



UPDATE

First Nations and Inuit Home and Community Care Program

Winter 2004/2005

The First Nations and Inuit Home and Community Care Program (FNIHCC) has developed an evaluation strategy to see if the program is meeting the needs of the communities and is cost-effective. This newsletter gives you an update on the status of current national program evaluation studies and other evaluation activities.

National Evaluation, Current Status

A summary of Study 1, "Implementation: foundations for success," was provided in a previous edition of the newsletter. The full report of Study 1 has been published and distributed to communities. The full report is also available on our website:

www.hc-sc.gc.ca/fnihb/phcph/fnihccp/

Study 2 is now being done to examine how the program addresses the need for home care in First Nations and Inuit communities. Many of you have already participated in interviews or focus groups, answered a survey or hosted a community visit. We appreciate the effort everyone is putting into this valuable work. A summary of the findings will be published in the next newsletter, with a full report to follow.

One of the things we learned in Study 1 is that many communities would like to have specific tools to help manage their programs. An important part of Study 2 is the development of a needs reassessment tool that communities can use for their own management purposes. This tool is being developed collaboratively with community participants. Your input during interviews and on the brainstorming survey will help to develop this important tool.

Other Evaluation Activities

Several other pilot projects and studies are currently ongoing.

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Pilot to test alternative access to home care medical supplies

In most FNIHCC community programs, supplies needed for clients (such as dressing supplies, syringes and needles) are ordered through a physician's prescription, and obtained through providers such as local pharmacies.

In early 2004, communities in two regions (Alberta and Atlantic) participated in a pilot project to test a possible alternative process to access medical supplies for FNIHCC clients. In the pilot, one FNIHCC Registered Nurse per community was assigned a prescriber number to order supplies for client care directly from Drug Distribution Centres (DDC), through Non-Insured Health Benefits (NIHB).

It was hoped that the pilot process would lead to:

- easier and more timely access to supplies for clients;
- enhanced use of nursing assessment skills; and
- more effective use of resources.

In the pilot, the nurse assigned the prescriber number was provided with a list of allowable supplies covered by NIHB. This nurse was responsible for ordering all supplies required by clients. If supplies were needed that were not on this list, they were obtained through other providers.

NIHB is a client-based system, so supplies were ordered and paid for according to what was needed for each client. For efficiency, nurses submitted orders to the NIHB regional office each month. The nurse kept track of what was used for each client, and the DDC billed NIHB on that basis.

In the pilot, the nurses have a stocked cupboard so they have supplies needed for each client. Nurses would constantly replace what they had used to maintain the necessary level of supplies. The nurse kept track of what was used by that client and returned any unused supplies to the supply cupboard. The

nurse also monitored levels of supplies and ordered what was needed to keep the cupboard stocked. This is common inventory management practice with home care programs.

An evaluation of this pilot is underway now and a phase 2 will be considered based on these results.

FNIHB Manitoba regional office and its partners initiated an e-learning demonstration project for healthcare providers in 35 Manitoba First Nations communities.

Manitoba pilot of remote education and support for health care providers

Obtaining access to affordable, ongoing clinical support, education and communication is a challenge to busy health care providers and managers everywhere. Barriers such as geography, climate, distance and staff shortage greatly add to those challenges for providers working in rural and remote First Nations and Inuit communities. Adequate education and communication are essential to maintaining competency, quality of patient care, job satisfaction and corresponding recruitment and retention.

To help address these challenges, the FNIHB Manitoba regional office and its partners initiated an e-learning demonstration project for health care providers in 35 Manitoba First Nations communities. The National FNIHCC program funded an evaluation of the pilot so that this resource might be considered on broader scale.

The focus of the project was an interactive, web-based e-learning application developed by Saint Elizabeth Health Care known as @YourSide Colleague™ (@YSC). This application provides remote access to clinical and program management content, an online exchange to enhance dialogue and discussion among colleagues, and access to specialists at Saint Elizabeth Health Care. There is also access to resources such as an online library. Participants can access these resources and supports from any Internet-connected computer—anytime, anyplace. The purpose of the project was to demonstrate the value of remote, dynamic access to knowledge and health human resources to First Nations communities, their health programs and services, and their health teams.

Of 130 participants given access to @YSC, 60% went on to use it. Those who did not cited barriers such as infrastructure limitations, including unreliable connectivity, computer access and computer skills. The evaluation revealed that most participants had a very satisfactory learning experience and benefited from using @YSC.

Participants identified these benefits:

- rapid, 24/7 availability of information and resources for clinical and program management;
- ongoing, convenient access to up-to-date information on best practices in health care;
- better communication for staff and managers/administrators; and
- significant knowledge gains for participants in areas such as diabetes care, wound management, and quality and risk management.

The FNIHCC program will be exploring options for possible future expansion of this system.

Health Human Resources Study


The FNIHCC program is currently funding a study of the Health Human Resources needs of the FNIHC program, including the needs of family caregivers. This study is intended to inform implementation of the Aboriginal Health Human Resources Strategy, as announced in the 2004 First Ministers Meeting (FMM) Accord.

The study will examine how the needs in First Nations and Inuit communities compare to those indicated in the Canadian Home Care

Human Resources Study (available at www.cacc-acssc.com/english/newsroom/links.cfm). This study will look at both recruitment and retention issues, as well as how educational program curricula might be adapted to provide a more culturally relevant focus.

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The study will be conducted by an Aboriginal firm (Aboriginal Research Institute) with experience in health and First Nations and Inuit communities. The study will include health managers, service providers, family caregivers, community leaders and students. We expect to be distributing surveys for both health managers and service provider staff during early spring. We appreciate your help in carrying out this important work.

For further information

Contact the National Coordinator, FNIHCC program at (613) 941-3465 or visit us online at: www.hc-sc.gc.ca/fnihb/phcph/fnihccp/

You can also request more information about the evaluation from your FNIHB regional office.

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