

Decision Making

The QHS Board makes decisions by voting, and most often by consensus. The consensus model works well, so that any strong objections can be addressed. One Board member stated: *"we can always change the proposal or motion so it will fit the different communities."* The group has used a practice tweaking and fine tuning and then coming to consensus. In the minutes the consensus decision is recorded as 'the Board approved...' and all Directors sign to confirm accuracy of those minutes. Another member commented, reflecting the value of big picture thinking and inclusion of each community's interests: *"the success has a lot to do with generosity and caring of reps at the table – taking care of all the people, as a whole – not just each community's interests."* If there was anything the Board was unable to reach consensus on it would go to a vote, and the majority would prevail.

Conflict Management

When facing a situation in which there was conflict or serious difference of opinion, the Board has practiced a tradition of talking it through with members voicing their opinions and working it out. One member summarized this approach, emphasizing the importance of respect in such situations: *"when there is a difference of opinion, we work together – fairness; reasonableness; but not being a pushover – when you have something to say you say it. There is strong respect around the table."*



Demille Deneault and Tyson Draney challenge one another in the gladiator ring during a community health fair.

Meeting Format and Structure

The QHS Board has met on a regular monthly basis, on the second Wednesday of the month. The Health Director has set the Board agenda, including items from Health Canada, the Chiefs Health Committee, and items related to what is going on with the Society such as staffing and

facilities. Other Board members have communicated any suggestions for agenda items. This approach has worked well. One member stated: *"meetings flow; good decisions. If it wasn't working we would have to have an emergency meeting, and that hasn't been needed."*

It has functioned as a working board, and meetings can be up to a full day including travel time. The Board has aimed to get business done by lunch and cover information items in the afternoon (for example, delegations presenting). Meetings have rarely gone past mid-afternoon. A member said: *"it works well. Things do not fall through the cracks."*

Strategic Planning - Vision, Mission, Goals, Values

Board members acknowledged that the QHS strategic plan needs updating. A full strategic planning process has not been done since 2000. However, they expressed that the mission statement has remained relevant and consistent with QHS operations: *"The mission is hanging on the wall, and we haven't felt the need to change it because we have been abiding by it - '...to empower our Secwépemc people.'"* Board members indicated an intention for their 2014 retreat to be a 2-day strategic planning session. (See recommendation 1.2)

Financial Oversight and Budget Management

QHS has met the need for financial oversight and budget management by having the Health Director report on these matters at each Board meeting. The Director has worked closely with the finance staff to achieve transparency and accountability. Each year the Board has reviewed and approved the proposed budget. The Director has brought any budget adjustments for Board approval, so that there would be no surprises. Two signatures have been required for all cheques, and three signatures for contribution agreements.

Policy Approval and Oversight

The Board has engaged strongly in development and approval of new policy. Typically, the process has had the following steps: first, the Health Director identifies a policy need; the Board then develops draft policy, carries out a process of review and discussion, seeks legal opinion as required, and incorporates any changes accordingly before final Board approval. New policies have been shared at the next staff meeting after Board approval.

To ensure awareness of policy, QHS has required staff to review policy annually and sign off. The Board recognized a need to review and confirm the process for how new policies get to staff binder(s) – and to follow this procedure (staff took action to address this need, during the evaluation process).

The Board acknowledged the need for a comprehensive policy review. That process would ensure consistency of policies with each other, and fit with the new First Nations Health Authority partnership. (See recommendation 1.3)

Society Bylaws

QHS updated its constitution in 2012, but the Board identified a need to also update the Society's bylaws (the constitution is a legal document that defines QHS under BC's *Society Act*). For example, the current bylaws include a rule that the Health Director may not chair Board meetings, but the members indicated a belief that she is the best person to chair them. This was partly because she is neutral, not representing any one community. Another example was that the bylaws were not clear about Society membership: they should simply state that the only members of the Society are the participating Bands, and that each Band may appoint one representative and one alternate to the Board. (See recommendation 1.4)

2.3 Administration

This section looks at the following components of QHS administration:

- ✓ Human resources
- ✓ Organizational culture
- ✓ Board support
- ✓ Support to staff and programs
- ✓ Facilities and vehicles
- ✓ Information technology and data management
- ✓ Finance

Human Resources

Management of human resources includes many components: hiring and firing; orientation; training and professional development; performance appraisals; and remuneration (pay).

Hiring: QHS has carried out hiring through a process that involves the following steps:

1. Posting the position to the three bands for two weeks, then externally in the newspapers and Secwépemc Nation Tribal Council
2. Short listing and interviews with a board/staff panel
3. Staff selection, based on interview results and reference checks

Orientation: QHS has carried out staff orientation using a list, varied for each department, and job shadowing. The shadowing has typically been for one to two weeks, and longer for a nurse. The other key orientation step has been ensuring that the new team member reads QHS policies. The Board identified that an orientation DVD, an updated checklist and a procedure manual for each department would be helpful for staff orientation as well as for other purposes. (See Recommendation 2.2)

Professional development: To support staff training and professional development, QHS has allocated significant annual budgets for training. That budget line allows for staff to participate in conferences, workshops and other professional development opportunities.

Performance reviews: QHS has carried out annual staff performance reviews by having the staff member do a self appraisal, with the template provided one month in advance, and the department head or Health Director also doing an appraisal. Then the two meet and compare what each wrote. This process has also included planning for training and professional development.

The Board has only appraised the Health Director informally over the past five years. This was identified as a gap to be addressed. (See recommendation 2.4)

Remuneration: Staff remuneration (pay) by QHS has been according to a wage grid. The agency has negotiated this at the point of hiring, based on education and experience. Nurses have been paid comparably with the BC Nurses Union grid. QHS developed its grid with a consultant and then fine tuned it as needed, through comparison with other relevant organizations. The agency has provided pay increases of 3% annually, exceeding inflation rates and reflecting rising costs of living.



Velma Shore, Delores Jules, Annie Parker, and Violet LeBourdais at a QHS seasonal luncheon

Organizational Culture

Board member descriptions of the QHS organizational culture indicated high morale:

- ✓ *"A happy environment, lots of laughing. There is no tolerance of 'lateral violence'; nobody has personality of back stabbing – or gossiping / whispering about people."*
- ✓ *"Friendly to people coming through the door; hugs as appropriate; hospitality; people sit and visit in the kitchen; the waiting area is welcoming with multiple chairs."*
- ✓ *"We get comments from community members about the office - shiny faces, laughter. It's their Society. Interior Health says QHS is the best primary health care site in the region – because programs work together."*
- ✓ *"People on mat leave come back and visit, bring their babies – they miss us. It is like family. We cry together and we laugh together. It's not just a work environment; it's family. We're friends. And it's accepting..."*
- ✓ *"Frequent praise of staff; we do a weekly Survivor pool; buy roses for birthdays; an annual staff appreciation day – usually a pedicure. Christmas presents; flowers sent if in hospital. Workshop on 'Caring on Empty' at the last staff retreat. Staff support each other during times of grief and loss."*

These positive reflections were consistent with staff comments during interviews carried with the evaluator:

- ✓ *"It's a relief to come here – the environment is calm and generally happy. Staff are connected well to each other."*
- ✓ *"They [front desk staff] are strong and know the people who walk through the door – because they live here."*
- ✓ *"The clinic environment as a whole [is a strength] – girls at reception are good; I have lots of support..."*
- ✓ *"We can laugh together. A strong sense of team – we watch out for each other and support each other – and that sooner or later relates to the client service. If you're happy in the work that will show."*
- ✓ *"I've never worked in such a positive environment. Blessed to be here."*

Board Support

The QHS administration team has supported the Board in many ways. Some of the main supports have been:

- ✓ Preparing agendas, minutes and other supports for monthly Board meetings
- ✓ Planning and details of arrangements for annual two-day Board retreats
- ✓ Providing information on request to individual Board members
- ✓ Keeping the Board informed through the newsletter and other means

During this past five-year period QHS restructured its administration to take the weight off the Health Director. In the new model, Board members contact whichever staff member is appropriate or would likely have the answer to their question.

Support to Staff and Programs

The QHS administration team has provided practical support to front line staff members and the various programs and services. This has included maintaining a strong reception presence, assisting with events, and organizing details of travel arrangements and other practical details.

Staff interview comments such as the following illustrate how this support has been timely and has added value: *"I'm amazed by this organization. You mention something and bam it's already happened. If you need something you have it in the week. It either gets done – or explained why it can't be."*

Facilities and Vehicles

The QHS Office Manager position was established in part to cover the considerable responsibilities in coordinating and overseeing vehicle maintenance and facilities maintenance.

Fleet maintenance and monitoring has included use of a log book – with dates, kilometers, purpose of trip and initials as well as maintenance notes. There was a suggestion to add a "comments" section – in the past comments were dealt with verbally.

Fire safety inspections have been done annually. A business resumption plan enables QHS to be up and running within 48 hours in case of a major fire. That plan needs to be updated annually. QHS identified a need to develop written procedures for critical events such as power outages.

More importantly, QHS has initiated facilities expansion to meet the space requirements of its growing operations.

Information Technology and Data Management

Supporting QHS computer systems and information management has been a vital function for the administration team. A contractor has addressed any issues with server and data storage. The Office Manager has trained and supported staff to use the database, while also determining who gets access to what parts of the database.

Finance

The QHS Health Director has managed finances, in collaboration with the Finance Officer. The annual budget has served as a primary tool for financial planning and monitoring.

QHS acknowledged that it had faced challenges finding the right person to fill the Finance Officer position. Their role has not been to manage the budget, as that has been done by the Health Director and Board.

Organizational Structure

Over the past five years QHS simplified and enhanced its organizational structure. The structure had been unnecessarily complicated, for a fairly small organization. QHS created the Office Manager position, taking on operational matters formerly under Finance.

There was a suggestion of creating a Human Resources manager position. This function has been covered primarily by the Health Director, with high level support from the Board. As of May 2013 QHS employed 17 staff, plus the 3 paid by Interior Health. This scale would not warrant creation of such a position. However, QHS can revisit that matter as the organization grows.

QHS identified the need to create an HR Committee, with Terms of Reference defining membership to include the Health Director, Office Manager and one member of the Board. This would formalize current practices, and include guidelines and criteria for when human resources matters come to the Board as a whole. (See recommendation 2.5)

2.4 Communication

This section looks at the following aspects of QHS communication:

- ✓ Internal communication, among staff
- ✓ Communication with community members
- ✓ Feedback from community members
- ✓ Communication with partner organizations

Internal Communication

Staff meetings and group emails have served as key methods for communication within QHS. The team has held staff meetings every two weeks as a primary means of internal communication. The administration team has sent group emails to all staff - regarding matters such as vehicles, policies, the garden, and anything going on that all staff may need to know about. In addition, a new QHS phone system has enabled the team to page all staff as needed.

With a modest number of staff, mostly working at the one office, internal communication has been fairly straightforward. Furthermore, the healthy organizational culture described above has been a major asset in this.

The following staff comments illustrate the healthy nature of communication within the team:

- ✓ *"This clinic has a really good working relationship – the one stop shop."*

- ✓ *"If I have questions about medications I can walk over and just ask them – rather than telephone tag, where it takes forever to get in contact. For example, if a client is being asked for information to go on disability, we can coordinate that quickly, so they won't get stressed out."*
- ✓ *"A small team, and everything is direct and doesn't get lost."*
- ✓ *"Management always appreciates our input – for example in care planning; adjusted the amount of care needed. Quite often part of the decision making."*
- ✓ *"[The Health Director] is amazing how she has her awareness of what is going on. She has an open door policy – spends many hours after hours looking after us."*

Communication with Community Members

QHS communication with community members has two parts: sharing information with them, and gathering feedback and input from them.

QHS has prepared and distributed a monthly newsletter as a primary means of communication with community members. In 2012-13 the agency distributed newsletters every month (12, throughout the year). These have gone out by email and by regular mail for those who request that – especially Elders. The newsletters were also posted on the QHS website.

Other means of QHS communication with community members have included the following:

- ✓ Website (www.qwemtsin.org) – including photos and contact information for each staff member and overviews of the programs and services offered
- ✓ Event posters and flyers, sometimes distributed door to door
- ✓ Annual health fairs – with food and prizes
- ✓ Advertisements in *Secwépemc News*
- ✓ Information conveyed verbally and handed out at Band meetings
- ✓ Information distributed through Band offices and community newsletters such as *Little Owl* (the Skeetchestn Band newsletter)

Comments from Board members indicated that communication with community members has been working fairly well. One commented on the overall quality of the QHS newsletter and how it is helpful that it includes reports from previous events. Board members did note, however, that *"some people will still complain"*. They spoke of how important it is to emphasize that community members have the responsibility to stay informed. They discussed how this is similar to the shift in healthcare toward personal responsibility for wellness: *"informing yourself is part of your accountability to yourself."* QHS Board members and staff acknowledged that this type of change takes a long time.

Another idea that emerged from the evaluation process was to consult with community members to gain insight on how best to communicate with them. (See recommendation 3.1). QHS set the intention to solicit comments on questions such as:

- ✓ Where do you hear about things?
- ✓ How do you want to hear about things?
- ✓ How can we communicate better with you?

Feedback from Community Members

QHS has gathered feedback and input from community members through a variety of methods, mostly informal.

Informal feedback: Community members talk at the QHS office, and provide informal feedback to staff there and out in the communities. Some people phone and give comments that way. The Health Director has maintained an open door policy, intending to create a sense of willingness to hear feedback and address concerns.

Formal feedback: An example of formal feedback is staff gathering evaluations at community events that QHS runs. Another example is the five-year evaluation process, with focus groups and other tools designed as formal ways to gather community feedback. The Health Director noted that the recommendations from the last evaluation were frequently referred to, and were used to guide development of the organization.

Suggestion box: To create an ongoing channel for feedback, staff and Board members agreed to create and use a QHS suggestion box process. The box could be located in each Band office Social Development area, as well as at the QHS office and online. (See recommendation 3.2) They set the intention for the Health Director to read the suggestions monthly, and for QHS to consider these and take action on them as appropriate. In cases where the suggestion was already being addressed, QHS would communicate that in the newsletter. Alternatively, the agency could explain if the suggestion is not in its mandate or budget. In some cases QHS could communicate about what organization(s) the suggestion was passed on to.

The process could invite people to provide their name and preferred contact information along with their suggestion(s). This would allow for staff to follow up with them directly and in some cases to seek clarification and further input on ways to best meet their needs.

Building on this suggestion box recommendation, QHS may try putting out a monthly question. This way it could solicit comments on particular topics where feedback would be timely and potentially useful in upcoming decisions.

Communication with Partner Organizations

The Skeetchestn Band has had a planning group that proved valuable, and had recently reactivated that. This approach was an example of how to create more coordination, and even collaboration with various organizations serving community members.

QHS started holding regular event planning meetings with key staff of the three Bands, establishing a consistent monthly day and time. This approach has also proven valuable, and should be continued. (See recommendation 4.1) Having such meetings with each of the communities will continue to strengthen the sense of a team among QHS staff and staff of the

Bands. It will further build working relationships among agency staff: 'putting faces to names' and getting to know each other. It will also serve as an opportunity for sharing of best practices.

Other examples of communication with partner organizations include the following:

- ✓ Communication with the Secwépemc Child and Family services agency has included ongoing phone call and emails as needed. In addition, QHS has operated play groups and programs in partnership with Child and Family and schools.
- ✓ QHS formed a working agreement with Thompson Rivers University, to take practicum students.
- ✓ QHS signed a Partnership Accord with Interior Health, plus a Letter of Understanding and an attached work plan. Those agreements allow for ongoing delivery of primary health care services by Interior Health at the QHS office.
- ✓ QHS also has ongoing informal communication with Interior Health. Previously QHS had sat on their Aboriginal Advisory Committee, but First Nations reps on that Committee pulled away. QHS had suggested that the \$750,000 designated for First Nations organizations be strategically invested rather than having them fight over it.

Through the evaluation process, it became clear that it would be valuable to have the QHS newsletter go to the leader of the Aboriginal Health Team at Interior Health, as well as to other key partner organization staff such as the Tk'emlups te Secwépemc media person. (See recommendation 3.5)



Sanik Edwards, happily works to prepare a pot of pitch on Culture Day at QHS.

Part 3: Programs and Services

3.1 Overview

QHS services can be categorized in three clusters:

1. Primary Health Care
2. Home and Community Care
3. Community Health and Public Health

Primary Health Care

Nurse practitioner and doctor services include check-ups, physical examinations, prescriptions, referrals, and other general practitioner medical services.

Dental care services include dental hygiene and other dentistry services, as well as the Children's Oral Health Initiative (COHI). 2012-2013 was the first year of providing dental hygiene services, including cleanings as well as part time (approximately 2 days per month) of dentistry services such as new patient examinations, x-rays, restorations (fillings) and extractions. With additional resources QHS could expand the supply of dental services offered without necessarily having to increase the physical facilities that exist. (See recommendation 6.2)

COHI offers the following, at QHS, schools, daycares/nurseries, health fairs, baby circles, family circles, community events and homes:

- Oral health education for children, parents, caregivers and expectant mothers
- Dental screening
- Fluoride applications
- Sealant applications

Mental health counselling services offered by QHS consist primarily of one-to-one counselling appointments. A clinical social worker on contract for 2 days per week offers this counselling at the QHS office and on a mobile basis to increase accessibility and client ease.

Naturopathic services offered by QHS include allergy testing, hormone testing, acupuncture, lifestyle counselling and consultations on natural treatment and prevention strategies - using vitamins, supplements and lifestyle changes. Appointments are typically for a half hour each, except for the initial appointment which is normally for an hour.



Dr. Melissa Bradwell discussing naturopathic practices with patient Irene Campbell

Home and Community Care

Registered Nurses and Certified Personal Care Workers provide: nursing care; assessment and care giving based on identified client needs; personal care such as assistance with activities of daily living; and in-home respite.

Clients who are eligible are those who: require nursing care following discharge from the hospital; have a chronic illness; require a referral for long term care; require palliative care (support for people in the last stages of life).

Home and Community Care also offers the following programs:

- Foot care
- Wound care
- Tub program (bathing in a specialized Century Tub at the QHS offices)
- Chronic disease education and management

In addition to monitoring health status and providing medical referrals as needed, chronic disease education and management also includes the following activities:

- Provision of individualized health information sheets, so that if the person needs to seek medical attention all their information is at their fingertips. These sheets are used by other QHS staff members, and by paramedics if called to the client's home.
- Referrals to Balanced Foot Care or Progressive Step; proper footwear helps to prevent falls and increases client comfort.
- Referrals to People in Motion for disability parking passes.
- Injury prevention, working with the Housing Departments to provide a safe environment.
- Hearing testing; using a list of Kamloops hearing clinics.
- Medic Alert; for clients with allergies.

Community Health and Public Health

QHS offers the following community health and public health programs and services:

- ✓ Immunization / communicable disease control (prevention of disease from spreading)
- ✓ Circle of Life (Maternal Child Health, Fetal Alcohol Spectrum Disorder program, and nutrition program)
- ✓ Dietician
- ✓ Youth health education
- ✓ Community development

Circle of Life is a set of services for people who are expecting a child and/or have children under age six:

- Through the Maternal Child Health Program QHS provides continued prenatal support and education, new baby visits/postnatal home visits and are able to provide longer - term support to families so as to promote the holistic health of the family.
- Through the Fetal Alcohol Spectrum Disorder (FASD) program QHS utilizes a home visiting strategy which provides extra support to children who are diagnosed with FASD and their families - to improve their quality of life.
- Through the Canadian Prenatal Nutrition Program, QHS provides \$50 food vouchers - to help support the nutritional needs of the family during pregnancy and in the post partum period.

Dietitian services include nutritional counselling and advice, considering the unique needs of each client based on their health status, stage of life, occupation and family situation.

Communicable disease control services include: immunizations against vaccine preventable diseases; monitoring of communicable disease occurrence in the communities; interventions in relation to communicable disease, including counselling, treatment, therapy, referral, follow-

up, inspection, investigation and corrective action; screening & follow-up of a communicable disease contact; and information and education related to communicable disease.

Community development services include events such as health fairs, welcome baby ceremonies, and gender-specific health information events. QHS organizes these events in cooperation with the participating communities.

QHS also operates a community garden, known as the “Garden of Friends” outside of its offices. This serves as an opportunity for learning about natural/organic gardening. It also promotes food growing as a wellness strategy, and contributes to food security for the communities.

In addition, QHS publishes and widely distributes a monthly newsletter featuring health and wellness information (online, via email, and in hard copy).

3.2 Resources Invested and Services Delivered

For simplicity of analysis, and given that this evaluation was conducted retroactively, the analysis of resources invested and services delivered focuses on the 2012-13 fiscal year period April 1, 2012 through March 31, 2013).

Funding

Audited QHS financial statements for 2012-13 show total revenue of \$2,285,698 in that fiscal year. The vast majority of funding came from Health Canada: \$2,049,229. The First Nations Health Society provided \$189,559. Approximately \$47,000 came from interest and other sources.

In addition, Health Canada 2012-13 funding flowed through QHS to the member Bands in the amounts as follows:

- \$270,765 to Tk’emlups te Secwepemc
- \$135,126 to Skeetchestn Indian Band
- \$80,491 to Whispering Pines/Canton Indian Band

Services and deliverables associated with these “flow-through” amounts (funds channeled through QHS to the 3 Bands) was not covered by this evaluation, as QHS did not have clear monitoring and accountability agreements in place with those communities. (See recommendations 4.1 and 4.2)

These flow-through funds have covered the costs of various services provided by the Bands, including:

- Health Services – includes wages for CHR (Community Health Representative) services
- Drug & alcohol counselling (National Native Alcohol and Drug Abuse Program) and solvent abuse prevention