

Churchill RHA Inc.

Strategic Plan 2011 - 2016



Churchill RHA Inc.

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Executive Summary

The Churchill RHA Inc. was formed in 1997 to address and serve the needs of the people of Churchill and Nunavut in a uniquely northern environment. Health services by their nature are complex, and this issue is emphasized with the need for sensitivity and gentleness when serving a population that has had very mixed historical experiences, from TB exile to extinguishment of healthy traditional life styles.

Allowing northern Manitobans to direct and control their health services is a major step forward in the re-empowerment of First Nations and Inuit people, as well as a model of what Churchill RHA is striving to articulate with each client encounter: take charge of your health; take charge of your life.

As is customary with northern services, it is essential to adapt, to be innovative, and put the collective good as the focus of concern. The development of another five-year Strategic Plan gives rise to opportunity to address some of the more recent challenges that threaten the health and health services in our Region. It also provides the exciting prospect of showing northern spirit, cooperation and determination at work for the benefit of the entire Region.

Churchill RHA has established its reputation in the healthcare field for putting quality services at the forefront of every program and providing some of the most innovative, holistic, and culturally adapted services in Northern Canada.

The Board ENDS and Strategic Priorities outlined in this document are derived from extensive consultation and awareness of Manitoba Health Priorities. As expected, they conform to the Vision, Mission and Values of the Churchill RHA and support the mission and goals of Manitoba Health. These goals further recognize the changing landscape of healthcare needs, particularly as they relate to services provided for the Kivalliq and Kitikmeot Regions of Nunavut.

1. Introduction

The 2011-2016 Strategic Plan of Churchill RHA Inc. is a progressive document subject to annual review and revision and based on work and planning done by the RHA since its establishment in 1997.

Programs and services are provided to the residents of Churchill as well as communities in Nunavut varying in population from 350 to 2800 residents (Statistics Canada, 2001). Although the Churchill RHA is small in terms of local population, it must provide a quality, responsive service to a large and culturally diverse geographic area.

A variety of methods were used to ensure the Churchill RHA gave consumer groups, community members, stakeholders, partners and employees an opportunity to provide insight, direction, suggestions, and recommendations to the strategic planning process. More than at any time in the past, flexible methods were undertaken to ensure that individuals and groups who have not participated in the strategic planning process in the past, were encouraged to do so this time. The response was very encouraging, and people from all walks of life and interests participated with their input to the strategic plan.

Several productive meetings were organized with business leaders, politicians, community members and even with some individuals who could not make the time to attend group planning sessions. Focus groups were conducted over a time frame spanning several weeks to ensure that all who wanted to participate had more than one opportunity to do so. This process encouraged many sectors of the population to become re-engaged, aware of health services challenges, and active in their health services without the presence of a “problem” or “complaint” to spur their interest.

The culmination of the community consultative process involved a day-long workshop comprised of client groups, local business, First Nations, Metis, Inuit, elders, health centre staff, management members of the Board of Directors in mid-June 2010. This group met to share their views of the strengths, weaknesses and challenges faced by the RHA and to assist the Board to establish its Strategic Priorities for the next five years.

The 2009 Community Health Assessment was used to inform this process. Consideration was also given to a variety of previous documents and processes including the Manitoba Health Strategic Plan, Accreditation Canada survey reports, Advisory Council minutes, and Manitoba Health initiatives.

The Mission, Vision and Values of the Churchill Regional Health Authority were reviewed and revised in conjunction with the Board Ends statements.

2. Regional Health Authority Overview

The Churchill RHA delivers a range of health and social services in one acute care facility and one residential group home. Those services include:

- Acute Care
- Long Term Care
- Palliative Care
- Physician Family Medicine and Consultant Services
- Primary Care
- Community Health and Prevention
- Health Promotion
- Home Care
- Community Mental Health
- Addictions
- Treatment, Emergency and Diagnostic Services
- Physiotherapy
- Dental Services
- Day Care
- Probations
- Child and Adolescent Residential Care

The Regional Health Authority serves the needs of 1,000 residents of Churchill. It is also a referral center for a population of 11,000 in the Kivalliq Region of Nunavut and additionally accepts referrals for selected services such as pediatric dental surgery and mental health from the Kitikmeot and Qikiqtaaluk Regions.

Appointed by the Minister of Health, the Board of Directors consists of five members from Churchill and two representing Nunavut. The Board operates under a Policy Governance model responsible for establishing policy, setting strategic priorities and monitoring performance. The development and implementation of operational strategies is the duty of management.

Good Communication and strong partnerships enhance service delivery. The Advisory Council actively engages with the RHA providing consultation and feedback from the community on services and community needs.

The Senior Management Team consists of the following portfolios:

- Chief Executive officer
- Chief financial Officer
- Director of Clinical Services
- Director of Community Services
- Director of Human Resources

3. Churchill Region Overview

Accessible only by air, train and sea and situated just above the 58th parallel on the western shore of Hudson Bay adjacent to Wapusk National Park, Churchill is the most northerly populated area of Manitoba. Although geographically small in size, Churchill RHA includes the Kivalliq Region of Nunavut in its catchment area which extends up the West coast of Hudson Bay to the Arctic Circle.

Due to its latitude and proximity to the ocean, Churchill experiences extreme weather conditions. These weather conditions require the RHA to be able to respond independently for several hours or days at a time providing crucial care to injured or ill patients that cannot be med-evaced due to flying conditions.

While Churchill RHA has no Federal Reserves within its boundaries, seventy percent of the local population is First Nations and Metis while the population of the Kivalliq is predominantly Inuit. Population demographics in the North differ notably from those in the south in that the percentage of persons over the age of 55 is smaller and the percentage of those under the age of 25 is significantly higher.

Churchill has historically been a unique community in Manitoba due to the transient nature of the local population. The economic base of the region centers on tourism and the Port of Churchill, both of which are seasonal. The Regional Health Authority is the largest employer in the area.

4. Community Health Assessment Key Findings

Major health concerns in Churchill center on chronic disease management, mental and physical wellness and the need for healthier lifestyles in order to prevent illness.

Areas identified for change and improvement are:

Socio-economic factors

- *Employment* - the unemployment rate is higher than the provincial average.
- *Education* - our graduation rates are the lowest in the province.

Lifestyle choices

- *Life stress* - 16.7 % reported experiencing "quite a lot" of life stress.
- *Active living* - stress and lack of time were cited as key obstacles.
- *Healthy eating* - cost and availability of nutritious foods cited as a barrier.
- *Alcohol and substance abuse* is described as prevalent, negatively impacting the health of individuals and detrimental to their families.
- *Smoking rates* are the highest in the province at 41.3 %.
- *Body Mass Index* – the highest obesity rates in the province.
- *Complete Annual Physical* – the lowest rates in the province.
- *Cervical and Breast Cancer Screening* – rates are increasing but still low.

Maternal health and family risk factors

- 58.8% of births screen positive for use of alcohol during pregnancy, low education levels and financial concerns.
- The percentage of children living in foster homes has decreased but is still high.
- The children living in families receiving support services has decreased but is still higher than the provincial average.

Mental health and addictions

- 10% have been treated for substance abuse – double the provincial rate.
- Attempted suicide is rare but the rate has increased slightly.

Diabetes and complications

- High rates of risk factors associated with diabetes.
- 15% of residents are diabetic or pre-diabetic.

Injury, premature death and life expectancy

- Injury hospitalization rates for men are among the highest in the province.
- Deaths from respiratory disease are among the highest in the province.
- At 72.1 years, the life expectancy of a Churchill male is the second lowest in Manitoba.

5. Challenges

A number of challenges impacting the work of Churchill RHA were identified in the Strategic Planning process.

Service Provision:

- An ageing and more vulnerable population
- Evolving health needs in the Churchill and Nunavut populations
- More complex health conditions

Resources:

- High training costs
- High staff turnover
- Availability of qualified professionals
- “Grow your own” development of Northern human resources.

Relationships with key partners and stakeholders:

- Lack of Nunavut involvement on the RHA Board and in the Strategic Planning process.

Capital Issues:

- Aging facility infrastructure and the cost of renovation and retrofit projects.

Climate Change and its effects on the future health of Northerners:

- Economic development providing meaningful work for Northern people
- Seeking “green” initiatives in which to engage

6. Opportunities

The Strategic Planning process enabled the RHA to identify areas of opportunity for the organization. A number of these areas have been focal points for the organization for several years and will continue to be for the foreseeable future. They include:

- Engage in communication and consultation with the Churchill community.
- Improve access to services.
- Reduce costs through the increased utilization of telehealth technology for clinical consults and training.
- Improve integrated service provision.
- Improve chronic disease management through patient education and monitoring
- Strengthen local partnerships with community agencies
- Strengthen external partnerships with the Government of Nunavut and University of Manitoba.
- Improve service quality through the development of an evidence-based practice environment.
- Reduce cost and create system sustainability through disease prevention and health promotion education and activities.
- Work with the community to build capacity for health improvement and food security.
- Improve opportunities for volunteerism
- Reduce cost and increase system responsiveness through cross-training.
- Work with Northern medical unit to increase consultant services
- Continue to enhance mental health and addictions services.

7. Policy Framework

The Churchill Regional Health Authority Vision and Mission statements were adopted by the organization in February 2001 and have been reviewed annually. The most recent review took place on June 15, 2010. Three Value Statements were also established. Together with the Vision and Mission, these statements govern the Churchill Regional Health Authority in its entirety.

VISION

To be recognized as a Centre of Excellence for our unique model of Northern health and wellness.

MISSION

Working together for the better health of everyone we serve.

VALUES

We Value People: In an atmosphere of dignity, respect and open communication we provide unique Northern programs and forge collaborative relationships with consumers, colleagues, communities and partners.

We Value Safety and Quality Care: We strive to ensure the safety of clients and staff and are committed to lifelong learning to assist in the creation of quality services that reflect current standards and our cultural diversity.

We Value Teamwork: We rely on ethical, accountable leadership, open communication and creative teams to promote program innovation and resource management.

8. Board ENDS and Strategic Priorities

In keeping with Manitoba Health's broad areas of interest for the development, operation, and evaluation of programs and services, the Churchill Regional Health Authority has developed its strategic plan keeping these principles in mind:

- Optimizing health, through health promotion and disease prevention.
- Improve quality, accessibility and accountability of the health system.
- Achieve a sustainable health system.

8.1 BOARD ENDS

The Board has established four Board ENDS to guide the RHA in the achievement of its mission.

1. **Build sustainability through efficient resource use and partnerships.** This Board END addresses the need to ensure the viability of the organization and recognizes the value of our partnerships with community and external entities.
2. **Develop and maintain accessible programs and services.** This Board END recognizes the need to make better use of technologies such as telehealth and to ensure the continuance of access to consultant services through our partnership with the Northern Medical Unit and the University of Manitoba.
3. **Maintain excellence in Safety, Quality and Risk management.** This Board END speaks to the need to ensure patient and staff safety as well as maintaining our commitment to quality care. All program development and delivery will be produced through a lens promoting adherence to quality standards and evidence-based practice.
4. **Maintain a dynamic Human Resources strategy.** This Board END addresses the need to continue to engage in vigorous recruitment and retention strategies to reduce the rate of staff turnover and ensure we can attract, develop, support, sustain, nurture and retain health professionals that contribute to the health and wellbeing of the community in a manner that respects Northern sensitivities and needs.

8.2 OPERATIONAL STRATEGIES

Operational Strategies were identified within each of the Board ENDS as areas of priority focus.

Build sustainability through effective and efficient resource use and partnerships.

1. Work collaboratively renewing and improving relationships with partners and stakeholders.
2. Optimize efficiency in the use of resources.
3. Develop a marketing approach to promote available service options.

Develop and maintain accessible programs and services.

1. Develop and enhance our Primary Care model.
2. Promote healthy lifestyle choices and active living.
3. Continue to enhance the Mental Health program.
4. Maintain and enhance Acute Care services.
5. Enhance Addiction services.
6. Enhance Seniors' programs.
7. Enhance disease prevention strategies
8. Enhance chronic disease management
9. Maintain the administration of the Northern Patient Transportation Program.
10. Seek opportunities to increase telehealth utilization.

Maintain excellence in Safety, Quality and Risk Management.

1. Develop an organizational culture that promotes and supports patient/staff safety
2. Ensure accountability within the system through monitoring
3. Ensure evidence-based decision-making at all levels of the organization

Maintain a dynamic Human Resources strategy.

1. Identify strategies to become the "employer of choice" for health professionals
2. Provide safe and respectful work environments
3. Support education and training to develop Northern human resources

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