



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**

EVALUATION SUMMARY

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

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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

Executive Summary

All northern residents have the right to expect a certain level of health services, which presents a challenge for all northern health service delivery organizations given the north's unique history, geography, population, language, and culture. The Northern Health Strategy Working Group (NHSWG) grew out of the need for a Northern Health Strategy (NHS), that is, a unique way of meeting the health needs of northerners. The overall goal of the NHSWG is to improve the health of the residents of northern Saskatchewan through a more holistic approach to health and health services, and through collaboration.

The Shared Paths for Northern Health project was an initiative of the NHSWG and funded by Health Canada's Primary Health Care Transition Fund (PHCTF), Aboriginal Envelope. The goal of this project was to utilize working relationships among the partners in the NHSWG to move to a primary health care approach, which is: comprehensive, accessible, coordinated, accountable, sustainable, and of good quality. In order to achieve this goal, as well as to enhance the health status of all northerners, the project created and utilized focused working groups known as Technical Advisory Committees (TACs), which consisted of primary health care providers and community residents who understood northern life to address specific areas of concern such as, mental health and addictions, chronic disease, perinatal and infant health, and oral health. These TACs were supported in their activities by various "support TACs" in the areas of human resources, information technology, and health information management. In addition, the project also had components that addressed the areas of communications, cross-jurisdictional issues, and community development. The NHSWG hoped to leave as project legacy: TACs that become models for future groups in other areas of health care; TACs that continue to promote collective relationships, collaboration, and cooperation; sustainable, ongoing improvement supported by organizational change; and shared paths of cooperation that continue to be built and developed across northern Saskatchewan.

The evaluation of the Shared Paths for Northern Health project focused on process, that is, the "how and why" of project implementation. Through a collaborative process, the evaluation coordinator, evaluation team, project staff, and the NHSWG identified the evaluation parameters (e.g., goal and objectives; priority issues to evaluate; intended uses of findings), which together formed the evaluation framework. The goal of this formative evaluation was to evaluate the process undertaken by the partners of the NHS in conducting the primary health care transition project to assess how well the process/project worked, including both the successes and challenges, with the intent to determine where improvements in or changes to the process/project needed to occur to ensure that progress was made towards desired outcomes. The evaluation objectives included:

- 1) Identify and promote improvements in or changes to both the process and project to ensure that progress is made towards the desired outcomes.
- 2) Describe both the process and project successes with an examination of why both the process and project are succeeding.
- 3) Describe both the process and project challenges with an examination of why both the process and project challenges exist and how these are overcome.
- 4) Establish the progress made towards the desired outcomes and the achievements of the project against the original project goal, objectives, and anticipated outcomes.
- 5) Provide an assessment of the change in health service delivery in the project areas (e.g., mental health and addictions, chronic disease, perinatal and infant health, oral health).

- 6) Identify the lessons learned from this process of working together and the next steps to continue to work together on other primary health care or health projects.
- 7) Provide an assessment of the applicability of this process/transitional model in the north of Saskatchewan and potentially elsewhere (e.g., the south, other northern regions of Canada).
- 8) Satisfy the evaluation requirements of the funded primary health care transition project.

An evaluation matrix (strategy) for each project component (i.e., cross-jurisdictional issues; community development; communications; human resources, technical advisory committees; information systems) was developed by the evaluation coordinator and presented to the relevant project staff, the NHSWG, and the evaluation team for discussion and feedback, prior to the start of data collection within that component. Each matrix outlined the proposed data collection methods and data sources, as well as relevant indicators and evaluation questions. In addition, ethical approval to conduct this evaluation was received from the University of Regina Research Ethics Board.

The data collection methods were chosen to maximize participation of project stakeholders and participants (e.g., focus groups, project diaries). These participatory methods were complemented by methods intended to gather information and measure progress toward project outputs and outcomes (e.g., document review, observation, semi-structured interviews, questionnaires). Data for the evaluation of all project components was collected: continuously, through document review, observation, and ongoing discussion and feedback with project staff; at intervals, through project diaries, questionnaires, and semi-structured interviews; and at a single-point in time (e.g., interviews with each NHSWG representative). As data or information was collected, it was compiled and analyzed utilizing the evaluation framework and the evaluation matrices for each project component, as well as the appropriate quantitative and qualitative data analysis procedures. Data analysis began early on in the project and continued through to the end of the project. Evaluation progress and findings were continuously fed back and reported, through oral and written means, to the project staff, the TACs, and the NHSWG.

Within this final evaluation report, each project component is discussed in terms of: objectives and anticipated outcomes; activities, outputs, and outcomes; project/TAC recommendations and NHS strategic plan; evaluation findings; a summary statement; and the evaluation's recommendations. This report also discusses overall observations related to the project and its process and these include: networking, information sharing, and increased awareness and understanding; short timeline of project; representation at TAC and NHSWG meetings; participation in meetings and activities; clear direction and regular feedback; partnerships and group development; communications; TAC interaction; staffing and project management/coordination; lessons learned; suggested improvements; sustainability; NHS coordination; NHS strategic plan; community transition; NHS Leadership meetings; and the role of government in support of NHS.

Overall, the Shared Paths for Northern Health project met some of its objectives and anticipated outcomes. The majority of the TACs constructed their work plans, and all TACs developed a current state assessment for their respective areas, which elucidated many of the gaps and weaknesses in services that exist in the north. From these current state assessments and identification of best practices, standards of care, and core services, the TACs developed and submitted recommendations to the NHSWG that aimed to improve health service delivery and ultimately improve the health status of northern residents. In addition, the project's consultants also progressed through their work plans and developed recommendations with respect to cross-jurisdictional decision-making, and developmental relationships as essential to community

development. Due to the fact that many of these recommendations were submitted at the end of the project (March 2006 and beyond), some recommendations have yet to be assessed or approved by the NHSWG. On the other hand, recommendations that were submitted early in the project have been approved, in some cases, and implemented to create change.

Evaluation Recommendations

The recommendations within this final evaluation report are based on: 1) the results of the data collection and analysis; 2) discussions with project staff, TAC representatives, and NHSWG representatives over the course of the evaluation; 3) observation of NHSWG and TAC group development and process; and 4) observation of project activities and progress. For each component of the project, a recommendation(s) has been put forth to ensure sustainability and to improve upon processes from the Shared Paths project. Furthermore, this report concludes with overall recommendations to be implemented by the NHSWG.

Cross-Jurisdictional Issues

It is recommended that the second Memorandum of Understanding (MOU) that formalizes the proposed cross-jurisdictional decision-making mechanism is ratified and signed as soon as possible so that jurisdictional issues which impede access to care or create inefficient care for residents of northern Saskatchewan can be resolved. Once the MOU is signed, resources should be devoted to the implementation of this mechanism (e.g., establish terms of reference; review and prioritize identified issues; determine research opportunities). Each level (i.e., TACs, NHSWG, Northern Health Leadership Working Group, Northern Leadership Forum) within this mechanism should prioritize at least one jurisdictional issue, identify realistic strategies to resolve the issue(s), and advocate for changes to habits and practices, organizational policies, governmental policies, Contribution Agreements, and/or legislation to resolve the particular issue(s). As suggested by the consultants, evaluation of the mechanism's performance should occur after one year.

Community Development

It is recommended that those NHS partners that wish to implement the community development strategy proposed by the Associated Counselling Network do so, and that these partners share the experiences, outcomes, and lessons learned from doing so with all NHS partners. It is also recommended that those NHS partners that do not wish to implement the proposed strategy continue to address the issue of community development, both within each organization and collectively, by:

- ensuring that it is a component of the NHS Strategic Plan and/or next NHS initiative; and
- contracting an organization/individual with expertise to work with those individuals in each NHS partner with community development responsibilities (with respect to health) to identify the internal strengths of each organization or communities within the region, and build upon these principles or best practices to provide additional direction for community development in the north.

It is also recommended that when working with consultants (or project staff) that the NHSWG: clearly identify the expectations of the work to be completed; establish criteria to assist in the

identification of consultants to complete the work; clearly identify the deliverables of the work; provide clear direction in a timely manner; and establish good dialogue and reporting processes in order to appropriately manage the work (of course, with the support of the project coordinator) and to achieve the desired results.

Communications

Considering the achievements of the Communications Coordinator and the project in the area of communications, such as the increased awareness of the NHS in the north, the province, and Canada, it is recommended that the NHSWG give consideration to including a communications position within its Strategic Plan and request for core funding in order to ensure that project gains will not be lost, as well as to ensure the visibility of the NHS. With other funding secured through special projects, such as Shared Paths for Northern Health, consideration should be given to a second communications position, each with their own set of responsibilities. For example, one position would be responsible for planning and decisions; the other production and dissemination; or one position would be responsible for communication to the external stakeholders (e.g., media, general public); the other internal stakeholders (support for organizational communications needs or development of health promotion materials). If finances to support a communications position are not secured through core or special project funding, the NHS partners should give consideration to shared funding of a position.

In addition, the communications position should develop specific strategies to facilitate communications and information flow between the TACs as they continue to meet; between the TACs and the NHSWG; between the NHSWG and the NHS Leadership; and between the NHS and the communities of the north, utilizing the successes of the Shared Paths project (e.g., mini-NHSWG), as well as other innovative ideas.

Human Resources

In an effort to sustain the work of the Human Resources Coordinator, the Human Resources TAC, and the Communications Coordinator, it is recommended that the NHS partners: utilize the job and career fair materials kit at numerous events throughout the north and the province to encourage northern youth and high school students to pursue health careers, and health care professionals to work in the north; examine the findings and recommendations of the total compensation study and implement the suggestions, where possible and desirable to do so, in an attempt to narrow the existing gap between salary grids and recruitment and retention incentives among northern health organizations; and move forward with the next steps in the pursuit of a NHS bursary and scholarship program.

If the area of human resources is one that the NHSWG continues to pursue collaboratively (via core funding or special project support) through the TAC, then consideration should be given to: identifying a clear direction or mandate for the group; supporting the group with a competent leader; and ensuring the proper representation is at the table based on the intended outcomes of the collaboration, for example, a northern health human resource strategy or focused activities such as, creating a casual staff labour pool or collaboration on education and training initiatives.

Mental Health and Addictions TAC

As stated in the Mental Health and Addictions Technical Advisory Committee (MHATAC) Final Report, the TAC representatives are interested in continuing to meet once or twice a year in the future. Given the importance of mental health and addictions in the north, the NHSWG needs to give consideration to the next steps for the MHATAC. For example, will it remain a TAC with a north-wide focus or will the needs be better served with regional partnerships? The NHSWG should also seek input from the MHATAC representatives with respect to this decision. In addition, the NHSWG should formally review, discuss, and approve the recommendations developed and submitted by the MHATAC, in a fashion similar to the other TACs. These recommendations also need to be prioritized by the MHATAC or the NHSWG, and detailed work plans need to be created for the recommendations that are of high priority.

Chronic Disease TAC

The Chronic Disease Technical Advisory Committee (CDTAC) plans to continue its work in the form of the Coalition; however, the formation of this Coalition will require the leadership of CDTAC co-chairs in the absence of a TAC Coordinator, and furthermore, a NHS Coordinator. The work plan, charter, and logic model for the Coalition have already been drafted, along with a budget that identified actions with and without funding. Thus, it is recommended that the CDTAC continue its work under the new banner of the Coalition and that the NHSWG pursue funding for its work plan. Moreover, if funding is not secured, then implementation of its alternate work plan should be supported. In addition, it is recommended that the Coalition fosters the sustainability of the patient self-management training program given that patient self-management is an important component of the model espoused by the Coalition.

Perinatal and Infant Health TAC

Members of the Perinatal and Infant Health Technical Advisory Committee (PIHTAC) were quick to note that their own satisfaction would increase when recommendations are implemented. Evaluation findings, particularly comments from members of the TAC, leads to the recommendation that the TAC recommendations submitted should be followed up and implemented where appropriate. For instance, enhance supportive care for breastfeeding (e.g., lactation consultant for the north); provide training of peer support for breastfeeding; enhancing physician orientation to perinatal programs and services in the north; establishment of a perinatal forum to address quality of care issues. Furthermore, the Northern Breastfeeding Committee has not met recently and this group should be sustained in order to address this issue in northern communities. However, follow-up and implementation of the TAC recommendations and activities is threatened by the lack of a TAC coordinator/co-chairs, as well as a project coordinator past September 30, 2006. Thus, efforts should be made to determine co-chairs from within the TAC.

Oral Health TAC

The Oral Health Technical Advisory Committee (OHTAC) has expressed commitment to continuing their working relationship into the future. Thus, it is recommended that the OHTAC continue to pursue their work plan and the recommendations submitted to the NHSWG. In order to provide direction for the group, the OHTAC should prioritize its recommendations and modify

the current work plan accordingly. Given the success of the OHTAC in developing and distributing resource material for the NHS partners and in providing a joint training session, it is recommended that the group continue these best practices.

Furthermore, it is strongly recommended that the NHSWG bring back to the table the dentist services proposal, confirming partner support for the proposal and direction on how to proceed (i.e., regionally, north-wide) to improve access to dentist services for the residents of northern Saskatchewan, particularly the adult population. Once there is direction on how to proceed, it is recommended that the NHSWG meet with potential funding agencies of this proposal, and formally discuss any and all jurisdictional issues that may impede access to services and identify solutions to these barriers, so that residents of northern Saskatchewan are no longer without access to care.

Information Technology TAC

Sustaining the work of the Information Technology Coordinator and the Information Technology Technical Advisory Committee (ITTAC) will hopefully lead to the development of a northern e-health strategy, which is a requirement for the Health Information Solutions Centre to begin providing services. Thus, it is recommended that consideration be given to the development of a northern information officers forum or task force with the mandate to work collectively to build the information technology and management capacity of northern First Nations partners to that of the northern Regional Health Authorities, as well as to establish a northern e-health strategy (e.g., what does it look like and how to get there). It is recognized that this will require a significant period of time, as well as significant resources (i.e., financial, human, technological), which should be sought from all available sources (e.g., internal and external to the NHS partners, governmental and non-governmental). Given that the website expired on August 31, 2006 (due to the lack of funds to maintain), the NHSWG should continue to pursue and implement the SharePoint web portal as a means to share and disseminate information to the partners without incurring costs.

Health Information Management TAC

The Health Information Management Technical Advisory Committee (HIMTAC) desires to continue meeting, either in its present form or as an amalgamation between the HIMTAC and the ITTAC. In either form, the HIMTAC should continue to pursue its short-term objectives of: a plan for strategic integration of health information and IT applications needed for a sustainable and intra-operative information system between health jurisdictions in northern Saskatchewan, with a streamlined and comprehensive collection of clinical documentation, information, utilization, and management of health information systems. These objectives should be met through the: implementation of the recommendation to establish and implement an electronic tool to capture client demographic, clinical, and nursing utilization information via the modification and utilization of an existing database or the development of a new one; development of a human resources development plan around health information and informatics; and development of the bridging plan with the ultimate goal of creating an electronic health information management system that is interoperable with the eventual pan-Canadian electronic health record.

Overall Recommendations to the NHSWG

These recommendations are not in a prioritized order and equal consideration should be given to all of the recommendations.

1. Given the scope of the Shared Paths project, the NHSWG should prioritize components of the project to move forward, as well as prioritize the recommendations within those components for implementation, and support accordingly.
2. It is strongly recommended that solid planning of all future NHS activities and projects takes place, given the challenges experienced in the Shared Paths project. For example, provide clear direction and expected deliverables to staff, working groups, consultants; clearly define roles and responsibilities; provide formal feedback mechanisms between stakeholders; identify actions in work plans; develop detailed budgets; etc. [Utilize the evaluation findings with respect to lessons learned, suggestions for improvement, and sustainability.]
3. In all NHS activities and projects, ensure that the vision and principles of the NHS are being addressed (e.g., coordination, cooperation, collaboration, communication, wholistic viewpoint, respect for jurisdictional authority, consensus).
4. Explore creative ways to ensure community involvement in the NHS and input into the process.
5. Given that collaboration is a principle of the NHS, the NHSWG is to ensure that links are being made with inter-sectoral partners (i.e., those that do not often view themselves as having a responsibility for health) where essential, for example, to address the underlying determinants of health such as, poverty, housing, and employment.
6. All NHS partners and funding agencies should ensure that there is representation at the table, through the nominated representative or an alternate, and that there is full participation by the representatives in all discussions and activities (NHSWG and TAC levels). Partner representation and participation in the process will help to address the challenges of health service delivery in the north, as well as contribute to the success and sustainability of the NHS.
7. When hiring NHS Coordination and/or project staff, give careful consideration to hiring individuals with the required knowledge and skill set. Often employees are willing to learn and opportunities for professional development and continuing education should be provided.
8. Improving access to services is a fundamental issue addressed by the NHS, as well as intent of the work of the TACs. Progress has been made within the project (e.g., dentist services proposal, CommunityNet), and efforts to improve access to health care services for residents of northern Saskatchewan should be continued by the NHS and supported by the funding agencies. A process or a forum should be established with the federal and provincial governments to address the issue of access to services, as evidenced by the stalling of the dentist services proposal.

9. Given successful advocacy efforts of the NHS (e.g., CommunityNet, Saskatchewan Registered Nurses Association transfer of medical function process; Health Quality Council Chronic Disease Management Collaborative), efforts of advocacy to positively impact health and social policy, through recommendations for changes or implementation of changes to policy should be continued by the NHS. The NHSWG should continue to identify specific areas for advocacy and take steps toward necessary change. As an example, advocate that funding agencies review current practice and guidelines with respect to project funding to allow for greater flexibility or adjustments, particularly with respect to timelines and/or extensions in order that effective and sustainable transition, which is generally the desired outcome, is possible.
10. There should be a concerted effort to document the history of the NHS (i.e., its development, activities, accomplishments, challenges). It is recognized that this will need the support of special project funds and personnel (i.e., contracted service) given the already demanding positions of the NHSWG representatives and NHS Coordinator; however, this should be considered.
11. The NHSWG representatives should give consideration to including a reflective analysis or an evaluation component to all NHS projects, continuing to strengthen the current relationship with SPHERU and/or developing new relationships with other evaluators (i.e., individuals, organizations), which will contribute to continued partnership development, as well as ensure sustainability.
12. Given the baseline data gathered through the Shared Paths project, as well as the project evaluation, it is recommended that another evaluation is conducted in five years to determine the impact of the project on: health service delivery; and community and organizational transition to improve the health of northern residents that is attributable to the project.

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