Regina Qu’Appelle Health Region
Strategy for the Touchwood Qu’Appelle
Primary Health Care Collaborative

July, 2013
On behalf of the Regina Qu’Appelle Health Regina (RQHR), I am extremely pleased to present the Strategy for the Touchwood Qu’Appelle Primary Health Care Collaborative to everyone who resides in the Touchwood Qu’Appelle area and to those who are concerned about primary health care in our region.

Much work has gone into the review and design of a primary health care system in Touchwood Qu’Appelle. We conducted feedback sessions throughout the area to gather information regarding the issues and opportunities in primary health care. These sessions were attended by community members, community officials and health care workers. Through this work, the RQHR is aware of the challenges many citizens have in accessing the care they require.

This document outlines our commitment. It is our plan to make everyday care more reliable, predictable, and accessible. We are proud to maintain three primary health care sites each with a responsive set of services to meet community need. Further, we are very pleased to deliver these services using a primary health care team model as a means to increase accessibility and to enrich the work environment of our health care providers.

I wish to thank those community members who took the time to share the insight that informed this strategy. I also want to thank our health care providers and health care partners who continue to provide exceptional care and exhibit their compassion on a daily basis.

The Strategy for the Touchwood Qu’Appelle Primary Health Care Collaborative is a work in progress. Although change has already begun, it will require much time to streamline services to align with the model. We ask for your patience as we work to serve communities better.

The RQHR commits to ongoing community involvement. We will continue to engage and listen to community members who have something to say. We welcome your comments and will encourage continued community involvement in the delivery of primary health care services in the area.

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Introduction

Primary health care is foundational to healthy people and healthy communities. The Regina Qu’Appelle Health Region (RQHR) is dedicated to providing accessible primary health care to all resident of the Touchwood Qu’Appelle area. As a primary health innovation site, the RQHR is committed to working with the All Nations Healing Hospital (ANHH), the File Hills Qu’Appelle and Touchwood Tribal Councils, and surrounding communities toward the development of a multi-community service delivery model.

The Touchwood Qu’Appelle Primary Health Care Strategy\(^1\), informed by communities and stakeholders, is focused on the provision of patient/client centred care that is predictable and reliable; flexible and responsive; and delivered by means of a fully integrated team-based approach. The model recognized the importance of the relationship between the patient/client and the provider(s) as well as the importance of community involvement in system design and delivery. It further emphasized the significance of building and sustaining a positive work environment for primary health care service providers.

The strategy is supported by a comprehensive action plan to be implemented over the coming months. The transition to the new model of care will be gradual but steady and will continue to involve community input.

Defining Primary Health Care

Primary Health Care is a philosophy of health care and an approach to providing everyday health services that focus on patients, clients, families and communities working with a team of health professionals.\(^2\)

Primary health care has often been described as the “everyday care” that a person needs to maintain, or restore health.\(^3\)

Primary Health Care

- Recognizes the relationship between physical, mental, social and spiritual well-being;
- Includes a wide range of coordinated services including prevention, health promotion, treatment and rehabilitation;
- Is provided using a fully integrated team approach;
- Includes better management and follow-up once a health problem has occurred;
- Involves preventing and effectively managing chronic conditions;

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\(^1\) Former known as the Rural West Primary Health Care Strategy
\(^2\) What is Primary Health Care, RQHR
\(^3\) Patient Centred, Community Designed, Team Delivered - A framework for achieving a high performing primary health care system in Saskatchewan, Government of Saskatchewan
- Involves linking with agencies and organizations to address other factors that influence health (like housing, education, employment, income, social supports);
- Involves working together with community members and service providers to plan and develop services.  

A Vision for Primary Health Care in the Touchwood Qu’Appelle Area
Consistent with the Ministry of Health, Government of Saskatchewan, the vision for primary health care in the Touchwood Qu’Appelle is:

A primary health care system that is sustainable, offers a superior patient experience, and results in an exceptionally healthy Saskatchewan population.  

We have adapted the four major aims of the provincial primary health care framework to the needs of the Touchwood Qu’Appelle area. To accomplish our vision, our four major aims are:

1. Everyone in the Touchwood Qu’Appelle area has an identifiable and accessible primary health care team;
2. The model is patient/client and family centred for the best possible experience;
3. The primary health care system contributes to the overall health of the Touchwood Qu’Appelle area; and,
4. Primary health care is reliable, predictable and sustainable.

Understanding the Touchwood Qu’Appelle Area
The Touchwood Qu’Appelle area of the RQHR serves 15,634 people comprised of several town and villages, rural municipalities and twelve First Nations communities. There are no definitive boundaries for Touchwood Qu’Appelle but rather a pattern of communities who tend to utilize health care services in Fort Qu’Appelle, Balcarres and Lestock. The green shading in the map on page four provides a geographic representation of the Touchwood Qu’Appelle area.

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4 What is Primary Health Care, RQHR
5 Patient Centred, Community Designed, Team Delivered - A framework for achieving a high performing primary health care system in Saskatchewan, Government of Saskatchewan
6 Ministry of Health covered populations 2011
Forty six (46) percent of the population lives on reserve. Resort communities and recreation sites contribute to an increase in population during the summer months. Winter recreation activities also contribute to tourism in the area.

The population is disbursed equally across age groups with a relatively young First Nations population and an aging population outside of First Nations communities. Twenty-five (25) percent of off reserve population is over the age of 65 while only 5.4 percent of on reserve population is over the age of 65. Forty-two (42) percent of on reserve residents are younger than 19 years of age compared with 21 percent of the off reserve population.

The area’s main industry is agriculture although mining development is anticipated. An environmental assessment has been initiated for the anticipated Muskowekwan Potash Mine Project which is anticipated to create 300-500 permanent jobs in the area and up to 1000 jobs during the peak production period.7

The Current Model of Care
Community members in the Touchwood Qu’Appelle area access primary health care services through Regina Qu’Appelle Health Region as well as the two Tribal Councils. The File Hill Qu’Appelle Tribal Council and the Touchwood Agency Tribal Council deliver a number of services funded through the First Nations and Inuit Health Branch (FNIHB).

The entry point for services is typically through a family physician or a nurse practitioner. Where services are not available, inpatient and emergency services at the All Nations Healing Hospital are typically accessed or patients/clients may choose to drive to the next closest service site such as Regina, Wynyard, Melville or Yorkton.

Strategy Development Process
Hearing the concerns of patients/clients, communities and health care staff, the RQHR embarked on a process to address issues in primary health care delivery in the Touchwood Qu’Appelle area of the region. A Steering Committee was struck representing all service lines in primary health care. The committee established the following goal:

To develop a Touchwood Qu’Appelle Primary Health Care Strategy that is informed and embraced by community members and health care providers and enables necessary access to appropriate health care services to all residents of the area.

The process initiated dialogues with communities as well as leadership, managers and staff from RQHR, File Hills Qu’Appelle Tribal Council, Touchwood Agency Tribal Council, and All Nations Healing Hospital. Other stakeholders were also engaged including physicians and pharmacists. The process culminated with community forums providing a final opportunity for community members to feed into the strategy development process.

What We Heard
The following points are a summation of the key issues that were heard during the dialogues and consultations:

- Services do not have the continuity and consistency that is desired. Many patients/clients report lack of a consistent provider and/or inconsistent access to primary health services. Citizens desired a consistent and predictable primary health care system.

- There are significant challenges in providing the necessary quantity of services most notably, physician services. Many attribute this to a challenge in recruiting and retaining healthcare providers in the Touchwood Qu’Appelle area due to the demands of rural practice as well as limited financial resources.

- Touchwood Qu’Appelle area residents experience multiple barriers to accessing primary health care services. Many residents lack transportation required to travel to health care sites. The condition of secondary highways and grid roads also presents a challenge particularly in the winter months.
- Availability of information about primary health care services poses an additional challenge to accessing care. Many are uncertain where to get the information they require, some do not have telephones or internet access. Multiple care providers also create a source of confusion and a lack of understanding as to who to call for health care information.

- Patients/clients are increasingly turning to Emergency Medical Services to gain access to care resulting in increased demand on costly ambulance services and emergency services at the All Nations Healing Hospital.

- Primary health care providers are stretched thin and struggle to provide the robust and holistic care that is desired in a primary health care environment. Providers find it necessary to address most immediate patient needs. Many report that they are not able to practice the full scope of their profession. There is a desire amongst providers to provide more for patients/clients in the areas of health care education and chronic disease prevention.

- Providers and citizens are concerned that a lack of health care education and chronic disease prevention, along with barriers to access, are resulting in increased risk of preventable disease and chronic illness.

- Care providers indicate that there is a lack of a fully integrated team environment in health care delivery. Providers cite a number of barriers to team development including staff turnover, high demand for services, physical space limitations within facilities, a large geographic area and communication challenges across service lines. Providers report that colleagues are moving to positions in Regina or larger centres as a means to improve their work/life balance.

- Citizens and providers in the Touchwood Qu’Appelle area anticipate increased demand for primary health care services as the population ages and the First Nations population continues to grow. Growth in the mining industry will also place increasing pressure on already limited services.

- First Nations and the general population are increasingly requesting the integration of spiritual and/or traditional healing services into primary health care services.
A New Model of Care: The Touchwood Qu’Appelle Primary Health Care Strategy

Building on Our Strengths
Great work is being done every day in the Touchwood Qu’Appelle area. Health care providers work hard to deliver the best possible patient and family centred care. This is particularly challenging in a rural setting where providers may have limited access to facilities, specialists, equipment and often travel many hours to do their job. These providers rally around the patient and challenge the system to ensure a high standard of care.

Touchwood Qu’Appelle area communities are also a strength that must be recognized. These towns, villages and First Nations communities are comprised of community-minded people who are dedicated to maintaining healthy and robust communities that are sustainable for future generations. People care about one another and value their diversity.

Because of the remarkable effort of community members and health care providers, thousands of people are served every year. The new primary health care model builds upon these strengths and honours the commitment of those who work every day to ensure quality care.

Assumptions
A new model for Primary Health Care must be based on the realities of the current environment and the projected needs of communities. The following assumptions were made in the proposed design:

Turn-over of health care professionals – The Touchwood Qu’Appelle area continues to experience significant turn-over in physicians and other health care professionals. Established physicians have retired and others stay for only short periods of time. The primary health care model must be built to sustain the challenges of changing providers without adversely impacting care.

Consistent demand for health care services – Demographic trends suggest that demand for health care services will not decline in the coming years. The primary health care model must accommodate current demand for services, while having the flexibility to expand into the future as necessary.

Team-based service delivery – Primary health care in Saskatchewan is and will continue to be team-based. New models of care must be designed to accommodate team-based service delivery.

Resource limitations – At this time there is no significant source of increased resources for primary health care delivery. While there may be some limited program and pilot project resources to support the primary health care strategy, it is assumed that ongoing service delivery will be carried out within the current budget allocation. Financial and human resources for health care services are limited and the RQHR must be prudent and efficient to ensure these limited resources are allocated in a manner to meet the overall demand of the system.

Factors for Success
There are a number of factors that are necessary for the successful delivery of primary health care in the Touchwood Qu’Appelle area. The following factors have been identified.
Each factor is supported with an explanation and a description pertaining to how it is addressed in the new model.

**Flexible/responsive service** – Primary health care services must be designed to be flexible and responsive to the unique needs of people in the area while still working within the resource limitations of the RQHR. Finding the right balance is at the foundation of the Touchwood Qu’Appelle primary health care model design.

The Touchwood Qu’Appelle primary health care model achieves this difficult balance by providing a set of core and rotational services to three primary health care sites: Lestock, Balcarres and Fort Qu’Appelle. Core services ensure that patients/clients have a set of consistent services available on a daily basis. Rotational services allow for scheduled same-day or appointment based services such as physicians, nurse practitioners and home care providers. Services such as Emergency Medical Services and HealthLine continue to be available on demand as do emergency and inpatient services at the All Nations Healing Hospital.

Patients/clients may access services at their nearest site on the scheduled day of that service. Alternatively, if patients/clients wish to receive service on a different day, they may choose to drive to one or the other two primary health care sites. Site reception services will have knowledge of all services in the Touchwood Qu’Appelle and can direct the patient/client to the next possible location.

The model will monitor service usage to ensure hours of service are meeting the needs of patients/clients. There will be consideration to adjusting scheduled service hours where they are not meeting the needs of patients/clients or where they present a significant barrier to care.

**Predictability and reliability of service** – Patients/clients in rural areas depend upon predictability and reliability of services. Many are required to travel to receive services and must be certain that services will be available when they arrive at the site.

The Touchwood Qu’Appelle primary health care service model provides a set of core services, same-day services and appointment-based services during stated hours at the three primary health care sites. These services will be dependable and predictable with the exception of provider illness, inclement weather or other unforeseen circumstances. With a limited number of providers, back-up for unforeseen circumstances is not always available. In the event that a service is cancelled, there will be a process to guide the patients/clients to necessary services at an alternative site.

**Team-based delivery** – Team-based primary health care services include the services of more than physicians or nurse practitioners. These services are delivered by many professionals, all of whom play an important role in the primary health care team. In a fully integrated team-based approach, each service provider offers an entry point into the primary health care system.

In the Touchwood Qu’Appelle primary health care model professionals work collaboratively to ensure the delivery of the most appropriate services at the best possible time. This improves access, quality of care and the efficiency of the overall system.
**Community access to accurate primary health care service information** - Community members need to know what services are available, at what times, and in which locations.

The Touchwood Qu’Appelle primary health care service model ensures a consistent source of information through a staffed reception at each primary health care site as well as up to date information available on HealthLine. In the future, this information will also be available on line at www.rqhealth.ca.

**Patient/provider relationship** – Patients/clients desire to have a relationship of familiarity and trust with their health care provider. Traditionally, this relationship is with their family physician. Under a team-based model there are multiple providers. This can be challenging for the patient/client who may be uncertain how their services are being coordinated and communicated across the team.

The Touchwood Qu’Appelle primary health care service model provides case management services to ensure seamless service coordination and integrated care. Case management services provides a single touch point for the patient/client to access clinical information as well as linkages to other parts of the health system including referrals to specialists, navigation through the system and hospital care. This ensures a consistent relationship and enables the patient/client to self-manage their requirements alongside accessible support.

**Use of technology in service provision** – There is significant opportunity to utilize service provision technologies as a means to increase access to service providers not readily available in rural areas. Past success in the Touchwood Qu’Appelle area and other areas of the province suggest that patients/clients and on-site providers are open to the use of technology in the provision of health care services. Challenges include the appropriateness of facilities and the availability of equipment.

The Touchwood Qu’Appelle primary health care model assumes the use of service provision technologies will rise. The implementation plan seeks to integrate technologies into primary health care as a means to increase service quality and accessibility for patients/clients and move service providers toward a fully integrated team model.

**Provider access to patient information** – A team-based model of service delivery requires team members have accurate and timely information about the client/patient at any given time. This is particularly important when services may be delivered at multiple sites by a rotational set of providers.

The Touchwood Qu’Appelle primary health care model is predicated on the availability of information technology and the development of information practices that ensure appropriate access to information. Admittedly, a single source of patient information is challenging but efforts will be made toward ensuring easy access to up to date information on patients/clients at the location that the service is provided.

**Positive working environments** – To be successful, Touchwood Qu’Appelle must work toward creating an environment where health care professionals can flourish, find meaning in their work and ultimately see Touchwood Qu’Appelle a place where they can build a health care career.

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The Touchwood Qu’Appelle primary health care model is supported by an organizational change effort that will result in a more streamlined arrangement of staff. With the evolvement to an integrated team model and better access to patient/client health information, providers will gain greater satisfaction in the care they provide and trust that their patients/clients are receiving coordinated care.

**Community Involvement** – The Touchwood Qu’Appelle primary health care strategy is built upon the feedback of patients/clients, communities and providers. The seeds of community involvement are sewn and should be nurtured to ensure ongoing positive partnerships.

The Touchwood Qu’Appelle primary health care model supports ongoing community engagement. This will be achieved by working with communities to determine the best means to achieve communication and collaboration. To the greatest extent possible, the model should provide clarity in the roles of communities, the RQHR and Tribal Councils in the provision of primary health care services. Community empowerment reinforces the underpinnings of primary health care and encourages citizens to take responsibility for their own health.

The Touchwood Qu’Appelle Primary Health Care Model

**Overview**

The Touchwood Qu’Appelle primary health care model is a multi-community model. Primary health care is delivered through three primary health care service sites: Fort Qu’Appelle, Balcarres and Lestock. Each site offers a set of primary health care services comprised of the following four categories: core services, rotational same-day services, rotational appointment-based services and on demand services.

Primary health care services may be deployed from primary health care sites to other locations where health care facilities exist and demand for service warrants onsite delivery. Home care services and emergency medical services continue to be available to patients/clients in their homes.

**Primary Health Care Services**

Each primary health care site offers a set of primary health care services comprised of the following:

*Core services* are those services that are permanently located at the primary health care site. These services include:

- Reception/Clinical Administrative Support
- Case Management
- Lab and X-ray Services
- Facility Services
Rotational same-day and appointment-based services are available at each primary health care site on specified days and pre-determined hours for same-day patients/clients. Providers of these services rotate through each of the primary health care sites using a predetermined schedule. These services are predictable and consistent. Information regarding the days and hours of service are available online, by calling HealthLine or by contacting reception at the primary healthcare site. These services include:

- Physician services
- Nurse practitioner services

Rotational appointment-based services are available through each primary health care site. Providers of these services rotate through each of the primary health care sites. Availability is consistent and predictable but may be subject to adjustment based upon demand. For example, where no appointments have been scheduled for a specified service, the provider may be rescheduled to an alternative site where demand exists. This approach enables more timely delivery of services to patients/clients as well as more effective use of provider time. These services include:

- Dietitian services
- Home care services
- Chronic condition services
- Community therapy
- Public health nursing
- Mental health & addictions

On Demand Services are services that are based on immediate need. These services include:

- Emergency Medical Services
- Emergency Services at the All Nations Healing Hospital
- HealthLine

An Organizational Platform for Success
The success of the Touchwood Qu’Appelle primary health care strategy is contingent upon a strong organizational platform. The RQHR provides many shared services such as human resource management, financial management and corporate services to support health care service delivery. The following services are considered critical for the implementation of the Touchwood Qu’Appelle Primary Health Care Model:

- Information Management Platform & IT Hardware
- Communications Support
- Health Care Services Quality Management/Measurement
- Team Coordination
- Facilities
How Does the New Model Impact the Services?

The Touchwood Qu’Appelle primary health care model is built upon the strengths of the existing system. It is intended to improve services while filling gaps in current service provision. Many patients/clients who have been satisfied with their service may not be impacted while others should see a positive impact upon implementation of the model. These changes include:

- Clear understanding of what services are offered on which days at each primary health care site;
- Connection to a primary health care team which includes a physician;
- Support in navigating the health care system, when needed, through the provision of case management;
- Consistent and familiar staff in the primary health care site who are available to answer questions regarding service scheduling and provider availability; and,
- Continued access to emergency services through Emergency Medical Services and the All Nations Healing Hospital.
Implementation Approach

There is much to be done to implement the Touchwood Qu’Appelle primary health care strategy. Implementation will be gradual and phased over a number of months.

The RQHR must work with communities to adjust to changes in service provision and to communicate the new approach. Health care providers may be required to modify their practices as they adjust to a fully integrated team-based model and altered reporting structure. Systems and processes will be evaluated and adjusted to ensure alignment with the new model. This will take time and a smooth transition will require the understanding and patience of all involved.

A first step is to determine the quantities and types of services to be delivered in each primary health care site. Touchwood Qu’Appelle managers will work to develop a preliminary allocation of resources to serve as a test model. Adjustments are anticipated over the first several months to determine the most responsive and efficient configuration of rotating services to each primary health care site.

Next Steps

A number of tasks are required to implement the primary health care strategy. Some steps are required immediately while others may not be as urgent and can wait until later stages of implementation.

These tasks have been summarized into the following categories:

**Organizational Preparation** – Alignment of practices, procedures and policies with the primary health care model. Ensure appropriate change management and communication for smooth transition.

**Primary Health Care Teams** – Build upon teams to achieve full integration of primary health care providers.

**Information Management and Technology** – Advance the work that is currently taking place to ensure providers have access to the information they require to deliver timely and coordinated care. Integrate greater use of service provision technologies.

**Recruitment and Retention** – Integrate attributes of the primary health care model into ongoing recruitment and retention of primary health care providers.

**Facilities** – Ensure facility operations support Primary Health Care Teams.

**Services** – Continue to assess service delivery to ensure patients/clients’ needs are being met and services are being delivered in the most effective and efficient manner.

**Measurement** – Development of measures that reinforce team-based delivery and provide ongoing data concerning effectiveness of service delivery.

**Communication** – Development of a long-term communications plan to ensure patients/clients and stakeholders have up to date information concerning primary health care in Touchwood Qu’Appelle.
**Community Involvement** – Development of a mechanism(s) to ensure ongoing community involvement in primary health care service design.

**Conclusion**

The RQHR is committed to building upon the strengths of primary health service provision in Touchwood Qu’Appelle and to improve service delivery to the area. This will be accomplished through a renewed model of primary health care and through the ongoing cooperation and commitment of service providers and communities.