



## **First Nations Health Managers Association**

Getting the Right Mix: Building, Strengthening  
and Sustaining Partnerships in Health Care

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# Introductions

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# Getting the Right Mix: Building, Strengthening and Sustaining Partnerships in HealthCare

- Who are we?
- Why do we need telehealth?
- What is telehealth?
- Where is telehealth?
- When do we use telehealth?

# Teachings



- Take what is offered...use what you can ....and leave the rest.
- So we offer to you our experience....

# Who are we?



- Members of a community, members of a nation
- People who want to help our communities.... role models...leaders...and collectively we have the knowledge and the strength to make a difference



- We have issues.....our communities are struggling...we are searching...many are unhealthy
- We have histories of abuse ...and we are enablers
- Our children are crying out for help, they are telling the psychiatrists they do not feel heard, that no one is listening, no one is talking to them....



- We are also a proud nation, with a history of being a self sustaining nation
- Individually we can be strong, but collectively we can be stronger
- We have the knowledge to make changes and to reach out for help
- We can independently determine what we need and collectively work together to ensure our communities have access



- It is our responsibility to take ownership for our own health
- We recognize our communities need help
- As leaders, it is our job to ensure access





- It is our individual choice, as a community member to ask for help, to identify we need help
- Only then... can the healing begin....

# Canadian Health System

- **Universal coverage for medically necessary health care services provided on the basis of need, rather than the ability to pay.**
- The federal government, the provinces, and the territories have key roles to play in the health care system in Canada.

# Building on Values: The Future of Health Care in Canada (Romanow, 2002)

"the direction of our health care system must be shaped around health needs of individual patients, their families and communities"

Telehealth was described as "one of the most promising aspects of the Canadian health care system.....and a mechanism for improving access to health care services for rural and remote communities."

# TELEHEALTH

Telehealth is the use of information technology to connect people to healthcare services at a distance.

A high-speed, secure, video link is used to connect clients to health care providers, provides a network for education, meetings and visits



# National First Nations Telehealth Research Project 1998-2001



IMAGELLAN Geographics<sup>SM</sup> Santa Barbara, CA (800) 929-4MAP

# Aboriginal Community Telehealth



# Canada Health Infoway Study 2009-10

21% of Canada's population live in remote and rural areas

1,175 communities had telehealth services

284 First Nations & 46 Inuit communities served by Telehealth

# Why do we need Telehealth?



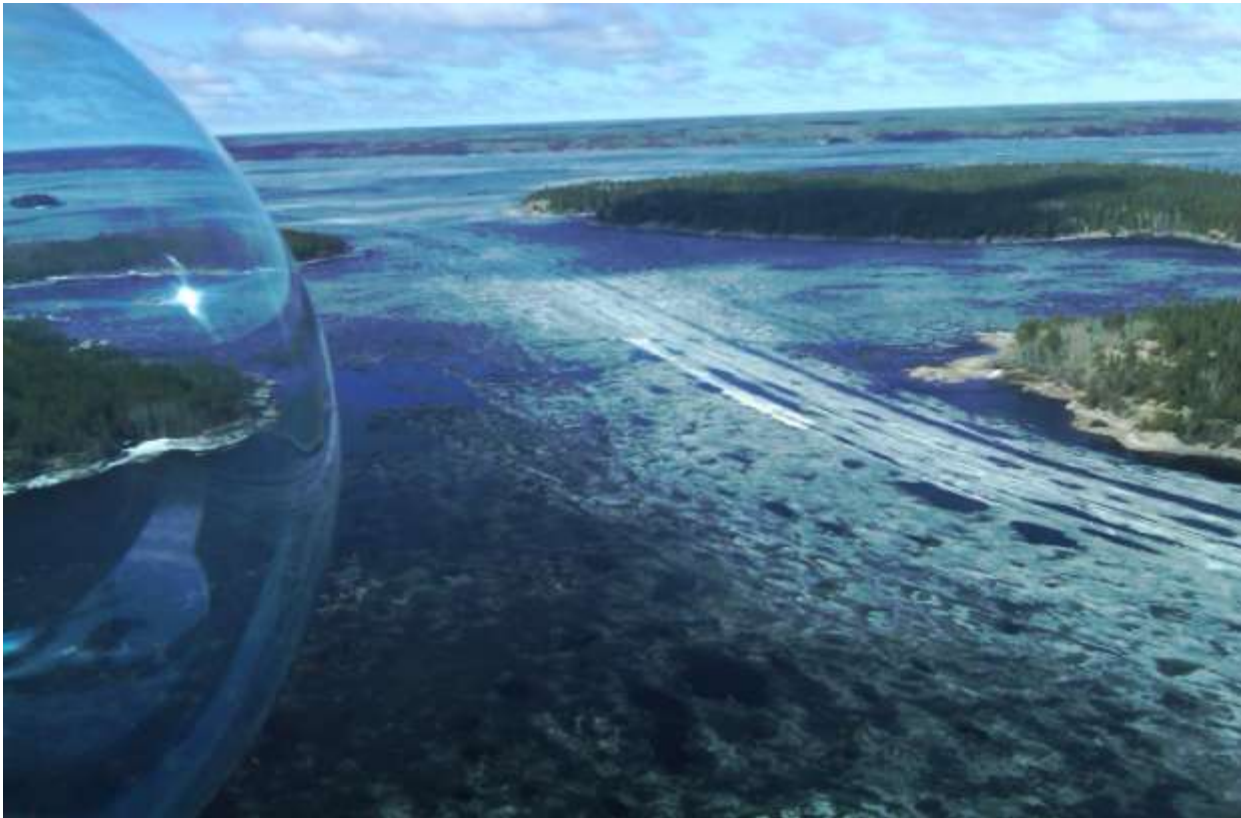
Remote communities



# Access to services is limited



# Saves time, money and risks associated with travel



# Remain close to family, friends and community supports

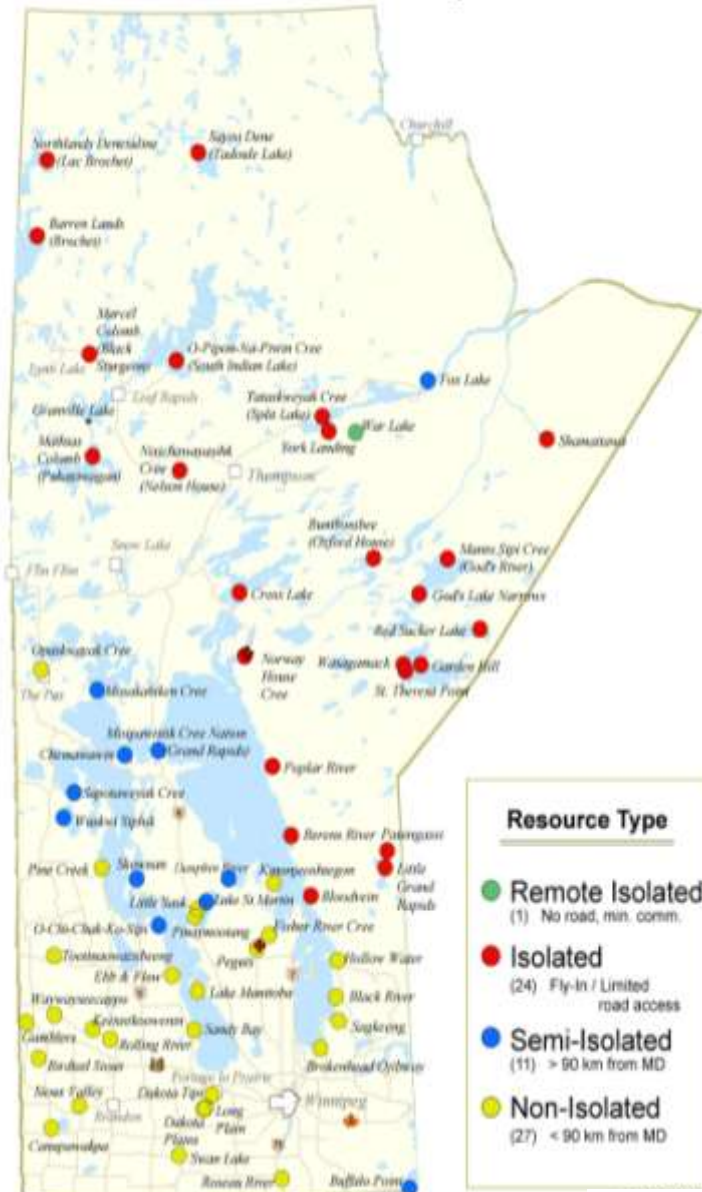


# Reduces travel

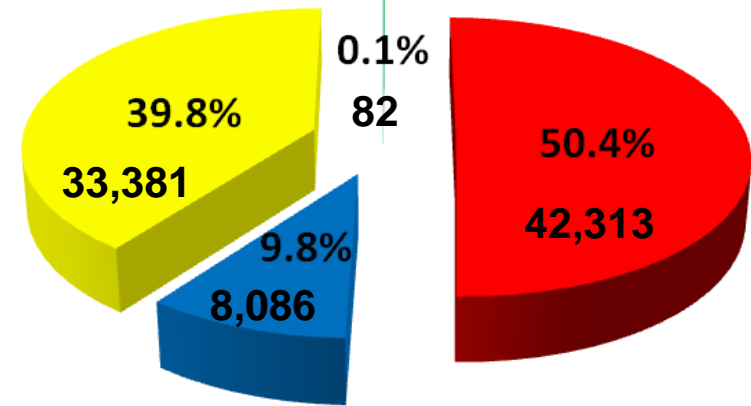


# First Nations Health Care Access in Manitoba

- Manitoba Region faces a number of challenges in the delivery of health services to First Nations in Manitoba. These include:
  - High number of remote and isolated communities. Many of these communities are not accessible by road.
  - Over 60 per cent of First Nations people living on-reserve in Manitoba live in remote, isolated or semi-isolated communities.
  - 10,000 clients must travel by water, either by boat, helicopter or ice road, to access health care.
  - Most health care services are centralized in Winnipeg. This means that many clients must travel long distances for tests and to see specialists – some clients have to travel 12 to 16 hours roundtrip.



## by Resource Type



■ Remote Isolated
 ■ Isolated
 ■ Semi-Isolated
 ■ Non-Isolated

## On-Reserve Population Proportion by Resource Type\*

# Community Health Challenges

Limited resources at community level

- Higher mortality rates than non FN
- Higher chronic disease rates than non FN
- Higher suicide rates in our youth
- Higher unemployment rates
- Living conditions are poor

# History





# MB Telehealth History

- 2001 Canada Health Infostructure Partnerships Program (CHIPP) project
- 2003 Provincial program under WRHA

# Northern expansion

2004 Expansion to First Nations  
communities, Aboriginal Program  
Coordinator role

Environmental Assessment



## 2005

- Community needs assessments
- Strategy meeting
- Leadership meetings
- Project Plan Approval
- Formation of First Nations Expansion & Steering Committee ( FNIH, AMC, CHI,KTC, Manitoba Health, MBTelehealth)

# MBTelehealth deployment

- First Nations Expansion I 2006
- First Nations Expansion II 2008
- First Nations Expansion III 2010
- First Nations Expansion IV 2011
- **Northern remote nursing stations completed**
- First Nations Expansion V - current

# Telehealth Deployment

## Community visits

- Introduction telehealth (RTP)
- Site assessments with technical team
- Discuss current processes (Business Process Redesign)
- Identify how to integrate the telehealth program into the current flow of workload
- Deployment of equipment and Training

# Challenges

- CONNECTIVITY
  - Security of equipment
  - Transportation of equipment
    - costly air travel/ limited winter roads



# Integration

- MBTelehealth is an integrated program
- Train everyone
- Community Telehealth Coordinators in 3 Nursing Stations – pilot project
- Need to support sites as utilization increases

# Integration Challenges



- Human Resource changeover
- Learning Curves varied
- Fear of the unknown
- Buy in – importance of a visit on telehealth v/s a flight out to city



# Telehealth Equipment



Camera

Codec



Screen/Monitor

Remote



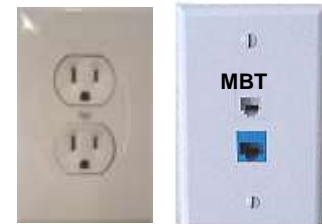
Clinical Cart



Router

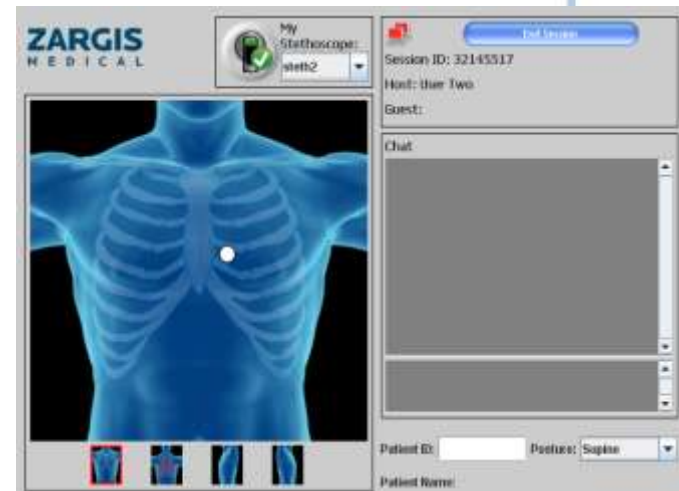
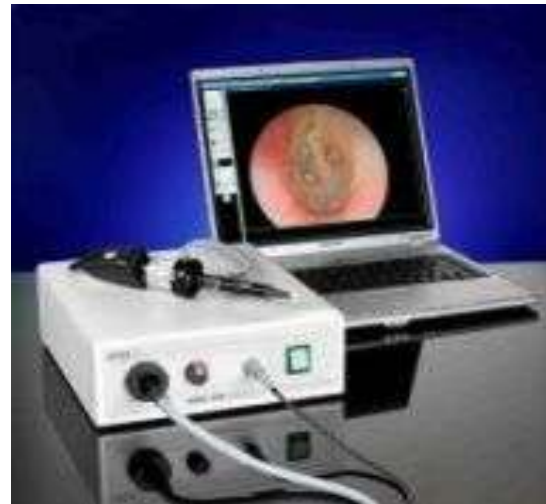


Microphone



Power and Data Outlets

# Clinical



# Education



## Most common education sessions ( 2010-11):

- AA Telehealth Meeting (190)
- Continuing Education – Pediatrics (155)
- CNIB Counselling Transitions Groups (65)
- Wound Care (48)
- Diabetes Education (39)
- Heart Healthy Class (22)
- Initiating Insulin (19)
- Laboratory Procedures Training (15)
- Forensics Consent Examination (13)
- Stroke Prevention (12)
- Palliative Care (10)
- Telehealth “How To” (10)

# Health Administration



- H1N1 Planning
- FNIH – NIC
- Health strategic planning
- Monthly team meetings

# Televisitation



# Telehealth Team Partnership Commitment

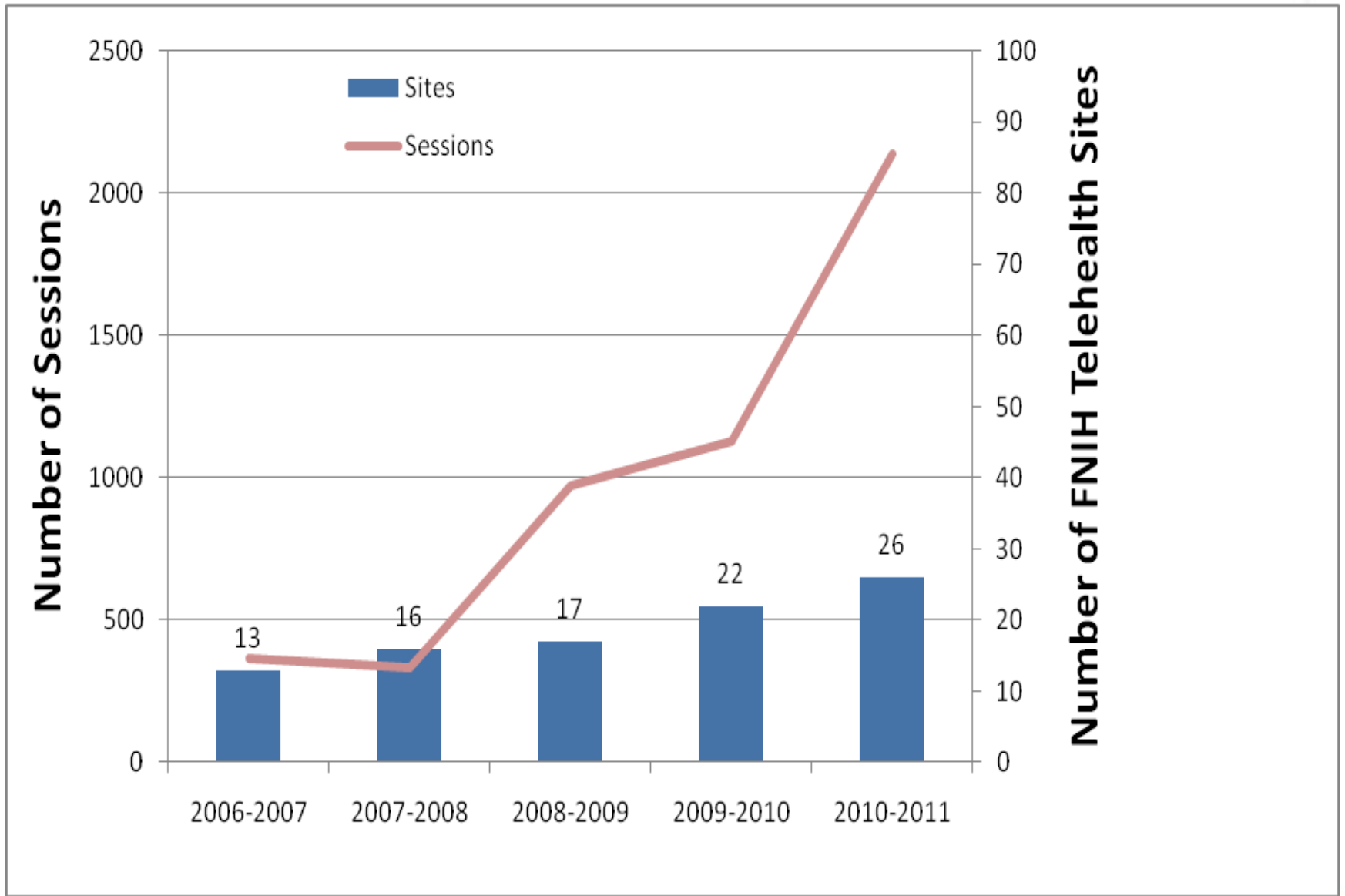
- Communities
- Assembly of Manitoba Chiefs (AMC)
- First Nations Inuit Health (FNIH)
- Broadband Communications North (BCN)
- Tribal Councils
- MBTelehealth

Forms the Regional Telehealth Partnership group whom meet monthly to report, strategize, solve

# Currently

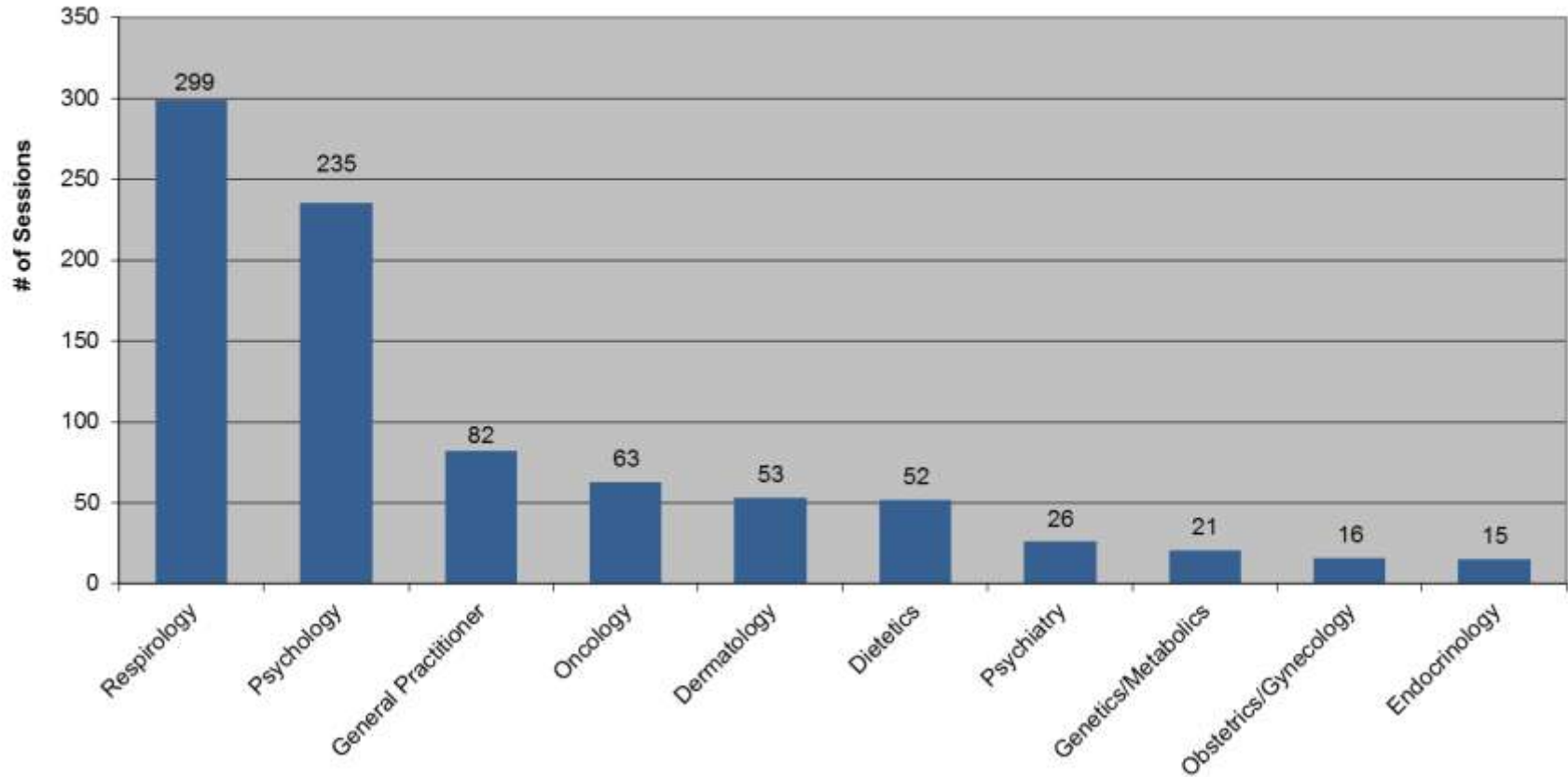
- Telehealth in 26 First Nations communities in Manitoba + 5 in progress
- Health Directors and NIC meet every six months to discuss challenges and opportunities.
- MBTelehealth has joined provincial eHealth



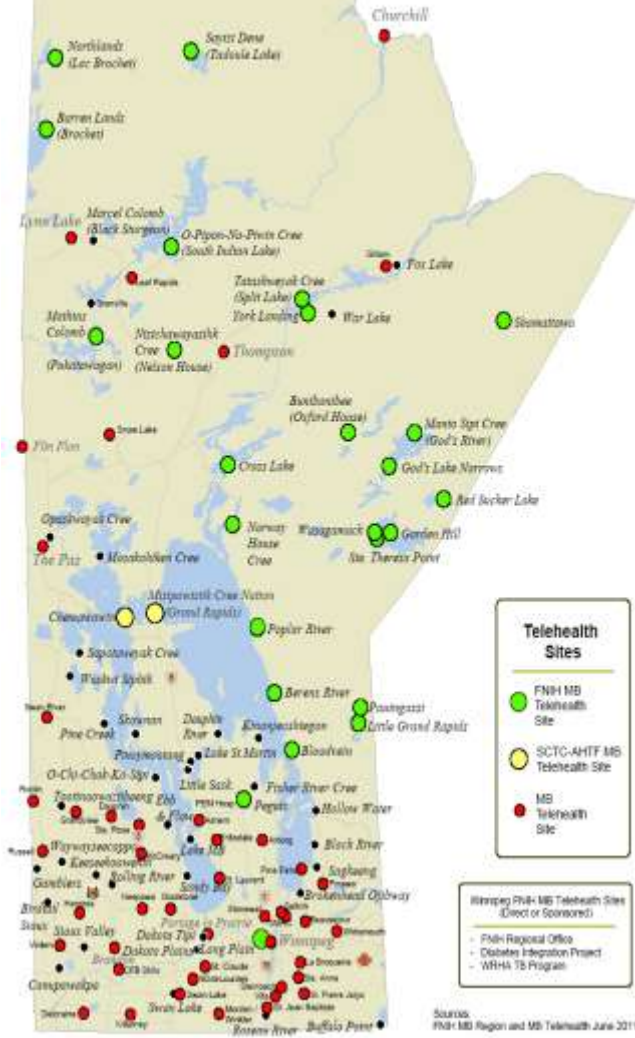


# **MBTelehealth**

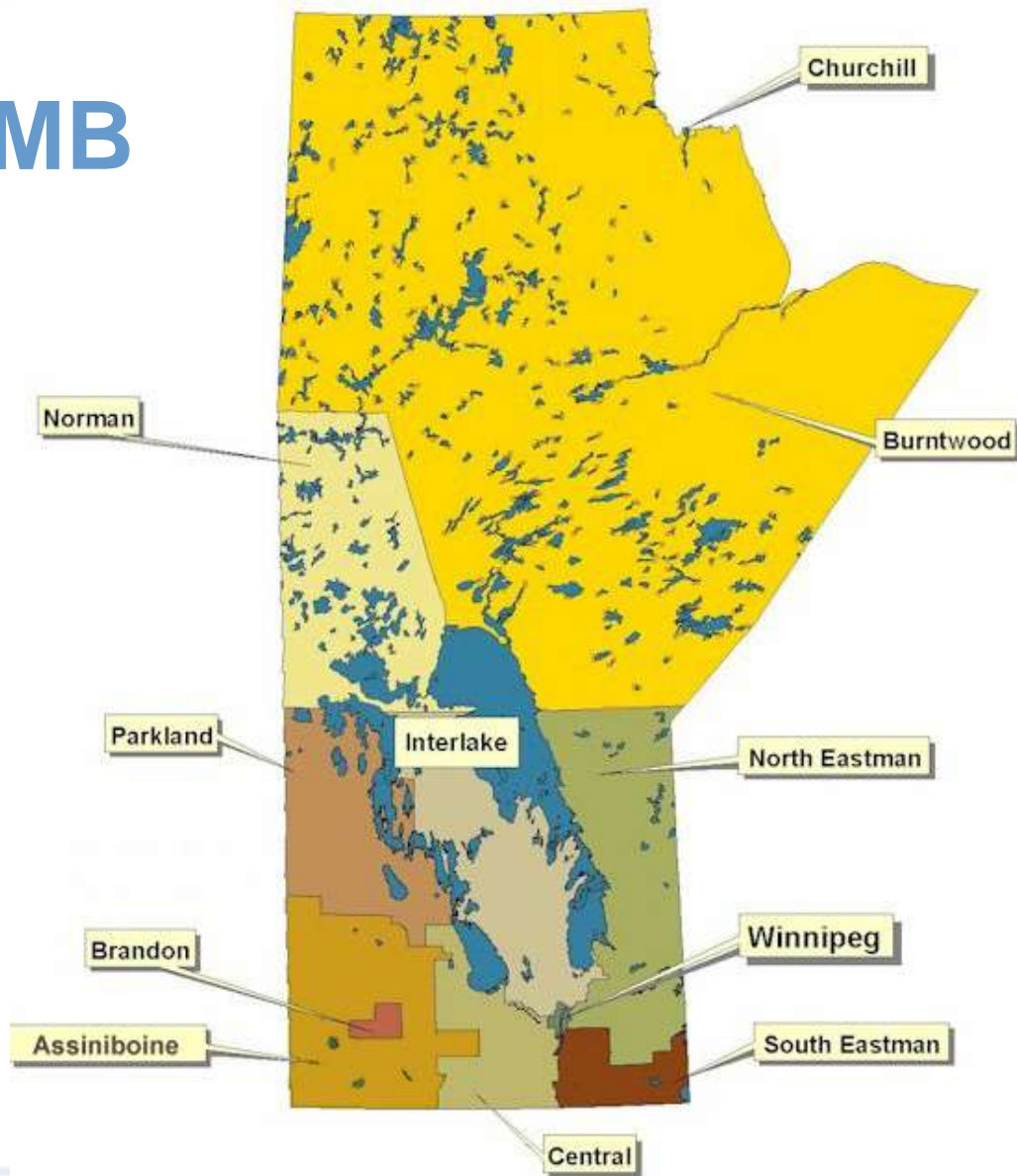
**First Nation Sites - Most Utilized Specialties  
2010-2011 Fiscal Year**



## Manitoba First Nations Communities and Telehealth Facilities



# RHA - MB





# Health Programs

## Provincial

- Primary Health Care
- Wellness
- Diabetes Education Resource Teams
- Mental Health
- Public Health
- Home Care
- Emergency Services

## Federal

- Primary Health Care
- Aboriginal Wellness
- Aboriginal Diabetes Initiative
- Brighter Futures
- Building Healthy Communities
- Community Health
- Home Care

# Cross Jurisdictional

- Share patient care when entering a hospital
- All other services are provided independently
- Some sharing of resources over the years

# Diabetes

- Diabetes Education Resource Team
  - Nurse Educator
  - Dietician
- Diabetes Integration Project



# Mental Health

- Manitoba Adolescent Treatment Centre
  - has been working with remote First Nations to implement the Provincial Youth Suicide Strategy's Telehealth Prevention Program for 1 year. The program is at different stages and works a bit differently for each community. Site contacts and their role are one of the differences. Referral is informal; not needing a doctor's approval, and can be by fax or phone. Implementation happens after Community engagement work and a Chief's approval.

# Community Education

- HIV AIDS
- CPNP
- Maternal Child Health
- Teen support groups
- Elders visitation and health education
- Elders teachings

# Professional Development

- Progressive communities with strong leadership sharing knowledge and skills with communities requiring support
- Ongoing weekly or monthly support for health programs
- Community health programs and urban health programs meeting to discuss needs and strategize a plan

# Strategic Planning

- Community Health Planning
- Determining our Priorities
- Addressing the Needs



# Connecting the Dots



**Connecting  
the dots....**

**How  
telehealth  
benefits  
the  
communi-  
ty of  
Norway  
House**





# Norway House

- Located approximately 456 km north of Winnipeg by air, it is a 820km drive.
- Population approx 8000+
- Norway House Hospital, Norway House Clinic, Pinaow Wachi Personal care Home, Kinosao Sipi Dental Centre, Emergency Medical Services, Treatment Access Program, Central Dispatch Services, Phillip Evans Memorial Home, Community Wellness, Public Health, Home & Community Care, Maternal Child Health.
- 2 Major grocery stores and one smaller convenience store
- 3 Restaurant's
- 4 Gas bars
- 2 schools-1 elementary-grade 12,1 elementary–grade 8
- 1 college-university college of the north



## Norway House Community Clinic/Hospital

- Norway House clinic that has nurse in charge, doctors including residents, nurse practitioners, 2 medical social workers, 14 visiting consultants
- Norway House Hospital that operates as an emergency services, 24hr observation and dialysis unit



## Benefits of Telehealth

- Televisitation
- Pre-op Visit
- Elders
- Case conferencing
- Continuing Education



# Pre-op Visits



**MBTelehealth**

# Case Conferencing



# Tele-Visitation



## Continuing education



# Telesteth in a Pre-Admission assessment

Should the patient  
travel for surgery?

# Questions?

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