



NHS

Northern Health Strategy

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents
of Northern Saskatchewan**

**Shared Paths for Northern Health Project Evaluation
2004-2006**

APPENDICES

**Final Evaluation Report
to the Northern Health Strategy Working Group
September 30, 2006**

Shardelle L. Brown M.Sc., Evaluation Coordinator
Saskatchewan Population Health and Evaluation Research Unit (SPHERU)
University of Regina & University of Saskatchewan



When citing this Final Evaluation Report (including the Appendices), please use the following citation:

Brown SL, Jeffery B, Maslany G, Stockdale D, Abonyi S, McIntosh T, Irvine J, Cushon J. *Evaluating Community and Organizational Transition to Enhance the Health Status of Residents of Northern Saskatchewan. Shared Paths for Northern Health Project Evaluation 2004-2006*. Final Evaluation Report to the Northern Health Strategy Working Group. Saskatchewan: Prince Albert; Saskatchewan Population Health and Evaluation Research Unit, September 30, 2006.

Table of Contents

Table of Contents	1
Acronyms	2
Appendix A Shared Paths for Northern Health Project Logic Model	3
Appendix B Evaluation Planning Questionnaire	8
Appendix C Evaluation Matrices for each Project Component	12
Appendix D Project and Technical Advisory Committees Success and Satisfaction Indicators	25
Appendix E Sample Letter of Invitation, Consent Form, Transcript Release Form	31
Appendix F Cross-Jurisdictional Issues Component Consultant Interview Guides Northern Health Strategy Working Group Representative Interview Guide	36
Appendix G Community Development Component Consultant Interview Guides	40
Appendix H Communications Component Coordinator Interview Guides Community Liaison Officer Questionnaires and Interview Guide	43
Appendix I Human Resources Component Coordinator Interview Guides Technical Advisory Committee Focus Group Guides	55
Appendix J Technical Advisory Committees Component Technical Advisory Committee Effectiveness Questionnaire Technical Advisory Committee Representative Interview Guides Technical Advisory Committee Focus Group Guides	60
Appendix K Information Systems Component Coordinator/Consultant Interview Guides Technical Advisory Committee Focus Group Guides	69
Appendix L Confidentiality Form	76

Acronyms

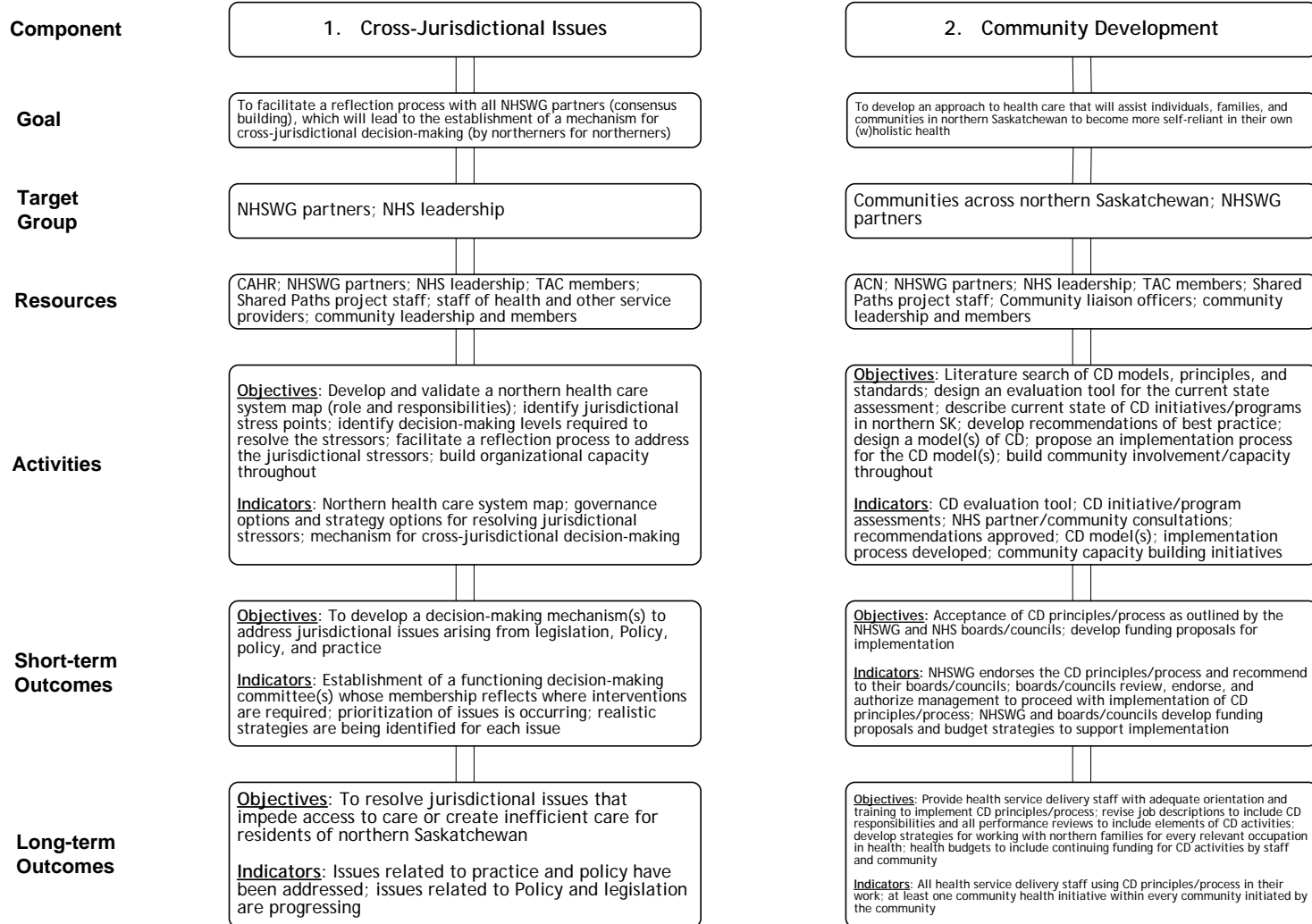
ACN	Associated Counselling Network
AHA	Athabasca Health Authority, Inc.
CD	Community Development
CDTAC	Chronic Disease Technical Advisory Committee
CEO	Chief Executive Officer
CJDM	Cross-Jurisdictional Decision-Making
CJI	Cross-Jurisdictional Issues
CLO	Community Liaison Officer
EHR	Electronic Health Record
FNIHB	First Nations and Inuit Health Branch
FNIHIS	First Nations and Inuit Health Information System
HIM	Health Information Management
HIMTAC	Health Information Management Technical Advisory Committee
HISC	Health Information Solutions Centre
HR	Human Resources
HRTAC	Human Resources Technical Advisory Committee
IT	Information Technology
ITTAC	Information Technology Technical Advisory Committee
KTRHA	Kelsey Trail Regional Health Authority
KYRHA	Keewatin Yatthe Regional Health Authority
LLRIB	Lac La Ronge Indian Band
MCRRHA	Mamawetan Churchill River Regional Health Authority
MFN-CAHR	Manitoba First Nations – Centre for Aboriginal Health Research
MHATAC	Mental Health and Addictions Technical Advisory Committee
MLTC	Meadow Lake Tribal Council
MOU	Memorandum of Understanding
NCCC	Northern Chronic Care Coalition
NITHA	Northern Inter-Tribal Health Authority
OHTAC	Oral Health Technical Advisory Committee
PAGC	Prince Albert Grand Council
PBCN	Peter Ballantyne Cree Nation
PHC	Primary Health Care
PHCTF	Primary Health Care Transition Fund
PHU	Population Health Unit
PIHTAC	Perinatal and Infant Health Technical Advisory Committee
REB	Research Ethics Board
RFP	Request for Proposal
RHA	Regional Health Authority
NHLWG	Northern Health Leadership Working Group
NHS	Northern Health Strategy
NHSWG	Northern Health Strategy Working Group
NLF	Northern Leadership Forum
NMS	Northern Medical Services
SAHO	Saskatchewan Association of Health Organizations
SPHERU	Saskatchewan Population Health and Evaluation Research Unit
TAC	Technical Advisory Committee
TACEQ	Technical Advisory Committee Effectiveness Questionnaire
UofR	University of Regina

Appendix A

Shared Paths for Northern Health Project Logic Model

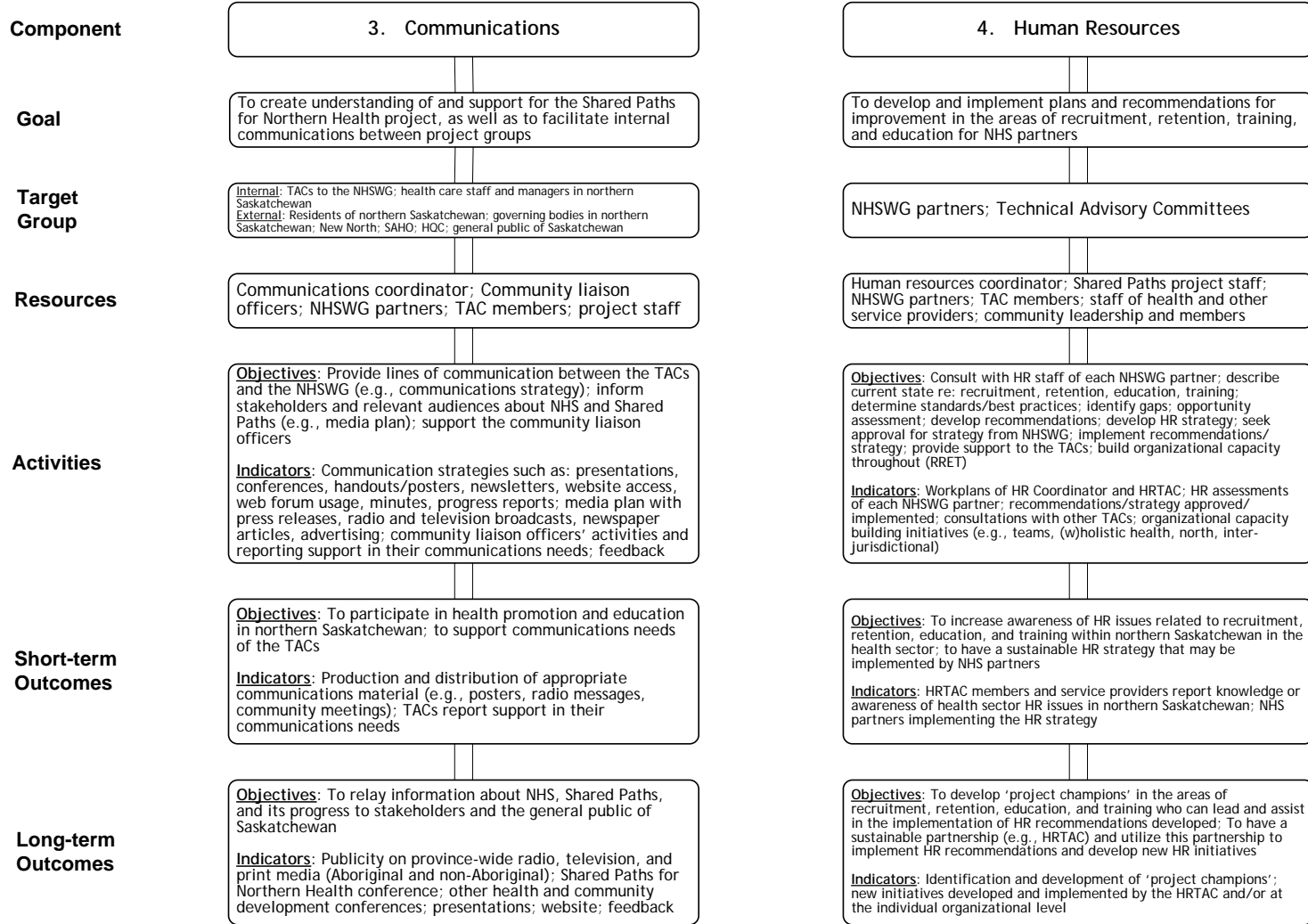
**Community and Organizational Transition
to Enhance the Health Status of all Northerners**

To utilize working relationships among the partners in the Northern Health Strategy Working Group to move to a primary health care approach which is comprehensive (preventive, promotive, curative, supportive, rehabilitative); accessible (culturally, fiscally, timely); coordinated (to enhance integration, effectiveness and efficiency); accountable (through information collaboration); sustainable and of good quality.



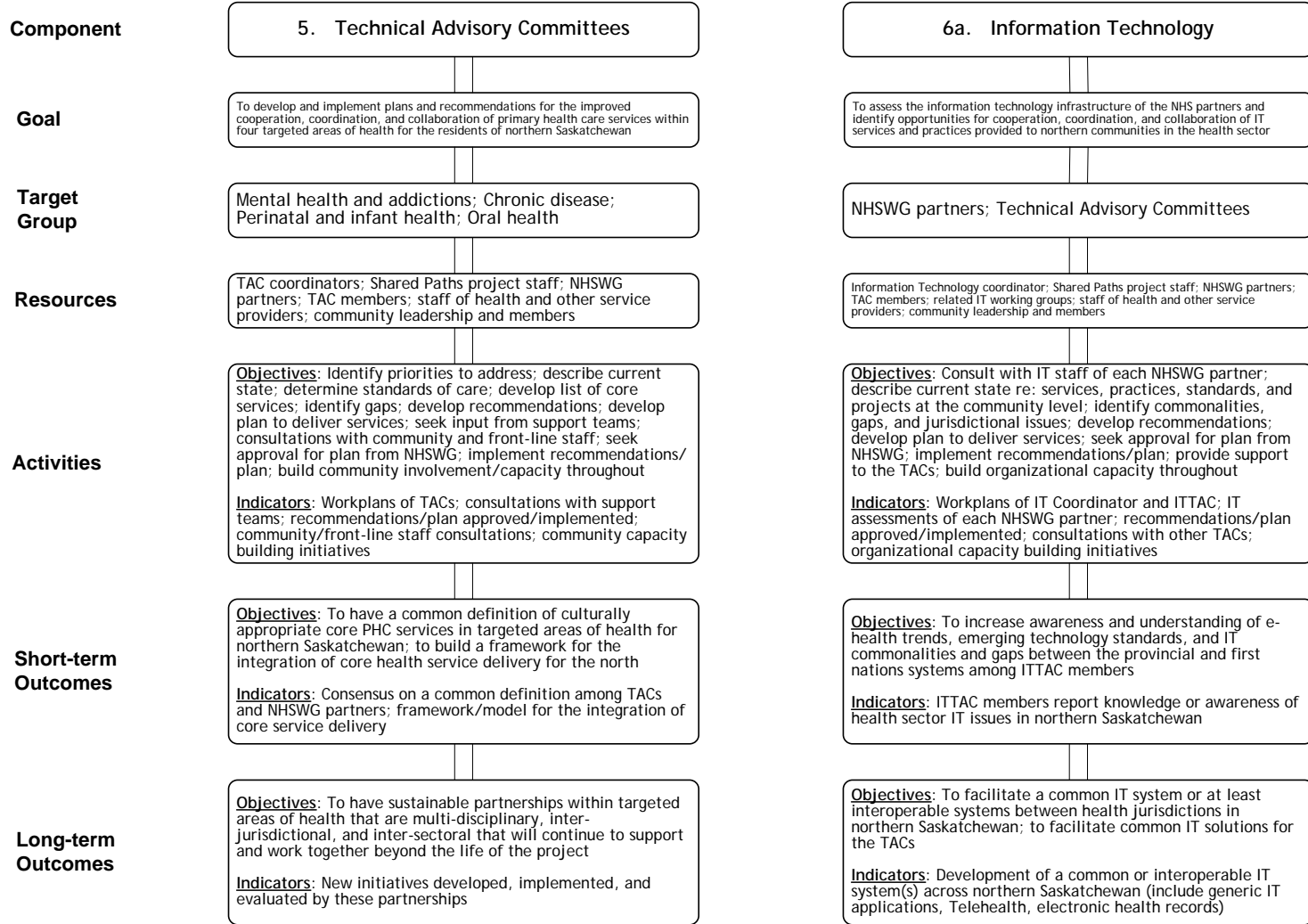
**Community and Organizational Transition
to Enhance the Health Status of all Northerners**

To utilize working relationships among the partners in the Northern Health Strategy Working Group to move to a primary health care approach which is comprehensive (preventive, promotive, curative, supportive, rehabilitative); accessible (culturally, fiscally, timely); coordinated (to enhance integration, effectiveness and efficiency); accountable (through information collaboration); sustainable and of good quality.



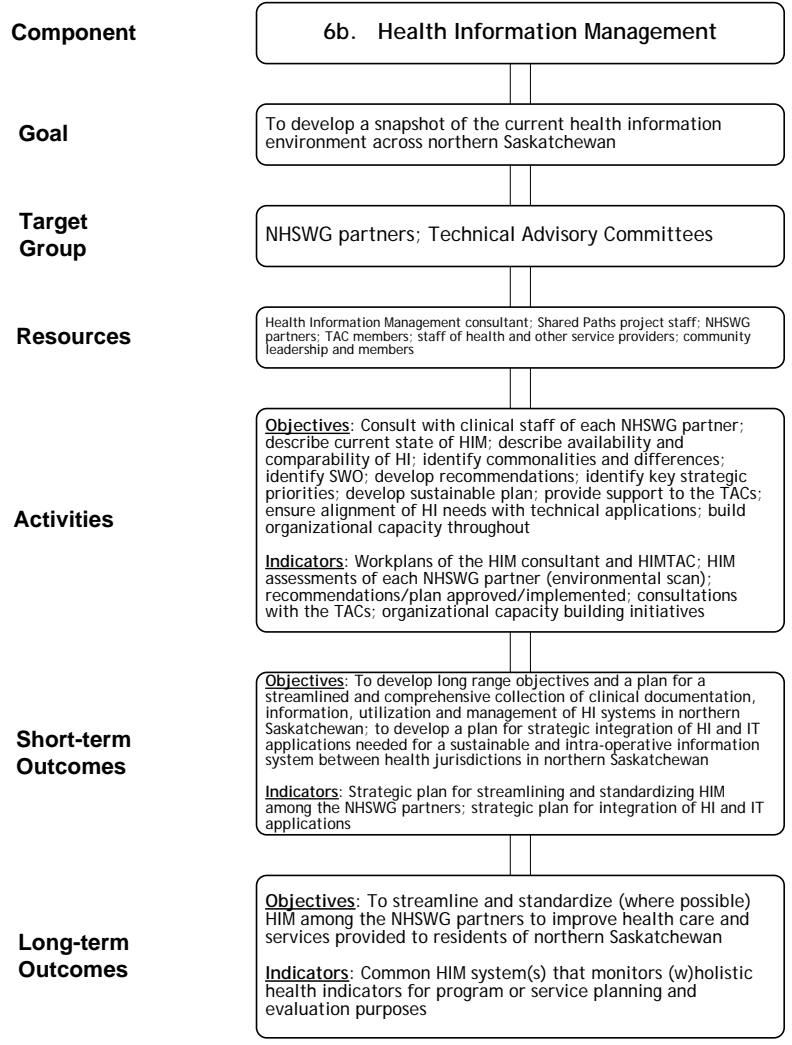
**Community and Organizational Transition
to Enhance the Health Status of all Northerners**

To utilize working relationships among the partners in the Northern Health Strategy Working Group to move to a primary health care approach which is comprehensive (preventive, promotive, curative, supportive, rehabilitative); accessible (culturally, fiscally, timely); coordinated (to enhance integration, effectiveness and efficiency); accountable (through information collaboration); sustainable and of good quality.



**Community and Organizational Transition
to Enhance the Health Status of all Northerners**

To utilize working relationships among the partners in the Northern Health Strategy Working Group to move to a primary health care approach which is comprehensive (preventive, promotive, curative, supportive, rehabilitative); accessible (culturally, fiscally, timely); coordinated (to enhance integration, effectiveness and efficiency); accountable (through information collaboration); sustainable and of good quality.



Appendix B

Evaluation Planning Questionnaire

**Evaluation Planning Questionnaire
for the NHSWG and the NHS Project Team**

**Shared Paths for Northern Health
A Project of the Northern Health Strategy Working Group**

This planning questionnaire is intended to provide the focus for the project evaluation by determining the parameters of the evaluation and the intended level of participation by stakeholders (i.e., yourselves). The questions are to be answered from your perspective with respect to the evaluation of this NHSWG project. The results of this questionnaire will be compiled (by the evaluation coordinator) and presented for discussion, debate, and consensus at the next NHSWG face-to-face meeting currently set for Friday, November 5, 2004. Through this participatory process the NHSWG and NHS project team will come to an agreement on the parameters of the evaluation (e.g., goal, objectives, questions, intended uses, priority issues or aspects) as well as the project success and satisfaction indicators.

Parameters of the Evaluation

1. What is the goal of the evaluation?

2. What are the objectives of the evaluation?

3. What are the key questions that the evaluation should answer?

4. What are the intended uses of the evaluation findings? *[Please rank the following examples and feel free to add (as well as rank) your own suggestions.]*

For example,

- Review progress
- Inform the process
- Improve project
- Solve unanticipated problems
- Ensure progress is made towards desired outcomes
- Determine project effectiveness (merit or worth)
- Document the process
- ?
- ?
- ?

5. What are the priority issues or aspects of the project that the evaluation should focus on? [*Please rank the following examples and feel free to add (as well as rank) your own suggestions.*]

For example,

- Working groups
- Information systems
- Human resources
- Community development
- Organizational improvement
- Communications
- Cross-jurisdictional issues
- Partnership development
- Partnership sustainability
- Community consultation
- Community satisfaction
- ?
- ?
- ?

6. What expectations of this evaluation do you have?

Involvement / Participation

7. Given the proposed approach to this evaluation (i.e., utilization-focused and participatory) and your other work commitments, what level of involvement in the evaluation do you desire to have?

8. In what ways do you want to participate in the evaluation, given your desired level of involvement?

9. What are potential sources of data that the evaluation can draw upon?

10. What suggestions do you have for methods of data collection?

Project Success and Satisfaction Indicators

11. I will be satisfied with the project if ... *(Please list one or more satisfactions.)*

12. The project will have been successful if ... *(Please list one or more successes.)*

If you have any questions regarding this planning questionnaire please feel free to email or call the evaluation coordinator, Shardelle Brown.

Email shardelle.brown@uregina.ca

Phone 306-953-5329 (Prince Albert)

Thank you for your cooperation in contributing to the focus of the Shared Paths for Northern Health project evaluation!

Appendix C

Evaluation Matrices
for each Project Component

COMPONENT	EVALUATION QUESTIONS PROCESS & OUTCOME	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS
<p>Cross-Jurisdictional Issues (CJI)</p> <p>Cross-Jurisdictional Decision-Making (CJDM)</p> <p>Partnership Development & Sustainability</p>	<p>Process-Oriented: What are the activities of the reflection process leading to the establishment of a mechanism for CJDM? (vision) What happens within or between NHS partners with respect to CJI as a result of the reflection process or the CJDM mechanism? What are the challenges encountered in the process or mechanism? How are the challenges addressed? What are the anticipated successes or accomplishments of the process or mechanism? Why? What are the anticipated benefits to the process or mechanism? What are the perceived risks to the process or mechanism? What is the progress of the process? What is the mechanism created for CJDM? What are the outcomes of the mechanism as established or utilized? Is progress made towards achieving CAHR goals and objectives, as well as project goals and objectives with respect to CJDM? Why or why not? Outcome-Oriented: Are CJDM recommendations approved/implemented? Why or why not? Is CAHR satisfied with the experience? Why or why not?</p>	<p>Process-Oriented: Northern health care system map developed CJI stress-points have been/are being identified Governance and strategy options for addressing CJI or CJDM have been/are being established</p> <p>Shifts in knowledge, understanding, and perspective Improvements or changes</p> <p>Challenges encountered Successes achieved Benefits attained</p> <p>Goals/objectives/intended outcomes of the CAHR with respect to CJDM Goals/objectives/intended outcomes of the project with respect to CJDM/CJI Comparison of actual versus intended outputs and outcomes</p> <p>Outcome-Oriented: CJDM mechanism created (by consensus) to address CJI related to legislation, Policy, policy, habits and practices CJI or priorities have been/are being established Recommendations are approved/implemented</p> <p>Changes in policy or practice</p>	<p>Centre for Aboriginal Health Research (CAHR)</p> <p>NHSWG members</p> <p>Project coordinator</p> <p>Other project facilitators/ coordinators</p> <p>TAC members</p> <p>Work plan Progress and final reports Northern health care system map</p> <p>NHSWG/TAC minutes</p> <p>Project proposal</p> <p>Project logic model</p>	<ol style="list-style-type: none"> 1. Document review 2. Ongoing discussion and feedback with project staff (weekly meetings) 3. Semi-structured interviews with CAHR (following the October and April NHS leadership meetings) 4. Questions regarding CJI in interviews/focus groups with: TAC members, project staff 5. Semi-structured interview with each NHSWG member (13 interviews total)

	<p>What is different in terms of how the NHS partners work together? What changes are occurring with respect to CJI across NHS partners? How does the CJI component inform, engage, and build capacity among partners? What impact does the CJI component have on cooperation, coordination or collaboration among NHS partners? What is a successful or effective partnership? What are the criteria? What is a sustainable partnership? What are the criteria? What impact does the CJI component have on health service delivery?</p>	<p>within NHS partners Changes in legislation or Policy of funding or other organizations Changes in health service delivery (e.g., access, efficiency, effectiveness) Seamless service delivery for residents of northern SK (e.g., cooperation, coordination, collaboration of health service providers) Continuum of care Integration of programs, services, and/or resources among health service providers Minimal overlap or gaps in programs, services, and/or resources in the north</p> <p>Capacity building with respect to CJI Respect for autonomy Strengthened networks Expanded networks (non-health partners) Partnership sustainability</p> <p>Opinions and satisfaction of CAHR, NHSWG members, and project staff with respect to process and mechanism</p> <p>Suggestions for improvements or changes</p>		
--	--	---	--	--

COMPONENT	EVALUATION QUESTIONS PROCESS & OUTCOME	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS
Community Development (CD)	<p>Process-Oriented: What are the activities of the ACN and the CD component? What happens within the project with respect to CD? What is the extent of community involvement in the consultation process and model(s) development? What is the extent of partner involvement in the consultation process, model(s) development, and implementation process? What is the CD model(s) for northern SK? What is the implementation process of the CD model(s)? What are the challenges encountered in the consultation process, model(s) development, and implementation process? How are the challenges addressed? What are the anticipated successes or accomplishments in the consultation process, model(s) development, and implementation process? Why? What is the progress? What are the actual outcomes? Is progress made towards achieving ACN goals and objectives, as well as project goals and objectives with respect to CD? Why or why not? Outcome-Oriented: Are CD recommendations or the model(s) approved/ implemented? Why or why not? How does the CD model(s) encourage community involvement</p>	<p>Process-Oriented: ACN work plan CD evaluation tool developed Community consultations Partner consultations Levels of community/ partner involvement Levels of Involvement of non-health agencies/partners Northern CD model(s) developed CD implementation process developed</p> <p>Successes achieved Challenges encountered</p> <p>Goals/objectives/intended outcomes of ACN with respect to CD Goals/objectives/intended outcomes of the project with respect to CD Comparison of actual versus intended outputs and outcomes</p> <p>Outcome-Oriented: Recommendations are approved/implemented</p> <p>Community empowerment Health management capacities of community, family, and individual (self-reliant/capacity building) Sustainability of model(s)/ process</p>	<p>Associated Counselling Network (ACN)</p> <p>Community Liaison Officers</p> <p>Community members</p> <p>Project coordinator</p> <p>Other project facilitators/ coordinators</p> <p>NHSWG members</p> <p>Work plan Progress and final reports Northern CD model(s) CD implementation plan</p> <p>NHSWG/TAC minutes</p> <p>Project proposal</p> <p>Project logic model</p>	<ol style="list-style-type: none"> 1. Document review 2. Ongoing discussion and feedback with project staff (weekly meetings) 3. Semi-structured interviews with ACN (mid and end points) 4. Questions regarding CD in interviews/focus groups with: NHSWG members, TAC members, project staff 5. Questionnaires with the Community Liaison Officers 6. If the CD model(s) is implemented and progress is made within the life of the project, focus groups with 5-8 community members in selected communities (4) will be held towards the end of the project

	<p>or engage community participation in health? How does the CD model(s) empower the community? How does the CD model(s) build community/partner capacity? Are the model(s) and its implementation process relevant to the reality of the north and consistent with NHS principles and vision? How so? What is a successful CD model(s)? What are the criteria? What is sustainable community participation/ involvement in health? What are the criteria? Is ACN satisfied with the experience? Why or why not?</p>	<p>Opinions and satisfaction of ACN, NHSWG, and project staff, community members</p> <p>Suggestions for improvements or changes</p>		
--	---	---	--	--

COMPONENT	EVALUATION QUESTIONS PROCESS & OUTCOME	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS
Communications	<p>Process-Oriented: What is the communications strategy/media plan? What happens with respect to the communications strategy? What are the anticipated benefits? What are the challenges encountered? How are the challenges addressed? What are the anticipated successes or accomplishments? Why? What is the progress? Is progress made towards achieving project goals and objectives with respect to communications? Why or why not? What support is given to the TACs with respect to communications needs?</p> <p>Outcome-Oriented: Are communications recommendations approved/implemented? Why or why not? Is the communications coordinator satisfied with the experience? Why or why not? What changes are occurring with respect to communication across jurisdictions in the TACs? How does the communications strategy inform partners and community, as well as encourage participation/ involvement in the project? How was the message received by the audience? (e.g., This is what was said, what did you hear?)</p>	<p>Process-Oriented: Communications work plan Media plan</p> <p>Communications activities (local, regional, provincial, national) Website/web forum usage Organizational website links/features # Press releases # Media interviews # Features carried by print, audio, video # Presentations # Conferences Project health conference # Newsletters (project, organizational, public) # Posters # Personal visits (project staff, CLOs) Paid advertising Health promotion & education activities Project updates Minutes circulated</p> <p>Successes achieved Challenges encountered</p> <p>Goals/objectives/intended outcomes of the project with respect to communications Goals/objectives/intended outcomes of the TACs with respect to communications Comparison of actual versus</p>	<p>Communications coordinator Community Liaison Officers Project coordinator Other project facilitators/ coordinators NHSWG members TAC members Residents of northern SK Health care staff and managers in northern SK Other service providers and governing bodies in northern SK Communications work plan Media plan Communications materials Website/web forum Press releases Interviews Features Presentations Newsletters Displays Posters Advertising On-line press kit Project health conference</p>	<ol style="list-style-type: none"> 1. Document review 2. Ongoing discussion and feedback with project staff (weekly meetings) 3. Semi-structured interviews with the communications coordinator (mid and end points) 4. Questions regarding communications in interviews/focus groups with: NHSWG members, TAC members, project staff 5. Questionnaires with the Community Liaison Officers 6. Questionnaire with project audience (e.g., staff, community residents) at the Shared Paths Conference

		<p>intended outputs and outcomes</p> <p>Outcome-Oriented: Recommendations are approved/implemented</p> <p>Changes in communication across jurisdictions</p> <p>Self-reported increase in knowledge of NHS and its initiatives by communities, partners, other audiences, etc. (e.g., the message heard)</p> <p>Opinions and satisfaction of communications coordinator, project staff, NHSWG, TAC members, front-line staff, community members</p> <p>Suggestions for improvements or changes</p>	<p>NHSWG/TAC minutes TAC reports/bulletins</p> <p>Progress and final reports</p> <p>Project proposal</p> <p>Project logic model</p>	
--	--	--	---	--

COMPONENT	EVALUATION QUESTIONS PROCESS & OUTCOME	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS
Human Resources (HR)	<p>Process-Oriented: What are the activities of the HR coordinator/TAC? What happens with respect to HR? What are the challenges encountered? How are the challenges addressed? What are the anticipated successes or accomplishments? Why? What is the progress or outcomes within HR? Is progress made towards achieving project goals and objectives with respect to HR? Why or why not? What support is given to the TACs with respect to HR needs?</p> <p>Outcome-Oriented: Are HR recommendations approved/implemented? Why or why not? Is the HR coordinator/TAC satisfied with the experience? Why or why not? What impact does HR have on recruitment and retention issues of the north; on education and training needs of the north and within project components; on health service delivery; on cooperation, coordination, or collaboration across jurisdictions in the NHSWG/TAC(s)? How does the HR component inform, engage, and build capacity among partners and other service providers?</p>	<p>Process-Oriented: HR work plan HR strategy developed HR assessment completed (recruitment, retention, education, training issues) Recruitment activities developed Retention activities developed Workshops, seminars, training sessions, etc. developed/offered Training and orientation modules developed</p> <p>Successes achieved Challenges encountered</p> <p>Goals/objectives/intended outcomes of the project with respect to HR Goals/objectives/intended outcomes of the TACs with respect to HR Comparison of actual versus intended outputs and outcomes</p> <p>Outcome-Oriented: Recommendations are approved/implemented</p> <p>Capacity building with respect to personnel and skill development</p> <p>Changes across jurisdictions as a result of or with respect to HR</p> <p>Opinions and satisfaction of HR coordinator, TAC</p>	<p>HR coordinator</p> <p>HRTAC members</p> <p>Project coordinator</p> <p>Other project facilitators/ coordinators</p> <p>NHSWG members</p> <p>HR work plan HR assessments HR strategy(s) Progress and final reports</p> <p>NHSWG/TAC minutes TAC reports/bulletins</p> <p>Project proposal</p> <p>Project logic model</p>	<ol style="list-style-type: none"> 1. Document review 2. Ongoing discussion and feedback with project staff (weekly meetings) 3. Semi-structured interviews with the HR coordinator (mid and end points) 4. Questions regarding HR in interviews, focus groups with: NHSWG members, TAC members, project staff 5. Observation of HRTAC meetings and activities 6. Focus groups with HRTAC (mid and end points)

		members, NHSWG members, project staff		
		Suggestions for improvements or changes		

COMPONENT	EVALUATION QUESTIONS PROCESS & OUTCOME	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS
Technical Advisory Committees (TACs) Mental Health & Addictions Chronic Disease Perinatal & Infant Health Oral Health	<p>Process-Oriented: How were TACs prioritized? What are the activities of TACs? What happens within or between TACs? What are the milestones in TAC development? What are the anticipated successes or accomplishments of TACs? Why? What are the challenges encountered by TACs? How are the challenges addressed? What are the anticipated benefits of TACs? What are the perceived risks to TACs? What is the extent of community involvement with TACs? What is the extent of other service provider (e.g., sectors, jurisdictions) involvement with TACs? What is the progress of TACs? What are the actual outcomes vs. anticipated outcomes? Is progress made towards achieving TAC goals and objectives, as well as project goals and objectives? Why or why not?</p> <p>Outcome-Oriented: Are TAC recommendations approved/implemented? Why or why not? Are TAC members satisfied with their experience? Why or why not? What is a successful or effective TAC? What are the criteria? What is a sustainable TAC? What</p>	<p>Process-Oriented: TAC work plans Current state assessments completed Core services defined Strategy for delivery of core services defined</p> <p>TAC representation (i.e., multidisciplinary, multi-jurisdictional, inter-sectoral)</p> <p>Challenges encountered Successes achieved Benefits attained</p> <p>Goals/objectives/intended outcomes of the project Goals/objectives/intended outcomes of TACs Comparison of actual versus intended outputs and outcomes</p> <p>Outcome-Oriented: Success and satisfaction indicators of each TAC</p> <p>Recommendations are approved/implemented</p> <p>Changes in health service delivery in project areas</p> <p>TACs established & sustainable</p> <p>Opinions and satisfaction of TAC members, NHSWG members, project staff</p>	TAC members TAC facilitators/ coordinators Project coordinator Other project facilitators/ coordinators NHSWG members Work plans Documents of the TACs NHSWG/TAC minutes TAC reports/bulletins Progress and final reports Project proposal Project logic model	1. Document review 2. Observation of TAC meetings and activities 3. Success and satisfaction indicator survey – done at TAC orientation, with comparison at mid and end points 4. Project Diary – 3 members per TAC to complete, collected at 3 month intervals 5. Questionnaire on TAC effectiveness – all TAC members to complete, done at intervals (i.e., baseline, mid and end points) 6. Semi-structured interviews - 3 members per TAC to participate, done at intervals (e.g., 4 months, mid and end points) 7. Focus group with TAC members at mid and end points 8. Ongoing discussion and feedback with project staff (weekly meetings)

	are the criteria? What impact do TACs have on health service delivery?	Suggestions for improvements or changes		
--	--	--	--	--

COMPONENT	EVALUATION QUESTIONS PROCESS & OUTCOME	INDICATORS	DATA SOURCES	DATA COLLECTION METHODS
<p>Information Systems (IS)</p> <p>Information Technology (IT)</p> <p>Health Information Management (HIM)</p>	<p>Process-Oriented: What are the activities of the IS coordinators/TACs? What happens with respect to IT and HIM? What are the challenges encountered? How are the challenges addressed? What are the anticipated successes or accomplishments? Why? What is the progress or outcomes within IT and HIM? Is progress made towards achieving project goals and objectives with respect to IT or HIM? Why or why not? What support is given to the TACs with respect to IT or HIM needs?</p> <p>Outcome-Oriented: Are IT or HIM recommendations approved/ implemented? Why or why not? Are the IS coordinators/TACs satisfied with the experience? Why or why not? What impact does IT and HIM have on health service delivery; on cooperation, coordination, or collaboration across jurisdictions in the NHSWG/TAC(s)? How does the IT and HIM component inform, engage, and build capacity among partners and other service providers? What is a common health information system (HIS) for northern SK? What (w)holistic health indicators</p>	<p>Process-Oriented: IT work plan HIM work plan IT assessment completed (services, practices, standards, projects) HIM assessment completed Priorities for health information collection and utilization have been/are being identified HIM system(s) created and utilized Interoperable IT info- and infrastructure in the north established</p> <p>Successes achieved Challenges encountered</p> <p>Goals/objectives/intended outcomes of the project with respect to IT and HIM Goals/objectives/intended outcomes of the TACs with respect to IT and HIM Comparison of actual versus intended outputs and outcomes</p> <p>Outcome-Oriented: Recommendations are approved/implemented</p> <p>Capacity building with respect to infrastructure and skill development</p> <p>Changes across jurisdictions as a result of or with respect to IT</p>	<p>IT Coordinator HIM Coordinator</p> <p>ITTAC members HIMTAC members</p> <p>Project coordinator</p> <p>Other project facilitators/ coordinators</p> <p>NHSWG members</p> <p>IT work plan HIM work plan IT & HIM assessments Progress and final reports</p> <p>NHSWG/TAC minutes TAC reports/bulletins</p> <p>Project proposal</p> <p>Project logic model</p>	<ol style="list-style-type: none"> 1. Document review 2. Ongoing discussion and feedback with project staff (weekly meetings) 3. Semi-structured interviews with the IT and HIM coordinators (mid and end points) 4. Questions regarding IT and HIM in interviews, focus groups with: NHSWG members, TAC members, project staff 5. Observation of IT/HIM TAC meetings and activities 6. Focus groups with IT/HIM TACs (mid and end points)

	<p>are included in the HIS? How are they arrived at? How is the HIS used (e.g., monitoring, planning, evaluation)?</p>	<p>and HIM</p> <p>Opinions and satisfaction of IT and HIM coordinators, TAC members, NHSWG members, project staff</p> <p>Suggestions for improvements or changes</p>		
--	---	--	--	--

Appendix D

Northern Health Strategy Working Group
Project Success and Satisfaction Indicators

Technical Advisory Committee
Success and Satisfaction Indicators

Methodology

Northern Health Strategy Working Group

As part of the evaluation planning questionnaire, each NHSWG representative was asked to identify project success and satisfaction indicators by answering the following questions:

- *I will be satisfied with the project if....*
- *The project will have been successful if....*

The indicators were then compiled and each NHSWG representative was asked to prioritize the list of success indicators and the list of satisfaction indicators (November 2004). In so doing, the NHSWG determined the top five indicators for project success and satisfaction. Progress towards achieving these indicators was reviewed by the NHSWG in October 2005 and in June 2006.

Technical Advisory Committee

Three of the PHC TACs (i.e., MHATAC, CDTAC, PIHTAC) were asked to complete the TAC success and satisfaction indicator exercise at the start of their work together (November and December 2004). In this exercise, each TAC representative was asked to identify success and satisfaction indicators relevant to their TAC by answering the following questions:

- *I will be satisfied with the TAC if....*
- *The TAC will have been successful if....*

The indicators for each TAC were then compiled and each TAC representative was asked to prioritize the list of success indicators and the list of satisfaction indicators. In so doing, the TAC determined the top five indicators for TAC success and satisfaction. Progress towards achieving these indicators was reviewed by each TAC in June and July 2005, as well as in March 2006.

NHSWG Success and Satisfaction Indicators

Shared Paths for Northern Health A Project of the Northern Health Strategy Working Group

Prioritized Satisfaction Indicators

1. We can demonstrate that most of the objectives have been met or are on their way to being met.
2. Recommendations are applied and prove to be successful, cost-effective, and sustainable.
3. We clearly identify some outcomes and have plans for how to proceed.
4. It shows us what works and what does not in terms of working together across health jurisdictions.
5. We involve northern communities in a meaningful way and do not just pay lip service.

Prioritized Success Indicators

1. It gives us a template as to how health services can work, potentially more efficiently and effectively through coordination and collaboration and thus, provide a more comprehensive, accessibly, equitable service to northerners.
2. It shows stronger relationships in the North to successfully support improved health of northerners.
3. All of the identified teams have been established and are actively working, and if a clearly defined process for continuing sustainability has been identified.
4. There is a willingness to sustain “the good” that has been realized (at all, if not in most areas) and a willingness to continue to proceed onward and upward.
5. People in the communities that are included in the project are able to see and able to explain differences in the way services are available and provided to them.

**Mental Health and Addictions Technical Advisory Committee
(MHATAC)**

**Shared Paths for Northern Health
A Project of the Northern Health Strategy Working Group**

Prioritized Satisfaction Indicators

1. We find an overall strategy of building capacity within the community to address the issue that the community defines as number one.
2. The committee identifies a small list of practical areas in mental health and addictions services where a re-distribution of resources can make a positive impact on the quality of services.
3. Front line workers from different jurisdictions can participate in some training or at least some information sharing sessions (e.g., relapse prevention, trauma, sexual abuse, one case management model and process).
4. There is mutual respect in the group.
5. We are able to identify issues specific to at least 8 communities in the northern service area.

Prioritized Success Indicators

1. The committee can produce a report which provides a small number of practical recommendations to impact the quality of mental health and addictions services, with work plan (e.g., re-distribution of resources).
2. The partners at the table can demonstrate at least two projects where better coordination or delivery of services has occurred in tangible ways (i.e., better case management demonstrated through the use of a similar model of case management; better follow-up of clients who are discharged from inpatient alcohol/drug treatment; training that gives workers some very practical skills that can be transferred to clients and their families).
3. Approaches to mental health are well integrated with approaches to social, economic, and health issues both systematically and for individual clients.
4. There is an identified strategy that defines service delivery standards for mental health and addictions services for the north.
5. Anyone living anywhere within the north will have clear and timely access to helpers of a mental health nature (counselors, etc.). Access will be to both comprehensive assessment and intervention.

**Chronic Disease Technical Advisory Committee
(CDTAC)**

**Shared Paths for Northern Health
A Project of the Northern Health Strategy Working Group**

Prioritized Satisfaction Indicators

1. We clearly identify 5 priority conditions to focus on.
2. The committee makes recommendations based on best practices for management of chronic disease.
3. The committee looks at chronic disease prevention in a broad population-based approach.
4. Projects are implemented in Northern communities to manage chronic disease.
5. Feasible recommendations on ways of approaching these conditions are made to the NHSWG and all partners.

Prioritized Success Indicators

1. A sustainable model for a team approach to managing chronic disease is developed to be used northern wide and endorsed by the NHSWG.
2. A model for risk reduction in the North is developed and endorsed by the NHSWG.
3. Communities take an active role in reducing risks for chronic disease through health promotion activities.
4. At least 50% of the recommendations made to the partners are implemented by at least 50% of them.
5. We are able to put our observations of the processes involved into user friendly applications in as few steps as possible.

**Perinatal and Infant Health Technical Advisory Committee
(PIHTAC)**

**Shared Paths for Northern Health
A Project of the Northern Health Strategy Working Group**

Prioritized Satisfaction Indicators

1. It is truly inter-disciplinary, inter-jurisdictional and inter-sectoral.
2. The TAC identifies key issues in northern perinatal health and innovative solutions.
3. The TAC members are committed and contribute freely and openly.
4. The TAC works towards goals we all agree upon.
5. Prenatal/perinatal education materials become dynamic, interesting and more culturally aware, incorporating new approaches.

Prioritized Success Indicators

1. The TAC takes the time to gather community member's input both on and off reserve.
2. The TAC members keep in mind that all the northern population is being considered; people living both on and off reserve, and people with different cultural and spiritual beliefs and values.
3. Northern communities understand and engage in perinatal health initiatives.
4. Partnerships continue with ongoing communication.
5. The TAC members do not come to the table with preconceived views on how things should work or look.

Appendix E

Sample

Letter of Invitation to Participate in the Evaluation
Consent Form
Transcript Release Form

The samples provided in this appendix were used specifically for collection of data via interviews. Similar forms were used for other data collection methods (e.g., focus groups, questionnaires, diaries) and modified accordingly.

(Printed on SPHERU Letterhead)

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

Date

Dear ...,

The Northern Health Strategy Working Group (NHSWG) is conducting an evaluation of its project entitled, *Shared Paths for Northern Health*, as the project progresses. The evaluation is formative in its approach, with a focus on the process undertaken by the NHSWG partners in carrying out the project to assess how well the process and project are working, both the successes and challenges, with the intent to determine where improvements in or changes to the process and/or project need to occur to ensure that progress is made towards desired outcomes. You, as the Cross-jurisdictional Issues Consultant for the project are invited to participate in the evaluation through an interview.

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is contracted by the NHSWG to conduct the evaluation and Shardelle Brown is hired as the Evaluation Coordinator.

If you agree to participate, your involvement will include **two** 60-minute, audio taped interviews over the course of the project (at approximately the middle and end) to discuss your experiences as the Cross-jurisdictional Issues Consultant and follow-up contact to make sure that the interview transcripts reflect what you have said (if desired). The interviews are being conducted by Shardelle Brown and will be held at a time and place that is convenient for you. Given that you are the only Cross-jurisdictional Issues Consultant for the project, your anonymity and confidentiality cannot be completely assured; however, it will be protected to the best of the researchers' ability. For example, any identifying information will be removed or changed in any evaluation report, document or publication.

If you have any questions about the evaluation or the interviews, please contact Shardelle Brown in Prince Albert at (306) 953-5329 or email shardelle.brown@uregina.ca.

This project evaluation was approved by the Research Ethics Board, University of Regina. If you have any questions or concerns about your rights or treatment as a subject, you may contact the Chair of the Research Ethics Board at (306) 585-4775 or by e-mail research.ethics@uregina.ca.

If you are willing to participate, please contact Shardelle Brown at the phone number or email address above.

Thank you for taking the time to consider this project evaluation.

Sincerely,

Shardelle Brown
Evaluation Coordinator

(Printed on SPHERU Letterhead)

Cross-Jurisdictional Issues Consultant Interviews CONSENT FORM

Evaluation Title: Evaluating Community and Organizational Transition to Enhance the Health Status of Residents of Northern Saskatchewan

Evaluation Coordinator:

Shardelle Brown

Saskatchewan Population Health and Evaluation Research Unit (SPHERU)

University of Regina, Prince Albert Office

Street Address: Woodland Academic Centre, 1500 10th Ave E

Prince Albert, SK S6V 6G1

Mailing Address: P.O. Box 2830, Prince Albert, SK S6V 7M3

Phone: (306) 953-5329

Fax: (306) 953-5405

Email: shardelle.brown@uregina.ca

Overview: The Northern Health Strategy Working Group (NHSWG) is conducting an evaluation of its project entitled, *Shared Paths for Northern Health*, as the project progresses. The evaluation is formative in its approach, with a focus on the process undertaken by the NHSWG partners in carrying out the project to assess how well the process and project are working, both the successes and challenges, with the intent to determine where improvements in or changes to the process and/or project need to occur to ensure that progress is made towards desired outcomes.

Methods: You will participate in two 60-minute, audio taped interviews over the course of the project (at approximately the middle and end) to discuss your experiences as the Cross-jurisdictional Issues Consultant. If desired, you will have the opportunity to review your transcripts. The interviews will be conducted by the evaluation coordinator at a convenient time and place that is mutually agreed upon.

Freedom to Withdraw: Participation is entirely voluntary. You are free to withdraw from the evaluation at any time and with no adverse consequences. You will be informed of any new information that may affect your decision to participate. Also, you may choose to withdraw any or all information contributed through your interviews to the evaluation. If you wish to withdraw information, you must inform the evaluation coordinator by December 31, 2005. As well, you may choose not to discuss certain issues during the interviews.

Anonymity: Participant anonymity will be protected to the best of the researchers' ability. Only the evaluation coordinator will know your name; the interview transcripts will instead use a pseudonym. Only she will have access to the data. The audiotapes, transcripts, and electronic copies of the transcripts will be stored in a secure cabinet at the SPHERU office for the duration of the evaluation and for a period of 3 years upon completion of the evaluation, when the materials will be destroyed. Given that you are the only Cross-jurisdictional Issues Consultant for the project, it is possible that others (e.g., project staff, NHSWG members) will assume or know that you are participating in the interviews. Thus, participant anonymity cannot be completely assured.

Use of Information: Results from the project evaluation will be used to improve the project as it progresses; be presented as part of the evaluation report to the NHSWG; and may be presented to fellow researchers at conferences or published in peer-reviewed journals. Participants will not be identified in any publications or reports and any identifying information within any report will be removed or changed.

Any questions or concerns regarding the procedures of the evaluation as they are outlined here can be directed to the evaluation coordinator at the phone number or email address above.

This project was approved by the Research Ethics Board, University of Regina. If research subjects have any questions or concerns about their rights or treatment as subjects, they may contact the Chair of the Research Ethics Board at (306) 585-4775 or by e-mail: research.ethics@uregina.ca.

I have read and understood the contents of this consent form and agree to participate in the interviews and this evaluation: _____ Yes _____ No

I have received a copy of this consent form for my files: _____ Yes _____ No

I agree to have my interviews audio taped: _____ Yes _____ No

I give the evaluation coordinator permission to use direct quotes from my interviews if these quotes are seen as helpful to illustrate a particular finding and as long as these quotes do not reveal my identity: _____ Yes _____ No

Participant Name (please print)

Participant Signature

Evaluation Coordinator Signature

Date

I wish to have my transcripts returned to me so that I may review them for omissions and errors:
_____ Yes _____ No

I understand that my address will only be used to return the transcripts to me.

Address: _____

Phone: _____

(Printed on SPHERU Letterhead)

**Cross-Jurisdictional Issues Consultant Interviews
INTERVIEW TRANSCRIPT RELEASE FORM**

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

_____ I do not desire to review the interview transcript and I allow the release of the interview transcript (as recorded during the interview) for use in the evaluation. I trust that my anonymity will be protected to the best of the researchers' ability. I have received a copy of this interview transcript release form for my own records.

_____ I have reviewed the interview transcript (as recorded during the interview) and have made the necessary corrections or elaborated on certain points needing further clarification. I allow the release of the interview transcript for use in the evaluation. I trust that my anonymity will be protected to the best of the researchers' ability. I have received a copy of this interview transcript release form for my own records.

Participant Name (please print)

Participant Signature

Evaluation Coordinator Signature

Date

Appendix F

Cross-Jurisdictional Issues Component

Consultant and NHSWG Representative Interview Guides

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Cross-Jurisdictional Issues Consultant
Interview Guide #1 (November 2005)**

1. What activities have you undertaken to date with respect to the reflection process leading to the establishment of a cross-jurisdictional decision-making mechanism?
2. What comments do you have with respect to the progress of your work?
3. What challenges have you encountered in your work? How are these challenges addressed? What potential challenges do you anticipate?
4. What successes or accomplishments have you had in your work? Why have they been achieved? What potential successes or accomplishments do you anticipate?
5. What are the anticipated benefits to the reflection process or to the establishment of a mechanism for cross-jurisdictional decision-making? Why is this so?
6. What are the perceived risks to the reflection process or to the establishment of a mechanism for cross-jurisdictional decision-making? Why is this so?
7. What potential for change exists with respect to cross-jurisdictional issues across jurisdictions at the NHSWG level? At the Technical Advisory Committee level?
8. What potential impact could the cross-jurisdictional issues component of this project have on health service delivery in northern Saskatchewan?
9. How does the cross-jurisdictional issues component of this project build capacity in/among NHSWG partners?
10. What support have you provided to the Technical Advisory Committees with respect to cross-jurisdictional issues?
11. What comments do you have with respect to the support provided to you through the following:
 - a. Project Coordinator, Executive Assistant
 - b. TAC Facilitator/Coordinators, TACs
 - c. Human Resources Coordinator, TAC
 - d. Information Systems Coordinator/Consultant, TACs
 - e. NHSWG
12. What can you tell me about your experience as the cross-jurisdictional issues Consultant? Are you satisfied with your experience? Why or why not?

Wrap up

13. Is there anything that you feel is important about your involvement in this project that you have not yet mentioned?
14. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Cross-Jurisdictional Issues Consultant
Interview Guide #2 (May 2006)**

1. What activities have you undertaken since your last interview (November 22, 2005) with respect to the reflection process leading to the establishment of a cross-jurisdictional decision-making mechanism? *(Please comment specifically on activities such as the northern health care system map; TAC data gathering process; Leadership data gathering process; meetings with NHSWG or project staff; interviews with NHSWG reps, TAC reps, Leadership or project staff; support provided; other activities)*
2. What comments do you have with respect to your work or progress from April 2005 to May 2006? *(i.e., goal/objectives met; goal/objectives not met; unanticipated outcomes; timeliness; satisfaction)*
3. What challenges have you encountered in your work? How were these challenges addressed (or not)? *(e.g., timelines; distance planning; engaging leadership, NHSWG reps, TAC reps, project staff)*
4. What successes or accomplishments have you had in your work? Why have they been achieved? *(e.g., consensus on a cross-jurisdictional decision-making mechanism; MOU; northern health care system map; capacity building)*
5. What are the anticipated benefits to the establishment of a mechanism for cross-jurisdictional decision-making? Why is this so? *(e.g., changes with respect to cross-jurisdictional issues within NHS; resolution of issues; impact on health service delivery; organizational capacity building; advocacy; collaboration of health care services)*
6. What are the perceived risks to the establishment of a mechanism for cross-jurisdictional decision-making? Why is this so? *(e.g., partnership sustainability; autonomy; lack of resources; defining roles and responsibilities)*
7. What comments do you have with respect to the support provided to you through the following:
 - a. Project Coordinator, Executive Assistant(s)
 - b. TAC Facilitator/Coordinators, TACs
 - c. NHSWG
 - d. NHS Leadership
8. What suggestions for improvement to the process or lessons learned do you have?

Wrap up

9. Is there anything that you feel is important about your involvement in this project that you have not yet mentioned?
10. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**NHSWG Representative
Interview Guide (May 2006)**

Shared Paths for Northern Health Project

1. What comments do you have with respect to the work or progress of the *Shared Paths for Northern Health* project with respect to the following:
 - Mental Health and Addictions
 - Chronic Disease
 - Perinatal and Infant Health
 - Northern Oral Health Working Group
 - Human Resources
 - Health Information Management
 - Information Technology
 - Communications
 - Cross-Jurisdictional Issues/Decision-Making
 - Community Development

(Probes: project staff; actual or potential challenges; actual or potential successes; suggestions for improvement or change; satisfaction; applicability/sustainability of the process or model for the north; community and organizational transition; improvements in health status)

Partnership Development and Sustainability

2. Describe your involvement or experience as a NHSWG representative from when you first joined as a representative to the present.
3. What challenges has the NHSWG encountered in its work? How are these challenges addressed? What potential challenges do you anticipate?
4. What successes or accomplishments has the NHSWG had in its work? Why have they been achieved? What potential successes or accomplishments do you anticipate?
5. What are the lessons learned from this process of working together?
6. In your opinion, what is a sustainable partnership? What are the criteria?
7. In your opinion, what are the next steps for the NHSWG?

Wrap-up

8. Is there anything that you feel is important about the *Shared Paths for Northern Health* project or about your involvement as a NHSWG representative that you have not yet mentioned?
9. Do you have any questions for me?

Appendix G

Community Development Component

Consultant Interview Guides

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Community Development Consultants
Interview Guide #1 (December 2005)**

1. What activities have you undertaken to date with respect to the development of a northern community development model(s) and an implementation process?
2. What comments do you have with respect to the progress of your work?
3. What challenges have you encountered in your work? How are these challenges addressed? Or what potential challenges do you anticipate?
4. What successes or accomplishments have you had in your work? Why have they been achieved? Or what potential successes or accomplishments do you anticipate?
5. What is the extent of community involvement in the consultation process and development of a northern community development model(s)? What is the extent of NHS partner involvement?
6. What is the potential for the northern community development model(s) to engage community participation in health? To build community capacity or NHS partner capacity?
7. What support have you provided to the Technical Advisory Committees with respect to community development?
8. What comments do you have with respect to the support provided to you through the following:
 - a. Project Coordinator, Executive Assistant
 - b. Communications Coordinator
 - c. TAC Facilitator/Coordinators, TACs
 - d. NHSWG
9. What can you tell me about your experience as the community development consultants? Are you satisfied with your experience? Why or why not?

Wrap-up

10. Is there anything that you feel is important about your involvement in this project that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Community Development Consultants
Interview Guide #2 (April 2006)**

1. What activities have you undertaken since the last interview with respect to the development of a northern community development model(s) and an implementation process?
2. What comments do you have with respect to your work or your progress?
3. What challenges have you encountered in your work? How are these challenges addressed?
4. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
5. What is the extent of community involvement in the consultation process and development of a northern community development model(s) and implementation process? What is the extent of NHS partner involvement?
6. What is the potential for the northern community development model(s) to engage community participation in or responsibility for health? To build community capacity or NHS partner capacity?
7. What comments do you have with respect to the support provided to you through the *Shared Paths for Northern Health* project/staff and/or the NHSWG?
8. What suggestions for improvement to your component of the project do you have? (e.g., lessons learned)

Wrap-up

9. Is there anything that you feel is important about your involvement in this project that you have not yet mentioned?
10. Do you have any questions for me?

Appendix H

Communications Component

Coordinator Interview Guides

Community Liaison Officer Questionnaires and Interview Guide

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Communications Coordinator
Interview Guide #1 (July 2005)**

1. What is the communications strategy for the project?
2. What comments do you have with respect to the process related to the communications strategy?
3. What comments do you have with respect to the progress related to the communications strategy?
4. What challenges have you encountered in your work? How are these challenges addressed?
5. What successes or accomplishments have you had in your work? Why have they been achieved?
6. How does the communications strategy inform the NHSWG partners of the project and/or the NHS? Inform the community (i.e., the residents of northern Saskatchewan)?
7. How does the communications strategy encourage participation or involvement of the NHSWG partners in the project and/or the NHS? Encourage participation or involvement of the community (i.e., the residents of northern Saskatchewan)?
8. What changes are occurring with respect to communication across jurisdictions at the NHSWG level? At the Technical Advisory Committee level?
9. What support have you provided to the Community Liaison Officers with respect to communications?
10. What support have you provided to the Technical Advisory Committees with respect to communications?
11. What comments do you have with respect to the support provided to you through the following:
 - a) Project Coordinator, Executive Assistant
 - b) Community Liaison Officers
 - c) TAC Facilitator/Coordinators, TACs
 - d) Human Resources Coordinator
 - e) Information Systems Coordinator/Consultant
 - f) Community Development Team
 - g) NHSWG
12. What can you tell me about your experience as the Communications Coordinator? Are you satisfied with your experience? Why or why not?

Wrap-up

13. Is there anything that you feel is important about your involvement as the Communications Coordinator that you have not yet mentioned?
14. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Communications Coordinator
Interview Guide #2 (June 2006)**

1. What is the communications strategy/media plan for the project? (i.e., what communications activities have been undertaken in the project, both internal and external)
2. How does the communications strategy inform the NHS partners of the project, its progress, and/or the NHS? Inform the community (i.e., the residents of northern Saskatchewan)?
3. How does the communications strategy engage or encourage participation of the NHS partners in the project and/or the NHS? Engage or encourage participation of the community (i.e., the residents of northern Saskatchewan)?
4. What comments do you have with respect to the progress related to the communications strategy?
5. What challenges have you encountered in your work? How are these challenges addressed?
6. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes and accomplishments?
7. What support have you provided to the Technical Advisory Committees with respect to communications (or health promotion materials)?
8. What support have you provided to the Community Liaison Officers with respect to communications?
9. What support have you provided to the NHS partner organizations with respect to communications?

Wrap-up

10. What comments do you have with respect to the support provided to you through the following:
 - a) Project Coordinator
 - b) Project staff; TAC Facilitator/Coordinators
 - c) Technical Advisory Committees
 - d) Community Liaison Officers
 - e) NHSWG
11. What suggestions for improvement to the communications component of the project do you have (e.g., lessons learned)?
12. Is there anything that you feel is important about your involvement as the Communications Coordinator that you have not yet mentioned?
13. Do you have any questions for me?

Shared Paths for Northern Health Project Evaluation

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Community Liaison Officer
Questionnaire #1 – Communications (September 2005)**

Please answer the following questions to the best of your ability, being as specific as possible. (Use the back of the page if necessary)

1. Given that you are expected to share information related to the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health*, what information have you provided to health care staff and community residents within your region? How has this information been shared?

2. In your opinion, what prior knowledge of the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health* did health care staff and community residents have within your region?

3. In your opinion, what current knowledge of the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health* do health care staff and community residents have as a result of your work?

4. What information have you gathered from health care staff and community residents from within your region and provided to the Technical Advisory Committees?

5. What challenges have you encountered in your work as a Community Liaison Officer? How are these challenges addressed? Or what potential challenges do you anticipate?

6. What successes or accomplishments have you had in your work? Why have they been achieved? Or what potential successes or accomplishments do you anticipate?

7. What suggestions do you have for improvements to your work as a Community Liaison Officer or with respect to communications (e.g., methods, materials)?

8. Additional comments (optional)

Date: _____

**Thank you for your participation in the project evaluation of
*Shared Paths for Northern Health.***

Shared Paths for Northern Health Project Evaluation

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Community Liaison Officer
Questionnaire #2 – Community Development (December 2005)**

Please answer the following questions to the best of your ability, being as specific as possible. (Use the back of the page if necessary.)

1. What specific activities have you undertaken within your region for the Associated Counseling Network and/or the Technical Advisory Committees with respect to community development?

2. What challenges have you encountered in your work with respect to community development activities? How are these challenges addressed? Or what potential challenges do you anticipate?

3. What successes or accomplishments have you had in your work with respect to community development activities? Why have they been achieved? Or what potential successes or accomplishments do you anticipate?

4. What suggestions do you have for improvements to your work as a Community Liaison Officer or with respect to community development?

5. Additional comments (optional)

Date: _____

**Thank you for your participation in the project evaluation of
*Shared Paths for Northern Health.***

Shared Paths for Northern Health Project Evaluation

Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan

Community Liaison Officer
Questionnaire #3
Communications AND Community Development (March 2006)

Please answer the following questions to the best of your ability, being as specific as possible. (Use the back of the page if necessary)

1. Given that you are expected to share information related to the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health*, what information do you continue to provide to health care staff and community residents within your region? How has this information been shared?

2. In your opinion, what additional knowledge of the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health* do health care staff and community residents have as a result of your continued work?

3. What information have you gathered from health care staff and community residents from within your region and provided to the Technical Advisory Committees (e.g., through community consultations or interviews/focus groups with staff)?

4. What specific activities have you undertaken within your region with respect to community development (i.e., either for (1) *your organization*, (2) the *Technical Advisory Committees* or (3) the *Associated Counseling Network* (the agency contracted by the Northern Health Strategy to address community development)?

5. What challenges have you encountered in your work as a Community Liaison Officer? How are these challenges addressed?

6. What successes or accomplishments have you had in your work as a Community Liaison Officer? Why have they been achieved?

7. What suggestions do you have for improvements to your work as a Community Liaison Officer (i.e., if this position was to continue within your organization)?

8. Additional comments (optional)

Date: _____

**Thank you for your participation in the project evaluation of
*Shared Paths for Northern Health.***

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Community Liaison Officer
Interview Guide #1 (March 2006)**

1. Given that you are expected to share information related to the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health*, what information have you provided to health care staff and community residents within your region? How has this information been shared?
2. In your opinion, what prior knowledge of the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health*, did health care staff and community residents have within your region?
3. In your opinion, what current knowledge of the Northern Health Strategy and the project entitled, *Shared Paths for Northern Health*, do health care staff and community residents have as a result of your work?
4. What information have you gathered from health care staff and community residents from within your region and provided to the Technical Advisory Committees or the Northern Health Strategy (e.g., through community consultations or interviews/focus groups with staff)?
5. What specific activities have you undertaken within your region with respect to community development (i.e., either for (1) *your organization*, (2) the *Technical Advisory Committees* or (3) the *Associated Counseling Network* (the agency contracted by the Northern Health Strategy to address community development)?
6. What challenges have you encountered in your work as a Community Liaison Officer? How are these challenges addressed?
7. What successes or accomplishments have you had in your work as a Community Liaison Officer? Why have they been achieved?
8. What comments do you have with respect to the support provided to you through (1) *Shared Paths for Northern Health*; (2) Northern Health Strategy; and (3) your organization?
9. What suggestions do you have for improvements to your work as a Community Liaison Officer (i.e., if this position was to continue within your organization) or with respect to communications and/or community development?

Wrap-up

10. Is there anything that you feel is important about your involvement as a Community Liaison Officer that you have not yet mentioned?
11. Do you have any questions for me?

Appendix I

Human Resources Component

Coordinator Interview Guides
Technical Advisory Committee Focus Group Guides

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Human Resources Coordinator
Interview Guide #1 (July 2005)**

1. What activities have you engaged in as the Human Resources Coordinator? What activities has the Human Resources TAC engaged in?
2. What comments do you have with respect to the progress of your work as the Human Resources Coordinator? Progress of the Human Resources TAC?
3. What challenges have you encountered in your work? How are these challenges addressed?
4. What successes or accomplishments have you had in your work? Why have they been achieved?
5. What changes are occurring with respect to human resources across jurisdictions at the NHSWG level? At the Technical Advisory Committee level? What potential for change exists?
6. What potential impact will the human resources component of this project have on recruitment and retention issues in northern Saskatchewan?
7. What potential impact will the human resources component of this project have on education and training needs in northern Saskatchewan? Within the project?
8. What potential impact will the human resources component of this project have on health service delivery in northern Saskatchewan?
9. How does the human resources component of this project build capacity in/among NHSWG partners?
10. What support have you provided to the Technical Advisory Committees with respect to human resources?
11. What comments do you have with respect to the support provided to you through the following:
 - a) Project Coordinator, Executive Assistant
 - b) Communications Coordinator
 - c) TAC Facilitator/Coordinators, TACs
 - d) Information Systems Coordinator/Consultant
 - e) Community Development Team
 - f) NHSWG
12. What can you tell me about your experience as the Human Resources Coordinator? Are you satisfied with your experience? Why or why not?

Wrap-up

13. Is there anything that you feel is important about your involvement as the Human Resources Coordinator that you have not yet mentioned?
14. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Human Resources Coordinator
Interview Guide #2 (June 2006)**

1. What activities have you engaged in as the Human Resources Coordinator?
2. What comments do you have with respect to your work as the Human Resources Coordinator? Progress of the Human Resources TAC?
3. What challenges have you encountered in your work? How are these challenges addressed?
4. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes and accomplishments?
5. How does the human resources component of this project build capacity in/among NHS partners?
6. What potential impact will the human resources component of this project have on recruitment and retention issues, as well as education and training needs in northern Saskatchewan
7. In your opinion, what are the next steps to be taken in order to ensure sustainability?

Wrap-up

8. What comments do you have with respect to the support provided to you through the following:
 - a) Project Coordinator
 - b) Project staff; TAC Facilitator/Coordinators
 - c) Technical Advisory Committees
 - d) NHSWG
9. What suggestions for improvement to the human resources component of the project do you have (e.g., lessons learned)?
10. Is there anything that you feel is important about your involvement as the Human Resources Coordinator that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Human Resources Technical Advisory Committee
Focus Group Guide #1 (November 2005)**

1. What comments do you have with respect to your progress as the Human Resources TAC?
2. What challenges have you encountered in your work? How are these challenges addressed?
3. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
4. What potential impact will the human resources component of this project have on recruitment and retention issues in northern Saskatchewan?
5. What potential impact will the human resources component of this project have on education and training needs in northern Saskatchewan?
6. How does the human resources component of this project build capacity in/among NHSWG partners?
7. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken within the remainder of the project to ensure sustainability?
8. What comments do you have with respect to the support provided to the Human Resources TAC through the Shared Paths project and/or the NHSWG?
9. What suggestions for improvement to the TAC and its process do you have?

Wrap-up

10. Is there anything that you feel is important about your involvement in the Human Resources TAC that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Human Resources Technical Advisory Committee
Focus Group Guide #2 (March 2006)**

1. What comments do you have with respect to your work or your progress as the Human Resources TAC?
2. What challenges have you encountered in your work? How are these challenges addressed?
3. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
4. What potential impact will the human resources component of this project have on recruitment and retention issues in northern Saskatchewan?
5. What potential impact will the human resources component of this project have on education and training needs in northern Saskatchewan?
6. How does the human resources component of this project build capacity in/among NHS partners?
7. What suggestions for improvement to the TAC and its process do you have? (e.g., lessons learned)
8. What comments do you have with respect to the support provided to the Human Resources TAC through the *Shared Paths for Northern Health* project/staff and/or the NHSWG?

Wrap-up

9. Is there anything that you feel is important about your involvement in the Human Resources TAC that you have not yet mentioned?
10. Do you have any questions for me?

Appendix J

Technical Advisory Committees Component

Technical Advisory Committee Effectiveness Questionnaire
Technical Advisory Committee Representative Interview Guides
Technical Advisory Committee Focus Group Guides

TECHNICAL ADVISORY COMMITTEE EFFECTIVENESS QUESTIONNAIRE (TACEQ)

Please rate your Technical Advisory Committee (TAC) by circling the number on the scale that corresponds to your perceptions with respect to each statement. Circle only one number per item.

“Strongly Disagree”	“Disagree”	“Agree”	“Strongly Agree”	“Not Applicable at this time”
1	2	3	4	5

A. TAC PURPOSE AND VISION

- | | | | | | |
|--|---|---|---|---|---|
| A1. TAC purpose is clearly understood by all members. | 1 | 2 | 3 | 4 | 5 |
| A2. The TAC meets regularly for planning. | 1 | 2 | 3 | 4 | 5 |
| A3. The TAC has shared, common agreement about its strategies to achieve its goals. | 1 | 2 | 3 | 4 | 5 |
| A4. The TAC reviews its current effectiveness. | 1 | 2 | 3 | 4 | 5 |
| A5. The TAC has made a contribution to the project goal of improving the health status of northerners by working together. | 1 | 2 | 3 | 4 | 5 |

Comments: (Optional)

B. ROLES

- | | | | | | |
|---|---|---|---|---|---|
| B1. TAC members are clear on what is expected of them. | 1 | 2 | 3 | 4 | 5 |
| B2. TAC members understand their role within the TAC. | 1 | 2 | 3 | 4 | 5 |
| B3. TAC members accept insights, knowledge and perspectives brought by members of professions other than his/her own. | 1 | 2 | 3 | 4 | 5 |
| B4. Team-based functions are shared across professional boundaries. | 1 | 2 | 3 | 4 | 5 |
| B5. The TAC works as a cohesive group. | 1 | 2 | 3 | 4 | 5 |
| B6. Abilities, knowledge and experience are fully utilized by the TAC. | 1 | 2 | 3 | 4 | 5 |

Comments: (Optional)

C. COMMUNICATION

C1. TAC members are open and authentic when communicating.	1	2	3	4	5
C2. Meetings and between meeting communications are effective.	1	2	3	4	5
C3. When differences occur, they are dealt with reasonably.	1	2	3	4	5
C4. The TAC uses consensus decision making where possible.	1	2	3	4	5
C5. Leadership is shared and reasonably delegated in line with areas of competence.	1	2	3	4	5
C6. There is smooth flow of information among TAC members.	1	2	3	4	5
C7. There is limited overlap among TAC members.	1	2	3	4	5
C8. Decisions are made and followed through to implementation.	1	2	3	4	5

Comments: (Optional)

D. SERVICE DELIVERY

D1. The TAC is clear on how it provides its services.	1	2	3	4	5
D2. The TAC covers the continuum of services from prevention to promotion to treatment.	1	2	3	4	5
D3. Working as a TAC has resulted in service delivery being more integrated and co-coordinated.	1	2	3	4	5
D4. The TAC spends an appropriate amount of time administering preventative programs (e.g., planning and delivering).	1	2	3	4	5
D5. The TAC spends an appropriate amount of time administering health promotion programs (e.g., planning and delivering).	1	2	3	4	5
D6. The TAC spends an appropriate amount of time administering treatment services (e.g., planning and delivering).	1	2	3	4	5
D7. The programs and services are based on community health and care needs.	1	2	3	4	5
D8. The programs and services take account of standards of care and evidence-based practice.	1	2	3	4	5
D9. The programs and services developed enable community responsibility for health.	1	2	3	4	5
D10. The TAC does <u>not</u> lack membership from a group or profession that would significantly enhance its ability to function effectively.	1	2	3	4	5

Comments: (Optional)

E. TEAM SUPPORT

E1. There is high trust and confidence amongst TAC members.	1	2	3	4	5
E2. TAC members work as a cohesive group.	1	2	3	4	5
E3. TAC members feel comfortable providing feedback when expectations are or are not met.	1	2	3	4	5
E4. TAC members have the opportunity to develop their skills within the TAC.	1	2	3	4	5
E5. Strategies are in place to support TAC development.	1	2	3	4	5
E6. The TAC provides support to individual members through difficult situations.	1	2	3	4	5

Comments: (Optional)

F. PARTNERSHIPS

F1. The TAC involves the community in the planning and delivery of programs and services.	1	2	3	4	5
F2. The TAC effectively involves itinerant TAC members.	1	2	3	4	5
F3. The TAC has developed partnerships with intersectoral groups to plan and deliver services.	1	2	3	4	5
F4. Support groups (examples: information systems, human resources or community development) have been established to support the TAC in improving the delivery of services.	1	2	3	4	5
F5. There is increased participation by the community in decisions related to individual, family and community programs.	1	2	3	4	5

Comments: (Optional)

DATE: _____

Thank you for your participation in the project evaluation of *Shared Paths for Northern Health*, a project of the Northern Health Strategy Working Group

Based on the Team Effectiveness Tool of the Primary Health Services Branch, Saskatchewan Health, December 2003. Saskatchewan Health based its tool on the ideas of Steven Phillips and Robin Elledge, *The Team-Building Source Book*, San Diego, California: University Associates, Inc., 1989, and the work of David Jamieson, "The Team Character Inventory", found in Phillips and Elledge, *The Team-Building Source Book*. Further modification of this questionnaire includes the addition of questions that are specific to the NHSWG project and TAC objectives with respect to primary health care and health service delivery.

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Technical Advisory Committee Representatives
Interview Guide #1 (April 2005)**

1. What activities has the TAC engaged in?

Probes: Work plan in progress/completed; data collection (survey, interview, literature review); data analysis (identify gaps, overlaps, differences); communications; human resources (education and training); capacity building within the community (ies) or organization(s)

2. What happens within the TAC? What happens between TACs?

Probes: Group processes; group dynamics; tensions/conflicts; member participation; member satisfaction; outside TAC meetings; community or organizational involvement

3. What challenges has the TAC encountered? How are these challenges addressed?

Probes: Membership or representation; member participation or contribution; member dissatisfaction; decision-making; punctuality; cross-jurisdictional, inter-sectoral, or disciplinary issues/tensions/ conflicts; communications; community or organizational participation/involvement/capacity building

4. What are the potential benefits of the TAC?

Probes: Improvements in the promotion, prevention, and treatment aspects of PHC within TAC areas; increased access to, efficiency in, and/or effectiveness of service delivery; increased communication, cooperation, coordination, and collaboration between service providers; increased role satisfaction/well-being among service providers; improved organizational capacity; improved health status among residents

5. What progress has the TAC made? Why or why not?

Probes: Accomplishments; successes; milestones in TAC development; actual outcomes versus anticipated outcomes; recommendations approved/implemented; towards achieving TAC goals and objectives; towards achieving project goals and objectives

6. What comments do you have with respect to the support provided to the TAC through the following:

- a) TAC Facilitator/Coordinator
- b) Project Coordinator, Executive Assistant
- c) Communications Coordinator
- d) Human Resources Coordinator
- e) Information Systems Coordinator/Consultant
- f) Community Development Coordinator
- g) NHSWG Representative

7. What can you tell me about your experience with the TAC? Are you satisfied with your experience? Why or why not?

Wrap-up

8. Is there anything that you feel is important about your involvement with the TAC that you have not yet mentioned?

9. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Technical Advisory Committee Representatives
Interview Guide #2 (October 2005)**

1. What progress has the TAC made in the last 6 months?
2. What challenges has the TAC encountered? How are these challenges addressed?
3. What is the benefit of the TAC? Or what is the potential benefit?
4. Outside of TAC meetings, what happens with respect to the *Shared Paths for Northern Health* project within your organization?
5. How does the TAC involve or engage the community in its work or activities? If not, how could the TAC involve or engage the community?
6. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken within the remainder of the project to ensure sustainability?
7. What comments do you have with respect to the support provided to the TAC through the following?
 - a) TAC Facilitator/Coordinator
 - b) Project Coordinator
 - c) Communications Coordinator
 - d) Other project staff
8. What can you tell me about your experience to date with the TAC? Are you satisfied with your experience? Why or why not?
9. What suggestions for improvement to the TAC and its process do you have?

Wrap-up

10. Is there anything that you feel is important about your involvement with the TAC that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Technical Advisory Committee Representatives
Interview Guide #3 (April 2006)**

1. What comments do you have with respect to your work or your progress as a TAC?
2. What challenges has the TAC encountered? How are these challenges addressed?
3. What successes or accomplishments has the TAC had in its work? Why have they been achieved? Or what are potential successes or accomplishments?
4. Outside of TAC meetings, what happens with respect to the *Shared Paths for Northern Health* project within your organization? Or with respect to Northern Health Strategy?
5. How does the TAC involve or engage the community in its work or activities? If not, how could the TAC involve or engage the community?
6. How does the TAC or its work build capacity in/among NHS partners?
7. What potential impact will the work of the TAC have on health service delivery in northern Saskatchewan?
8. What suggestions for improvement to the TAC and its process do you have? (e.g., lessons learned)
9. What comments do you have with respect to the support provided to the TAC through the *Shared Paths for Northern Health* project/staff and/or the NHSWG?

Wrap-up

10. Is there anything that you feel is important about your involvement with the TAC that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Technical Advisory Committees (MHATAC, CDTAC, PIHTAC)
Focus Group Guide (January – March 2006)**

1. What comments do you have with respect to your work or your progress as a TAC?
2. What successes or accomplishments has the TAC had in its work? Why have they been achieved? Or what are potential successes or accomplishments?
3. What challenges has the TAC encountered in its work? How are these challenges addressed?
4. What changes or impact will the TAC have on health service delivery in northern Saskatchewan? Or what is the potential for change and impact?
5. How does the TAC build capacity in/among NHS partners?
6. What have been the lessons learned working together as a TAC?
7. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken to ensure sustainability?
8. What suggestions for improvement to the TAC and its process do you have?
9. What comments do you have with respect to the support provided to the TAC through the *Shared Paths for Northern Health* project and/or the NHSWG?

Wrap-up

10. Is there anything that you feel is important about your involvement with the TAC that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Oral Health Technical Advisory Committee (OHTAC)
Focus Group Guide (June 2005)**

1. The Oral Health TAC has been in existence since January 2003. What can you tell me about its history?
2. What accomplishments or successes has the TAC had?
3. What challenges has the TAC encountered? How have these challenges been addressed?
4. What have been the lessons learned working together as a TAC?
5. What are the next steps for the Oral Health TAC?
6. What comments do you have with respect to the support provided to the TAC through the Shared Paths project and/or the NHSWG?

Wrap-up

7. Is there anything that you feel is important about your involvement with the TAC that you have not yet mentioned?
8. Do you have any questions for me?

Appendix K

Information Systems Component

Coordinator/Consultant Interview Guides
Technical Advisory Committee Focus Group Guides

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Information Technology Coordinator
Interview Guide #1 (July 2005)**

1. What activities have you engaged in as the Information Technology Coordinator? What activities has the Information Technology TAC engaged in?
2. What comments do you have with respect to the progress of your work as the Information Technology Coordinator? Progress of the Information Technology TAC?
3. What challenges have you encountered in your work? How are these challenges addressed?
4. What successes or accomplishments have you had in your work? Why have they been achieved?
5. What changes are occurring with respect to information technology across jurisdictions at the NHSWG level? At the Technical Advisory Committee level? What potential for change exists?
6. What potential impact will the information technology component of this project have on health service delivery in northern Saskatchewan?
7. How does the information technology component of this project build capacity in/among NHSWG partners?
8. What support have you provided to the Technical Advisory Committees with respect to information technology?
9. What comments do you have with respect to the support provided to you through the following:
 - a) Project Coordinator, Executive Assistant
 - b) Communications Coordinator
 - c) TAC Facilitator/Coordinators, TACs
 - d) Human Resources Coordinator
 - e) Health Information Management Consultant
 - f) Community Development Team
 - g) NHSWG
10. What can you tell me about your experience as the Information Technology Coordinator? Are you satisfied with your experience? Why or why not?

Wrap-up

11. Is there anything that you feel is important about your involvement as the Information Technology Coordinator that you have not yet mentioned?
12. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Information Technology Coordinator
Interview Guide #2 (February 2006)**

1. What comments do you have with respect to your work or your progress as the Information Technology Coordinator? The work or the progress of the Information Technology TAC?
2. What challenges have you encountered in your work? How are these challenges addressed?
3. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
4. What changes are occurring with respect to information technology across jurisdictions? Or what potential for change exists?
5. What potential impact will the information technology component of this project have on health service delivery in northern Saskatchewan?
6. How does the information technology component of this project build capacity in/among NHS partners?
7. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken to ensure sustainability?
8. What suggestions for improvement to the TAC and its process do you have?
9. What comments do you have with respect to the support provided to you through the *Shared Paths for Northern Health* project/staff and/or the NHSWG?

Wrap-up

10. Is there anything that you feel is important about your involvement with the project as the Information Technology Coordinator that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Health Information Management Consultant
Interview Guide #1 (July 2005)**

1. What activities have you engaged in as the Health Information Management Consultant? What activities has the Health Information Management TAC engaged in?
2. What comments do you have with respect to the progress of your work as the Health Information Management Consultant? Progress of the HIMTAC?
3. What challenges have you encountered in your work? How are these challenges addressed?
4. What successes or accomplishments have you had in your work? Why have they been achieved?
5. What changes are occurring with respect to health information management across jurisdictions at the NHSWG level? At the Technical Advisory Committee level? What potential for change exists?
6. What potential impact will the health information management component of this project have on health service delivery in northern Saskatchewan?
7. How does the health information management component of this project build capacity in/among NHSWG partners?
8. What support have you provided to the Technical Advisory Committees with respect to health information management?
9. What comments do you have with respect to the support provided to you through the following:
 - a) Project Coordinator, Executive Assistant
 - b) Communications Coordinator
 - c) TAC Facilitator/Coordinators, TACs
 - d) Human Resources Coordinator
 - e) Information Technology Coordinator
 - f) Cross-jurisdictional Issues Consultant
 - g) Community Development Team
 - h) NHSWG
10. What can you tell me about your experience as the Health Information Management Consultant? Are you satisfied with your experience? Why or why not?

Wrap-up

11. Is there anything that you feel is important about your involvement as the Health Information Management Consultant that you have not yet mentioned?
12. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Health Information Management Consultant
Interview Guide #2 (March 2006)**

1. What comments do you have with respect to your work or your progress as the Health Information Management Consultant? The work or the progress of the Health Information Management TAC?
2. What challenges have you encountered in your work? How are these challenges addressed?
3. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
4. What changes are occurring with respect to health information management across jurisdictions? Or what potential for change exists?
5. What potential impact will the health information management component of this project have on health service delivery in northern Saskatchewan?
6. How does the health information management component of this project build capacity in/among NHS partners?
7. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken to ensure sustainability?
8. What suggestions for improvement to the TAC and its process do you have?
9. What comments do you have with respect to the support provided to you through the *Shared Paths for Northern Health* project/staff and/or the NHSWG?

Wrap-up

10. Is there anything that you feel is important about your involvement as the Health Information Management Consultant that you have not yet mentioned?
11. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Information Technology Technical Advisory Committee (ITTAC)
Focus Group Guide (January 2006)**

1. What comments do you have with respect to your work or your progress as the Information Technology TAC?
2. What challenges have you encountered in your work? How are these challenges addressed?
3. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
4. What potential impact will the information technology component of this project have on health service delivery in northern Saskatchewan?
5. How does the information technology component of this project build capacity in/among NHSWG partners?
6. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken to ensure sustainability?
7. What comments do you have with respect to the support provided to the Information Technology TAC through the *Shared Paths for Northern Health* project and/or the NHSWG?
8. What suggestions for improvement to the TAC and its process do you have?

Wrap-up

9. Is there anything that you feel is important about your involvement in the Information Technology TAC that you have not yet mentioned?
10. Do you have any questions for me?

**Evaluating Community and Organizational Transition
to Enhance the Health Status of Residents of Northern Saskatchewan**

**Health Information Management Technical Advisory Committee (HIMTAC)
Focus Group Guide (March 2006)**

1. What comments do you have with respect to your work or your progress as the Health Information Management TAC?
2. What challenges have you encountered in your work? How are these challenges addressed?
3. What successes or accomplishments have you had in your work? Why have they been achieved? Or what are potential successes or accomplishments?
4. What potential impact will the health information management component of this project have on health service delivery in northern Saskatchewan?
5. How does the health information management component of this project build capacity in/among NHS partners?
6. In your opinion, what is a sustainable TAC? What are the criteria? What steps need to be taken to ensure sustainability?
7. What suggestions for improvement to the TAC and its process do you have?
8. What comments do you have with respect to the support provided to the Health Information Management TAC through the *Shared Paths for Northern Health* project and/or the NHSWG?

Wrap-up

9. Is there anything that you feel is important about your involvement in the Health Information Management TAC that you have not yet mentioned?
10. Do you have any questions for me?

Appendix L

Confidentiality Form

DECLARATION OF ANONYMITY AND CONFIDENTIALITY

PROJECT:

***Evaluation of the Northern Health Strategy
"Shared Paths to Northern Health" Project***

As a matter of policy, SPHERU unconditionally guarantees the right to privacy and confidentiality for those on whom good research depends – the individual respondents. While it is the Unit's policy to make research findings public, care is taken at **all stages** of the research to protect the dignity, confidentiality, and anonymity of all respondents.

Any information and all records gathered during the course of research is privileged information – whether these concern a single interview, or include observations about an individual's home, family, lifestyle, or activities. The same privilege attaches to **all** records or documents associated with individuals participating in research projects as respondents.

I, _____ (PLEASE PRINT), affirm that I will uphold the general unconditional guarantee of respondent anonymity and confidentiality maintained by SPHERU.

I also affirm that I will uphold personally, and in cooperation with my research colleagues, the following additional guarantees:

- No record will be reproduced in any manner, in full or in part, having potential personal identification capabilities either directly or indirectly;
- No record will be reviewed – in any way, including casual reading – by anyone without express authorization;
- No directly or indirectly personally identifying information will at any time be disclosed to anyone;
- No records, or reproductions of records, will be removed at any time from the premises normally used by SPHERU researchers and staff, without the specific approval of the project leader.

YOUR SIGNATURE

WITNESS

YOUR NAME, PRINTED

_____/_____/_____
DATE // MONTH // YEAR