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Integrating Quality Improvement in First Nations and Inuit Communities

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Canada's Indigenous Population

- Constitution recognizes 3 distinct Indigenous groups: First Nations, Inuit, Métis
- 805,750 Registered Indian population (~52% on-reserve)
- 48,700 Inuit population
- 2.6% of Canada's population
- Approximately 600 First Nations communities – 30% in remote and isolated locations, remainder rural except for a few near urban centres
- All Inuit communities remote and isolated
- 90% of First Nations/Inuit communities have a population of under 1000
- 557 Health Facilities



Indigenous Health System – working together




Role Of The 3 Sectors in First Nations and Inuit Health

Federal Government

- Transfer payments to provinces and territories for insured services
- Primary care services to rural and remote FN communities
- Home and community care in approximately 600 communities
- Community and public health programs and services in all communities
- Supplementary health benefits (pharmaceutical, supplies, dental, optometry)
- Pan-Aboriginal initiatives

Provincial / Territorial Governments

- Insured hospital and physician services
- Public and community health services off-reserve


First Nations and Inuit

- 80% of services in communities are delivered by FN/I through contribution agreements with the federal government




Health Canada - Role

- Ensure First Nations and Inuit communities have access to health services
- Assist First Nations and Inuit communities in addressing health barriers and disease threats, and in attaining health levels comparable to other Canadians living in similar areas
- Build strong partnerships with First Nations and Inuit communities, and with provinces, to improve the health system



Challenges

- High rates of chronic disease – high disease burden
 - Heart disease - 1.5x higher
 - Type 2 diabetes - 3 to 5 times higher among First Nations people
 - Persistent tuberculosis infection outbreaks*Compared to the general Canadian population
- Remote or isolated communities (many fly-in)
- Challenges in accessing provincial services
- Limited community capacity to provide health care
- Difficulty recruiting and retaining health providers
- Less than adequate determinants of health





Why Quality Improvement?

- Ensures services are:
 - Client-focused
 - Safe
 - Evidence-based
 - Integrated
 - Accountable
 - Culturally competent
- Builds linkages with provincial health systems – supports a 'continuum of services' approach

How Do We Integrate Quality Improvement?

- Working in collaboration with First Nations and Inuit, Health Canada investments:
 - strengthen community capacity through establishment of comprehensive health planning
 - create innovative approaches through partnerships with NGOs – i.e. Accreditation Canada, VON, Manitoba Dental Assoc.
 - pursue agreements with provinces that improve integration of health care and increase First Nations planning and control over health services
 - support standards-based programs and services, including health services accreditation

Health Services Accreditation

- Joint work began in 2000 – Health Canada, First Nations, and Accreditation Canada
- Culturally-relevant approach strengthens health service delivery and improves quality of care
- First Nations organizations: 5 in 1999, 70 in 2009
- Culturally validated standards include *Community Health Services* and *Addictions Treatment*
- Same rigour - enhanced with cultural elements (i.e. terminology, traditional practices)

Accreditation System - Unique Features

- Culturally validated standards
- Distinct education sessions – build capacity, promote success
- Focussed team at Accreditation Canada - extra specialists, education, program development
- Library of tools and resources
- National and regional networks
- Annual national forum for networking and training
- Collaboration – Health Canada (HQ, regions) and Accreditation Canada support First Nations

Accreditation System - Benefits

- Increased capacity to provide services using multidisciplinary approaches
- Improved linkages – within communities, between communities and provincial services
- Sharing best and promising practices
- Supports community health and strategic planning
- Pride that health services are comparable to like health services nationwide



Accreditation System - Outcomes

- Increase in the uptake of accreditation by First Nations health services from 10 in 2003 to 70 in 2009
- Decrease in the average number of recommendations for improvement received by First Nations health organizations
- Decrease in 'high urgency' recommendations—the rate of these recommendations is now in line with provincially run health services



Laboratory Accreditation

- Accreditation process initiated in 2007 (writing procedures, methods, and quality manual)
- Assessment conducted by CALA (Canadian Association for Laboratory Accreditation) - July 2009
- Final report will be issued - October 2009

What does accreditation mean for the laboratory?

- Continual improvement
- Client satisfaction
- Results traceability



Immunization Program - QI Pilots

- Utilizes a community-focused approach that considers the unique circumstances of the community that may affect program outcomes
- Provides communities with detailed information on the status of their immunization services – incremental approach allows for community-level goal setting to support reaching national targets
- Considering broader utility of this approach to support CQI in other public health areas



Practical Approach to Lung Health – PAL Project

- A complementary syndromic approach aimed at improving the management of respiratory conditions which complements existing practices
- Community-wide strategy which engages health workers, nurses, doctors and managers in TB control in primary health care settings
- Aim is to improve the quality of respiratory case management at the community level



Nursing Quality Management Framework

- Will be informed by First Nations community perspectives across varying levels of capacity
- Victorian Order of Nurses (VON) will examine nursing within First Nations community health systems to identify the essential elements that will ensure *nursing care is quality care*
- Will demonstrate to accrediting bodies that First Nations health care services value and adhere to quality practices



Community Programs Quality Improvement

- Many community-based programs are implementing standards or guidelines to align with accreditation requirements
- Pharmacy services guidelines aligning with accreditation standards
- Home and Community Care:
 - Quality Guide due March 2010
 - Program Standards due Dec 2010
 - Client safety and risk management activities – ongoing monitoring by communities



Health Managers Competency Framework

- Joint priority - Assembly of First Nations and Health Canada
- Identifies skills and abilities within 10 key domains
- Increases ability to assess competencies and focus on how to develop these in themselves and others
- Enhances quality of services
- Improves ability to attract and retain trained and competent human resources



Future Directions

- Increase the focus on patient safety
 - Strengthen quality 'lens' across all programs
 - Include public health and primary care
- Broaden scope of accreditation standards to include all health services on reserve
- Identify and address system barriers to access to quality care such as health human resources recruitment/retention and lack of/poor protocols with provincial services



QUESTIONS?

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Thank you

