



INFORMATION SHEET

SAINT ELIZABETH HEALTH CARE AND ASSEMBLY OF MANITOBA CHIEFS PILOT PROJECT FOR THE PATIENT WAIT TIME GUARANTEE FOR THE PREVENTION, TREATMENT AND CARE OF DIABETIC FOOT ULCERS IN MANITOBA FIRST NATIONS COMMUNITIES

What is the Patient Wait Time Guarantee (PWTG) pilot project?

The PWTG pilot project is a partnership between Saint Elizabeth Health Care (SEHC), a not-for profit charitable health care organization, and the Assembly of Manitoba Chiefs (AMC), the political body representing 64 Manitoba First Nations. The funding came from Health Canada and was announced by the Minister of Health in January 2007 and effective April 1, 2007. This pilot project funding does not affect any current funding to Manitoba First Nations on diabetes.

What type of partnership exists between SEHC and AMC?

SEHC and AMC are committed to working together to establish and implement an effective health care approach for the prevention, treatment and care of diabetic foot ulcers in Manitoba First Nation (MFN) communities. SEHC and the AMC have signed a collaboration agreement, based on the First Nations (FNs) principles of Ownership, Control, Access, and Possession of FNs data. This agreement also recognizes and emphasizes MFN cultural values and perspectives and endeavors to consider all effective options, including traditional healing. The partners are working closely with MFN communities, committees, and advisory bodies (including the Manitoba First Nations Diabetes Committee and the Health Information and Research Governance Committee - HIRGC) to ensure meaningful FNs participation in the project and solutions that work for communities.

Who is SEHC and how did they come to be doing this?

SEHC is a community based health care organization that provides direct service delivery, consultation and technology solutions to support the transformation of care for health organizations and the people they serve. For more than six years, SEHC has been working with First Nations and Inuit to assist in providing education, training and support to front-line health care workers and working with First Nations stakeholders at the community, regional and national level to support the development and establishment of home and community care programs.

This project presents an exciting opportunity for SEHC because it builds on their track record of innovation and excellence in direct service delivery and knowledge sharing to transform and improve health care practices. It also leverages their expertise in clinical practice guidelines, applied research and the implementation of best practices, to

support Canada's health care priorities and advance home and community based health care.

Why were foot ulcers chosen as the focus of this wait time's project?

Diabetic foot ulcers are an important issue for which to pilot a PWTG because:

- The size of the population and the risk to the client are significant
 - Early detection and education can minimize risks and reduce costs
 - The condition is one where defined clients can be prioritized for urgency
 - There is a clear point of diagnosis at a defined stage that requires a specific intervention
 - Literature exists that can help define benchmarks as to when the appropriate intervention should begin
 - Better co-ordination of resources can improve client access to care and outcomes
- 18.9%** of First Nations Manitobans vs. **4.54%** of all other Manitobans are living with diabetes
- First Nations people are **16 times more likely** to require an amputation as a result of a diabetic foot ulcer than all other Manitobans

What is the goal of this project?

The goal of the project is to reduce the significant impacts of foot ulcers in individuals with diabetes, plus address preventing the ulcers in the first place.

What are the phases of the project?

The PWTG pilot project is divided into the following three phases and time frames.

Phase 1: Document Current Situation

Documenting the current situation, with literature review and interviews.

Phase 1: Part B: **Building the Model**. Analyze the current situation and develop the Best Practice Pathways, data collection mechanism and understand the options for client care. Using this information, a new model will be developed.

Phase 2: Testing the Model.

We will implement the pilot project and test the options for client care. We will report on the results of the pilot, including the number of clients involved, the outcomes for clients, the types of care offered, the frequency of care used and its cost.

Phase 3: Analyzing the data, developing recommendations and writing final report.

We will complete a comprehensive written evaluation of the new clinical mode.

What is a wait time guarantee – what does that mean, what is the recourse if the guarantee is not met?

A wait time guarantee includes the following core elements:

1. **a defined timeframe** to establish when medically necessary health care services should be delivered;

2. Access to alternative options of care that are **automatically** offered to patients if the system fails to deliver treatment within the defined time frame. (*Heath Canada News Release, March 2007*)

Once the project is complete, the information found and model created; the proposed model will be recommended to the government of Canada for consideration for implementation. Numerous recourse options will be explored as part of this pilot. At this time, if the guarantee is not met, a recourse has yet to be determined.

Which communities are going to be piloted?

Once agreed to by the respective Chiefs, the following communities have been invited to participate:

- Brokenhead Ojibway Nation
- Canupawakpa Dakota Nation
- Ebb & Flow First Nation
- Manto Sipi Cree Nation
- Opaskwayak Cree Nation
- Pequis First Nation
- Sandy Bay Ojibway First Nation
- Wasagamack First Nation

It is recommended that Sayisi Dene First Nation community members be involved in the interview process /focus group only, for they are a good example of preventing diabetes in their community due to their traditional lifestyles.

How were the FNs communities selected?

The selection of the First Nations communities to participate in the pilot project were based on several guidelines and in consultation with the Manitoba First Nations Diabetes Committee, the PWTG Advisory committee and the Steering Committee.

The decision was made with the full recognition that all the MFNs communities could be considered for inclusion based on significant health needs and lack of services.

Consideration was impacted by the limited time frame to get the project underway and the number of FNs that could be involved based on time and resources.

The following list were factors given consideration in choosing communities:

- Whether they were a fly in or drive in
- The needs of First Nations and access to services
- Success of the Aboriginal Diabetes Initiative
- Whether the communities participated in traditional practices
- Whether they have the Manitoba TeleHealth program access
- Whether they are participating in the Diabetes Initiative Project
- Whether they are a provincial Regional Health Authority active partner
- Whether they are part of the 1964 Agreement
- Whether the Northern Medical Unit of the University of Manitoba provides services
- Whether there are any foot care nurses / program in community
- How many clinical nurses are allocated to the community

- How many home care nurses are in the community
- Which tribal council or independent, the community belongs to.

These factors were considered, following a review of the ranking of diabetes rates in all 64 communities. The data used for this ranking was provided by FNIH Manitoba region, utilizing the Manitoba Health Hospitalization & Physician Utilization Reports and the FNIH Manitoba Region Chronic Condition Reports. The above factors were taken into consideration to arrive at the most inclusive selection process possible given the limits of information and data available.

What will the project mean to me and my community?

It is anticipated that this project will identify gaps and streamline processes, to develop a new model of service to improve timely access to services for clients with diabetic foot ulcers. The PWTG pilot project will benefit all communities by providing vital information to shape the changes that will be taking place to reduce wait times.

Is there an advisory committee and who is it comprised of?

There is a draft terms of reference for the Advisory Committee and the following parties are represented:

Manitoba First Nations elders
Saint Elizabeth Health Care
Assembly of Manitoba Chiefs
Manitoba First Nations Diabetes Committee
Health Information Research Governance Committee
Diabetes Integration (Mobile) Project
Youth representative
Ex- officio:
First Nations & Inuit Health – Manitoba region
Manitoba Health

What is your model?

A key activity of this project is to build a delivery model that outlines the people (skills and knowledge), processes (clinical procedures, associated time frames, optimal alternative care options), tools and systems that will be required to close the gaps identified in the first stage of the process and to achieve the desired results.

What is the solution?

This project is about working in partnership with First Nations communities and partners to find the best solutions to ensure timely access to care. The solution will be created by the community so that after the project ends, the knowledge, referral processes and infrastructures will remain to sustain the initiative. Our hope is that community members will play an active role in their care and the care of others, assisted by professionals when required to meet complex needs such as wound care. In addition, the solution will dovetail with other diabetes related initiatives happening throughout the province. We are all working together to find a common solution that makes the best use of the available expertise, human resources and funding.

When will the intervention phase of the study happen?

The intervention phase of the project will begin this fall and occur over the fall, winter, and spring of 2008.

What will happen after the project ends?

After the project ends the Government of Canada will be provided with the findings and the new model to assist with the wait time guarantee. If the 18 month project is successful, it could be expanded provincially and /or nationally.