



First Nations Health Managers Association

Association des gestionnaires de santé des Premières Nations

National Conference
November 23, 2011



New Health Facility Business Planning

How to Make it Work!



Session Outline



1. How Quality Improvement Started it All
2. Opaskwayak Cree Nations (“OCN’s”) Journey
 - Vision → Concept → Business Plan → Reality
3. Lessons Learned
4. What’s Next for OCN?
5. Questions and Answers



How QI Started it All



Health Issues Affecting Manitoba First Nations

- Serious health issues identified on Manitoba First Nations*:
 - First Nations people live approximately 8 years less than other Manitobans
 - The rate of diabetes is more than 4 times higher than for other Manitobans
 - The rate of high birth weight babies is rising consistently. The high incidence of diabetes is a contributing factor
 - The prevalence of amputations due to complications related to diabetes is 16 times higher than for other Manitobans
 - First Nations people experience higher rates of suicide (1.7 times higher) and intentional injuries like assault
 - Alcohol intake, especially binge drinking during pregnancy, appears to be much more common for First Nation women

* First Nations Health and Wellness in Manitoba: Overview of Gaps in Service and Issues Associated with Jurisdictions. Robert Allec, 2005.



Health Issues Affecting Manitoba First Nations

- Serious health issues identified on Manitoba First Nations*:
 - Significant gaps exist for Aboriginal adults and children who need access to programs and services
 - The incidence and prevalent rates of diseases, such as diabetes, circulatory and respiratory diseases, and some cancers are increasing in First Nations. As the First Nation population ages, morbidity and mortality due to chronic diseases will continue to increase
 - In Manitoba, infant mortality rates for FN people range from 2.1 - 2.9 times higher than the rate for other Manitobans
 - Manitoba First Nations had double the Premature Mortality Rate of other Manitobans

* First Nations Health and Wellness in Manitoba: Overview of Gaps in Service and Issues Associated with Jurisdictions. Robert Allec, 2005.



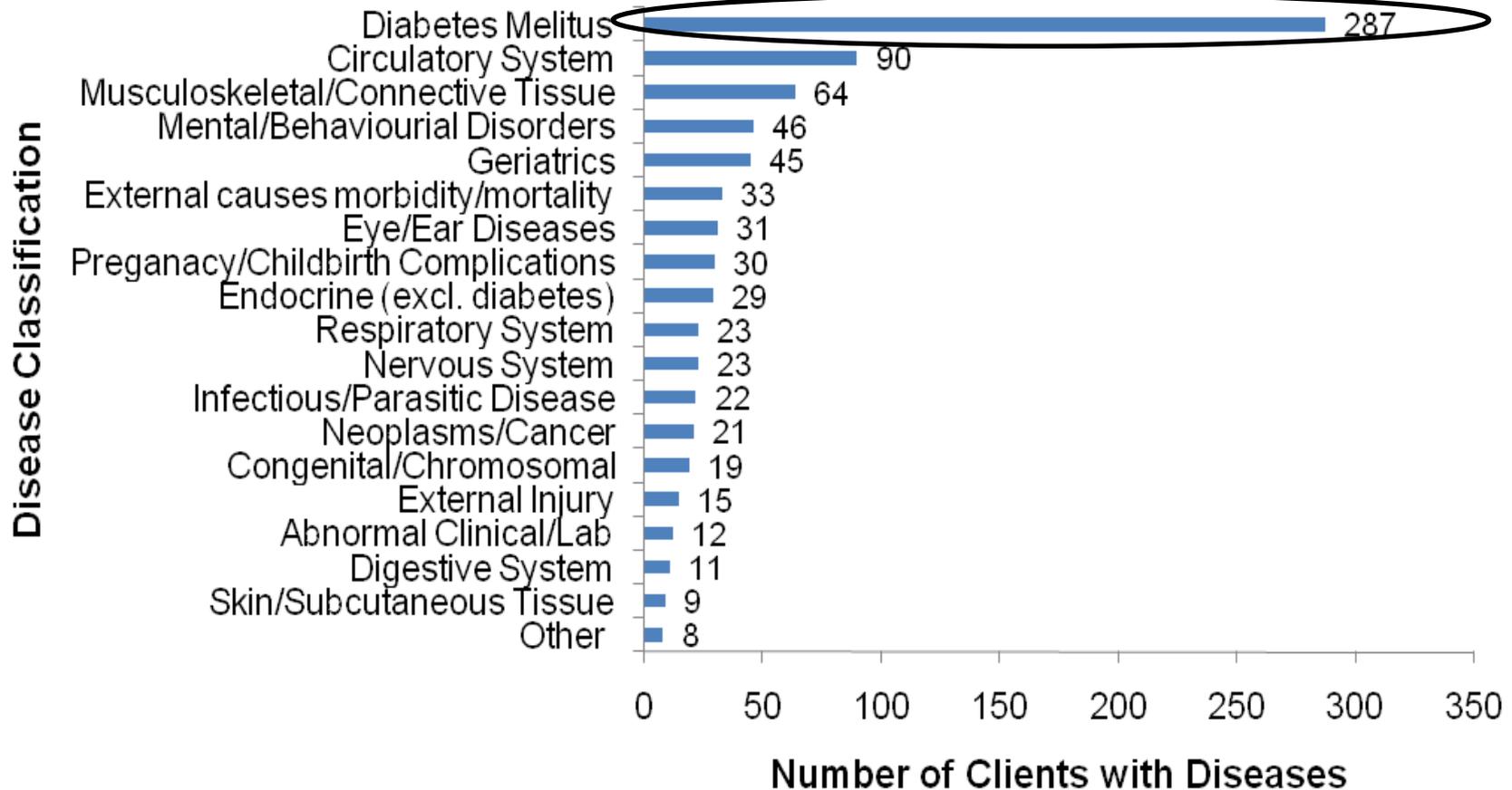
Health Issues Affecting Manitoba First Nations

- According to the Manitoba First Nations Regional Longitudinal Health Survey from 2002/2003, the top 5 self-reported health conditions were:
 - Diabetes (25%)
 - Arthritis (20.5%)
 - High Blood Pressure (18.2%)
 - Allergies (13.5%)
 - Asthma (8.5%)
- According to the Manitoba Regional Health Survey 2008 – 2010 (First Nations Information Governance Centre):
 - 55.8% of adults report having less access to health services compared to the general population
 - 51.3% of seniors report having diabetes
 - 24.3% of adults (35 – 54) report having diabetes
 - 7.8% of adults (18 – 34) report having diabetes

OCN Realities



Frequency of Health Conditions for OCN



OCN Realities



- Poor access to healthcare due to a shortage of physicians in OCN and the Town of The Pas
- The inadequacy of healthcare currently delivered to OCN members and other surrounding First Nation Communities
- Declining health status of OCN members
- Increasing numbers of on-reserve population versus declining numbers in Town of The Pas
- Well documented aboriginal health status issues
- High medical travel expenses to Winnipeg in part due to poor access to services locally
 - Averaging close to 200 medical trips/month

OCN Realities



- Health Authority Staff and programs were located in basement of a retail mall and a building built in the 1950's
 - Poor ventilation (VLT's with smoking located next door)
 - Poor access
 - Very limited space for staff and programming
 - Lack of privacy for patients, family members and staff
 - Infection control risks
 - Poor IT connectivity due to outdated wiring

Quality Defined



- **Quality (noun)** – a degree of excellence*
- **Quality (adjective)** – being of high quality*
- **Quality Assurance (noun)** – a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met*

Recognition by OCN that there were distinct issues with the quality of, and access to, health services within their community

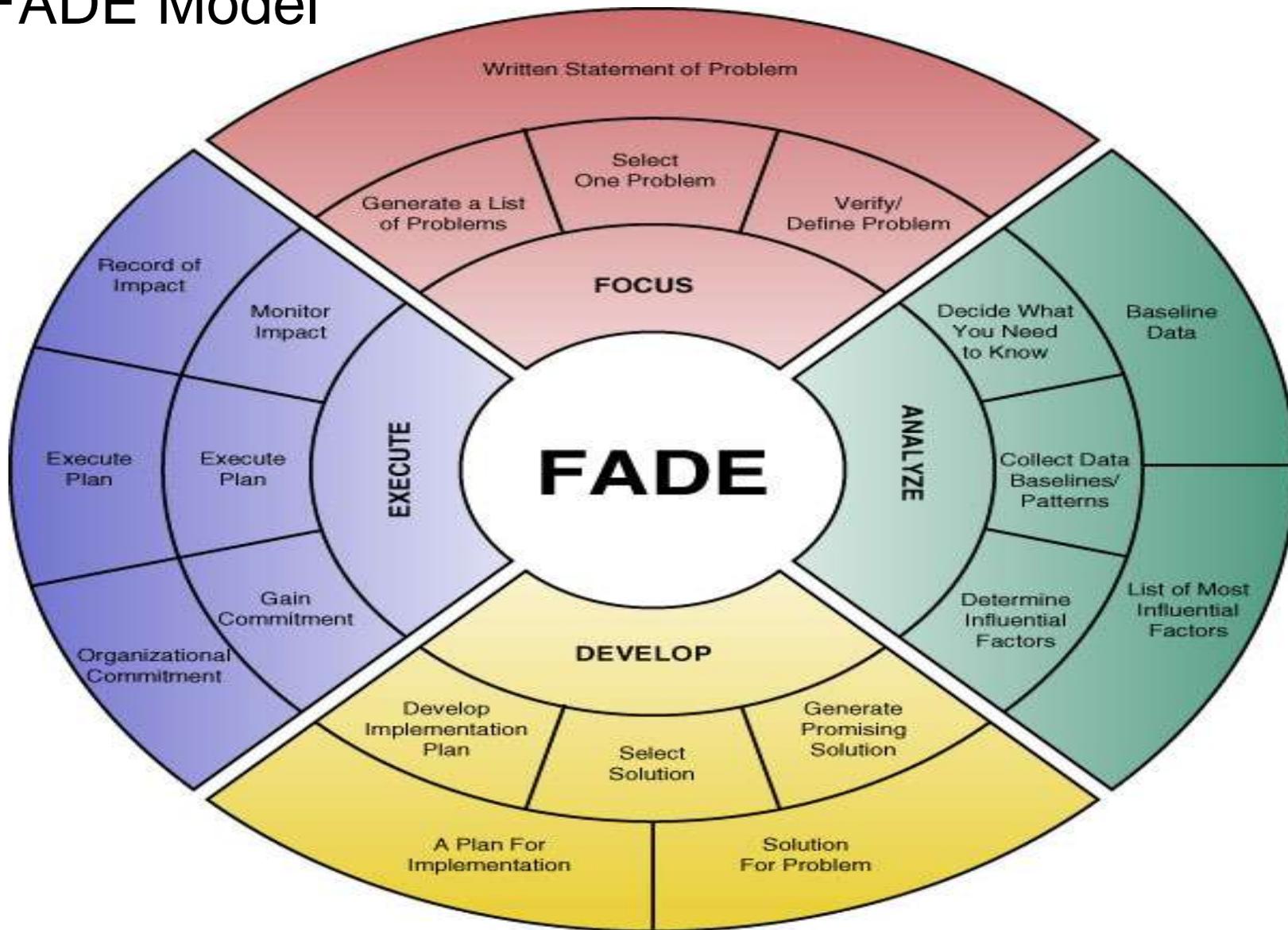
....so it really boiled down to a need for quality improvement and frank discussion about what to do about it



Quality Improvement Models

- Many quality improvement models to choose from: one that seemed to fit for OCN
- 4 broad steps to the FADE Quality Improvement Model
 - **FOCUS:** Define and verify the process to be improved
 - **ANALYZE:** Collect and analyze data to establish baselines, identify root causes and point toward possible solutions
 - **DEVELOP:** Based on the data, develop action plans for improvement, including implementation, communication, and measuring/monitoring
 - **EXECUTE:** Implement the action plans, on a pilot basis as indicated

FADE Model



Quality Improvement – OCN Environment



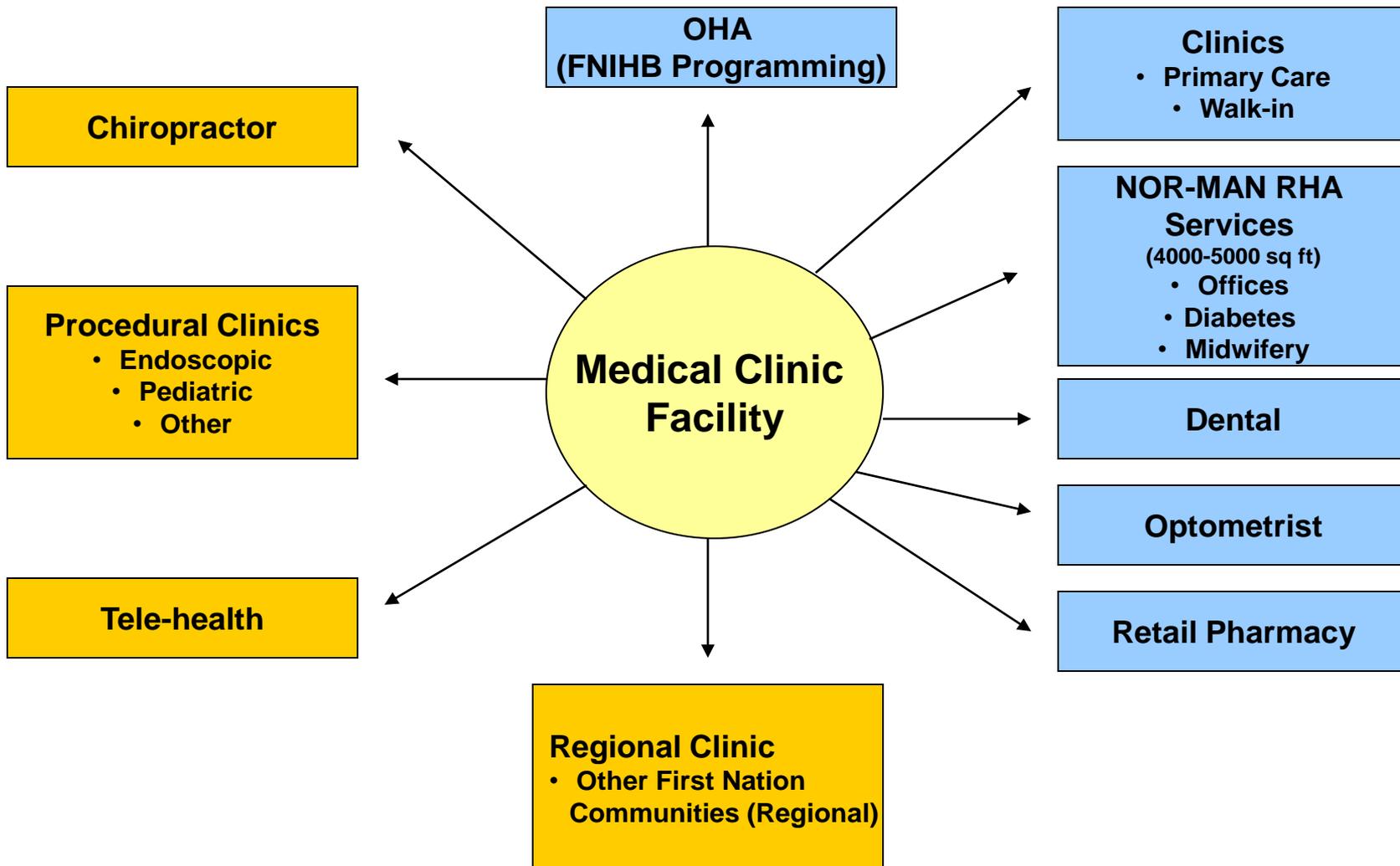
So the FADE model applied in OCN's environment became:

- Focus: Develop a **VISION**;
- Analyze: Collect and analyze data to illustrate a **CONCEPT**;
- Develop: Based on the data, develop a **BUSINESS PLAN**; and
- Execute: Implement the business plan and make it a **REALITY**.



OCN's Journey

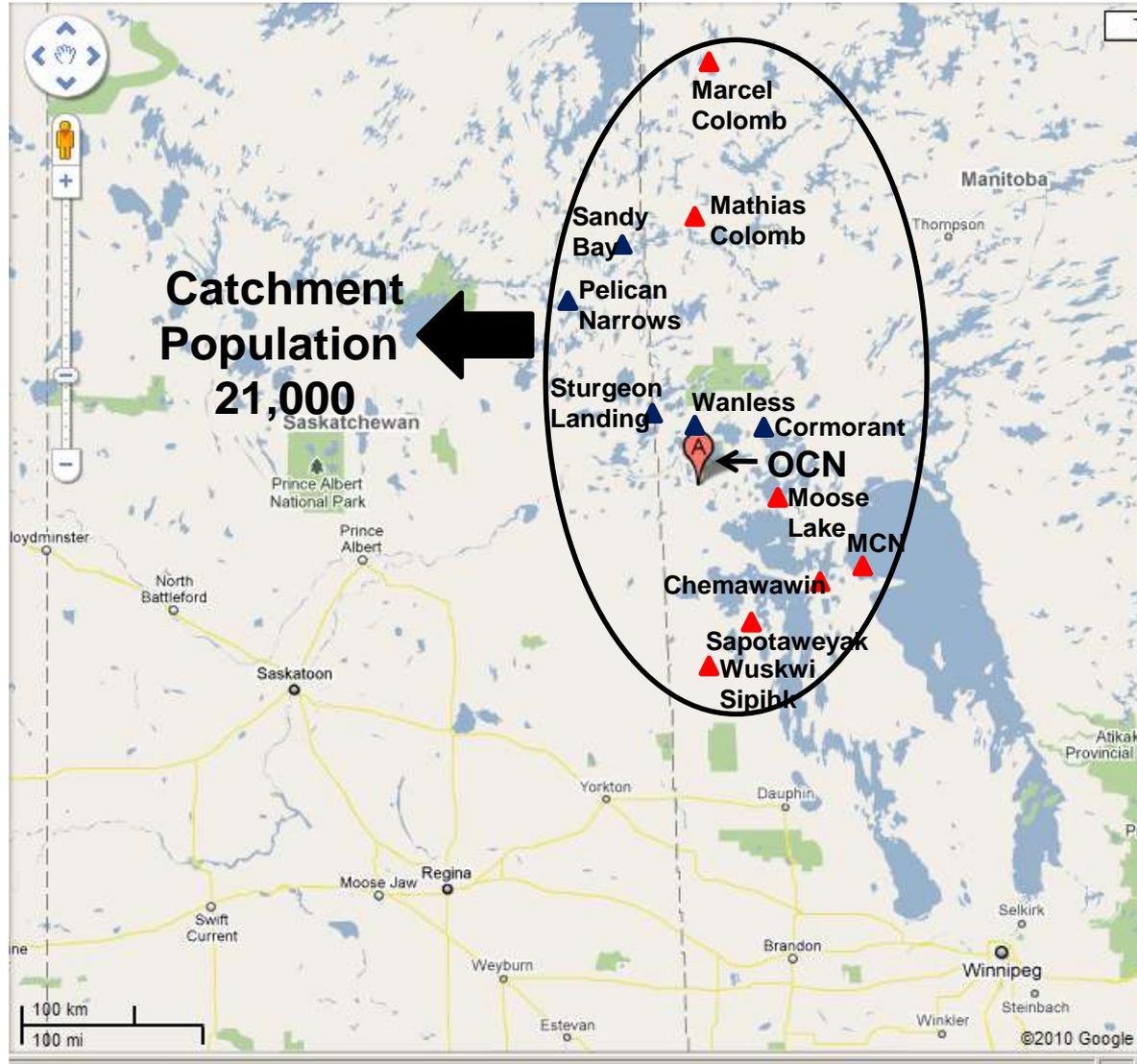
OCN Journey – The Initial Vision



OCN's Journey – The Vision



- ▲ SCTC Communities
- ▲ Non-SCTC Communities



* Source: 2006 Census and INAC website accessed January 2010

OCN's Journey – The Concept



Realization that:

- It could not continue in this manner
- It could not be done alone
- It would require programming and funding support from FNIHB
- It would require broad participation and understanding of community
- It would require expertise that OCN did not necessarily have
- It could be of interest to stakeholders other than FNIHB
- It would require discipline and a pragmatic approach

.....so what did OCN do?

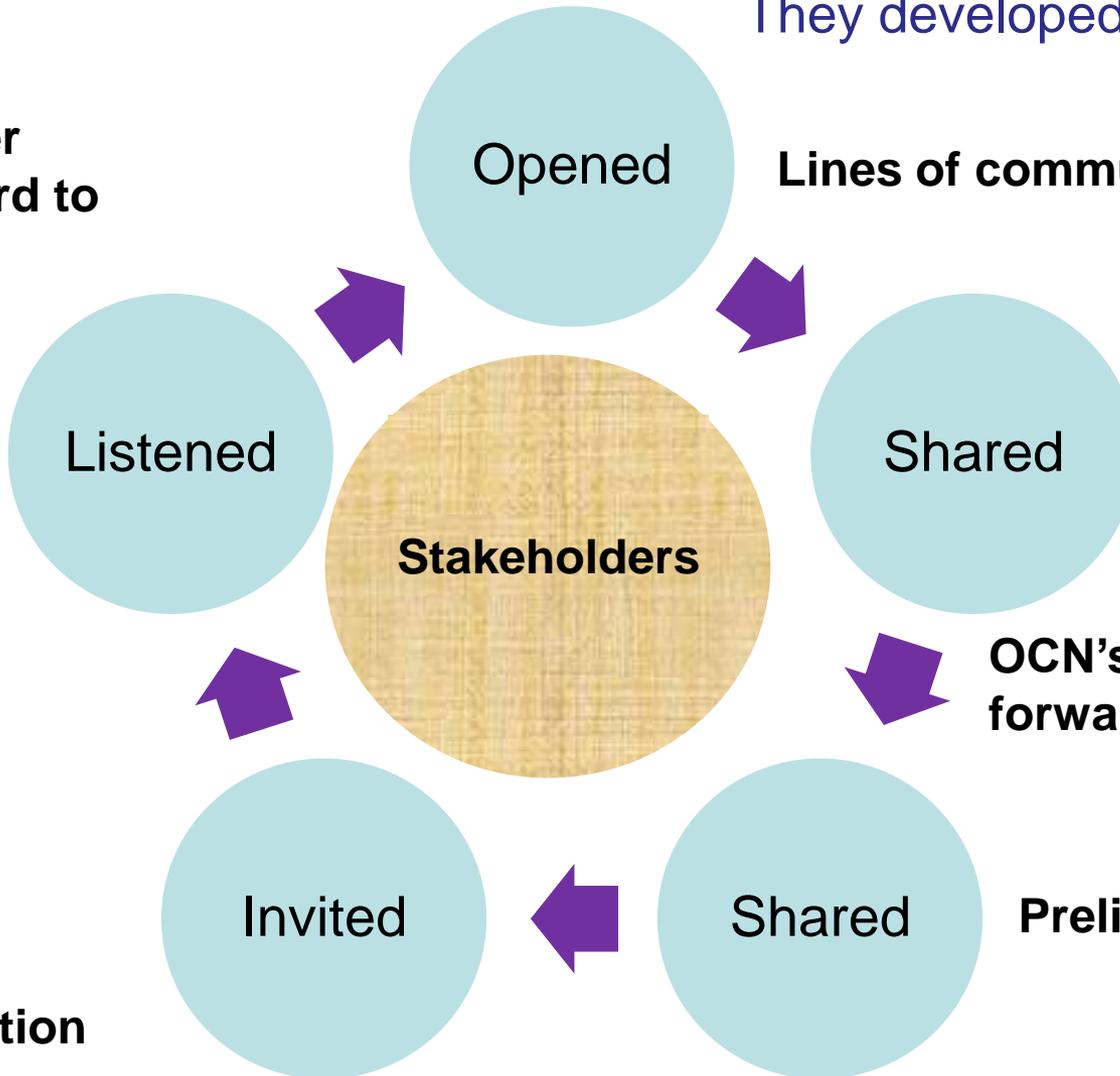
OCN's Journey – General Approach



To stakeholder needs in regard to participation

They developed an approach

Lines of communication



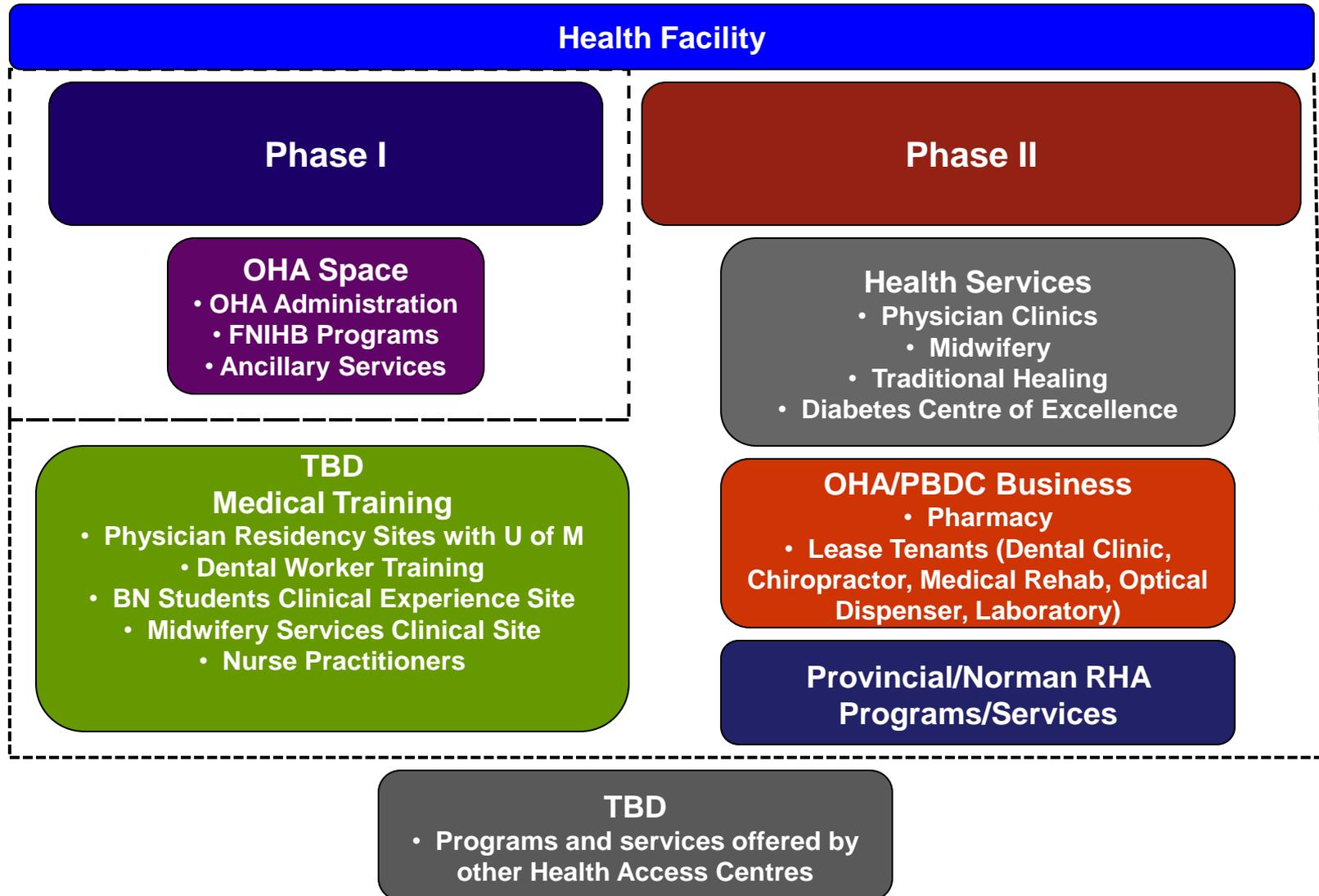
OCN's desire to move forward

Preliminary concepts

Participation



OCN's Journey – The Evolving Vision



They refined their vision

OCN's Journey – Project Management Structure



Political Support

They put a project team together

Chief &
Council

OHA
Board

Working Group/Staff Support

OCN
Health
Authority

PBDC

Consulting Support

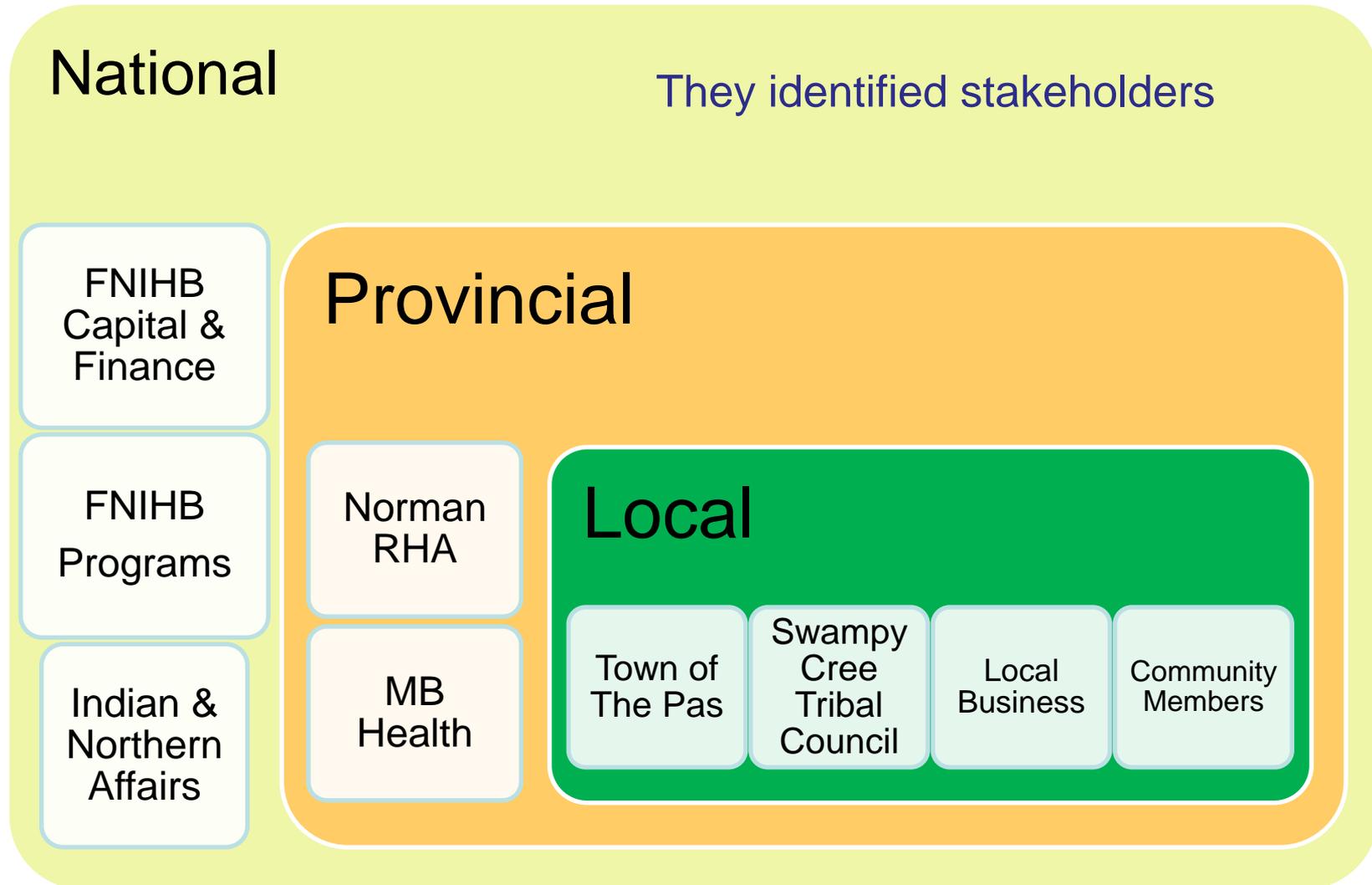
Business

Medical

Design &
Architecture



OCN's Journey – Stakeholder Structure





OCN's Journey – The Concept

They articulated benefits

- Improved access to healthcare for OCN and surrounding communities
- Improved quality of healthcare environment
 - Infection control
 - Better lighting and air quality
 - Improved work and clinic environment
 - Healing environment
- Potential reduction of emergency room utilization in The Pas
- Potential reduction in medical travel expenses as services provided “closer to home”
- Provides alignment with a network model of care with OCN assuming primary responsibility for the provision of a slate of services to different communities

OCN's Journey – The Concept



- Infrastructure that will increase ability to recruit, retain, and retrain physicians
 - Similar to other clinic models in rural Manitoba (e.g. Winkler)
- Infrastructure that will increase ability to recruit, retain and retrain other healthcare professionals
- Allows for program enhancement and / or new program development and delivery
- Enhance pride in the community and awareness of health issues



OCN's Journey – Project Timeline

They developed a project timeline

Business Plan Only

| Project Timeline | Weeks 1 - 3 | Weeks 4 - 6 | Weeks 7 - 9 | Weeks 10 - 12 | Weeks 13 - 15 | Weeks 16 - 18 | Weeks 19 - 21 | Weeks 22 - 24 | Weeks 25 - 27 |
|--|-------------|-------------|-------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Planning | | | | | | | | | |
| Data and Information Collection | | | | | | | | | |
| Consolidation & Analysis | | | | | | | | | |
| Feasibility | | | | | | | | | |
| Documentation (incl. schematics and rendering) | | | | | | | | | |
| | | | | | | | | | |

- Estimate – 27 weeks
- Actual – 38 weeks



OCN's Journey – Project Timeline

Design Only



- Estimate – 18 weeks
- Actual – Approximately 23 weeks



OCN's Journey – Project Timeline

Construction Only

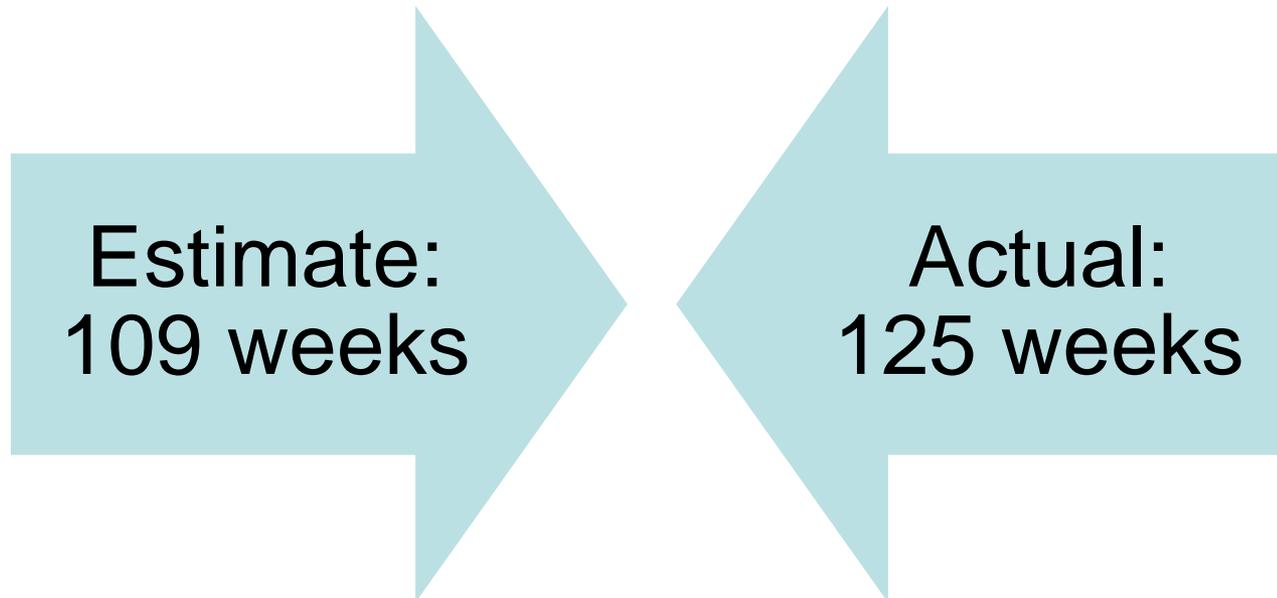
- Estimate – 64 weeks
- Actual – Approximately 64 weeks



OCN's Journey – Project Timeline

Total Timeline

They did it



Phase I – The Result



- OCN committed to this initiative and allocated approximately \$1.6 Million to the planning and capital development of Phase I
- Business Plan was prepared and successful in securing funding from Health Canada for components of the facility specific to FNIHB programs and services
- Construction started May 2010
- Construction completed June 2011

Phase I – The Result



 Friesen Tokar
Architects + Landscape + Interior Designers

Opaskwayak Health Centre

Conceptual Drawing

Phase I – The Result



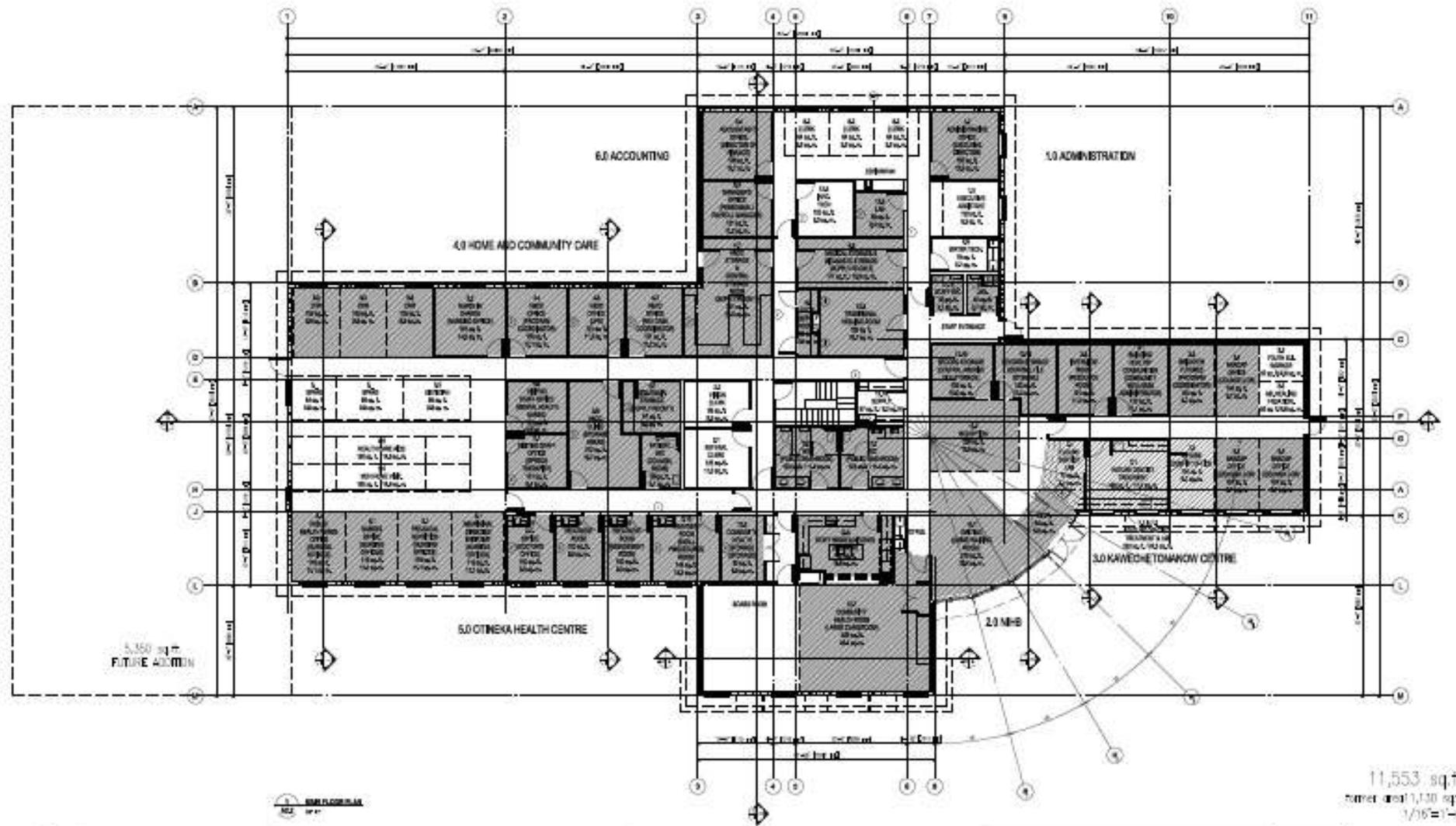
Construction



Completion!



Floor Plan



11,553 sq.ft.
 former total 1,130 sq.ft.
 1/16"=1'-0"

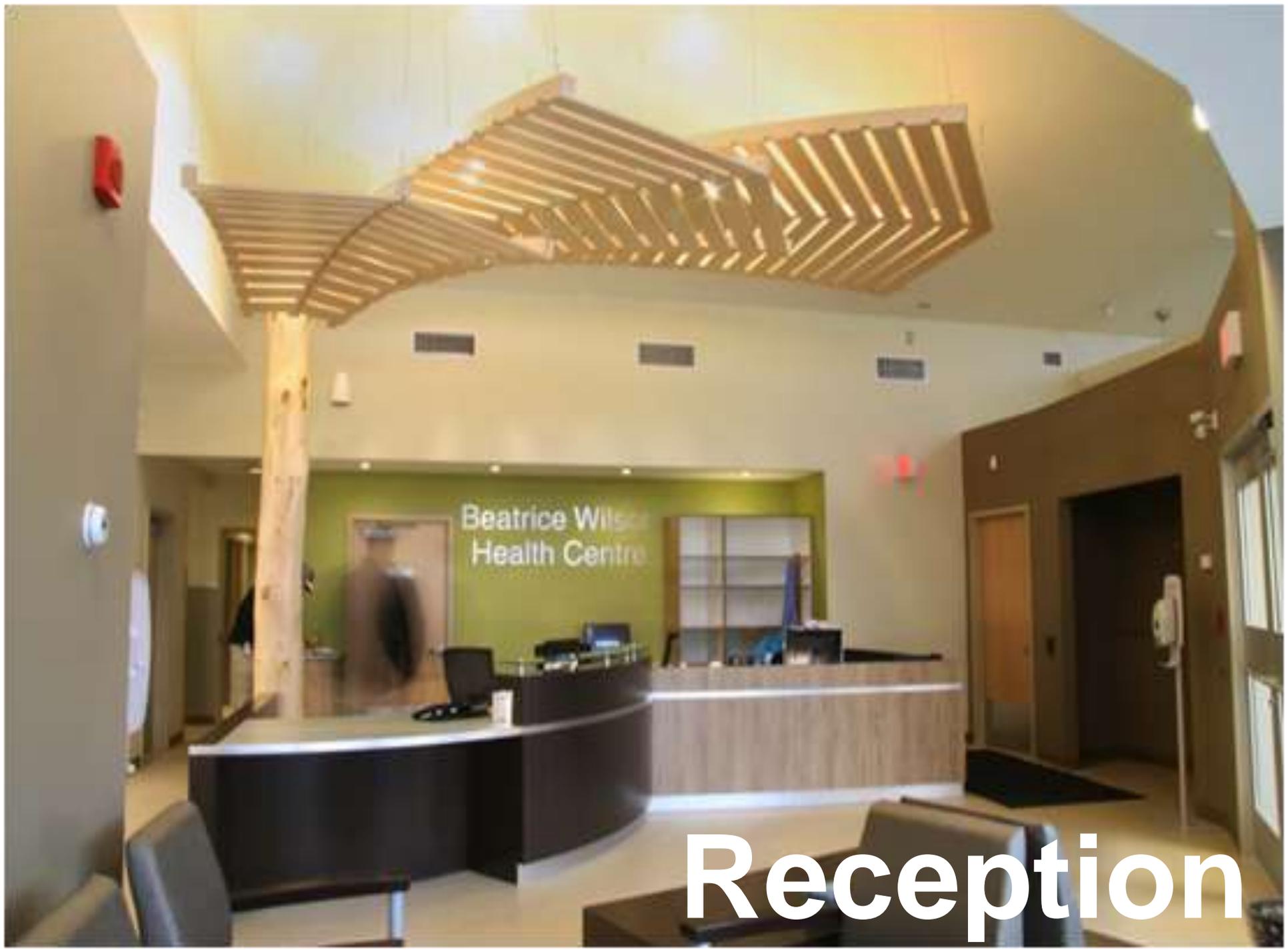




Entrance Feature

Glass Detail





Beatrice Wilson
Health Centre

Reception



Family Room

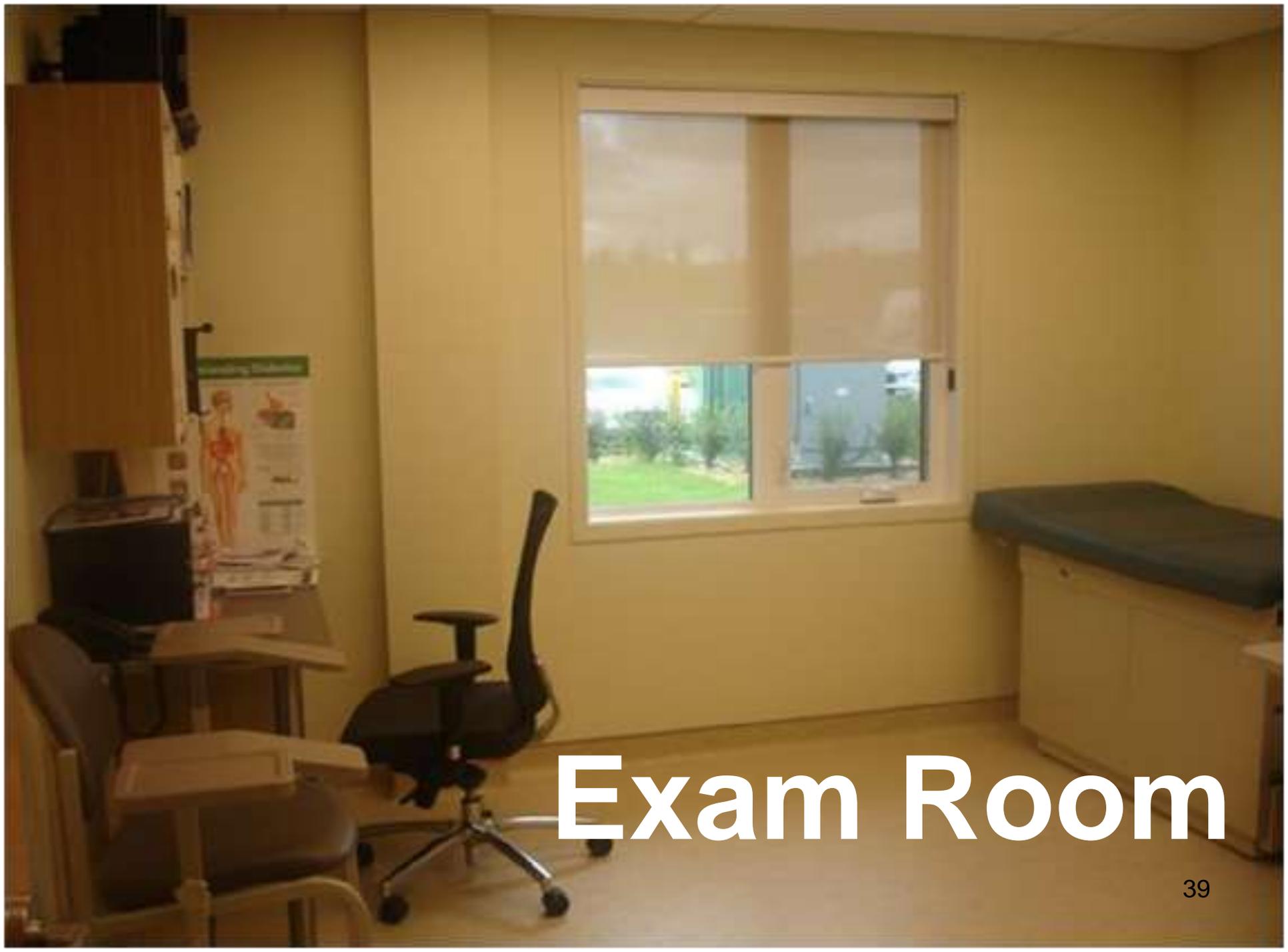


A photograph of a modern kitchen. The kitchen features light-colored wood cabinetry and a dark, speckled countertop. On the left, there is a large stainless steel refrigerator. In the center, a white countertop island holds a black induction cooktop. To the right, a stainless steel sink is set into the countertop, and a stainless steel range hood is mounted above it. The floor is a light-colored, neutral tone.

Training & Teaching Kitchen

Multi-Purpose Room

A multi-purpose room featuring a large, dark wood conference table arranged in a U-shape. Several black office chairs with armrests are positioned around the table. The room has light-colored walls and two large windows with blinds, providing natural light. Two whiteboards are mounted on the walls, one on the left and one on the right. The ceiling has recessed lighting fixtures.



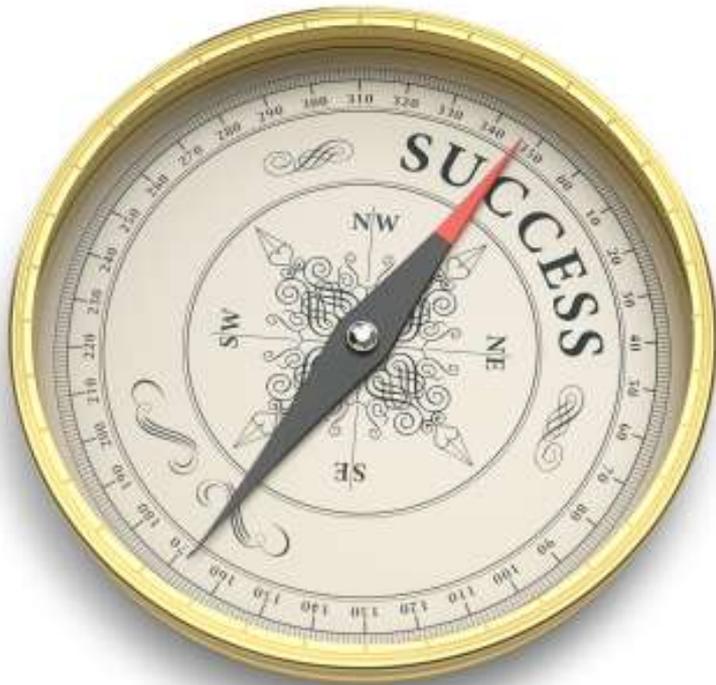
Exam Room



Lessons Learned

Critical Success Factors – The 4 P's & a C

1. Patience



2. Persistence

3. Professionalism

4. Project Management

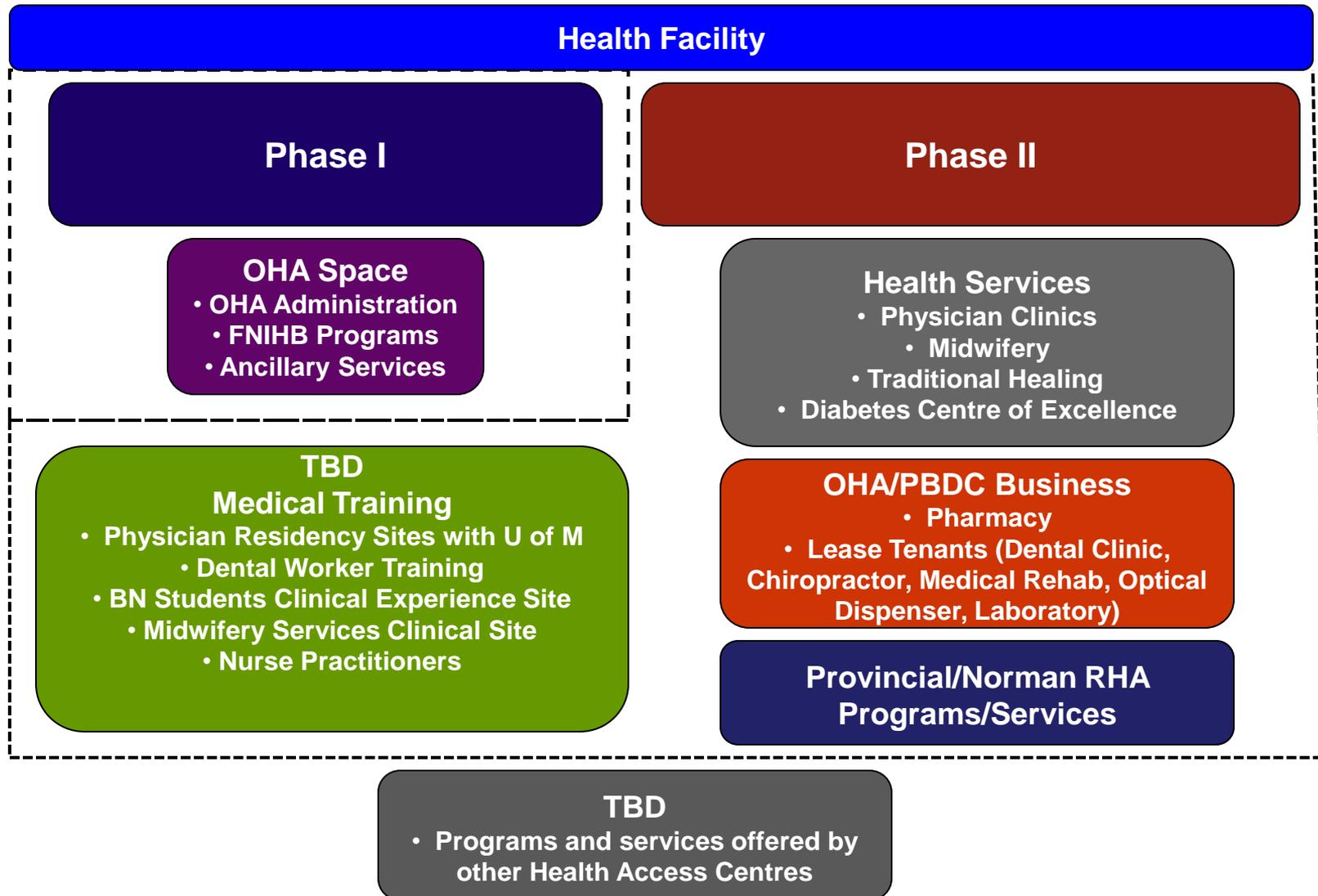
5. Communication

A street sign pointing to the right, mounted on a metal pole. The sign is white with a black border and the word "FUTURE" written in large, bold, black capital letters. The background is a clear blue sky.

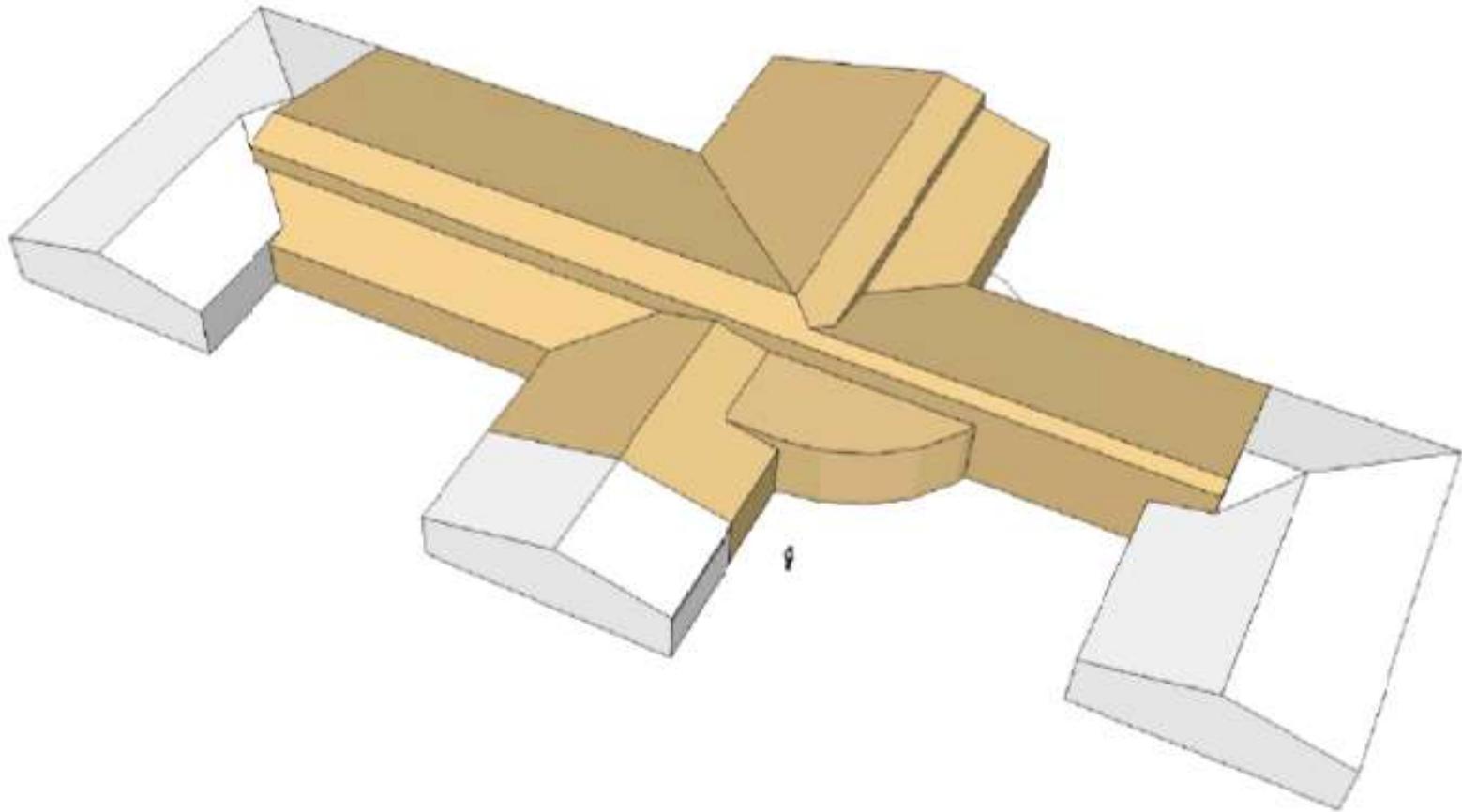
FUTURE

What's Next

Phase II – What's Next



Phase II – Rendering of Expansion



Phase II – Potential Services



- Anticipate that three types of tenants will occupy the health centre:
 - **Lease tenants** (e.g. dental clinic, optical dispenser, chiropractor, therapy, physician offices)
 - **OCN tenants** (e.g. pharmacy)
 - **TBD** (e.g. Norman RHA (diabetes centre of excellence, midwifery), University of Manitoba, traditional healing, UCN. etc)
- The feasibility and needs of each type of tenants will be assessed during the next phase of work

Phase II – Project Timeline



| | 18 Month Timeline | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------------------|--------|--------|--------|----------------------------|---------------------------|--------|--------|--|--|--|
| Project Timeline (Month) | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | | | |
| MNP Consulting Tasks and Activities | | | | | | | | | | | | | | | | | | | | | |
| Current State Assessment | | | | | | | | | | | | | | | | | | | | | |
| Articulate Programs and Services | | | ◆ | | | | | | | | | | | | | | | | | | |
| Specifications/Capital Costs | | | | ◆ | | | | | | | | | | | | | | | | | |
| Implementation Needs | | | | | | | | ◆ | | | | | | | | | | | | | |
| Business Plan Documentation | | | | | | | | | | ◆ | Business Plan Complete | | | | | | | | | | |
| Presentation of Business Plan | | | | | | | | | | | | | | | ◆ | Financing Approved | | | | | |
| Planning and Implementation | | | | | | | | | | | | | | | | | ◆ | | | | |
| Construction | | | | | | | | | | | | | | | Construction Starts | | ◆ | | | | |
| OCN Tasks and Activities | | | | | | | | | | | | | | | | | | | | | |
| Working Group Meetings | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | | | |

| Legend | |
|--------|-----------------------|
| ◆ | Deliverable |
| ◆ | Milestone |
| ◆ | Working Group Meeting |



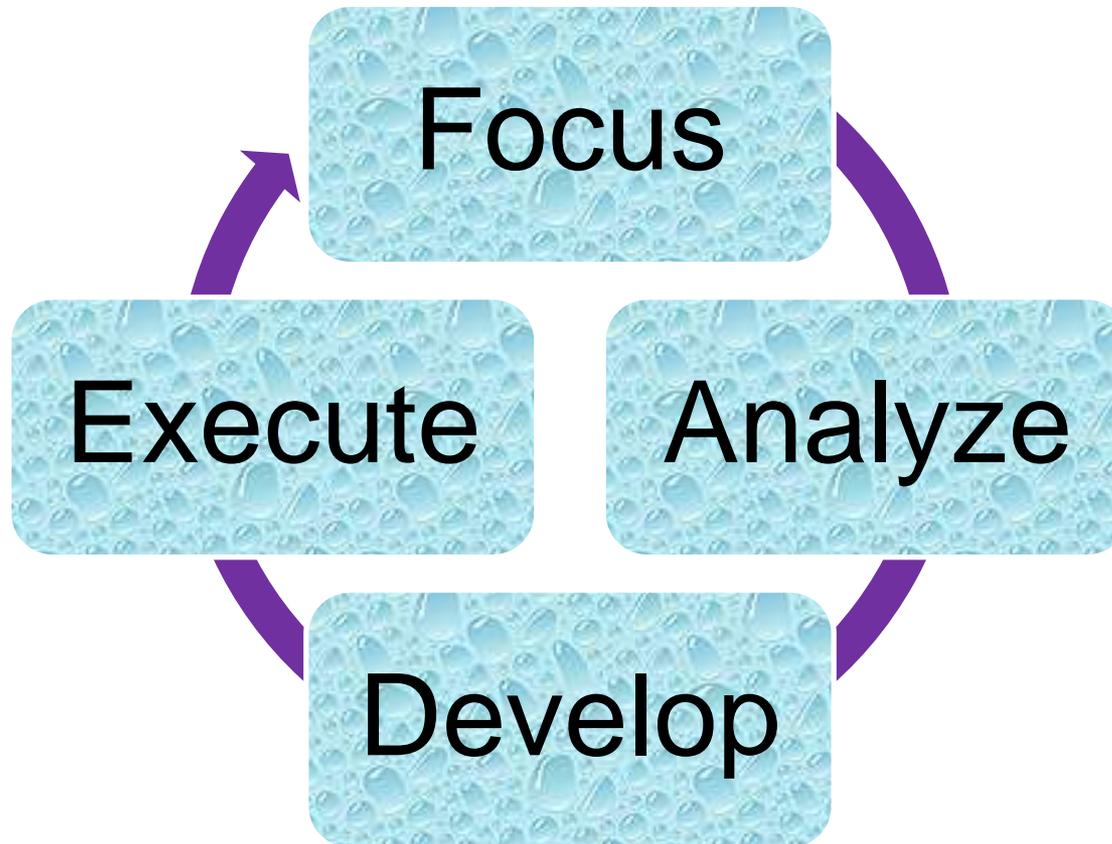
Phase II – Potential Partners

- OCN has identified potential partners for the next phase of the project:
 - Province of Manitoba
 - First Nations & Inuit Health Branch
 - Assembly of Manitoba Chiefs
 - NorMan Regional Health Authority
 - Indian & Northern Affairs Canada
 - University of Manitoba
 - University College of the North
 - Private enterprise
 - HSIF Fund Application

Phase II – Next Steps



Back to the Quality Improvement Cycle



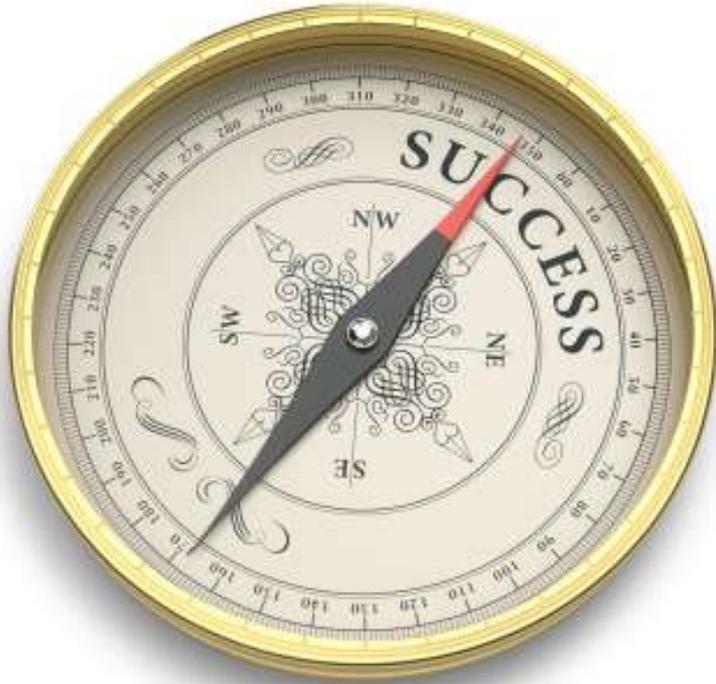
Thank - You



Questions?



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