

# TEAM BASED CARE



**Presented by;**  
**Dr Janet Evans and Heidi Howay RN**  
**September 25, 2025**



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# Who are we?

## **Dr. Janet Evans BSc.Pharm/MD/CCFP/FCFP**

- Family Physician 1998-present

## **Heidi Howay BSN/GNCC/ONCC**

- Registered Nurse
- CGB Medical -Nurse in practice since 2017
- \* Urban community, Kelowna BC

# Disclosure

## Janet and Heidi

- Receiving honorarium to attend today, including travel & accommodation.
- No industry bias to declare.

# What you will learn today:

1

Team-based care in BC

3

Challenges in team-based care

2

Common challenges in team based care

4

Support and Enablers

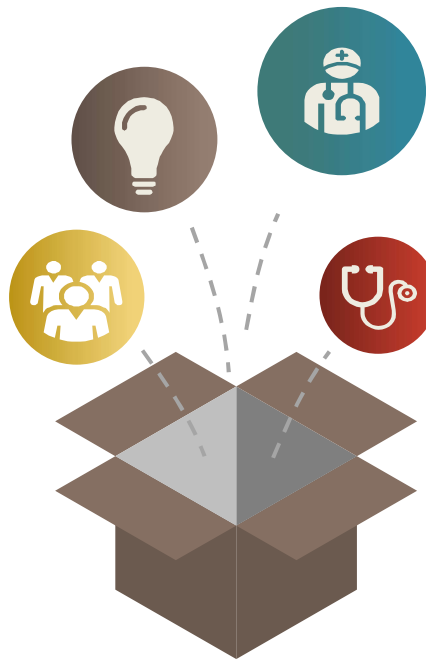
# Describe team-based care (TBC)

## DEFINITION

- Collaborative,
- Coordinated
- Shared goals

## VARIOUS TEAMS

- Forms,
- size,
- distribution,
- virtual, face-to-face



## ROLE OF THE FAMILY PHYSICIAN

- Resources
- Physician-led versus nurse-led teams

## DELIVERY OF CARE

- Comprehensive,
- coordinated,
- effective,
- member contributions

# Benefits of TBC



EXPANDED  
ACCESS TO  
CARE



EFFICIENT  
USE OF  
RESOURCES



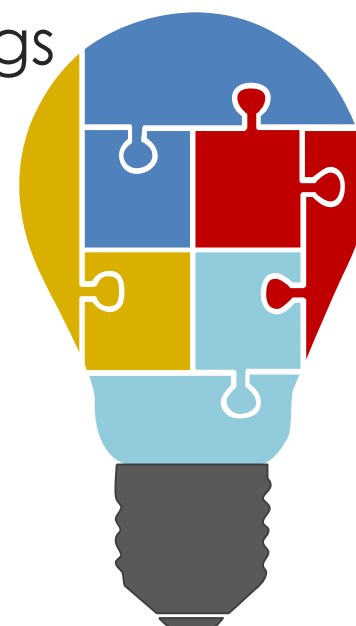
CONTINUITY OF  
CARE &  
LONGITUDINAL  
REALTIONSHIP



IMPROVED  
CHRONIC  
DISEASE  
MANAGEMENT

# Team Relationships

- Team dynamic
- Team meetings
- Common goal
- Education
- Comprehensive care possible
- Leadership
- Communication lines

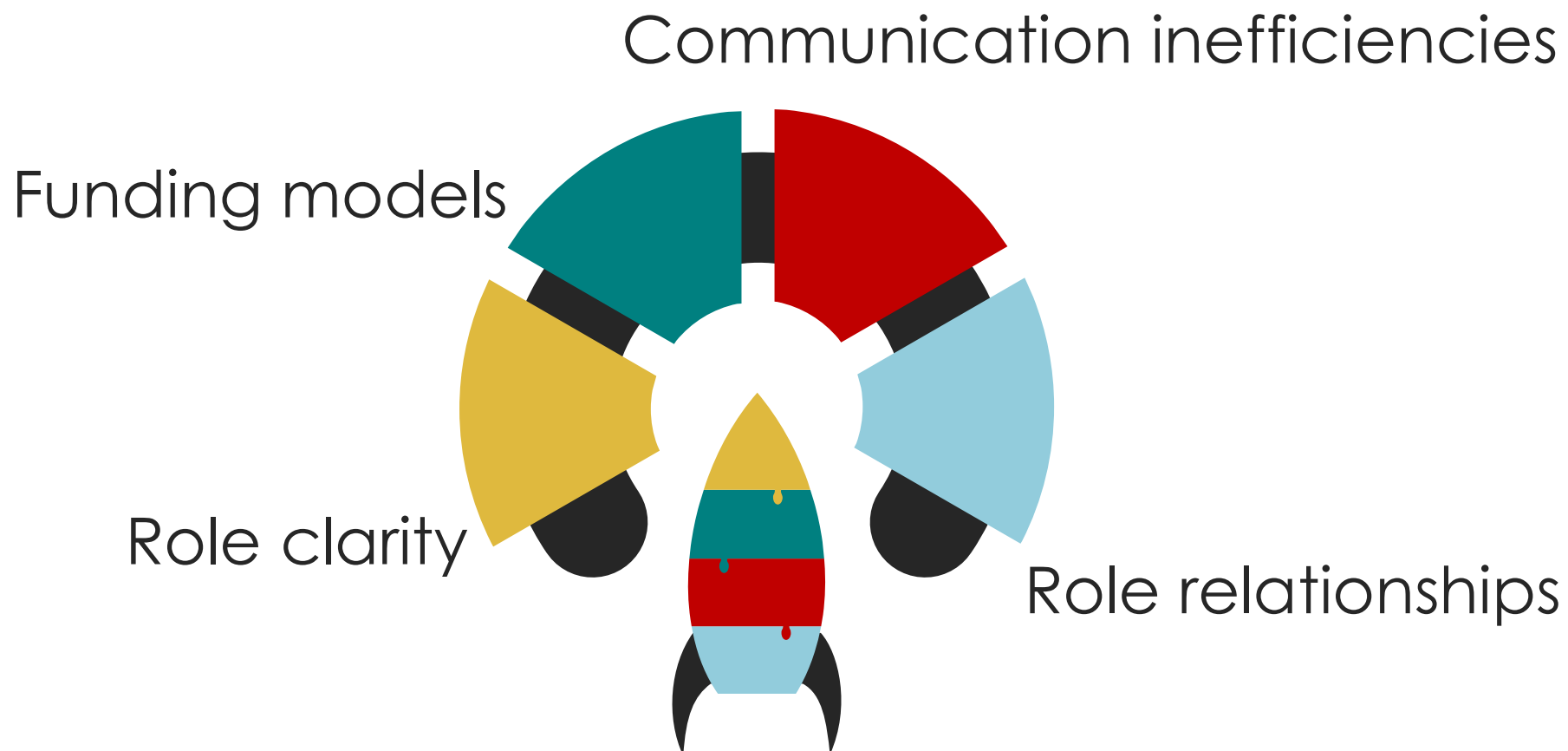


# Working in teams - Leadership

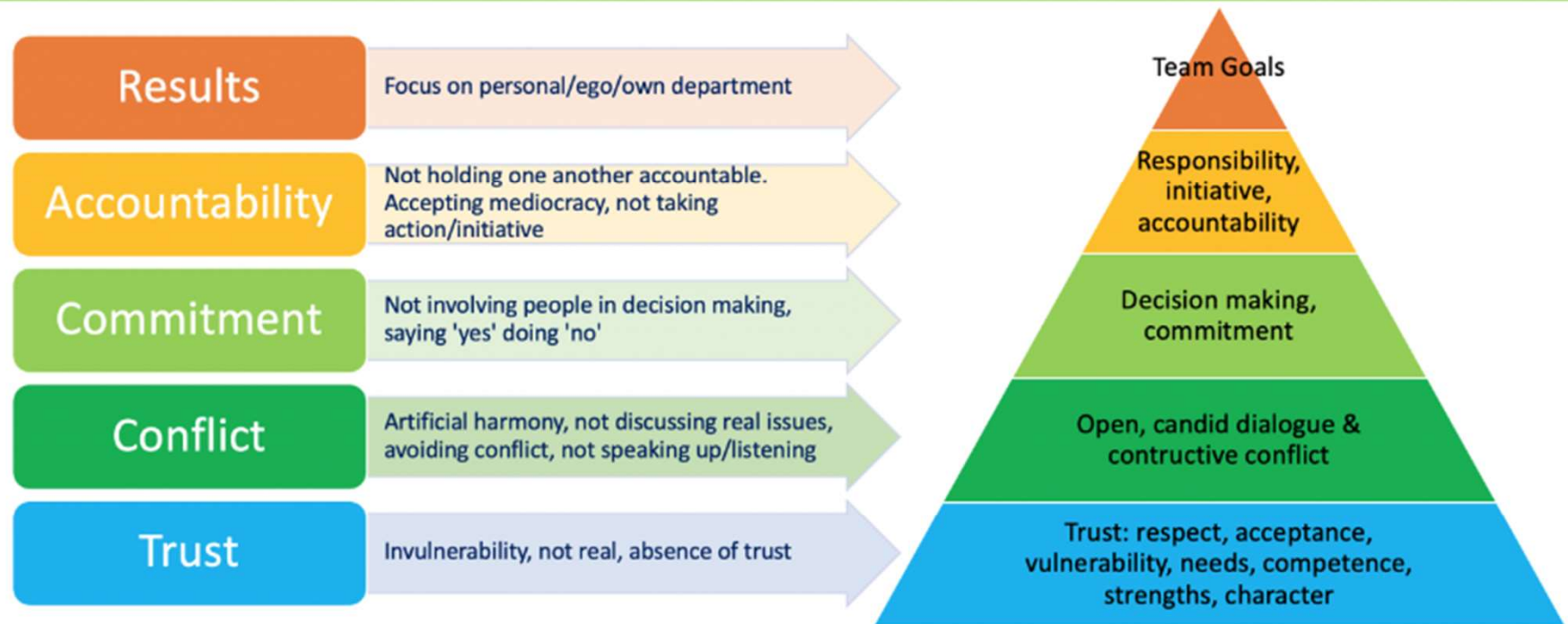
- Loose hierarchy
- Create safe spaces
- Courageous, transparent and supportive conversations
- Shared, compassionate leadership
- Creating a learning culture
- Shared commitment to values, roles & goals



# Potential barriers to TBC



# LENCIONI: 5 (DIS)FUNCTIONS OF A TEAM



The 5 dysfunctions of a team

# Psychological Safety

## What is Psychological Safety?

The belief that a person can express themselves without negative consequences.

# Psychological Safety



**Culture** is about the beliefs we share, what we expect of each other, what's considered normal and the way we behave that determines how our organization functions.

It's “**the way we do things around here.**”



# Contributors and Effects of Psychological Safety

- Silence
- Power Distance Index (PDI)
- Mitigated Speech
- Triangulation



# Silence



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# Power Distance Index (PDI)

The extent to which the less powerful members of organizations and institutions, **accept and expect** that power is distributed unequally."

Depends on culture... "how we do things around here...."

# Power Distance Index (PDI)

Can lead to:

- Unpleasant work environment
- Poor communication between team members
- Patient harm



# Reducing Power Distance Index (PDI)

- Eliminate use of titles
- Ensure all team members know each other's names and roles
- Use huddles
- Have an open discussion about PD with your team

# Mitigated Speech

- When we speak in a submissive way in order to be polite or show deference to authority.



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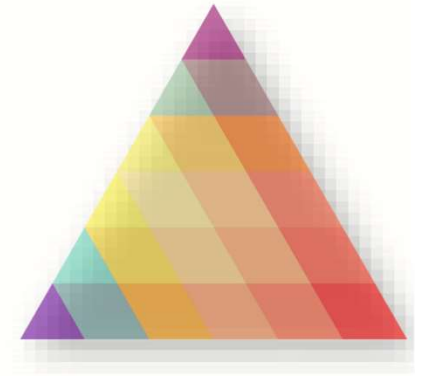


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# Strategies to Address Mitigated Speech

- Look at your own patterns
- Have a teamwork agreement
- Use a structured approach of communication – communication books, huddles, ensure all team members have a chance to speak

# Triangulation



When we don't have direct communication we have....triangulation

Triangulation is talking about feelings, opinions, or personal issues regarding some person or group with a third party instead of with the person or group actually concerned.



# Addressing Triangulation

- Ask? Is there triangulation on your team?
- When you see triangulation, encourage a direct approach, with psychologic safety in mind?
- Teamwork agreements- ground rules and process for direct communication help to avoid triangulation
- Ensure people feel safe to speak up

# Your Role in Team-Based Care



**As a Patient, Chosen Caregiver,  
and/or Family Member >**



**As a Care Provider and/or Team  
Member >**



**As a Planner, Designer and/or  
Improver >**

Looking for resources and information?

Click on one of the roles above to learn more about team-based care in BC

<https://teambasedcarebc.ca/>

# Your Experience with Team Based Care



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social worker

medical office assistant

nurse emergency

occupational therapist

physician

dietitian

pharmacist

doctor

physio therapist



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# Our Story



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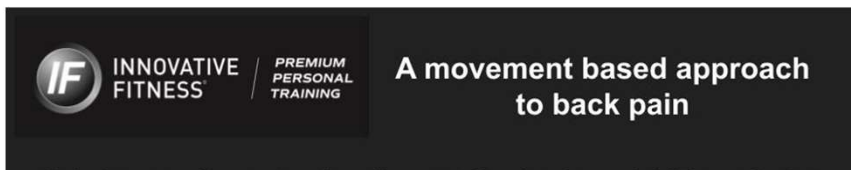


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Work Done by Nurse	Who did work previously
Long Term Care and Home Visits	Physicians
Treatment plans, review of x rays and goal setting for MSK conditions	Physicians and community resources
Ear assessment and care, suture/staple removal	Physicians
Mental Health assessment (ie ADHD (CADDRA), Anxiety & Depression inventory (CBIS))	Physicians
Mental Health Counselling	Physicians
Pelvic Exam/Pap smear/ STI testing	Physicians
New mom and baby assessments	Physicians
Medication Reviews, including for opiates, chronic pain education, including deprescribing	Physicians
Assess and treat warts and skin conditions with cryotherapy, as directed by physician	Physicians
Assess and triage for same day urgent problems	Physicians
Preparation of forms (ie work return, drivers medical, disability forms)	Physicians
Serious Illness/End of Life Conversations	Physicians
Complex Care and Chronic Disease Management	Physicians
Telephone follow up after ER visits, hospitalizations, review of results	Physicians
Coordination of community resources and other health care providers (LTC, Community Care, other physicians and agencies.	Physicians
Treatment plans, review of x rays and goal setting for MSK conditions	Physicians and community resources
Triage phone calls from patients with medical concerns	MOA
Immunizations and Injections	Physicians and community resources
Group Education (Parenting, Arthritis, Dietary Innovation Program)	Community Resources
Wound Care and Foot Care	Community Resources
Cognitive assessments (MMSE, MOCA, SIMARD MD)	Physicians and community resources
Falls Assessments, Walking Aid instruction	Community resources

### **Nurse in Practice - Quality Improvement Initiatives completed or ongoing**

1. Review of all patients who have indicators for chronic disease management and participation in Complex Disease Care Plans.
2. Review of all patients with COPD or Asthma prior to the summer smoke season.
3. Review of all patients currently prescribed narcotics for pain management review and documentation of a Therapeutic Opioid agreement letter.
4. Review of all patients with mental health billing in the past year and appointments with those who had not followed up previously.
5. Dietary education appointments and ongoing support for those with, but not limited to, diabetes, obesity, hypertension, osteoarthritis, and heart disease.
6. Review of all patients in need of FIT screening testing, including updating our EMR with all current CSP screening for entire clinic population. Done by MOAs and supported by NIP, by providing education for those with additional questions, not answered by MOA.
7. Development of educational presentation broadcast in waiting room .

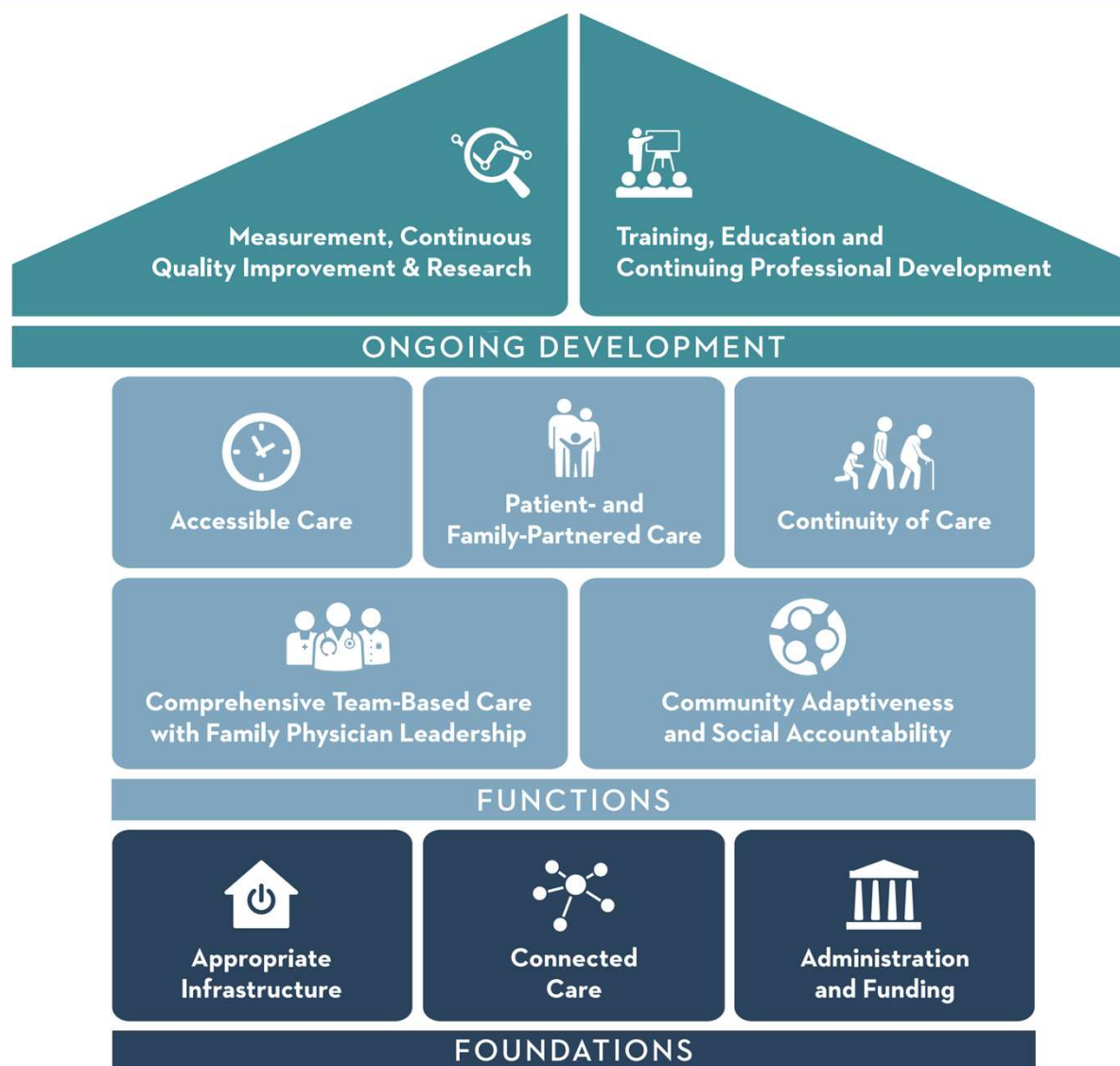


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# Primary Care Networks in BC

## THE FOUNDATION

Together, PMHs and PCNs position primary care at the centre of an integrated, team-based health care system.

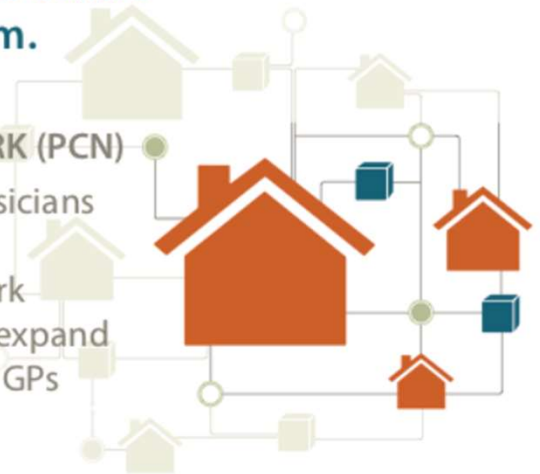


### PATIENT MEDICAL HOME (PMH)

A team-based family practice operating at an ideal level where patients get the majority of their care and their primary care providers focus on diagnoses, patient relationships and longitudinal care.

### PRIMARY CARE NETWORK (PCN)

A clinical network of physicians and other providers in a geographic area who work together in new ways to expand team-based supports for GPs and patients.



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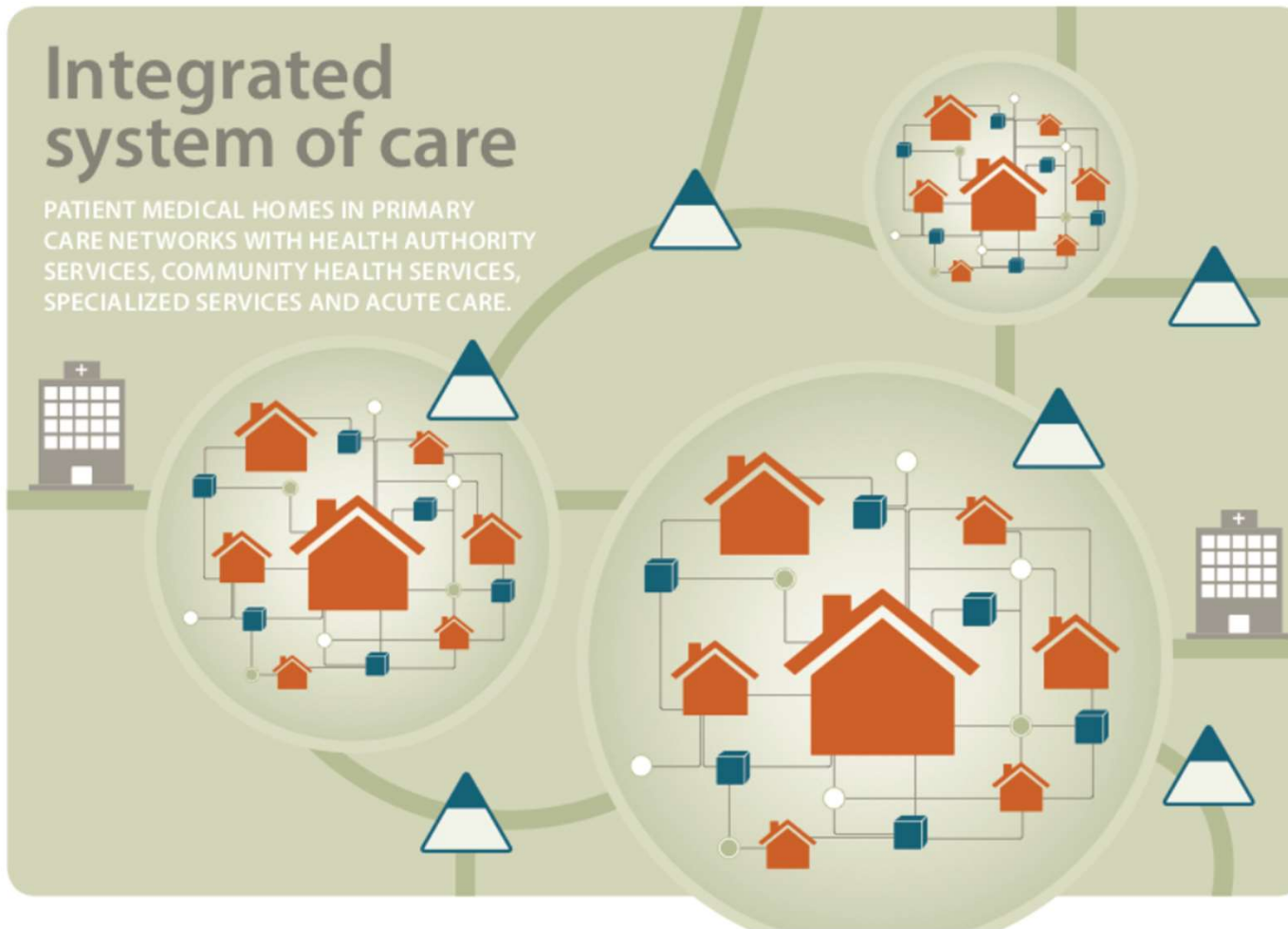
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# Integrated system of care

PATIENT MEDICAL HOMES IN PRIMARY CARE NETWORKS WITH HEALTH AUTHORITY SERVICES, COMMUNITY HEALTH SERVICES, SPECIALIZED SERVICES AND ACUTE CARE.



## BETTER FOR PHYSICIANS

- Shifts focus to diagnoses and patient relationships.
- Brings services together around GPs and patients.
- Eases the burden of doing it alone.
- Attracts and retains GPs.

## BETTER FOR PATIENTS

- Increases attachment to a primary care provider.
- Increases access to a broad range of services.
- Coordinates care and services.

## BETTER FOR THE SYSTEM

- Maximizes health care roles and resources.
- Reduces hospital visits.
- Builds sustainable, quality health care.



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# Team Based Care and Social Determinants of Health

IMPORTANCE OF SCREENING FOR  
NON-HEALTH RELATED MEASURES

CHRONIC DISEASE &  
HEALTH OUTCOMES

TIME TO ACCOMMODATE  
DISADVANTAGED BACKGROUNDS  
-EQUITY-





# Real-Time Virtual Support Pathways

For rural health providers, friendly clinical help is just a click or call away.

Real-Time Virtual Support (RTVS) pathways are here to help for all urgent and non-urgent situations — including case consultations, second opinions and ongoing patient support, patient transport coordination, point-of-care ultrasound, and simulations. All you need is a Zoom licence, or telephone line.

## Instant Access Pathways

Available 24/7



**RUDi** | Emergency  
Add Zoom contact:  
[rudi1@rccbc.ca](mailto:rudi1@rccbc.ca)  
Phone: 236-305-9302



**MaBAL** | Maternity & Newborn  
Add Zoom contact:  
[mabal1@rccbc.ca](mailto:mabal1@rccbc.ca)  
Phone: 236-305-7364



**CHARLiE** | Pediatrics  
Add Zoom contact:  
[charlie1@rccbc.ca](mailto:charlie1@rccbc.ca)  
Phone: 236-305-5352

## Quick Reply Pathways

Available weekdays,  
from 9am to late afternoon



**Dermatology**  
Add Zoom contact:  
[rrderm@telus.net](mailto:rrderm@telus.net)  
Phone: 778-771-3376



**myoLIVE** | Myofascial Pain  
Add Zoom contact:  
[info@anatomicmedicine.org](mailto:info@anatomicmedicine.org)  
Phone: 250-744-6334



**Neurology**  
Add Zoom contact:  
[neurology@rtvs-bc.ca](mailto:neurology@rtvs-bc.ca)  
Phone: 604-558-0833



**RheumVision** | Rheumatology  
Add Zoom contact:  
[rheum.vmoa@rccbc.ca](mailto:rheum.vmoa@rccbc.ca)  
Phone: 250-999-3222



**Post COVID-19 Recovery Clinic Referral**  
Add Zoom contact:  
[postcovidclinic@rtvs-bc.ca](mailto:postcovidclinic@rtvs-bc.ca)  
Phone: 604-806-8037



**Thrombosis**  
Add Zoom contact:  
[thrombosis-clinic@rccbc.ca](mailto:thrombosis-clinic@rccbc.ca)  
Phone: 604-655-1758



**Hematology**  
Add Zoom contact:  
[hematology@rtvs-bc.ca](mailto:hematology@rtvs-bc.ca)  
Phone: 250-857-5342

Visit [rccbc.ca/rtvs](https://rccbc.ca/rtvs) to get started!

Please do not email the RTVS Pathway Zoom contact email addresses, provided above. Messages sent to these addresses will not be received.  
Please contact RTVS Technical Support if you need assistance at [virtual@rccbc.ca](mailto:virtual@rccbc.ca).



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# Understanding TBC

- Vision
- Trust
- Role Clarity
  - MOA, RN, MD
  - Others
- Continuous improvement
- Listening to team members
- Patient engagement
- Communication
  - Within office
  - Beyond office
    - PCN, other AHP and specialists
  - With patients

# Working in a Team....

Building trust, empowering team members to work to full scope.




Plan work, **acknowledge and address conflicts**, find solutions and deliver results.

**Commitment** to self-reflection and practice improvement of patient care.

## **Accountability and Attention to results**

Effective teams create a culture that improves patient safety **and** enhances satisfaction and joy for healthcare providers



**Thank  
you**