North West
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
du Nord-Ouest

New Directions,
Emerging Opportunities:
A Health Human Resources Forum
in the North West LHIN

Summary Report

June 19, 2006

Ontario

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EXECUTIVE SUMMARY

Health human resource (HHR) issues have been identified as a priority throughout the North West Local Health Integration Network's (NW LHIN) ongoing community engagement process. Shortages of health human resources are impacting health care delivery and the broader health system. To respond to the seriousness of this issue, the NW LHIN organized *New Directions, Emerging Opportunities: A Health Human Resources Forum in the North West LHIN* for invited stakeholders.

The Forum was held June 19th, 2006 at Fort William Historical Park, Thunder Bay. The session was by invitation, with 80 participating, and included presentations about health human resource issues and new directions at a national, provincial, and regional/local level, as well as three presentations exemplifying innovation in addressing health human resource issues.

Speakers for this event included Dr. Joshua Tepper (MOHLTC); Frank Cesa (Health Council of Canada); Lyn McLeod (former MPP Thunder Bay/Atikokan); Dr. Paul Gamble (The Michener Institute of Applied Health Studies); Orpah McKenzie (Northern Ontario School of Medicine); and Siobain Moore (Dryden Regional Health Centre).

Following the presentations, Forum attendees participated in facilitated discussions, providing input for the NW LHIN's inaugural Integrated Health Services Plan.

Purpose

The purpose of the Forum was to:

- Gain collective awareness of national and provincial trends
- Recognize local and provincial innovations
- Consider new possibilities
- Acknowledge the need to act on a local basis

Challenges

The North West has the opportunity to move in new directions to address its HHR issues. New solutions need to build on the health human resources work of the past and current strengths in this area.

Health human resource challenges centre on planning, population health needs, the health care workforce, and technology and care coordination. Momentum for change, however, is high and with recognition of and support for addressing health human resource issues at the national, provincial, and regional/local level, the time to act is now.

New Directions

Nationally, the Health Council of Canada recognized the significance of the health human resource issue by holding a Summit on Health Human Resources in 2005. The Summit set the stage for identifying priorities for accelerated change. The importance of clarifying and identifying issues surrounding professional scopes of practice was also identified during the Summit.

There is reason for optimism. Positive change is occurring across the country in localized pockets. Although hard to track and difficult to duplicate, progress is emerging from this growth at the grassroots level.

Provincially, there is a clear recognition that using only current solutions when addressing health human resource issues will not prepare us for the future. High demand for health human resources creates motivation for change and opportunity for innovation. Action is required now.

HealthForceOntario was formed to make Ontario an employer of choice and more competitive in recruiting and retaining health professionals and workers. The overall intent is to ensure that the right health care professional is in the right place at the right time with right skills. Several progressive steps have been taken to date and more are planned for the future.

What can be learned from new national and provincial directions? There is commitment to looking for answers, improving the planning process and increasing public accountability. It is unlikely that health human resource issues will be resolved nationally as most lie within provincial jurisdiction. Having a provincial human resource plan would be desirable. The greatest potential for change, however, lies at the regional/local level. The North West has a strong tradition of innovation characterized by taking action at the local level then using this local innovation to lever provincial change.

Innovative Models

Commitment to finding new solutions to health human resource issues is evident at every level (national, provincial, regional/local). Progress often begins at the regional/local level, making it important to share knowledge about new models and practices to assist in stimulating innovation in the North West.

Great strides have been made by The Michener Institute of Applied Health Sciences with respect to redesigning their curriculum to support student exposure to inter-professional educational opportunities, clinical simulation, and competency skills assessment. These innovations may now be expanded to the North West through a proposed potential partnership between Confederation College, Thunder Bay Regional Health Sciences Centre, and The Michener Institute.

The Northern Ontario School of Medicine (NOSM), while in its developmental stages provides significant opportunities for innovation. Part of its mandate is to serve Aboriginal, Francophone, and rural and remote populations. Aboriginal populations are under represented in medicine and other health professions. An innovative project currently underway is to expose Aboriginal youth to the health professions through a science camp.

An important factor in the recruitment and retention of health professionals is a healthy work place environment. Dryden Regional Health Centre (DRHC) has been a leader in developing a healthy workplace initiative that was integrated with its strategic plan, showing strong organizational support. DRHC was one of nine hospitals in Ontario to win a Healthy Hospital Innovation Award.

Participant Dialogue

The Health Human Resources Forum provided a venue not only for knowledge exchange but also for discussion. Participants engaged in dialogue in small groups to explore new models and ways of accelerating change to move forward with innovative solutions for the North West. Specifically, their discussion was guided by the following questions:

- What would a comprehensive, phased, health human resource strategy look like for the North West?
- What are the practical solutions to address the real and perceived barriers to achieving such a strategy?
- What expertise and role could each participant contribute to a strategy?
- What are some examples of successful innovations addressing health human resources issues in the North West that may be unknown and/or that could be utilized in other communities and settings?

Conclusions

Speakers and participants recognized the seriousness of health human resource shortages and the subsequent challenges this presents to the current and future health care system, particularly in the North West. At the same time, there was clear commitment to finding new solutions. New solutions need to be multi-pronged and multi-dimensional due to the complexity of both the health human resource issue and the health care system. The need for collaboration amongst all stakeholders reverberated throughout the Forum. The participants agreed that all players have a role in developing solutions.

The greatest opportunity for change is at the regional/local level and there is a need to capitalize on the opportunity now. Northwestern Ontario has a long history of leading innovation. That tradition of innovative change now needs to focus on health human resources to ensure the future stability of the health care system for residents of the North West.

Next Steps

The North West LHIN will consider input received from the Forum in the preparation of its Integrated Health Services Plan due in October 2006. Recognizing the importance of health human resources in its area, the LHIN will continue to support innovation and collaboration. Stakeholders in the North West are encouraged to build on information communicated at the Forum and go forward to work collaboratively to find innovative regional/local solutions to health human resource challenges.

INTRODUCTION

A Snapshot of the North West LHIN Area

The North West LHIN area covers Northwestern Ontario with a landmass of 47% of the Province of Ontario. The area extends from White River on the east to the Manitoba border on the west, to James Bay and Hudson Bay on the north to the United States border on the south. The distance between the eastern and western borders is slightly over 1000 kilometers.

The North West LHIN includes the Districts of Rainy River and Thunder Bay, along with part of Kenora District. It is comprised of numerous small towns and Aboriginal communities spread through rural and remote areas. The NW LHIN area has the lowest population density of any LHIN in the province.

From 1994-2004, the population in the North West declined on average at the rate of 0.4% per year in comparison to the provincial population that increased at 1.5% per year. The population age structure is generally similar to that of the province. The population 60 and older is slightly higher than the provincial average. The percentage of those 10 to 19 years exceeds the provincial age structure. However, the reduction in the population of those 25 to 39 years relative to the province suggests out migration.

The North West has a much higher percentage of Aboriginal population (13.9% compared to the provincial average of 1.7%). The area has a lower percentage of immigrants and visible minorities than the province. The Francophone population 4.1% is similar to the province at 4.7%. Unemployment rates are higher in the North West and that is coupled with lower percentages of post secondary education in the population.

With respect to health status, life expectancy at birth in the North West is the lowest in the province. In addition, it has a higher prevalence of many poor health practices e.g. smoking, drinking, overweight/obesity. Poor health practices are related to higher risk of chronic disease, mortality, and disability. As well, the area has a lower proportion of the population self-rating their health as “excellent” or “good”. While the majority of LHIN residents 76.4% had at least one contact with a medical doctor in the past year, that rate is significantly lower than the Ontario rate of 81.4%.

Purpose of the Forum

The North West LHIN sponsored *New Directions, Emerging Opportunities: A Health Human Resources Forum in the North West LHIN* on June 19, 2006 for invited stakeholders from across the North West. Board members and staff of the NW LHIN have been traveling to communities in the North West as part of a

community engagement process for the development of their Integrated Health Services Plan (IHSP). Almost every community visited identified the recruitment and retention of health human resources as a high priority issue impacting health care delivery as well the future of the health system in the region.

To respond to this serious concern and to gain more detailed information for the Integrated Health Services Plan, the NW LHIN organized this Forum. The positive response and interest shown by participants confirmed the importance of this issue for the NW LHIN area.

The purpose of the Forum was to build capacity among local stakeholders by:

- Gaining collective awareness of national, provincial and local trends in health human resources
- Recognizing provincial and local innovations
- Considering new possibilities
- Acknowledging the need act at the local level.

Also, there was a need to build on the significant work on health human resources that has been done in the past by several regional organizations.

Eighty participants attended the Forum. Background reading material was pre-circulated to participants to prepare for the Forum (a reading list can be found in Appendix IV). As well, participants were asked to give some advance thought to some specific questions in preparation for group discussions.

Health human resources are a high priority issue at the national, provincial, and local levels. As the health system undergoes transformation to a more consumer focused and integrated system, the supply of health professionals is critical to enabling change.

Dr. John Whitfield, founding Chair of the NW LHIN opened the Forum by recognizing that health human resource challenges are huge in the North West. He stressed that by working together on multiple levels and in multiple arenas the realities faced by the North West can be addressed. He concluded by saying

> *"In the North, we have a strong history of innovation. I encourage you to engage in new dialogue, to think of new possibilities – ones that can be informed by and congruent with work being done at the national and provincial levels."*

HEALTH HUMAN RESOURCES IN THE NORTH WEST LHIN

Presentation by Gwen DuBois-Wing, CEO North West LHIN

Health system transformation is well underway in Ontario. Empowered through legislation, LHINs are a "Made in Ontario" solution signaling structural change at the local level. The LHIN mandate involves building on community strengths, reflecting community needs and working alongside health care providers.

In fulfilling its mandate on community engagement, board members and staff of the North West LHIN have visited communities across the North West and met with both the public and health care providers. A priority issue identified in almost every community was health human resources. Sensing the urgency of this issue, the LHIN quickly organized this Forum.

Significant work has been done in the past on health human resources by the former Health Sciences North, the former Northwestern Ontario District Health Council and numerous other reports and workshops. However, the region is now at a crossroads and needs to take action. Health human resource issues are a well recognized priority at national, provincial and regional/local levels. Change is needed now. Yesterday's solutions will not solve today's or tomorrow's problems – new approaches are required.

A journey of change has begun and will include looking for practical solutions and stakeholder involvement, ownership and buy in. No one group or organization can do it alone. Solutions must come from multiple directions. Strategies must be multi-pronged. Traditional assumptions about roles, structures, and methods must be rethought. Think outside the box. *Making change happen includes all the players*.

> "The health care system is fundamentally about people. Its focus is on people. Every aspect of the health care system is driven by, and dependent on, people."
>
> Building on Values: The Future of Health Care in Canada
> Commission on the Future of Health Care in Canada, November 2002

CURRENT ENVIRONMENT

This section is intended to provide a high level snapshot of the health care labour market and some associated issues in order to provide a context for the Forum.

- More than one million people work in the health care system in Canada, providing care to Canadians on a daily basis.
- There are more than 30 different health professions and occupations. About 40% of the workforce is nurses and 9% is physicians. Little is known about the remaining health professions who make up 50% of the workforce as the most reliable data is collected on nurses and physicians. This presents a major challenge for health human resource planning.
- The supply of health professionals has increased and decreased over time and has not necessarily been related to the health of the population.
- The supply of health professionals varies across the country, within the province and between communities. Supply issues are more acute in rural and northern areas.
- In the absence of coordinated recruitment plans at the national, provincial, and local levels, competition between jurisdictions occurs for a limited pool of resources.
- Canada is not self sufficient in training health professionals to meet its needs and, therefore, relies on foreign graduates to fill positions. Pressure is increasing to limit dependence on foreign graduates but the implications for Canadian training programs are unclear.
- Part-time and casual work comprises a large percentage of some occupations, particularly in institutional settings. It is not clear whether this reflects individual preferences but change in this area is constant though variable across the country. The challenge is whether there are appropriate mechanisms to track and interpret changes and the overall impact on labour market planning and forecasting.[1]

NEW DIRECTIONS

Health human resources planning has always been on national and provincial agendas. However, heightened interest in health human resources is occurring because demand is out stripping the supply of health professionals at a time when health system transformation and renewal is critical to long term system sustainability. All the speakers addressing new directions emphasized the need for innovation in this rapidly evolving context. Speakers included:

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[1] Source: Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change, Health Council of Canada, June 23, 2005 pp. 10-12.

- On the national perspective, Frank Cesa, Project Manager, Health Human Resources Group, Health Council of Canada
- On the provincial perspective, Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care
- Reflecting on national and provincial new directions, Lyn McLeod, former MPP Fort William later Thunder Bay-Atikokan Riding, Board Member, Health Council of Canada and Board Member, Ontario Health Quality Council

At the national and provincial level, both speakers articulated challenges facing the health human resources area. There was a high degree of convergence between these challenges and a high degree of consensus that the challenges were already great but the momentum for change was high.

National and Provincial Health Human Resource Challenges

Planning

- Limited planning tools are available for comparable applicability across populations and geographic areas.
- Lack of adequate data on health professions beyond physicians and nurses.
- Difficult to develop new planning tools that incorporate all the necessary variables and produce reasonable projections about need.
- Lack of a coordinating mechanism to support cooperation and collaboration between national, provincial, and territorial governments.

Population

- Increasing age and cultural diversity of the general population is straining health care services.
- Chronic illness is more prevalent than acute illness.
- Consumers are seeking complementary and alternative care.
- Consumers want to be involved and informed.

Health Care Workforce

- Shortages are occurring in virtually all health professional groups.
- An adequate supply of health professionals is not being replenished.
- The health care workforce is aging. In Ontario, for example:
    - One third of physicians are within retirement age (55 and over)
    - Half of the nursing workforce is over 45 years and will be eligible for retirement within 10 years
    - 78% of medical laboratory technicians are over age 40
- Health care workers are seeking transitions to retirement.

- Health care workers are demanding a healthy and stimulating workplace.
- Upcoming generations of health professionals are placing higher value on work-life balance.
- Gender shift is occurring in the physician population. Women will make up 40% of the physician workforce by 2015. Evidence suggests that they work fewer hours, take more time off, and have a greater tendency to work part-time.
- Increased desire to specialize is reflected by fewer physicians choosing family practice.
- Increased workload and prevalence of burnout is evident in nursing and physician populations.
- Aboriginal populations are under represented in the health professions.
- Cultural diversity is increasing in the health care workforce.
- Health care professionals will work in an increasingly mobile, international, and opportunity-laden market.
- Rural and remote communities will have the greatest challenge in recruiting and retaining health professionals. Chronic and unique challenges are evident in Northwestern Ontario.

Technology

- Greater use of technology e.g. telemedicine, diagnostic imaging will require new educational models to deal with a rapidly evolving base of knowledge and the introduction of new technology.

Care Coordination

- For the most part providers are not working together to deliver care.
- There is a lack of awareness of how providers might benefit from each others training and knowledge base.
- Patient care quality gains resulting from team practice have not been realized.
- Increased job satisfaction attributable to team based care has not been realized.

Costs

- Health human resources are the single largest category of health care spending, for example, 74% of costs in Toronto hospitals are attributable to health provider compensation. Also, it costs on average $35,000 to replace a nurse in a hospital setting.

National Perspective

Health Human Resources in Canada: Identifying Areas for Accelerated Change

Frank Cesa, Project Manager, Health Human Resources Group, Health Council of Canada

The Health Council of Canada was established under the 2003 Federal/Provincial Health Accord on Health Care Renewal. Its mandate is to monitor and report on the progress of health care renewal in Canada by providing an independent system perspective.

The Health Council of Canada, in 2005, held a Summit on Health Human Resources to identify areas for accelerated change. These were:

- Expand opportunities for inter-professional education
- Increase the number of Aboriginals in the health care workforce
- Strengthen the national approach to managing the role of international graduates
- Resolve concerns about liability
- Invest in financial and non financial incentives to improve recruitment and retention, and report on healthy workplace initiatives
- Ensure HHR planning is based on population health needs, fully integrates across jurisdictions and is properly resourced.

In addition, the Health Council of Canada commissioned a report "*Scopes of Practice of Doctors and Nurses – A Balancing Act* ". This report addressed clarifying definitions and identifying critical issues surrounding scope of practice and the need for collaboration across multiple players to resolve these issues.

Despite these and other initiatives, tension remains in the system regarding health human resources. Some HHR initiatives have been worked on for years so there is a sense of slow progress. At the same time as this apparent inertia, there are pockets of activity where progress is being made, For instance, there is general agreement on what needs to done:

- Educate more health care professionals equipped to work in true interprofessional teams
- Get the best out of the workforce: remove barriers that prevent health care providers working to their optimal scope of practice
- Collaborate in work force planning to reduce competition among jurisdictions for scarce health professionals
- Clarify "who does what" and address supply issues jointly with scopes of practice.

Progress will made by thinking outside the box – abandoning traditional concepts about recruitment and retention and rethinking traditional roles, structures and methods from a patient centred perspective. Evidence suggests that provider satisfaction is increased in new models of care.

There is definitely reason to be optimistic. Change is occurring but in fragments so it is hard to track, hard to duplicate and largely invisible. It is important to understand how much progress has been made even though that progress is still fragile.

Frank Cesa concluded by emphasizing the need for collaboration

> *“We are not alone. We must work together and create the momentum that will help us reach that tipping point.”*

Provincial Perspective

A Strategy for Health Human Resources in Ontario: Opportunities for Collaborative Planning

Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health and Long- Term Care

Dr. Tepper is in the unique position of being responsible for the provincial Health Human Resource Strategy but also having worked as a physician in a number locum positions including ones in Northwestern Ontario. As a result of his experience, he commented on the North West being leaders in innovation with a record of having been early adapters in the introduction of technology and new education and funding models.

He began his presentation by stressing the need to act now. More of the same practice models, education systems, and planning approaches will not prepare us for the future. Dr. Tepper emphasized that

> *“High demand for health human resources creates motivation for change and opportunity for innovation.”*

The Health Human Resource Strategy Division is laying the foundation for change in the context of the provincial transformation agenda. A major change signaled by this division is its joint accountability to the Ministry of Training, Colleges, and Universities. As well, it has established a partnership with the Ministry of Citizenship and Immigration. These intergovernmental relationships are a strong asset in mobilizing system changes.

HealthForceOntario (HFO) has been formed to make Ontario more competitive and an employer of choice in health care now and in the future. As well, it

addresses the need to establish new roles in areas of high need. The intent is to ensure that the right health care professionals are in the right place at the right time with the right skills.

HealthForceOntario has taken several steps to date:

- Creating four new roles in areas of high need that is physician assistant, nurse endoscopist, surgical first assist and clinical specialist radiation therapist.
- Establishing a one stop centre for internationally educated health care professionals to obtain information necessary to employment.
- Establishing a coordinated marketing and recruitment centre with a comprehensive job portal to equip Ontario to be more competitive.
- Ensuring every new nursing graduate (RN and RPN) will have a fulltime job opportunity.
- Recognizing and valuing Ontario's health force as an asset not a liability.
- Supporting inter-professional education and care to develop different approaches, for example, stronger teams, mentorship, and coaching models.
- Creating an Allied Health Continuing Education Fund.

Future HealthForceOntario strategies currently in the planning phase include:

- Creating a provincial HHR Planning Body.
- Improving data collection.
- Launching a healthy workplace initiative.
- LHIN support.
- Engaging and collaborating with key stakeholders.

Dr.Tepper recognized that the HealthForceOntario strategy covered approximately 80% of the health workforce and that there were special populations that would require specific approaches. These included:

- Mental Health
- Public Health
- Rural and Northern areas
- Francophone
- Aboriginal

These populations have particular relevance in the North West.

The full HealthForceOntario strategy is expected to be implemented over the next 5 to 7 years. The longest time for any particular initiative is roughly 3 to 4 years and may be dependent other pieces of the strategy being in place.

Reflections on New National and Provincial Directions

What Can We Learn From What We Have Heard: A Policy/Political Reflection

Lyn McLeod, former MPP Fort William later Thunder Bay-Atikokan Riding, Board Member, Health Council of Canada, Board Member, Ontario Health Quality Council

From her experience on the Health Council of Canada and the Ontario Quality Health Council, Lyn McLeod is very aware of the importance of health human resources as a system issue and the lack of appropriate and timely data to accurately define the issue.

In her view, health human resource issues will not be resolved nationally. Gaining agreement for change at that level is very slow. However, federal/provincial collaboration is critical to identifying problem areas and developing comparable indicators.

Most solutions lie within provincial jurisdiction. She was supportive of each province having a HHR Plan where at the core optimal levels of health care professionals would be determined. Health human resources do not have a natural boom/bust cycle. HHR issues may take on a political dimension when a need for additional resources is acknowledged.

The importance of primary care reform and the formation of Family Health Teams is critical as it creates the opportunity to expand the role of non physicians on the team. For example, the use of nurse practitioners and shared care models can reduce the need for physicians in rural areas.

Lyn McLeod stated,

> *"The good news is that there is a commitment to looking for answers, to improving the planning processes and to increased public accountability at all levels. Local and regional solutions will work best as they can be the drivers of change at the provincial level. Northern leaders work best in collaborative endeavors because of geography and lower numbers, they have stronger relationships and understand the importance of cooperative effort."*

A number of successful northern initiatives were cited to demonstrate the cooperative spirit:

- NORTH Network has been a world leader and has improved access to care through telemedicine and at the same time avoided $5.2 million in health care costs.

- Educational initiatives such as the Northern Ontario School of Medicine, the Lakehead University distance education BScN program in Dryden and region and the proposed potential partnership between Confederation College, Thunder Bay Regional Health Sciences Centre, and The Michener Institute of Applied Health Sciences are all cutting edge initiatives.
- Best practice networks are needed to share and disseminate this knowledge.

While Lyn McLeod concurred with the previous speakers that there is reason for optimism, her optimism is focused on finding innovative and creative solutions at the local and regional level.

EMERGING OPPORTUNITIES

With new directions in health human resources emerging at the national and provincial levels, opportunities abound for innovation at local and regional levels. Across the country and in the North West, most new models are developing in response to local and regional needs. Knowledge of new models needs to be communicated and shared in order to support further model development and for the continued stimulation of innovation. All speakers have developed innovative responses to current and pressing needs in their in their environment. Speakers included:

- On inter-professional education, Dr. Paul Gamble, President and CEO, The Michener Institute of Applied Health Sciences.
- On involvement of the aboriginal population in health professions, Orpah McKenzie, Director of Aboriginal Affairs, Northern Ontario School of Medicine.
- On a healthy workplace, Siobain Moore, Human Resources Manager, Dryden Regional Health Centre.

Innovative Models Shaping the Future

Future Direction for Michener Curriculum

Dr. Paul Gamble, President and CEO, The Michener Institute of Applied Health Sciences

The Michener Institute of Applied Health Sciences is Canada's only post secondary educational institution exclusively devoted to applied health science programs. Their mission is to educate highly competent practitioners who are members of the inter-professional health care team and to advance professional practice for established and emerging applied health sciences disciplines.

Historically, The Michener Institute had utilized a traditional educational model, that is, one consisting of theory, laboratory, and clinical practice. The clinical practice was accomplished by using preceptors from within a clinical setting to

work directly with students. More recently, this educational model was increasingly challenged by human resource (preceptor) shortages and agencies having less time to teach basic skills while incurring increasing costs. Agencies were requiring that students have the skills necessary to work in a multi-disciplinary environment. There were no guarantees that a group of students entering a clinical setting with the same set of skills would leave the clinical setting with same level of clinical growth due inconsistent access to clinical cases.

Working with the provincial government, The Michener Institute designed a curriculum where students are exposed to interprofessional education opportunities, clinical simulation, and competency skills assessment prior to entering clinical practice. The anticipated outcome of this approach is a decreased time commitment for clinical agencies and preceptors and an increase in critical thinking, clinical readiness, and inter-professional preparedness for students.

The proposed potential partnership between Confederation College, Thunder Bay Regional Health Sciences Centre and The Michener Institute of Applied Health Sciences is a very exciting opportunity as it means that the North West could benefit from the curriculum innovations implemented at The Michener Institute as well as education of health professionals in the applied health sciences.

> "Canada's future health system is dependent upon the modernization of … health care which is directly linked to a different approach to educating and training health personnel."
>
> Report to Canadians: 2005, Health Council of Canada

Building the Applicant Pool for Health Care Careers: Canada's Youth at Risk and Mentoring Tomorrow's Leaders

Orpah McKenzie, Director of Aboriginal Affairs, Northern Ontario School of Medicine (NOSM)

Following their Summit on Health Human Resources in June 2005, the Health Council of Canada identified a number of priorities for accelerated change. One of those priorities was expanded training and hiring of Aboriginal (First Nation, Inuit and Métis) health care professionals. These populations are under represented in the health care work place. Care to remote communities needs to be provided closer to home in manner consistent with the local language and culture.

Part of the mandate of the Northern Ontario School of Medicine is to engage and serve Aboriginal, Francophone, and rural and remote populations, given the significance of these groups in Northern Ontario.

Insufficient numbers of Aboriginal students are entering medical school or pursuing other health care professions. Promoting careers in medicine and science must be started at an early age through career fairs, science camps, and visits to communities. In May 2006, NOSM accepted a major contribution from ING Incorporated to assist in mobilizing such a process.

Ten students from area and local high schools will be given the opportunity to participate in a five day science camp being held in July 2006. The students will gain knowledge about different health professionals, receive hands on experience (i.e. casting, preparing lab specimens) and meet Aboriginal and Francophone health care professionals.

The outcome of this strategy is an expected increase in the number of Aboriginal and Francophone applicants to medical school and the provision of role models for students. Although currently in its formative stage, NOSM will be a catalyst for significant change and innovation in health human resources in the North West over the longer term.

Healthy Workplace Initiative: One Hospital's Perspective

Siobain Moore, Director of Human Resources, Dryden Regional Health Centre

Healthy workplace initiatives are best considered under the umbrella of health and safety initiatives. However, a business case needs to be made for these initiatives and their importance as a strategic direction for the organization needs to be stressed.

Why are healthy workplace initiatives so important?

- They have workplace level impact.
- With shortages of key healthcare staff, the focus is on implementing effective recruitment and retention strategies. Staff satisfaction is directly linked to retention strategies.

Why are healthy workplace wellness initiatives so important?

- Improved productivity
- Health cost containment
- Improved employee morale
- Reduced absenteeism
- Decreased staff turnover

- Improved corporate image

In 2001/2002, Dryden Regional Health Centre's strategic plan recognized that the health and wellness of their employees is a key element to their success as an organization. The strategic plan provided clear accountability and project development for a workplace wellness initiative. Leadership then provided direction and resources. At the same time, leadership and accountability became the responsibility of everyone in the organization.

A formal work place wellness committee was set up with the support of the board, senior management, unions, and employees. The project became a member of the Ontario Hospital Association Pilot Group. An employee assessment was done by an external agency. Based on the findings of the survey, the wellness committee set goals and objectives. Their vision was "to make a healthy difference". Program priorities focused on organizational culture, promoting workplace health and promoting individual health.

Major initiatives included:

- Passport to Healthy Living program where employees set healthy living goals and had one year to achieve them. If successful in achieving their goals, they received a bonus.
- Creation of, a "pregnancy and breast feeding friendly organization".
- Smoking cessation program that provided both financial and motivational assistance to employees.
- Healthy workplace week.

The hospital was one of nine hospitals in the province that received the Healthy Hospital Innovators Award 2005 (OHA/ NQI). The award validated the success of the effort and reinforced their commitment to quality workplace initiatives. This was achieved despite challenges with financial and human resources and staff participation.

Measurement methods were built into the program to evaluate its effectiveness such as an employee satisfaction survey and performance indicators, e.g. absenteeism rates, injuries, lost time days and participation rates. Sustainability of the program was attributable to its incorporation into the strategic plan and to staff commitment.

TABLE DISCUSSION: DIALOGUE

Exploring New Models, Accelerating Change, Moving Toward Innovative Solutions

The presentations provided valuable information on current trends and innovations in health human resources. However, the intent of the Forum was also for key stakeholders to have an opportunity to interact and have meaningful discussion. To enable such discussion, questions were circulated prior to the Forum to give participants time to consider their responses. The questions were:

1. **What would a comprehensive, phased, health human resource strategy look like for the North West?**
2. **What are the practical solutions to address the real and perceived barriers to achieving such a strategy?**
3. **What expertise and role could each forum participant contribute to a strategy?**
4. **What are some of the examples of successful innovations addressing health human resources in the North West that may be unknown and/or that could be utilized in other communities and settings?**

Participants were divided into seven discussion groups with assigned facilitators to engage in dialogue focused on these questions. Themes identified are based on an analysis of the recorded group discussions. Since the discussion was very rich, this summary reflects highlights only. The full detail of the recorded discussion is available at www.lhins.on.ca/english/NorthWest/NorthWest.asp or by calling the North West LHIN directly

What would a comprehensive, phased, health human resource strategy look like for the North West?

Discussion across all the groups on what a health human resources strategy would look like clustered around four main areas: an evidence based foundation, working together, guiding principles and attention to development needs.

Evidence Based Foundation

- Discussion reflected the need to understand the parameters/dimensions of the HHR issue. Therefore, suggestions emerged with respect to:
  - service inventories

- an updated environmental scan
- ratios of professionals to services
- development of regional databases on numbers and demographic characteristics of various health professionals, their employment locations and on numbers and locations of vacancies.

Working Together

- This referred to the need for collaboration and cooperation across both organizations and communities in planning and in sharing health care professionals. Emphasis was placed on building on what currently works and moving forward from there.

Guiding Principles

- It was recognized that there needed to be a common set of principles to guide a regional strategy or vision. Principles identified included:
  - achievable
  - comprehensive
  - flexible
  - inclusive of regulated and non regulated health care workers
  - equity across providers
  - clear priorities
  - phased implementation
  - transparent process.

Attention to Development Needs

- The theme was on retention of health care professionals and focused at both the leadership and staff levels.
- At the leadership level, succession planning and mentorship were highlighted.
- At the staff level, life-long learning, cross training and encouraging secondments between organizations were acknowledged as contributors to retention.

What are the practical solutions to address the real and perceived barriers to achieving such a strategy?

Identification of real and perceived barriers as well as practical solutions was the focus of this discussion. Barriers were clustered around geography, funding, professional scope of practice, education, and the planning process. Solutions were clustered around technology, collaborative approaches, development and education and other incentives.

Barriers

- Geography is a significant barrier with a large landmass and low density population. This raises the question of under what conditions is a regional or sub regional/district approach required and when is a community approach necessary.
- A variety of issues were raised with respect to funding: the flexibility of funding models; funding for fulltime positions in order to retain and attract staff; financial incentives for employers to take student placements; wage parity for professionals across health care settings and financial support for innovation.
- Health care professionals need to be using their full scope of practice. In addition, there needs to be a workable balance between specialists and generalists.
- With respect to education, there needs to be flexibility in negotiating education models between educational institutions, practice settings, and the community. Paid leaves to upgrade skills and attend conferences need consideration.
- The planning process needs to be more flexible and less traditional. As well, there should be multi-pronged planning approaches to predicting future needs.

Solutions

- Expanded use of technology could address geographical, clinical and education needs. Improved communication across communities would enhance sharing best practices in recruitment and retention and developing new approaches.
- Collaborative approaches would enable greater creativity with positions, engage workers, and build professional trust. Some possibilities include:
  - a regional locum program
  - a single, unified Northwestern Ontario approach to retention strategies
  - approaching unions to encourage mobility of workers within the region
  - a North West regional education program for health care staff.
- Development and education programs are important to retention and recruitment and include: clinical placements, apprenticeships, life long learning, educational leaves, attendance at conferences both in and out of the region, preparation for working in multi-disciplinary teams and expanded distance education programs such the BScN program in Dryden.

What expertise and role could each forum participant contribute to a strategy?

Discussion of this question coalesced into four clusters which include marketing, collaboration, expertise/skills and communication.

Marketing

- A regional marketing approach could market the lifestyle advantages of living in the North West to health care professionals and advertise the value of clinical placements and education opportunities in the area. Early contact could be made through the education system to market health care careers to students.

Collaboration

- Building on existing stakeholder partnerships, an integrated health human resource group could be formed with equitable participation and inclusive representation from all health care workers. A common vision for health human resources in the North West should be developed through a collaborative process was seen to be important. This would move beyond the perspectives of individual organizations or communities and enable a regional group to partner with Boards of Education, NOSM regarding clinical placements etc.

Expertise/Skills

- Participants could contribute to a health human resource strategy: business planning skills, database development skills, electronic health record expertise, capacity building skills, group facilitation skills. Multi-skilled professionals could be developed and fostered so that they could work across a number of settings.

Communication

- Communication among health care organizations and across communities needs to be strengthened to support sharing best practices in health human resources and celebrate successes.

What are some examples of successful innovations addressing health human resource issues in the North West that may be unknown and/or that could be utilized in other communities?

Following are a sample of some of the innovations cited.

Regional Level

- Technology – NORTH Network, telehealth e.g. Keewaytinook Okimakanak Telehealth
- Regional Dialysis Program
- Integrated Services for Northern Children
- Rehabilitation Network – 10 communities of practice
- Northwestern Ontario Regional Stroke Program

- Single Addictions program but staff are employed by various local organizations (Thunder Bay)
- Learning Partnership Health Sciences North
- Lakehead University BScN distance education program in four communities
- NOSM involvement of aboriginal populations

Sub-Regional/ District Level

- Thunder Bay Regional Health Sciences Centre (TBRHSC) and Atikokan sharing a dietician
- Five hospitals on the North Shore jointly supporting one human resource manager
- EHR/ meditech initiative involving a number of hospitals

Local Level

- St Joseph's Care Group, Thunder Bay: sharing a speech language pathologist with the Board of Education to create a full time position, sharing some back office services with TBRHSC, sharing an on call roster of physicians with TBRHSC
- Thunder Bay Regional Health Sciences Centre, sharing back office services with Geraldton and Nipigon.

Human Resource Initiatives

- Creative work schedules
- Gather data on worker demographics to better meet needs e.g. day care centre
- Late career initiatives 80% regular work 20% mentorship
- Identifying a host employer and sharing a position(s) across several organizations

CONCLUDING COMMENTS

All speakers recognized the seriousness of health human resource shortages and the challenges this presents to the health care system. At the same time, innovation was stressed as a major strategy to address those challenges. The historic spirit of cooperation and collaboration demonstrated in the North West area suggests that it could be a leader of HHR change.

There appears to be a commitment to finding new solutions at every level. While national and provincial initiatives have very positive momentum, it will take time until their impact is realized. This opens the opportunity for more immediate change at the regional/local level. In fact, many innovations are already occurring at that level in the North West and across the country.

Health human resource issues are complex and highly interdependent on activities at all levels national, provincial, and regional/local. This interdependency requires alignment across all levels to create synergy for change. Solutions will need to be multi-dimensional. No single group or organization can act alone as their decisions will impact others. The need for collaboration on health human resource issues has echoed throughout this Forum.

Finally, inertia caused by bureaucratic process at both the national and provincial levels speaks loudly to the need to act on local solutions now. Without question, the challenges are great. Northwestern Ontario has a long history of finding local solutions to overcome challenges and now has an opportunity be a leader in health human resources.

NEXT STEPS

The North West LHIN recognizes health human resources as a major, recurring theme identified through its community engagement process throughout the region. This was confirmed by the Health Human Resources Forum. As follow-up to the Forum, the North West LHIN will:

1. Broadly circulate the proceedings from New Directions, Emerging Opportunities: A Health Human Resource Forum and seek additional input based on focused questions.

2. Integrate findings of the Forum as well as community engagement across the North West into the North West LHIN's Integrated Health Services Plan.

3. Promote innovative and collaborative solutions to health human resources issues in the North West.

4. Work with other partners in addressing a collaborative health human resources strategy in the North West.

Stakeholders across the North West LHIN are strongly encouraged to build on the information communicated in the Forum, to work collaboratively to find regional/local solutions to health human resources shortages and to take action now!

APPENDICES

I. **Agenda**

II. **Participants List**

III. **Speaker Biographies**

IV. **Selected Resources**

I. Agenda

NEW DIRECTIONS, EMERGING OPPORTUNITIES: A HEALTH HUMAN RESOURCES FORUM IN THE NORTH WEST LHIN

June 19th, 2006; Fort William Historical Park, Thunder Bay, ON

9:00 a.m. Registration and Coffee

A. Confirming the Purpose of the Forum

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9:30 a.m. Welcoming Remarks
Dr. John Whitfield, Chair, North West LHIN

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9:40 a.m. Review of the Agenda and Approach to the Forum
Nancy Black, Moderator

B. New Directions: Keynote Addresses

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9:45 a.m. A Strategy for Health Human Resources in Ontario: Opportunities for Collaborative Planning
Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care

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10:30 a.m. Refreshment Networking Break

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10:45 a.m. Health Human Resources in Canada: Identifying Areas for Accelerated Change
Frank Cesa, Project Manager, Health Human Resources Group, Health Council of Canada

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11:30 a.m. What Can We Learn From What We Have Heard: A Policy/Political Reflection
Lyn McLeod, former MPP, member of the Health Council of Canada and member of the Ontario Health Quality Council

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11:50 a.m. Lunch

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C. Emerging Opportunities

1:00 p.m.	Innovative Models: Shaping the Future Future Direction for Michener Curriculum Paul Gamble, President and CEO, The Michener Institute of Applied Health Sciences Building the Applicant Pool for Health Care Careers: Canada's Youth at Risk and Mentoring Tomorrow's Leaders Orpah McKenzie, Director of Aboriginal Affairs, Northern Ontario School of Medicine Healthy Workplace Initiative: One Hospital's Perspective Siobain Moore, Human Resources Manager, Dryden Regional Health Centre
2:30 p.m.	Health Human Resources in the North West LHIN Gwen DuBois-Wing, CEO, North West LHIN
2:45 p.m.	Refreshment Networking Break

D. Table Discussion

3:00 p.m.	Exploring New Models, Accelerating Change, Moving Toward Innovative Solutions: A Dialogue Table Discussion

E. Plenary Review of Key Ideas Emerging from Table Discussions

4:30 p.m.	Converging What We Can Build On: Going Forward Developing Health Human Resource Approaches Tailored for the North West LHIN Nancy Black, Moderator
5:00 p.m.	Closing Remarks and Adjournment Dr. John Whitfield, Chair, North West LHIN

I. Participants List

NEW DIRECTIONS, EMERGING OPPORTUNITIES: A HEALTH HUMAN RESOURCES FORUM IN THE NORTH WEST LHIN

June 19th, 2006; Fort William Historical Park, Thunder Bay, ON

Ken Adams
Ministry of Health and Long-Term Care

Greg Alexander
City of Thunder Bay

Dr. Stephen Arif
Atikokan & District Family Health Team

Catherine Aubut
Academy of Learning Career College

Alice Bellavance
Brain Injury Services of Northern Ontario

Sue Berry
Northern Ontario School of Medicine

Raymonde Boileau
Ontario Nurses' Association

Jocelyn Bourgoin
Superior North Emergency Medical Services

Angele Brunelle
L'Accueil francophone de Thunder Bay

Katherine Campbell
Dryden Area Family Health Team

Nancy Chamberlain
Family Services Thunder Bay

Paulina Chow
St. Joseph's Care Group

Cathy Collinson
Nipigon District Memorial Hospital

Sandra Crawford
Dilico Ojibway Child & Family Services

Doug Demeo
St. Joseph's Care Group

Cori Dmitriew
Saint Elizabeth Health Care

Sylvie Duranceau
Geraldton District Hospital

Larry Dzijacky
Thunder Bay Regional Health Sciences Centre

Siobhan Farrell
Ministry of Health and Long-Term Care

Maurice Fortin
Canadian Mental Health Association

Susan Fraser
Bayshore Home Health

Darlene Furlong
Dryden Regional Health Centre

Carine Gallagher
Confederation College/Lakehead University

Gail Gallant
Roseview Manor

Tom Gash
Thunder Bay Interim Long Term Care Centre

Cheryl Grant
Pinewood Court

Heather Gray
Hogarth Riverview Manor

Susan Griffis
Northern Diabetes Health Network

Maria Harding
Township of Shuniah

John Hatton
Confederation College

Doug Heath
Thunder Bay District Health Unit

Allison Hill
St. Joseph's Care Group

Mary Ellen Hill
Centre for Rural and Northern Health Research

Diane Hiscox
Thunder Bay Regional Health Sciences Centre

Ross Humby
CDI College

Dan Hunt
Northern Ontario School of Medicine

Cindy Jarvela
Pioneer Ridge

Sharon Jaspers
Norwest Community Health Centre

Michael Kennedy
Dawson Court

Gaylord Knott
Anishnawbe Mushiki Health Access Centre

Sue Knowles
CCAC of the District of Thunder Bay

Beverly Lelonde
Sioux Lookout Meno-Ya-Win Health Centre

Joanne Lent
Versa Care Centre

Theresa Lim
Registered Nurses Association of Ontario

Beth Linkewich
Thunder Bay Regional Health Sciences Centre

Bonnie Lotsios
Mary Berglund Community Health Centre

Mary Lucas
District of Thunder Bay
Social Services Admin. Board

Dana MacMillan
Wesway

Barb Maki
Canadian Autoworkers Union

Kathy Mastrangelo
Comcare Health Services

Lynne Mattila
Dawson Court

Orpah McKenzie
Northern Ontario School of Medicine

Charles Morris
Wequedong Lodge of Thunder Bay

Doug Moynihan
Sioux Lookout Meno-Ya-Win Health Centre

Carol Neff
Wesway

Sarah Newberry
Marathon Family Practice

Cathy Paroschy-Harris
Thunder Bay Regional Health Sciences Centre

Shelley Peirce
Pioneer Ridge

Susan Pilatzke
Thunder Bay Regional Health Sciences Centre

Karen Poole
Lakehead University

Michael Power
Thunder Bay Regional Health Sciences Centre

Diane Quintas
Réseau francophone de santé du Nord de L'Ontario

Barb Rankin
Service Employee International Union

Donna Ree
Thunder Bay Regional Health Sciences Centre

Kirsti Reinikka
NW Ontario District Physiotherapy Association

Robert Rydholm
Township of Conmee

Charlene Samuel
Sioux Lookout First Nations Health Authority

Debbie Sargent
Confederation College

Maeghan Sharp
Dawson Court

Annwyl Schewchuk
Red Lake Margaret Cochenour Memorial Hospital

Janet Sillman
St. Joseph's Care Group

Janet Skinner
Canadian National Institute for the Blind

Wayne Smith
Atikokan General Hospital

Dennis Smyk
Township of Ignace

Wendy Talbot
Northwest Community Health Centres

Brian Thompson
Alpha Court Non-Profit Housing Corp.

Eiji Tsubouchi
George Jeffrey Children's Centre

Joan Williams
Hospice Northwest

Amy Wrigley
Dilico Ojibway Child & Family Services

Janis Yahn
Ministry of Health and Long-Term Care

II. Speaker Biographies

PRESENTERS

NEW DIRECTIONS, EMERGING OPPORTUNITIES: A HEALTH HUMAN RESOURCES FORUM IN THE NORTH WEST LHIN

June 19th, 2006; Fort William Historical Park, Thunder Bay, ON

Dr. Joshua Tepper is a family physician and an Assistant Deputy Minister at the Ministry of Health and Long-Term Care, Health Human Resources Strategy Division.

With a degree in Public Policy from Duke University, he has been involved in health policy and research relating to health human resources at both the provincial and national level. He was a senior medical officer for Health Canada, an adjunct scientist at the Institute for Clinical Evaluative Sciences (ICES) and a research consultant for the Canadian Institute of Health Information (CIHI). Joshua was president of both the Canadian Federation of Medical Students and the Provincial Association of Interns and Residents of Ontario. He has sat on the board of both the Canadian Medical Association and the Ontario Medical Association. He completed his Masters of Public Health at Harvard University in 2005.

Frank Cesa joined the Health Council of Canada Secretariat in August 2005. Previously Frank has worked in a number of federal government departments including the Treasury Board Secretariat, Agriculture and Agri-Food Canada, and Health Canada. His experience in these departments has included work on results, measurement, and accountability; strategic planning; and health policy. Most recently, Frank held the position of Senior Consultant – Physicians, responsible for physician resource planning issues in the Health Human Resources Strategies Division at Health Canada. Frank holds an honours degree in political science from McMaster University, and a Master of Arts in Public Administration from Carleton University.

Lyn McLeod served in elected political office, locally and provincially, for thirty three years, prior to her retirement on October 2nd, 2003.

Ms. McLeod was first elected to the Ontario Legislature in 1987, as the member for Fort William, later to become the Riding of Thunder Bay –Atikokan. She was a member of the Peterson cabinet from 1987 to 1990, holding the portfolios of Minster of Colleges and Universities and then Minister of Natural Resources and Minister of Energy.

In February of 1992, Lyn McLeod became the first woman to be elected to the leadership of a political party in Ontario. Leader of the Ontario Liberal Party from 1992 until 1996, she later served as her Party's critic for Education and then for Health.

Prior to her election to the legislature, Lyn McLeod served for 17 years as a school trustee in Thunder Bay, including seven years as Chair. In recognition of her outstanding contribution to public education, Lyn McLeod was the 1998 recipient of the Bernadine Yackman Memorial Award, presented by the Ontario Public School Boards' Association. She had previously been a recipient of the prestigious Lamp of Learning Award presented by the Ontario Secondary School Teachers' Federation

Ms. McLeod has also been honoured by Lakehead University, receiving the Alumni Honour Award in 1993

Ms. McLeod is presently the Ontario government representative on the Health Council of Canada, is a member of the Ontario Health Quality Council and sits on the Board of the Ontario Power Authority. She continues her involvement in education, serving as Chancellor of the University of Ontario Institute of Technology, as a governor and Chair of Confederation College in Thunder Bay, and as a member of the Executive of the Association of Colleges of Applied Arts and Technology of Ontario. Ms. McLeod, as well, is the Chair of the Board of the Centre of Excellence for Children and Adolescents with Special Needs.

In April 2005, Ms. McLeod was appointed to the Board of the Ontario Power Authority. Ms. McLeod has an M.A. in psychology from Lakehead University. She and her husband Dr. Neil McLeod, a family physician, have four daughters, three grandsons, and two granddaughters.

Dr. Paul Andrew Warren Gamble, Dr.P.H. is the President and CEO of The Michener Institute of Applied Health Sciences. Michener is Canada's only publicly funded institution that is solely dedicated to educating professionals for the health care system. Currently, The Michener Institute offers 35 academic programs (full-time, part-time, and diploma); has approximately 4,800 students (800 of whom are full-time), a faculty and staff of 250 full-time equivalents. Michener's major program divisions include Laboratory Sciences, Radiation Sciences, Primary Care and Therapeutics, Continuing Education, and International Programs. Its facilities include 30 specialized laboratories (including North America's most advanced radiation therapy lab), an anatomy and physiology lab, computer facilities, microscopy labs, and one of the first acupuncture research and teaching clinics in Canada.

Dr. Gamble was formerly, Associate Professor and Director of the School of Health Services Management, Faculty of Community Services, at Ryerson University from 1993 until 2003. The Health Services Management program is an undergraduate degree completion program designed for allied health professionals who wish to upgrade their professional certification to undergraduate degree status. Dr. Gamble concurrently was also the principal of Paul Gamble & Associates, a specialty health policy consultancy, established in January 1994. The consultancy is intended to provide opportunities to assist institutions, professionals, hospitals, and other health care related organizations in their response and reaction to developing issues in consumer health and health informatics.

Prior to these positions he was the President of the Hospital Council of Metropolitan Toronto (HCMT) from January 1989 to December 1993. HCMT was a non-profit association that represented the fifty-six hospitals in and around the Metropolitan Toronto,

Ontario area and included acute care, rehabilitation, convalescent, chronic and speciality hospitals.

Paul received a Doctor of Public Health (Dr.P.H.) in Health Policy from the University of Michigan in 1993. He also holds a Master of Health Science (Health Administration) from the University of Toronto, and undergraduate degrees in Psychology (BA) and Biology (Honours BSc) from McMaster University, Hamilton, Ontario

He is a Certified Health Executive Member - Canadian College of Health Service Executives (CCHSE); a Personal Member of the Association of University Programs in Health Administration (AUPHA); a Personal Member of the Association for Health Services Research (AHSR); a Personal Member of the Health Information Management Systems Society (HIMSS); a 1999 Fellow of the Accrediting Commission on Education for Health Services Administration (ACESHA) and a former PEW Health Policy Fellow - (1986 - 1988).

Orpah McKenzie has lived and worked in the Northern Ontario all her life. Born In what is now Bearskin Lake First Nation, Orpah is a proud member of Muskrat Dam Band. She is the mother of five children (four daughters and one son) and grandmother to five grandchildren.

A graduate of Lakehead University School of Nursing, 1993, Orpah has been working with the Northern Ontario School of Medicine as Director, Aboriginal Affairs since December 2003. Her work has focused on assisting the school on the recruitment of sites for the Aboriginal Community Placement. She also provides an Aboriginal perspective to the school in the various units including the Undergraduate Medical Education and Admissions and Student Affairs units.

Prior to coming to the school, Orpah worked with Keewaytinook Okimakanak Council in Sioux Lookout and Red Lake as Director of Health services for ten years. In this work, she assisted KO First Nations in developing community-based programming and in providing leadership in development of the regional programs such as KO Telehealth.

Siobain Moore is the Director of Human Resources with the Dryden Regional Health Centre in Dryden, Ontario. In this role, Siobain is responsible for all Human Resources activities within the hospital, including developing innovative health and wellness programs for the staff. As an HR professional, she has worked in all aspects of HR within a health care setting and in other industries. Siobain’s educational background includes a Bachelor of Commerce from the University of Guelph, along with a Post – diploma majoring in Human Resources.

III. Reading List

SELECTED RESOURCES

NEW DIRECTIONS, EMERGING OPPORTUNITIES: A HEALTH HUMAN RESOURCES FORUM IN THE NORTH WEST LHIN

June 19th, 2006; Fort William Historical Park, Thunder Bay, ON

Readings Distributed before Forum

Health Council of Canada. (2005). *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change Executive Summary* (Report from a National Summit).

The Change Foundation. (2006). *Vision 2020 Strategic Directions for Ontario: Health Human Resources Planning* (Working Papers prepared for The Change Foundation and the Ontario Hospital Association Think Tank).

Readings Distributed at Forum

Baranek, P.M. (2005). *A Review of Scopes of Practice of Health Professions in Canada: A Balancing Act* (Health Council of Canada).

Blythe, J. & Baumann, A. (2006). *The Definition of Underserviced: Policies, Issues and Relevance* (Health Human Resource Series Number 1). (Full text available at http://www.nhsru.com/documents/Series%201%20Underserviced%20report.pdf)

Canadian Health Services Research Foundation. (2006). *Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada* (Policy Synthesis and Recommendations). (Full text available at http://www.chsrf.ca/research_themes/pdf/teamwork-synthesis-report_e.pdf)

The Change Foundation. (2006). *Vision 2020: Strategic Directions for Ontario Health Human Resources Planning* (Proceedings of The Change Foundation and Ontario Hospital Association Invitational Think Tank). (Full text available at http://www.changefoundation.com/tcf/TCFBul.nsf/dea2e13875b9d7cb052565e4007faaa0/ce6cfb6b42db4b728525715700679252/$FILE/Proceedings%20Final.pdf)

Northwestern Ontario District Health Council. (2002). *Northwestern Ontario Health Human Resource Study Final Report*. (Full text available at http://www.dhcarchives.com/protected/uploaded/publication/reports_sep_2002b.pdf)

______. (2006). *Interprofessional Health Human Resources Initiative: Collaboration for Patient-Centred Care* (Expert Stakeholders Group Meeting). (Full text available at http://www.longwoods.com/view.php?aid=18211)

Videos

Health Council of Canada. (2006). *Mini-Documentary Series: Connecting the Dots*. (Available at http://www.healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=11&Itemid=12)