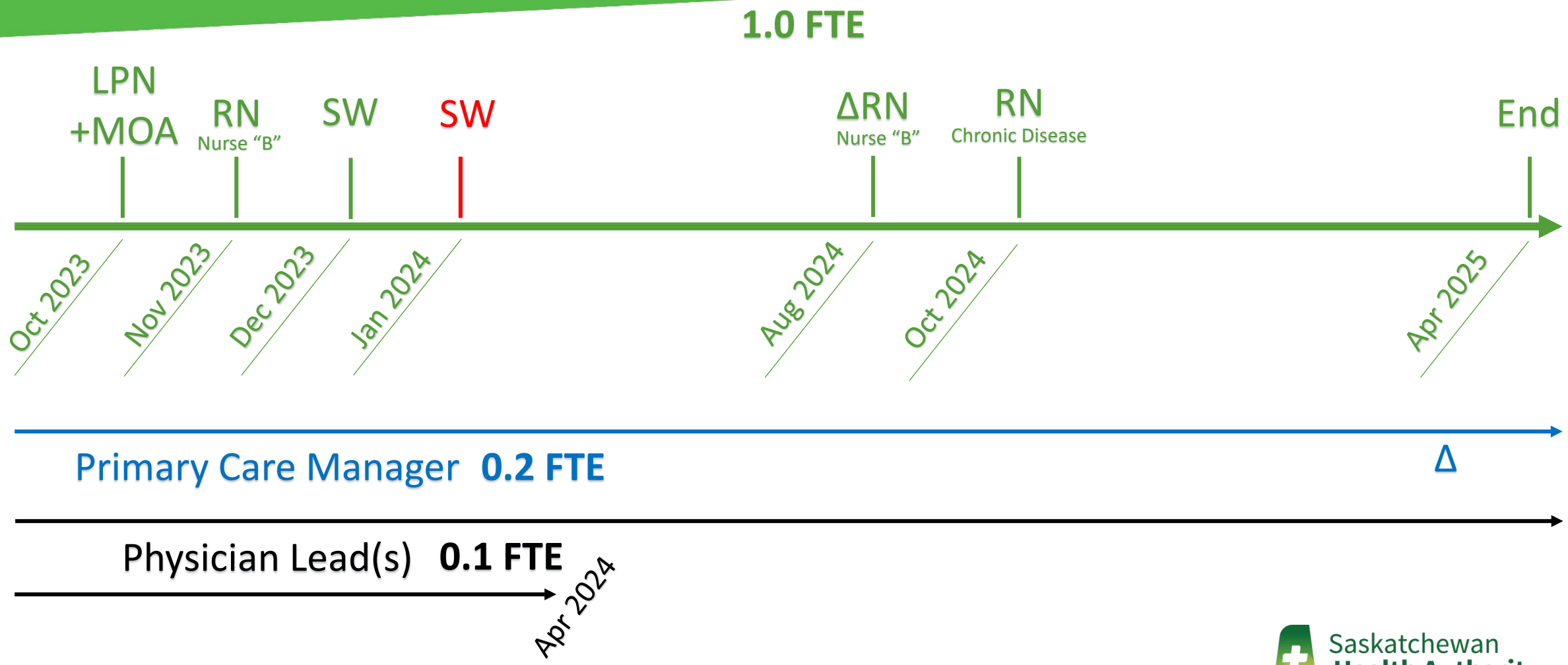
10 Resident Doctors

Behaviour Health Consultation

Saskatchewan Health Authority

18 Month Staffing Timeline
Patient's Medical Home Pilot

FTE = Full Time Equivalent
RN = Registered Nurse
LPN = Licensed Practical Nurse
MOA = Medical Office Assistant
SW = Social Work



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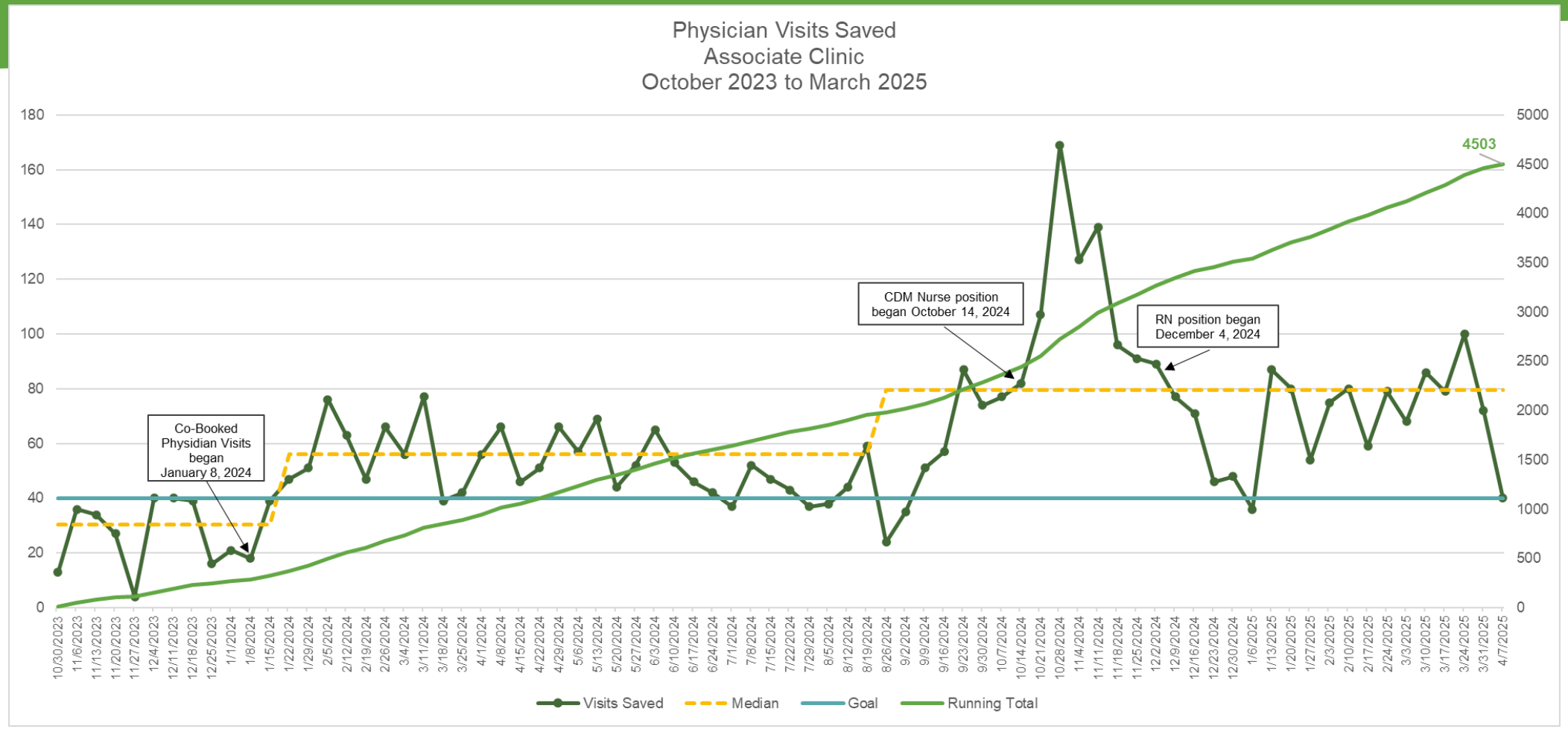
Patient Medical Home

Associate Family Physicians Clinic - Physician Visits Saved



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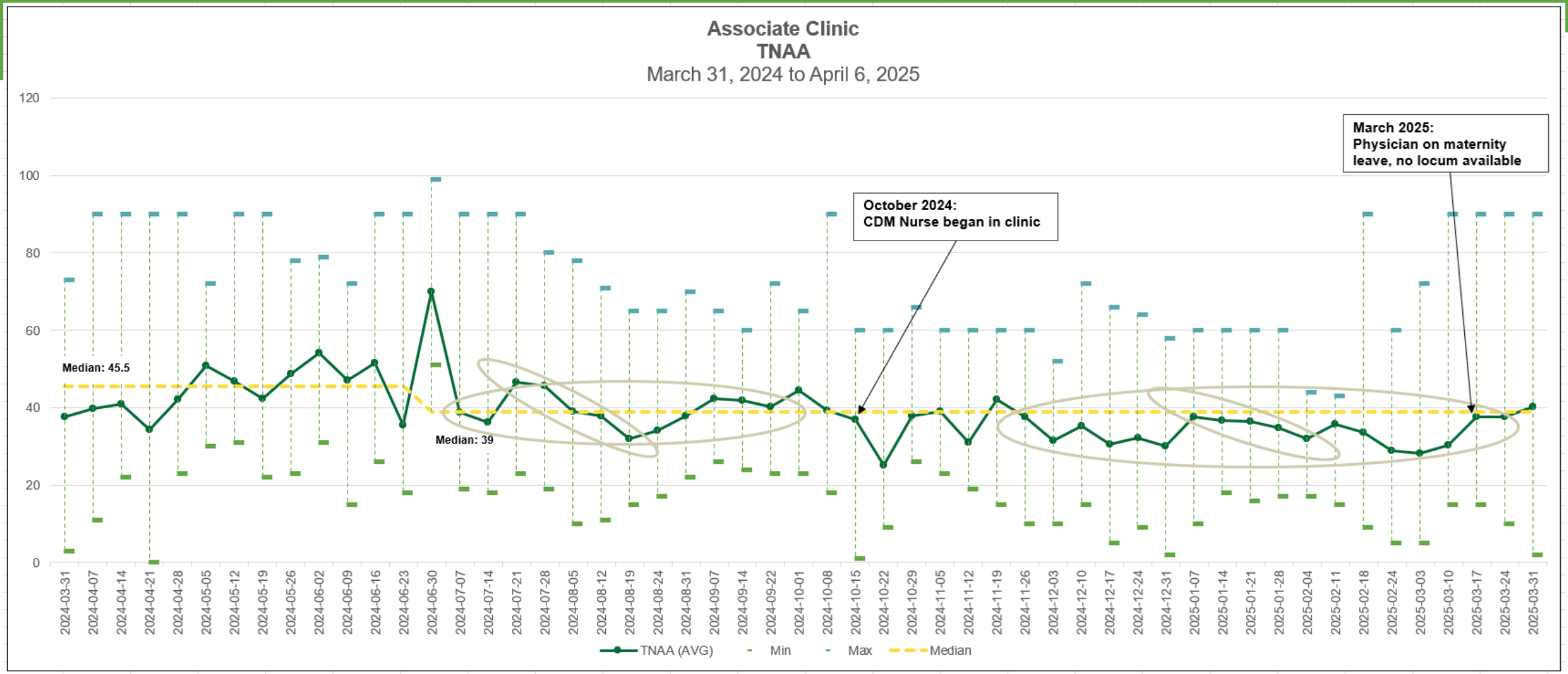
Patient Medical Home

Associate Family Physicians Clinic – Third Next Available Appointment



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A study of the role of the nurses: Research results

Goals of the research

- ✓ Understand how the integration of nurses into a team in a private primary care clinic affects work practices and processes and the experience of patients, nurses, and physicians;
- ✓ Identify the blocking and facilitating factors for further integration of health professionals.

Methods

- Qualitative methodology
  - Semi-structured interviews (N=27)
  - Observations (6 days on site)
    - Nurses' work
    - Work processes
    - Meetings (morning huddles, one AFP-SHA meeting)

Interviewees	#
Family physicians	7
Nurses	3
Family residents	3
Clinic manager	1
Behavioural Health Consultant	1
Medical Office Assistant	1
Patients	10
SHA representative	1
Total	27

Results

- **PART 1** – Nurses' tasks and work division
- **PART 2** – Outcomes
  - Patient experience and quality of care
  - Physicians' experience
  - Nurses' experience
- **PART 3** – Facilitating and blocking factors

Part 1 – Nurses' tasks and work division

Tasks diverted from physicians	Added services and processes
Minor medical procedures – *(e.g., PAP tests, suture/staples removals, dressing changes, testosterone injections, allergy shots and vaccines)*	Same-day appointments triage
Patient follow-up (call or in-person) – *to inform them about result, follow-up on recovery process, answer patients' questions/concerns, share advice, collect information,…*	Wellness checks – *(e.g., patients who are elderly/socially isolated, with comorbidities, chronic conditions)*
Completion of flowsheets – *co-booked appointments with the physicians (e.g., CDMs, prenatal, pre-operative)*	Additional expertise – *(e.g., wound care and dressings, medication management, chronic disease support, lifestyle and preventative health guidance, public health knowledge including vaccinations)*
Administrative tasks – *(e.g., DTMR – EMR information, fixing appointments…)*	Patient education *(more time and knowledge, different report with the patients)*
	Care coordination – *(e.g., between physician and patient, liaison with external services)*
	Administrative tasks – *(e.g., EMR information update)*

Part 2 – Outcomes – Patients' experience and quality of care

- Improved **access and waiting times**
  - *Small procedures (injections, paps…) – booked directly with the nurse*
  - *Improved access confirmed by metrics collected by AFP clinic*
- Maintained **continuity of care**
- Improved **care quality**
  - *Hard to capture but more follow-up*
- Lack of awareness about the changes
  - *E.g. triage system or providers' roles (MOAs VS nurses)*

"I felt like they were actually looking out for [me], like it wasn't 'Here, take these meds, we'll see you in a couple months', you know? […] There's a ton of follow up where I believe that wasn't happening before, you know. (Patient)"

Part 2 – Outcomes – Physicians' experience

- Better **use of their time**
  - reduced administrative burden
  - better organization of their consultation schedules
    - *"Seeing the right patient for the right thing, at the right time"*
- Reinforced **sense of purpose and professional fulfillment**
  - Improved quality of care (more services, more follow-up, timelier)
  - Greater patient satisfaction – improved interactions with them
- Improved **clinic atmosphere** and stronger **team dynamics**
- Minor concerns:
  - More awareness about patients' demands → more guilt
  - More interactions → overwhelming on a busy day

*We get **less complaints about access**, which is good for morale. I think every day when you're hearing like, "Oh, I can't get into see you. I can't get in to see you." "You're a really hard person to get into." "I've called." "I've been waiting three months for this appointment and now my problem is gone."*
Uh, you know, hearing that all day every day is kind of demeaning when you're trying your best. So, when our patients are happier, we're happier.
(Family Physician)

Part 2 – Outcomes – Nurses' experience

- Welcoming and positive atmosphere
  - Feel **integrated** into the professional team (e.g., huddles, communication,…) and beyond
  - **Supportive environment** and **appreciative culture** (from physicians and patients)
- Job content
  - Scope of practice is reduced BUT opportunities for enlarging it in the future
  - Feel **autonomous** and **trusted**
  - Importance of initial and continuous **training** (e.g., CDM, triage, nutrition or wellness,…)
  - **Redundancy** of the roles – work division
- Decision-making and communication
  - Feel heard and involved BUT seek more input into how their role is shaped if the pilot goes permanent*

**Some of the interviewed nurses had arrived as replacements, and had therefore did not participated in the creation of work processes and job descriptions.*

Part 3 – Facilitating and blocking factors

- Initial fears

  → Losing **autonomy** and **control** over work processes, recruitment processes…

*We've definitely discussed the idea of giving up some of our control over our practice to the SHA. And I think it's a false barrier. I don't think it's real, but I think that that could be something that people see as a reluctance to allow SHA into their practice. […] The benefits far outweigh the negative, but I think there's probably some significant **distrust** from physicians to the SHA.*

(Family Physician)

→ **Building trust** as essential:

- ✓ Individuals with dual roles across both systems (e.g., physicians with SHA roles)
- ✓ Dyad leadership (creates buy-in among physicians)
- ✓ Regular shared meetings
- ✓ Open communication and transparency about objectives and concerns

Part 3 – Facilitating and blocking factors

- Organizational culture
  - **Collaborative** → Physicians not just collocated but:
    - Collective decision-making
    - Standardized work processes and shifts
    - Covering for each other's patient panels
    - Sharing values and professional ideals
  - Clinic's strong **QI orientation** and openness to innovation
- Physicians' uptake
  - **Actively involved** : participating in meetings, adopting new workflows, adjusting schedules, delegating tasks consistently, being available for nurses and providing feedback
  - However, also a **learning curve**…

Now we need to let nursing call [the patients] and assess them and triage them and figure out how urgent is this rather than just saying, "well, that's my person, I'll just deal with it." […] ***Allowing for like that cognitive offloading and that shared responsibility****, it was a difficult thing.*

(Family Physician)

Part 3 – Facilitating and blocking factors

- Dedicated "change manager"
  - Transitioning to a PMH model = ***step-by-step, iterative process***
  - Avoid placing additional pressure on the physicians group
  - Funded role → increases accountability

- Adapting work organization
  - Rethinking work division and roles (MOAs, receptionists,…)
  - Certain work processes (e.g., morning huddles, QR codes)

    → *Towards more communication, transparency, feedback and teamwork*

- ✓ Acting as liaison with health authorities and primary point of contact in the clinic
- ✓ Supporting the development of work standards, workflows and job descriptions
- ✓ Addressing emerging issues
- ✓ Analyzing data, proposing and leading QI initiatives
- ✓ …

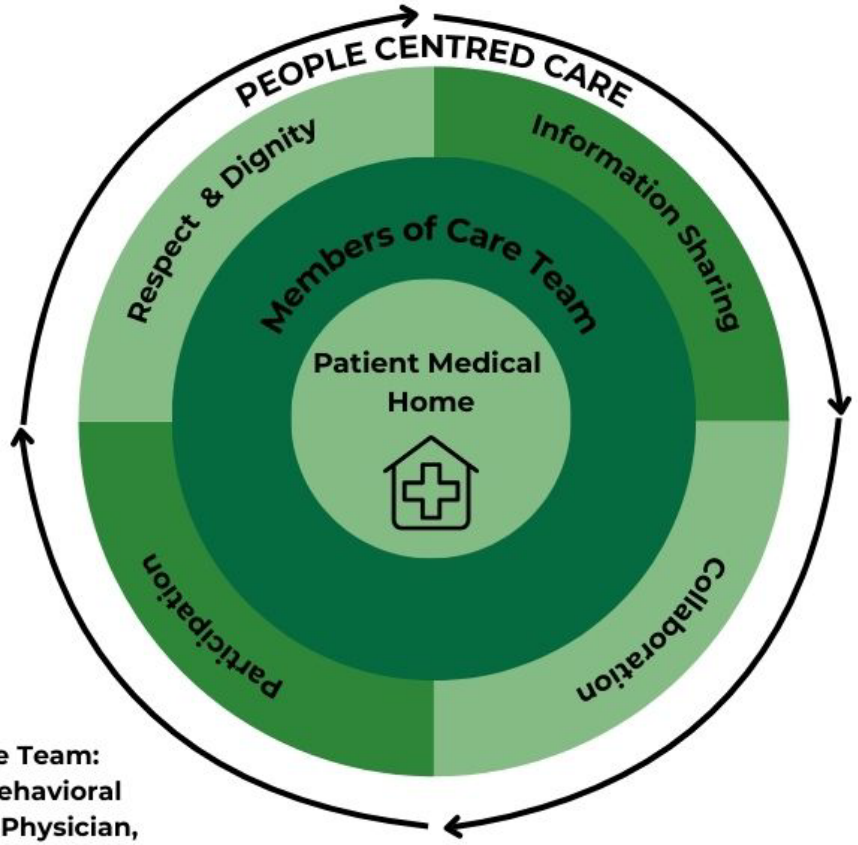
Part 3 – Facilitating and blocking factors

- Physicians' payment model
  - *Potential* major barrier in expanding nurses' scope of practice/delegating more tasks to other providers
  - NOT an *absolute* barrier in the sense that it ultimately comes down to physicians' individual choices
- Hybrid private-public model
  - Differences in employment conditions as potential source of tensions within teams
  - Unclear management lines
  - Funding responsibilities

Let’s hear directly from a patient…

Clinic Culture

Value add for patients, providers, and the clinic for experience and outcomes



Members of Care Team: Patient, Nurses, Behavioral Health Consultant, Physician, Resident, Medical Office Assistant, Receptionist

Questions?

Coralie Darcis

Post-doctoral researcher

USask – Johnson Shoyama Graduate School of Public Policy

coralie.darcis@usask.ca

Emmett Harrison

Family physician at AFPC

USask – College of Medicine

emmettpharrison@gmail.com

Brenda Andreas

Patient partner

brendajeanandreas@gmail.com

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