afhto association of family health teams of ontario

CASE STUDY

NORTHEASTERN MANITOULIN FAMILY HEALTH TEAM

Summary

Northeastern Manitoulin Family Health Team has successfully integrated FHT and RNPGA strategic planning, staffing, benefits, HR policies and procedures, and procurement. This transition took three years to accomplish. Now complete, all staff, regardless of who funds their employment, are employees of the Northeastern Manitoulin Family Health Team and report to the FHT Executive Director.

Background

The Northeastern Manitoulin Family Health Team is a rural FHT located on Manitoulin Island and providing primary health care to local residents and to five outposts. Six family physicians practice in a Rural and Northern Practice Group Association (RNPGA) and have worked together for 35 years. The group has a RNPGA agreement that they follow as well as an internal agreement amongst themselves. In addition to their rostered patients, the physicians provide emergency care, inpatient care and clinic care to anyone in the catchment area. The FHT has a provider-led Board, with a Community Advisory Committee comprising 10 individuals who are patients of the FHT. The Community Advisory Committee advises on the QIP plans, does the surveys, and provides community feedback on how the FHT is doing.

The FHT catchment area is large, comprising Little Current (main clinic site), First Nations of Wikwemikong, Shegulandah, Aundeck Omni Kaning and Birch Island. Programs and services are offered from the main clinic site, at LTC homes and home visits. Support and training are also provided to First Nations clinic staff on initiative-specific or patient improvement-specific projects (e.g. use of EMR). The main clinic is part of the Manitoulin Health Centre hospital (MHC) – Little Current site. The RNPGA also provides emergency department coverage at the Little Current MHC site.

The FHT was established in 2006 (Wave 2). The current Executive Director was the founding Executive Director.

At the time the Family Health Team was formed, the physicians had their own administrative staff, comprising three clinical staff (RN and RPN) and a NP funded by the underserviced area funding.

The Motivation for Change

Harmonizing the FHT and physicians' operations was seen as a way to improve patient flow and patient care. There was a shared vision that integrating the two entities would result in improved effectiveness. All staff were very invested in improving the consistency of working conditions; accordingly, harmonization was also a good team building exercise.

Quick Facts:

- Wave 2 FHT (2006)
- 6 physicians in a RNPGA
- Physician-led Board with a Community Advisory Committee
- Rural setting (1.25 hours from Sudbury)
- 7,000 patients
- 8.4 IHPs (FHT)
- FHT contracts with the RNPGA for accounting services
- Expanded space from 3,200 sq. ft. (original doctors' clinic) to 7,100 sq. ft. (new building funded by the Ministry in partnership with the Hospital)

The Process

The process began with a comprehensive review of all of the jobs and job functions for both the RNPGA staff and the FHT staff. The Executive Director was hired to implement the team; at the outset she interviewed each staff member and undertook a detailed assessment of job role, job description, job challenges, and pay scales. The result was a strategy from the Management Team (Executive Director, Lead Physician, Clinic Business Manager) for integration.

The physicians (who are the Board members), approved a plan that included the following components:

- Realignment of job functions
- Reclassification of some jobs
- Development of "leads" for reception and data management
- Improvement of workflow
- Harmonization of salaries
- Provision of a common benefit plan to all staff
- Transitioning of all employees to the FHT (required new letters of offer).

The integration of the existing clinic staff with the FHT produced some financial savings for the RNPGA, which were re-invested to establish a consistent wage grid and benefits.

This transition took 3 years to accomplish. Now complete, all staff, regardless of who funds their employment, are employees of the Northeastern Manitoulin Family Health Team and report to the FHT Executive Director. Funding for the staff who were originally employees of the RNPGA comes from the physician group.

Northeastern Manitoulin FHT – Summary of Harmonization to Date

Procurement	✔
Strategic Planning	✔
FHT/FHO Staffing	✔
Benefits	✔
HR Policies and Procedures	✔

Success Factors

Planning for integration started very early in the development of the FHT. At the outset, clinic staff (RNPGA) had some challenges understanding their new roles and relationships. Some of these staff had been employed by the individual physicians for many years (in some cases decades). Understanding and managing this kind of change was an important factor in success.

The process of interviewing staff to understand their roles, responsibilities and their concerns was a worthwhile and essential effort. In addition to the valuable data this exercise yielded, staff appreciated the opportunity to provide input to the process and it empowered people to come forward with new ideas. The exercise helped to build trust between existing staff and the new Family Health Team; it helped to remove the threat that the FHT was perceived to be. Maintaining patient care as the focus of the harmonization initiative was the constant touchstone.

A summary of the factors for success:

- Early planning
- Keeping patient as the focus and motivator for change
- Board/Staff responsibilities clearly delineated
- Lead MD very engaged and played a role to condition the environment with the MD group
- Creating a management team (ED, Lead Physician, Business Manager of the Physicians' group)
- An agreed upon strategy
- Engaged and willing staff group
- Consistency and clarity of job descriptions, roles and responsibilities
- Willingness of MDs to support the integration financially
- Trust among the physicians and between the RNPGA and FHT ED
- Small group with informal policies and procedures
- Staff empowered to take ownership and control of their jobs
- Learned from looking at other FHTs that a silo approach to care would not be effective at Northeastern Manitoulin FHT

The Challenges

For staff with many years of service and a long-term relationship with individual physicians, this amount of change was daunting initially. Staff had to re-learn some of their long-standing procedures (e.g. staff had to learn to take issues and concerns to the FHT Executive Director and the Management Team).

The physicians' behaviour also had to change. From managing the day-to-day operations of their offices, they had to learn to give authority and responsibility to the Management Team, and they also had to learn how to provide oversight, leadership and stewardship to the FHT as a Board of Directors. Governance training helped in this respect, as did strong leadership and vision from the Board Chair (who is the Lead Physician).

Key Tools

Student orientation outline
Staff orientation outline
Flow chart of communication within the Team
Organizational chart
HR Checklist **

*** Confidential documents. For more information contact the individual FHT for details*

Advice for Other FHTs

The Northeastern Manitoulin FHT identified some key learnings to manage this kind of change and to achieve their goals:

- Decide what you want to be excellent in and focus your efforts on aligning all staff toward shared goals. Set some achievable targets and identify a role for everyone in achieving those targets (e.g. achieving preventative care targets). To start, pick something that is easy to track, easy to verify, a win-win-win for all, and that will engage all levels of the entire team. Look at the processes to find those that staff, Board and physicians can engage with.
- Be creative. Create new teams that involve all parts of the organization (e.g. Manitoulin created a new team around patient service). If there are no funds available for staff salaries, find other ways to acknowledge the efforts of your staff.
- Use your Executive Director Network (or form one if you don't have one). This might be a network that is different from your geographic network (e.g. a network of RNPGA FHTs; a network of FHTs with specific and common issues; a network within your LHIN; a network with the same EMR).
- Keep patients as the focus of the questions and issues.
- Take time to know everyone and their jobs and gain trust.

For Further Information:

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