

SAHTU HEALTH & SOCIAL SERVICES AUTHORITY
Policy

ISDM - COMMUNITY

**PRIMARY COMMUNITY
CARE TEAMS**

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POLICY:

Sahtu Health & Social Services Authority (SHSSA) staff in all Sahtu communities will work together in Primary Community Care Teams (PCCTs) as outlined in the GNWT's Integrated Service Delivery Model. The PCCTs will form the overarching Practice Environment for all disciplines.

RATIONALE AND PURPOSE:

- National and international research has provided clear evidence that the most efficient method for the delivery of Health & Social Services is a Primary Health Care approach (referred to as Primary Community Care in the NWT). The PCCTs represent the community based stage of the ISDM, and are usually the first point of contact a patient or client has with the Health & Social Services system.
- The PCCTs help to promote consistent excellence in service provision by ensuring that patients and clients have ready access to the Core Services they need, delivered by the most appropriate practitioner, in a timely manner, as close to home as possible.
- By participating on Community Interagency Committees, team members will be able to keep the public aware of general issues, and increase the level of transparency and accountability

GUIDING PRINCIPLES:

- The PCCTs use a Case Management approach as outlined in the Terms of Reference.
- As much as is practical, all PCCT members will document in the same Clinical Record. This principle is subject to the finalization of the Shared Clinical Record initiatives currently underway at the Territorial level, or to the development and implementation of an interim Regional record.
- Specific client information may be shared among team members on an **as needed** basis, subject to the limitations imposed by Territorial or Federal legislation (i.e.: Children & Family Services Act; Mental Health Act). In accordance with

Privacy regulations, team members will only seek or share information about clients when it is to the clients' benefit.

- Occasionally, it may be in the best interests of the client to involve resource people in his or her care who are not members of the PCCT. Except in cases where such involvement is mandatory under legislation, this may only be done with the express written consent of the client (or the client's legal guardian). The choice to involve or share information with outside resource people resides with client.
- While each individual PCCT member reports operationally and clinically to his or her designated supervisor, each team as a whole is ultimately accountable to the Director, Health & Social Programs.

Approved by:



Judith Wright-Bird, Board Chair

**Sahtu Health and Social Service Authority
Primary Community Care Teams
Terms of Reference**

Purpose

These Terms of Reference provide guidance to Primary Community Care Teams (PCCTs), which drive the implementation and coordination of the Integrated Service Delivery Model (ISDM) precepts at the Community level. They clarify the roles of the various members of the PCC team responsible to coordinate health and social service activities and interdisciplinary teamwork. The Primary Community Care teams exist:

- To provide a forum where practitioners may use the expertise from their respective disciplines to ensure the best possible care in the most appropriate time.
- To support the integration of services, within the communities in the Sahtu region, through the use of the **Primary Community Care** approach in accordance with the Integrated Service Delivery Model (GNWT 2004)
- To delineate roles, responsibilities and relationships of Primary Community Care Team members in the provision and coordination of Health & Social Services activities and interdisciplinary teamwork.
- To deliver a core set of comprehensive primary health care services to their clients.

Primary Community Care Teams (PCCT)

Primary Community Care is similar to “**Primary Health Care**”. Under the ISDM, we use the term “Primary Community Care” to emphasize the focus of our front-line services toward the communities, and to better illustrate the inclusive nature of the teams’ practice.

The Primary Community Care teams deliver services to clients and families at the community level. The number and variety of Health and Social Services caregivers varies from community to community. Regional clinical personnel back up and supervise the PCCTs through Regional Support Teams. Workers at the Regional and Community levels are further supported by the Territorial Teams in Yellowknife and Inuvik. In addition to collaborating among the disciplines within the PCCTs, team members also work as appropriate with non-government agencies (Town offices, Aboriginal Agencies), as well as other GNWT departments (Justice, MACA, ECE etc.) that provide related services.

Membership

The Primary Community Care Team is comprised of all Health & Social Services practitioners in each respective community, as well as all local support staff who are SHSSA employees. PCC providers work with those of other disciplines to resolve issues of common concern. The Community based membership will include the following:

- Community Social Worker
- Community nurse / NIC
- Community wellness worker
- Mental Health & Addictions Worker
- Community Health Representative
- Community Health Worker (Lay Dispenser)
- Health & Social Services Centre Operations Technician
- Home & Community Care Worker

- Dental Therapist
- Physician
- Interpreter
- Other Community Resource people as appropriate – by invitation, and with Clients’ consent.

Roles

- The Chair of the PCCT is a revolving position. The chair is responsible for organizing and keeping order in meetings, and arranging for any resource materials required. Meetings are highly confidential.
- The **Case Manager** is the practitioner most appropriate to take the lead in each particular case. Depending on the client’s needs, the Case Manager may be a member of any of the disciplines. The Case Manager, in consultation with the Client, will decide which other team resources are required on a case by case basis.
- With the Client’s consent, other Government or NGO community resources may become involved as needed.

Reporting

Team members are accountable to their respective supervisors. The team as a whole reports to the Director, Health & Social Programs.

Function

1. No two teams will function exactly alike. Each PCCT over time, will develop its own character, working relationships and culture.
2. The PCCT members will ensure the proper documentation of all Team Meetings, and Case Conferences.
3. While professional practice is guided by each caregiver’s regulated scope of practice, it is recognized that the working relationship among the members of the team will also take into account the expertise, preferences and skill set of individual providers.
4. PCC providers work with other groups to resolve issues of common concern. This could involve participation in interagency committees, needs assessments or focus groups.

Frequency

The PCCT meets as often as needed – at least weekly is suggested at first until an ideal schedule emerges.

Funding

No specific budget is assigned to the Primary Community Care Teams.