

# Health Center Planning Session

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## **Appointments**

### **Issues**

- There is a 50% - 60% no show rate for appointments
- There is varying opinion as to the higher priority of calling a day before is necessary for efficiency or that doing so perpetuates a paternal environment in which people don't take responsibility for their own health
- Walk-ins, although more effective in getting to everybody does not satisfy the needs of patients/customers who can't wait for two hours to be seen

### **Options**

#### **Option 1**

- Keep existing appointment and walk-in ratios

#### **Option 2**

- Decrease appointments and allow for more walk-ins with the new schedule

#### **Option 3**

- Increase appointments with new schedule that provides more sick clinic time

#### **Option 3**

- Eliminate appointments and have walk-in only

#### **Option 4**

- Eliminate walk-ins and have access by appointment only

### **Recommendations**

- Include options in with survey or public meeting to determine acceptability of new schedule and assess public preferences for clinic access
- Schedule appointments with one nurse and dedicate others to walk-ins
- Institute standardized appointment procedure and work to educate clients to take greater responsibility for their health and commitment to keeping appointments

### **Prime**

CHR Wendy and SHP

## Blood Sampling

### Issues

- Greater efforts are being initiated to conduct extended screening of patients in a proactive program to identify undetected diseases.
- Program creates a greater volume of work for nurses who are working full time already

### Options

- Hire an additional nurse
- Train a lay employee to draw blood and prepare samples

### Recommendation – MD Prime

- Train the HCSW to draw blood and adjust her work load to make her accessible
- Determine the legal acceptability of having a lay person draw blood (done by Dr. B)
- Arrange for training for Winnie at a clinic at Stanton Health Center (done by Dr. B)
- Nurses to work with Winnie upon completion of training to gain client acceptance and assist when finding veins is difficult

## Center Administration

### Issues

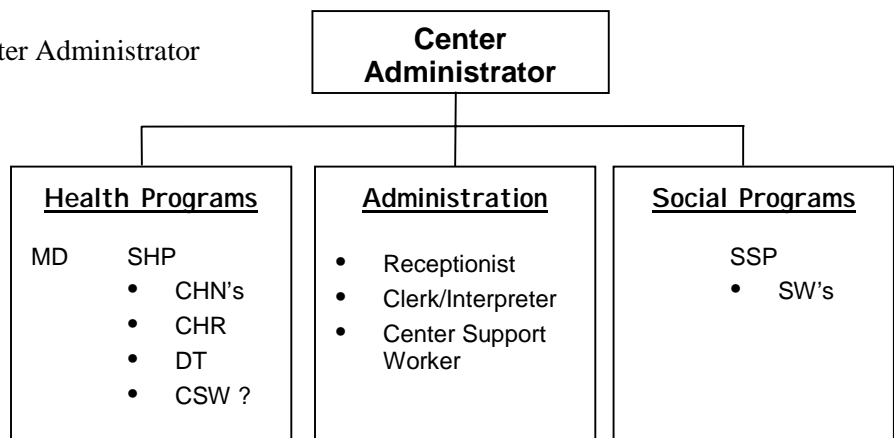
- The traditional Nurse In Charge (NIC) role included administration and management of the Health Center providing health services. That role is now Supervisor Health Programs (SHP).
- With increased volumes, the arrival of a permanent MD and amalgamation with Social Services, managing health programs and managing the center is not practical in larger centers
- Similarly, the Supervisor Social Programs position is fully concentrated on provision of professional social services
- Co-location requires the concentrated and continuous efforts of a Center administrator
- Achieving teamwork is essential. This can best be achieved through the efforts of a Center Administrator who will provide continuity to change initiatives and improvement efforts

### Options

- Look at creating a new management structure to administer the Center

### Recommendation

- Establish and fill a Center Administrator



- Develop a Center organizational management structure

## Clinic Schedule

### Issues

- Presently, specialized clinics and sick clinics occur in both am and pm slots throughout the week. This causes some confusion, particularly to walk-in clients
- Typically there are few walk-in clients in the early time frames of am sick clinics
- Clients in the Hamlet have expressed some dissatisfaction with access and waiting times for clinics

### Existing Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
Sick Clinic	Blood	Sick Clinic	Admin	Sick Clinic
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
Sick Clinic	CDC / WWC	P/N	WCC	Sick Clinic
3:30 Walk in	3:30 Walk in	3:30 Walk in	3:30 Walk in	3:30 Walk in

### Options

- Optional schedule formats are being used successfully in Kugluktuk and other centers
- This format set a more easily understood format for clients

### Recommendation

- After discussion with Barb Harvey and looking at options, the nursing staff proposes that the Health Center use the new schedule format being offered in Kugluktuk in Cambridge Bay
- The proposed schedule would be presented to clients and the Hamlet through a survey, public meeting or some other acceptable form of public consultation

### Proposed Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
WWC / STD	CDC / Blood	P/N	WCC	Admin
9:00 – 11:30	9:00 – 11:30	9:00 – 11:30	9:00 – 11:30	9:00 – 11:30
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
Sick Clinic	Sick Clinic	Sick Clinic	Sick Clinic	Sick Clinic

### Prime

Wendy and SHP

## **Expanded Nurses Role**

### **Issues**

- New processes, procedures drugs and equipment are being introduced to the Center
- The MD is introducing a proactive and innovative approach to medicine that provides an opportunity for nurses to assume greater responsibilities within the mandate of their expanded role status in the North
- There is some confusion around what and how the nurses can legally assume some expanded role opportunities

### **Options**

- Work as a team locally and make practical decisions on what are the expanded role parameters on an item by item basis
- Review existing documentation that outlines expanded role parameters

### **Recommendations**

- MD to include in research documentation on accepted practices when recommending new drugs, procedures or equipment
- If required, SHP to review GNWT nursing expanded role document in Health Center to clarify parameters make recommendations
- If required, SHP to review with nurses' governing body any issues that require professional or legal interpretation and make recommendations
- Expand Formulary Committee role to review new procedures and equipment
- Center Administrator to establish a process to facilitate the introduction and practice for any new drug, procedure or equipment
- Center Administrator to establish and facilitate a Center Committee to review opportunities to introduce new or innovative developments that improve the capability of the Center to provide excellent health services to clients

## **Janitorial Services**

### **Issues**

- Winnie has a work load that is difficult to keep up with
- She has many responsibilities
- Often she is asked to do work outside of the Center
- Winnie is to take on the added responsibility of taking blood samples

### **Options**

- Hire an additional resource
- Outsource some of the work

### **Recommendation**

- Outsource all general cleaning, laundry, garbage and snow removal
- SHP to work with Winnie and HQ to contract out appropriate janitorial duties

## **Pharmacy & Prescription Administration**

### **Issues**

1. The pharmacy is in disarray with too many prescriptions
2. The log for drugs and reports from Shoppers Drug Mart are inaccurate and out of date
3. Clients don't pick up prescriptions
4. There is no working process/procedure to introduce new drugs (Formulary Updating)
5. There are questions of liability to nurses in the dispensing or administering of some drugs
6. The policy of replacing drugs given to patients from Center pharmacy supplies with those coming in that have been prescribed needs to be reviewed

### **Options**

- Review and confirm policies
- Develop procedures
- Get dispensary back in shape
- Ensure patient records and drug logs accurate and up to date

### **Recommendations**

#### **1. Pharmacy – SHP Prime**

- Remove and dispose of all stale dated drugs and prescriptions (any over four months)
- Put pharmacy in order

#### **2. Drug Logs & Reports – SHP Prime**

- Review all patient files and make corrections to Log and advise Shoppers Drug Mart
- Establish process to keep updated

#### **3. Dispensing Prescriptions – SHP Prime**

- See “New Medication Prescription Procedures”

#### **4. Formulary & New Drug Introduction – MD & Administrator Prime**

- Re-establish Formulary Committee to oversee the introduction of new prescription drugs and the standardization of Center Pharmacy drug stocks
- Process to include clearly identified procedures for the administering, follow-up and refilling of drugs by nurses and lay personnel

#### **5. Establish Legal Liabilities For Nurses – MD & SHP Prime**

- Establish clear guidelines and practices for any area in question to ensure that nurses are not in a position of being liable for practicing outside of their licensed mandate

#### **6. Replacement of Center Pharmacy Drugs with Patient Prescribed Drugs – MD Prime**

- Formulary Committee to review interpretation of statutes for dispensation of prescribed drugs and establish guidelines for Center Pharmacy
- Determine whether prescriptions can be written and processed for repayment for Center Pharmacy dispensed drugs

## Resources

### Issues

1. Basic health service is being provided
2. There should be increased emphasis on primary prevention
  - Monitoring should be done for the following:
    - Thyroid
    - Liver
    - Diabetes
    - Hyper Tension
3. There should be increased emphasis on secondary prevention
  - Hepatitis B
  - COPD
  - Breast cancer
  - Screening for depression
  - TB
  - Obesity
  - Hyper Tension
  - Prostate cancer
4. The issue is one of enhancing quality and longevity of life and investing now to save money in the future
5. Programs and home visits are falling behind
6. The new toxic analysis machine will eliminate the need for many costly medivacs, but will require increased 24 hour monitoring of patient by nurses

### Options

- Review resource requirements and establish a business case for resources required

### Recommendations

- Consider following resource requirement issues when determining resource levels:
  1. Review after Center Administrator is in place and all staff is co-located
  2. Consider impact of transferring Center management duties from SHP to new Administrator
  3. Consider estimated resource requirements for following:
    - Primary & secondary prevention screening 10 days /month
    - Home visits – Post Natal, Elders, Well Child 3 days /month
    - School programs 4 days /month
    - Well man clinic 2 days /month
    - Ongoing program development 1 day /month
    - Pre-natal teaching 2 days /month
    - Additional programs 2 days /month
    - Monitoring of suicide patients 4 days /month

### Prime

Center Administrator