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On April 1, 2009, AHS brought together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addiction (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board).
Okotoks Health and Wellness Centre
Evaluation Report

Calgary Health Region

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FINAL REPORT

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Executive Summary

As an integral part of the Calgary Health Region, the Okotoks Health and Wellness Centre (OHWC) is a primary health care facility that provides comprehensive, community-based health care to the citizens of Okotoks and surrounding area. The Centre is a health and wellness facility offering integrated services across the continuum of health care and is guided by cooperation and team work.

The OHWC opened in November 2004. An evaluation of this new innovative health service delivery model was undertaken by Research Initiatives in Nursing and Health, Calgary Health Region for the Northwest Portfolio. Data was collected from June 2005 through August 2005 via interviews, document reviews, a survey, and utilization data. This report provides details on results and recommendations of the evaluation.

- 60 participants from varying stakeholder groups were interviewed.
- 19 documents were reviewed.
- 56 OHWC staff/physicians participated in the Microsystem Assessment Tool survey.
- Utilization data (October 4/04-March31/06) was analyzed from the Urgent Care.

Summary of Findings:

Strategic Planning and Implementation
- Initiated in 1999 under the Headwaters Health Authority, the planning process for the OHWC was very participatory in nature and included a wide range of stakeholders.
- Two committees were formed for planning and implementation, the Steering Committee which was a decision-making committee, and the Operational Committee which was responsible for operational implementation of the Centre.
- Community input was obtained through a consultative process.
- Innovative service delivery and sustainability were two key planning aspects.
- Planning process was effective for the most part, and supported the implementation of a well-functioning centre.
- The merger of Headwaters Health Authority with the Calgary Health Region in April 2003 had a major impact on the planning and implementation process.
- Budget cuts required downscaling of the original plans.
- A change in architects and in leadership affected the continuity of the planning process.
- Leadership at different levels was recognized as an important factor in the success of the OHWC project.

Integration
- Planning occurred for integration at different levels (functional, clinical, community).
- Integration of information was limited as several, non-compatible patient systems were in use, and a shared patient chart was still missing at the time of interviews.
- Clinical integration was supported by the Inter-D Project, which focuses on interprofessional collaboration and team care. Linkages had begun to occur at the time of the interviews.
• Some programs did not feel integrated, and particularly services located in the west wing felt somewhat isolated.
• Community integration was successful and likely supported by community participation in the planning process.

Perspectives
• Overall staff was satisfied working at OHWC and appreciated the new, friendly environment.
• Despite the participatory process and the intent to include all stakeholders, some staff felt that their service areas were not well represented at the planning stage and that this has resulted in some workflow issues.
• Some issues with confidentiality and privacy related to open space concept emerged.
• Workflow issues arose regarding signage, acoustics, heating and light.
• Clients interviewed felt that OHWC added value for the community in terms of convenience, close proximity, and access to services and physicians.

Inter-D Project
• A project on interdisciplinary practice was funded by Alberta Health and Wellness through the Capacity Building Fund.
• Inter-D was a core component throughout the planning phase although initiated after planning for the Centre started.
• Inter-D project activities focused on fostering interprofessional practice and culture through staff education, interdisciplinary student placements, etc.
• Project challenges related to busy staff schedules that prevent staff participation at different activities, the lack of a shared patient chart, and lack of participation from physicians.
• The interdisciplinary process was evolving, with some areas more actively engaged in interdisciplinary practice than others.
• Overall, it was felt that the Inter-D Project has contributed to the facilitation of clinical integration at the Centre and the current organizational culture.

Key Findings from the Microsystem Assessment Tool
• 42% of staff/physicians completed the tool.
• The highest rankings were given for leadership, interdependence, and community focus.
• Lower ratings were given for staff focus, performance results, process improvement, and all areas of information integration. This reflects concerns related to staff support, the need for ongoing health centre evaluation and improvement, and the availability of and access to information.

Key Findings from the Utilization Data
Data was collected from the OHWC UC from October 2004 - March 2006.
• The highest monthly volume of visits was in May 2005 (2,152 visits).
• High volumes of non-urgent and semi-urgent cases were noted, particularly in the initial few months.
Overall Recommendations

The OHWC is a unique health centre in the Calgary Health Region, given its rural context. Based on the data collected during the evaluation process the following recommendations were made:

- Address current issues at the OHWC such as confidentiality and privacy, workflow processes, lighting, acoustics, electrical plugs, and heating.
- Having all relevant stakeholders (including clients, frontline staff, physicians and evaluators) represented on the Planning and Implementation Committee and involving them early on in the process is essential for successful planning and implementation.
  - Population needs should be taken into consideration in the planning process to facilitate community integration.
  - Include front line staff more directly in functional planning to address work flow issues.
  - Encourage physicians to participate in the planning, implementation and evaluation process to foster physician integration.
- Clearly define concepts of integration (functional, clinical, community, physician) at the beginning of the planning process and develop formal strategies for each area of how integration is to be achieved, recognizing that integration is an ongoing process.
  - Plan for compatible IT systems and shared patients charts to facilitate functional and clinical integration.
  - Use other initiatives (e.g. Inter-D Project, ongoing research/capacity projects, Primary Care Network (PCN), etc.) to leverage goals of the Centre.
- Within constraints of environmental and design regulations as well as budgetary limitations, design building to allow for optimal clinical integration of services and to prevent isolation of service areas due to location.
- Choose building design that allows for growth as well as addition of new services.
- Consider a mix of offices and open spaces to address confidentiality and privacy issues.
- Work with Calgary Health Region representatives for building regulations to ensure that outdoor and indoor signage, parking and access meet clients’ needs and support client flow.
- Conduct ongoing evaluation using interview, survey and QSHI data to ensure ongoing improvements in patient, provider and system outcomes.

The OHWC is a great resource for the community, which is reflected by utilization rates that have by far exceeded projections. The Centre has a great capacity and potential to improve outcomes on patient, provider and system levels. Outcomes could be realized through integration at various levels. Although some strategies were in place that supports interprofessional practice and client centred care, continued work is needed to fully meet those objectives.
I Introduction

Through a consultative process, the community of Okotoks had expressed a desire for a health care facility that would provide improved access, “one stop shopping” to a wide array of health services and providers (Health Services Study, 1999). Their expectation was not for a hospital but rather a primary health care centre that would build on existing community resources and provide improved access to primary care services not readily available within the community.

The Centre was to take into consideration the specific context of Okotoks and the needs of its population. Okotoks has a large population of young families, and the school population is considerable. The population of Okotoks has been growing substantially in the last years, increasing the demand on health services. Also, some communities in the south of Calgary and rural areas seek health care services in Okotoks due to the close proximity. The growing population also poses strain on the environment, in particular with the water supply, which was a concern for the planning of the new Centre.

During the planning process, a reorganization of boundaries for health regions occurred. Okotoks, originally part of the Headwaters Health Authority (HHA) was merged with the Calgary Health Region in April 2003. This amalgamation had a significant impact on the planning and implementation process and will be discussed in more detail in the results section of this report.

The evaluation reported here was undertaken to describe the planning and implementation processes associated with the Okotoks Health and Wellness Centre (OHWC), and to understand how planning affected structure, service delivery, and outcomes on client, provider and system levels. Evaluation activities also focused on interdisciplinary practice in the context of the Centre. Based on the findings, recommendations were developed for improvement of current OHWC operations including interdisciplinary practice as well as for the planning and implementation of future health centres in the Calgary Health Region.

II Description of the Okotoks Health and Wellness Centre (OHWC)

As an integral part of the Calgary Health Region, the OHWC is a primary health care facility that provides comprehensive community based health care to the citizens of Okotoks and surrounding area. The Centre is a health and wellness facility with a culture that provides integrated services across the continuum of health care and is guided by cooperation and team work. The OHWC aims to provide quality and accessible programs and services that address individual and community needs, values, lifestyles and cultural diversity.

The OHWC opened in November 2004 and strives to adhere to the following principles that guide the provision of services in a primary health care model:

- Accessibility.
- Maximum individual and community involvement.
- Increased emphasis on prevention and health promotion.
- Interdisciplinary team approach.
- Intersectional co-operation.
Appropriate use of technology.

The following services are housed at the OHWC:

<table>
<thead>
<tr>
<th>Urgent Care</th>
<th>Ambulatory Clinic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>Diagnostic Imaging</td>
</tr>
<tr>
<td>Pharmacy (not for public use)</td>
<td>Health Records</td>
</tr>
<tr>
<td>Public Health</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>Community Care</td>
<td>Okotoks Healthy Family Resource Centre</td>
</tr>
<tr>
<td>Speech Language Pathology</td>
<td>Diabetes Wellness Program</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>Adult Day Support</td>
</tr>
<tr>
<td>Volunteer Services</td>
<td></td>
</tr>
</tbody>
</table>

III Evaluation Objectives

The objectives of this evaluation were to:

1. Describe the planning and implementation processes associated with the OHWC, and
2. Understand how planning affects structure, service delivery, and outcomes on client, provider and system levels.

Based on the findings, recommendations were developed for improvement of current OHWC operations as well as for the planning and implementation of future health centres in the Calgary Health Region.

IV Evaluation Design

A combined methods study (Morse and Richards, 2002) with qualitative methods as the priority was used to evaluate the various components of the OHWC. The following questions were addressed:

1. What were the processes and structures used for planning and initial implementation of the OHWC?
2. What is the current level of integration at the OHWC?
3. How has the planning process impacted integration at the OHWC?
4. How has the environment (physical space) impacted work flow, service delivery and integration at the OHWC?
5. How have IT systems impacted work flow, service delivery and integration at the OHWC?
6. How did the Inter-D project facilitate the mandate of the OHWC?

V Data Collection

Data collection included four major components: key stakeholder interviews, document review, quantitative assessment of the health centre function, and collection of health services utilization data.
a) **Key stakeholder interviews:** Semi-structured (individual and group) interviews were conducted with key stakeholders to collect information on planning and implementation of the centre. Key stakeholders interviewed included planning and implementation team members, OHWC staff, administrative staff of the responsible portfolio (i.e. Rural Health), physicians from the Urgent Care (UC), OHWC clients, and community members of nearby communities, the Okotoks Family Centre, and the Healthy Okotoks Coalition. A semi-structured interview guide was used to ensure that all aspects of interest were covered during the interviews. Individual interviews were approximately one hour in length, group interviews about 1 1/2 hours. All interviews were audiotaped and transcribed for further analysis. Informed consent was obtained from all subjects before participation in the interviews and the survey.

b) **Document review:** Key documents such as meeting minutes, project charter, and other relevant documents related to the development and initial implementation of the OHWC were reviewed. A document review template was developed to capture information related to the research questions.

c) **Health centre function:** All staff employed at the OHWC was asked to complete the “Clinical Microsystem Assessment Tool.” The tool assesses a series of key characteristics of health care delivery systems (i.e. leadership, organizational culture, macro-organizational support of microsystems, patient focus, staff focus, interdependence of care team, integration of information and information technology, and commitment to process improvement and performance measurement) that have consistently been linked to high quality, cost effective care delivery (Mohr, 2001). The Clinical Microsystem Assessment Tool allows a quick glance at where an organization might lie along key success characteristics and where improvements are required. All OHWC staff (approximately 130, including community physicians working in the UC) were asked to complete the 10-item survey. A short demographic questionnaire was attached.

d) **Health services utilization data:** Health services utilization data was gathered from the Quality, Safety and Health Information (QSHI) division of the Calgary Health Region.

**VI Data Analysis**

Thematic analysis (Lincoln and Guba, 1985) was used to analyze data collected during the interviews. In agreement with qualitative research methods (e.g. Morse and Field, 1995), data analysis and data collection was an iterative process with data analysis activity informing further data collection. Interview transcripts for each participant were carefully read and coded for themes. Themes across participants were then identified and categorized. Saturated categories were described and relationships between the categories were investigated. Data analysis was supported by computer software (N6).

Thematic analysis (Lincoln and Guba, 1985) was also used to analyze data collected during the document review. The document review template was further developed and finalized throughout the analysis of the interviews. Again the process was iterative as described above.
VII Results

1 Interview Findings

1.1 Interview Participants
Recruitment and interviewing of participants was conducted from June 2005 to August 2005. In total 60 stakeholders were interviewed for the OHWC evaluation in 11 group interviews and 31 individual interviews (Table 1.1). Two of the individual interviews were completed by phone. Planners, decision makers and managers were identified through documents and evaluation team members. Managers approached staff and clients on behalf of the researchers to garner their interest. Managers also assisted with organizing group interviews. The evaluators were unsuccessful in interviewing community physicians not working at OHWC.

Table 1.1: Breakdown of Interview Participants

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Total number of stakeholders interviewed (focus groups and interviews)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planners and Decision Makers</td>
<td>4</td>
</tr>
<tr>
<td>Management</td>
<td>5</td>
</tr>
<tr>
<td>Staff</td>
<td>28</td>
</tr>
<tr>
<td>OHWC Physicians</td>
<td>3</td>
</tr>
<tr>
<td>Clients/patients</td>
<td>11</td>
</tr>
<tr>
<td>Community Association Members</td>
<td>3</td>
</tr>
<tr>
<td>Partners</td>
<td>2</td>
</tr>
<tr>
<td>Rural Health</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

The main themes discussed in the interviews were: strategic planning and operational implementation; integration; stakeholder perspectives; the Service Delivery Model, and the Inter-D Project.

1.2 Strategic Planning and Operational Implementation

1.2.1 Vision of the OHWC

The OHWC was designed with the vision of wellness and healthy communities. The Centre evolved from the concept of a traditional building to a sustainable space that supports the health reform agenda and is consistent with a primary health care mandate. Design of the OHWC was a collective and participatory process in which different stakeholders were involved. Most of the participants appreciated the visionary approach.

“it was an opportunity to build something from the ground up...to have something more than just the bricks and mortar and really make it special...to try some new things out; to move the whole health reform agenda along. I’ve always embraced primary health care and the principles and so in talking to the staff and the community, we decided that we wanted to apply the principles of primary health care in a very real way...and wellness. We wanted it to be a green building, and we wanted the building itself and the environment to facilitate staff wellness and
community wellness, and also to be responsible from an environmental perspective. So we wanted the programs that were offered to contribute to the wellness of the community, but also, the leadership and the policies to promote the wellness of the staff...truly have an Inter-Disciplinary team where there is an appreciation and a valuing of what each other contributes and how you can work together in new ways to better provide care to the community."

1.2.2 Needs, barriers, and key principles identified

Initial planning of the Centre started with a survey to identify the health services needs of the Okotoks community in June 1999. The following are some of the key issues, barriers and planning principles that emerged from this survey:

i. Health needs and issues - key stakeholder perspective (November 1999)
   - Access to after-hour primary health care services and basic diagnostic services.
   - One stop shopping concept – integration of services.
   - The need for housing and support options for seniors and continuing care clients.
   - Enhanced in-home palliative care support.
   - Renal dialysis and cancer chemotherapy services were highlighted as potential services for Okotoks.
   - More general practitioners required (family physicians and female physicians).
   - Community rehabilitation services.
   - A stronger focus on health promotion and wellness.
   - Enhanced mental health services.
   - Co-ordinated children’s services.
   - Local family planning services.
   - Perception that Okotoks is a young mobile community.

ii. Issues/barriers
   - Access barriers for people who are not mobile or do not have access to private transportation.
   - Cost of some services (e.g., pre-hospital emergency care, ambulance services).
   - Lack of financial resources and inability to access required capital funds to construct the building.
   - Lack of facilities to house health services.
   - Proximity to Calgary and the new South Calgary Health Centre.
   - Lack of communication with provincial government.
   - Frontier attitude of some residents.

iii. Key planning principles
   - Health services and their delivery must be community-based, client-based, accessible and responsive to changing needs of the community.
   - Access to primary health care services including after-hour access within the community.
   - Planning and delivery of services must be based on a holistic health and wellness model and a family-centred approach.
The concept of one stop shopping for health services.
Health services should be based on a multi-disciplinary team approach.
Health services for seniors should support the concept of “aging in place.”
The health services plan for Okotoks should be in support of the Town of Okotoks’ directions for self-sufficiency and sustainability.
Each individual in the community must take responsibility for their health and wellbeing.
The development of health services for the Okotoks areas must be done in partnership with the Calgary Health Region, the Town of Okotoks, the M.D. of Foothills and industry.
Expectation of accessing secondary and tertiary level services from other areas.

1.2.3 Committees
Two committees were formed to design and develop the OHWC, the Steering Committee which was a decision-making committee, and the Operational Committee. The Steering Committee was interdisciplinary and included representatives of the Calgary Health Region, Headwaters Health Authority, Rural Health, the Okotoks Town Council, the Headwaters Health Authority Board, the Calgary Health Region Board and Alberta Infrastructure.

The Operational Committee included the Public Health manager (who later became the site manager), the Community Care manager, the Urgent Care manager, and the Interior Designer. The main role of this committee was to identify the needs of the different service areas and to integrate these needs with the building design. Representatives from all service areas attended information meetings where they had an opportunity to provide feedback and suggest changes in the design. The two committees worked closely together through ongoing communication and weekly meetings.

1.2.4 Stakeholders
1.2.4.1 Staff
The major stakeholders during the planning process were staff who were going to work at the OHWC. Staff from the existing health unit based in downtown Okotoks were involved from the beginning in the design of the building. Through meetings and focus groups they had opportunities to discuss with planners the culture of the new centre and how the existing culture could be integrated with the new building to create something different. The process was very inclusive by inviting different areas to participate in the planning.

1.2.4.2 Community
The inclusion of the community was a key strategy during the planning and implementation of the OHWC. Professional consulting firms interviewed and held focus groups with members of the Healthy Okotoks Coalition (HOC) and a group of seniors (at the Okotoks Senior Citizens Club) to identify the health needs in Okotoks. They also reviewed demographic variables and projected needs in order to design health care services and programs for the OHWC. Two important needs were identified: 1) there are
a high number of young families and a young population, and 2) there is a shortage of family physicians.

A community survey was conducted early in the planning process to understand the needs and desires of community members. The survey informed the planning process, in particular the decision to create a health care centre with an urgent care unit rather than a hospital or other kind of health facility. The HOC played a key role in representing community members and serving as an advisory group during the design, planning and implementation of the OHWC. Their participation resulted in changes to the irrigation system, parking lot and the pathways to the building. The Community Health Council was also consulted and included in planning. Postcards with information on the Centre were mailed out to every single household in Okotoks, Priddis and surrounding area to inform community members of the Centre.

1.2.4.3 Local Health Services/Physicians

In order to work collaboratively with other health care service providers and to avoid duplicating services, the steering committee included stakeholders from the Calgary Health Region, High River and Oilfields hospital. A local group of physicians was involved in the planning of the UC.

1.2.5 Planning Process

The planning and implementation process of the OHWC was characterized by ongoing dialogue among the different stakeholder groups about needs, concerns and different design options. The configuration of the current physical space was thus the result of many meetings discussing the kind of services that would be provided at the Centre as well as the client population to be served. Consistency and continuity in decision making was considered very important. For example, when the original project lead was promoted to another position she continued working with the new staff in a very collaborative approach to ensure continuity.

The operational team strived to involve as many staff as possible to solicit their feedback and keep them informed but also to prepare them for the new environment.

"It was all part of trying to bring everyone together and enlighten everyone, and educate everyone on what the vision was for the building. I mean, the operational team leaders spent a lot of time trying to work with the various groups...to manage the culture change between the old buildings and the new buildings."

Most of the planners felt there was good representation of the diverse groups that needed to be involved. Some participants highlighted the benefit of including different voices in the design; it was considered very important for staff to provide feedback and present needs or inquiries that helped the designers and managers make adjustments to the original plan.

Despite the participatory process, some staff expressed disappointment regarding the physical space. They felt that their input was not considered in the planning and that as a result there were still issues that needed to be addressed. Some stakeholders commented that although their service areas were invited to the meetings, their managers did not
participate due to demands on time posed by the ongoing amalgamation with the Calgary Health Region. Some departments from the Calgary Health Region (IT, Information and Privacy Office, Business Analysis, Health Records) were only included in the implementation but not during the planning stage. Stakeholders who did not participate in the planning process or did not feel well represented tended to express more complaints about the physical space and work flow.

At the time of interviews there was a program planning meeting every month. These meetings were established after the move to the new building. Every department provided a quick report on new activities and issues that needed to be discussed.

1.2.5.1 Factors that Impacted the Planning and Implementation Process

The participatory nature of the planning process (i.e. including the community in an advisory role) prolonged the planning process. Further delays in planning occurred due to issues related to the connection of water and energy. The environmental and green concept of the building itself made the process longer as it involved a number of new considerations for the Calgary Health Region.

Several other factors impacted on the planning and implementation of the OHWC: 1) the merging of the two health regions and the associated change in leadership, 2) budget cuts, and 3) the resignation of the interior designer during the development of the OHWC.

1.2.5.1.1 Health Region Merger

Planning for the OHWC began in 1999 when Okotoks was part of the Headwaters Health Authority (HHA). In April 2003 a major reorganization of health region boundaries occurred in Alberta, decreasing the number from 16 to 9 health regions. In April 2003, the former HHA was amalgamated with the Calgary Health Region. Moving from a rural culture to an urban culture was a challenge as different visions and expectations needed to be reconciled. There were distinct differences in administration and accountability processes which had to be adjusted. This affected many areas such as purchasing, communication, technical support, and delivery of community services. The modification of processes increased the length of the OHWC planning. For example, the merging of the two health regions created legal issues as all documents had to be reprinted to reflect the new ownership. Participants commented that being included in a large health region added a layer of bureaucracy to everyday routines. The amalgamation of HHA with the Calgary Health Region also meant a huge extension of the rural area with many communities spread over a large geographic area associated with an increase in staff workload.

Despite the many challenges, the merging between the two health regions also had benefits for the OHWC as more programs were approved in areas with high demands such as Adult Care. Other benefits included increased access to human and technical resources and lower purchase prices for supplies such as vaccines.

The merging of the two health regions was described as a “big learning experience” because of the differences between urban and rural areas. Fortunately, the Calgary Health Region understood these differences and allowed Rural Health to keep its own portfolio. People from OHWC remained committed to working together as a rural team but also
strove to become integrated and a strong part of the Calgary Health Region. Some rural programs were not fully integrated into the structure of the Calgary Health Region at the time of the interviews. For example, Urgent Care was not formally integrated into the Emergency Program, but staff attended meetings and followed Calgary Health Region policies.

An additional impact of the health region merger was the absence of some Calgary Health Region support staff in the planning stages such as IT, the Information and Privacy Office, Business Analyst, and Health Records offices. This situation affected implementation as there were some differences between the two regions (e.g., technical requirements for IT services). The late involvement of the IT team was considered an issue by some of the interviewees.

“I think that they are very aware of the fact that the earlier they get us involved in projects, the better it is, because it minimizes us coming in later and saying, ‘That is not going to work. You’re going to have to change that.’ Because obviously, that costs the project in terms of time and money.”

1.2.5.1.2 Budget Cuts

Different participants mentioned that the budget was an important issue during the development of the OHWC. The footprint of the building needed to be reduced to accommodate a one million dollar budget cut. Cost savings also forced a change from the original modular building design,

“The building was very much designed as an inter-connected, modular building...some of these components were taken out or changed for cost saving reasons.”

However, one member of the steering committee mentioned that there had been a concern about money from the very beginning,

“... there was not enough money set aside to deal with the land and the sighting issue, like bringing in the water and electrical and stuff like that. That the funding was short and there was not enough money put into that project from the government to cover some of those costs. And that proved to be difficult all the way through that project.”

Overall, it was felt that the budget cuts affected the quality of the building.

“From what I understand about what is working in the building and isn’t working in the building, a lot of it is connected with some of the cost savings that were taken on that project.”

“I do know that the sound masking system that was designed to help even it out hung from the ceiling. I do know that that is not what was originally designed for the building, and I know that the partitions aren’t the same and the ceilings aren’t the same. Like there are a bunch of things that were changed for cost saving measures.”

Other areas impacted by the budget cuts were housekeeping and maintenance rooms, the heating and cooling system, and the air ducting system.
1.2.5.1.3 Change of Architect

The interior designer left the project during the development of the OHWC which was seen by some participants as a crucial event in the planning process and as a potential detriment to understanding the needs already expressed by the staff.

"[name] understood the concept completely, plus [name] had a good understanding of the operational needs...had established the relationships...its all about relationships...had the trust of the staff, and they had invested a lot into [name], explaining the needs and why they needed things the way they were. And then [name] was gone, so then they had to try to bring this other individual up to speed, and it just wasn’t as good a fit for what we envisioned."

Overall the planning and implementation process was seen as smooth and progressive

“I think that we went about it in a very, sort of thoughtful, slow; the first year we tried to maintain things actually pretty consistently on the status quo, as we learned about each other. And then started integrating policies, rather than it being very sort of dictator driven.”

1.3 Innovative Service Delivery at the OHWC

1.3.1 OHWC as a community resource

The vision of OHWC was a community resource centre that would help initiate and promotes various community activities. Participants suggested OHWC could be used for: renting the space for meetings and activities, promoting the newly created toddler group or other activities that require kitchen facilities, such as a Day Support Program or the Healthy Mum Program.

There is a strong desire to create a sense of community ownership.

“I’ve always maintained this; this is a building that belongs to the community. It belongs to the public of Okotoks; it’s not a health building. It belongs to the public...But to the public concept, I think the building is very functional. I think it’s very acceptable.”

In order to achieve this vision, participants felt that the community needed to understand that the building is more than a health care facility, and that its purpose goes beyond delivering health services; that the centre can play an integral part in promoting wellness in the community.

“I think the public are now accepting the building as one of their community buildings. But there is still that problem...there is a certain thing there that it’s a health building. And I think that is a perception that we will lose in the community. That it’s not just for health reasons; it’s for other reasons. You can go to the building and do stuff like that [health promotion activities].”

1.3.2 Wellness

The OHWC was taking a holistic approach to clients’ health by educating clients and families on wellness and prevention strategies. Wellness was being promoted through
different programs such as the planned ‘Living Well Program’. This program, which was not part of the original OHWC plan, is anticipated to have an interdisciplinary focus and will be created with participation of the different health care providers. Other target groups were seniors and people with disabilities or chronic diseases. In general, staff approached wellness and health promotion from different perspectives as there was no consistent OHWC strategy how wellness should be promoted. Also, physicians seemed reluctant to buy into the wellness concept as one physician responded,

“Physicians aren’t paid to prevent illness…you’re paid to take care of sick people… you’re paid to do surgery… that is Alberta Health though.”

1.3.3 One stop shopping

The OHWC was designed with innovation in mind. For example, providing a broad mix of services for a one stop shopping experience was an important aspect of OHWC design. Some services were moved from the old building or from other Okotoks locations including Public Health, Community Care, different therapies (Occupational Therapy, Respiratory Therapy, and Speech Language Pathology), the Adult Day Support program and Environmental Health. New services such as the UC, Diagnostic Imaging and the Okotoks Healthy Family Resource Centre were incorporated to fill existing gaps. The one stop shopping strategy has been well accepted by clients and staff. It was hoped that once the community becomes more familiar with the services that are offered at the OHWC, they would be able to better coordinate their visits to the various health services providers and take advantage of other services offered.

1.3.4 Urgent Care

The UC was designed to provide treatment for semi-urgent and urgent cases. Clients interviewed were happy to have the UC, which has alleviated the problem of access by offering after hour services. However, there was a lack of clarity among community members who should be seen in the UC, as some understood it to be an emergency clinic while others thought of it as a walk-in clinic. Also, due to the lack of family physicians, the services were frequently used by people with non-urgent health issues (see utilization data).

1.3.5 Mental Health

Mental Health was co-located with the other services at the old Okotoks centre and was a well integrated program with the community. The program underwent some changes during the planning process. Originally administered under the Alberta Mental Health Board, the program was moved to the Calgary Health Region in April 2003. Mental Health was allocated more funds and as a result expanded its program. The expansion required some adjustments of the physical space with the OHWC site manager and the rural mental health manager working collaboratively to accommodate the new staff in the Centre.
1.3.6 Family Resource Centre

This is a partnership between the Calgary Health Region, Calgary and Area Child & Family Services, Calgary Health Region Mental Health Services and the Town of Okotoks. The Family Resource Centre is located in the OHWC and is supporting families by providing a variety of resources. The staff from other services in the OHWC were working with the Family Resource Centre on joint events such as the ‘Teddy Bear Picnic’ in which 80 children attended with their parents and caregivers. Each service area in the OHWC set up an activity for children, offering an opportunity for the community to learn more about the services offered at OHWC.

Some of the staff interviewed felt that there are other services/programs that should be included at the OHWC such as a Sexual Health Clinic and visiting specialists who have clinics in Calgary.

1.4 Integration

Integration was one of the goals of the OHWC. Participants had varying views of what integration was and its importance for the OHWC. They appreciated the opportunity to learn about other programs; however they did not provide examples of specific cases or strategies around integration that occurs at the Centre. Most comments were about their personal ideas of integration or experiences of informal integration. There was an awareness of all the various activities in the Centre, an appreciation of what each program does and how it may serve the client better.

1.4.1 Functional Integration

1.4.1.1 Work Flow

Planning for functional integration in the Centre focused on putting together programs that have the same clients and allocating the charts in the same place, thus facilitating work flow around common clients.

“When we planned it, we had Home Care and Public Health down here at this end of the arc, and we put the Rehab Services down at the other end where Environmental Health is.”

Business process planning began when Okotoks was part of the HHA and thus the process was different from the standard procedures used at the Calgary Health Region. It became evident during the interviews that some areas needed more work in regards to patient flow. For example, it was felt that the west wing required a more in-depth evaluation regarding functional integration as well as the issues relating to the waiting area.

"It almost seems like there is no process in place to ensure that the patient flow is appropriate...it was almost like they went ahead and built the building, designed the building and built it without really understanding how the patient flow was going to be."

Varying opinions around workflow processes were expressed by participants. Some participants interviewed felt that using the standard Calgary Health Region process for
business planning would have resulted in better overall work flow, while others felt the process used was appropriate.

1.4.1.2 IT Hardware

Calgary Health Region IT staff got involved with the project only about six or eight months before the OHWC opened. At that time, a lot of the design decisions had been made. This turned out to be an issue because of technological incompatibility between the two health regions who had different standards for IT systems. For example, it was initially planned to install CAT five cabling at the OHWC. However, since CAT six is the current Calgary Health Region IT standard, a change to meet standards was required.

“The Calgary Health Region IT group was involved when they moved, and they right away said, “Oh my gosh, this isn’t great. This is not working very well.”

But prior to them, there was a designate from Headwaters Health Authority, who helped give us direction on what the needs were. But the IT would be a problem with the changeover to the two Regions.”

Minor issues related to the cable tray under the floor and the small size of the server room.

“The server room…today is very small. It’s not at all the size that we would have required to have to put our equipment in there. In fact, we had no room for the on-site file and print server, so we had to locate that outside of our preferred environment, which is our computer room…We had to move it into the supplies room. So it’s okay, but it’s not ideal.”

On the other hand, staff was very excited about the improved access to computers with PCs at each desk or work station.

“The technology has been a bonus for us, because a lot of our work is done on computer” and “clinic rooms all have computers, so there is always a computer that you can get to, and that has been awesome.”

Staff were very satisfied with the access to and functioning of the fax, photocopiers and printers. They were working very well and were facilitating their work. In particular the fax helps to have efficient communication among health care providers in other areas.

1.4.1.4 IT Software

The OHWC kept the existing information system for the service areas that were already computerized before they merged with the Calgary Health Region, such as Lab Services and Mental Health. For new programs, different systems were adopted depending on the circumstances. For instance, DI implemented the regional DI Pac system. Urgent Care, because they were a new service, adopted the Medi-patient System to register and admit patients. This system is currently being used at High River and Oilfields Hospitals and in other rural areas. Thus, patients’ information does not need to be re-entered. It was felt that adopting this system would facilitate compatibility and integration with other health units in the rural area and improve communication among health care providers.

“I worked with Medi-patient in Black Diamond, so it’s not a new program for me at all. The nice thing about it is that with this area, we’re also on board with High
River, Black Diamond, Canmore, Banff, I believe. So we’re all on the same system.”

However, direct entry into the Medi-patient System is only available for UC and Public Health patients. Other program areas enter the data on paper forms that are then sent to High River where the data is entered into the database. Also, electronic health records are not yet available. As a result, the information system at OHWC is not currently integrated and does not support clinical integration. It is however, definitely what the Centre wants to work towards.

“It’s not really the integration that you’re talking about; it’s not really where we want to go or where we want to get to rather, but we had to work with the tools that we had.”

Access to computers and software has facilitated the communication among health care providers and departments in different ways. Email communication has benefited internal communication between departments and facilitated information exchange with support from the Calgary Health Region. Another example is the use of the DI Pac system to transfer online x-rays reports and electronic imaging between health care units in the Calgary Health Region, which has improved access to client information.

During the implementation of the OHWC the IT Department was very supportive; they hired consultants for the installation of IT and communication systems as well as for training staff and helping them to feel comfortable with the use of the new systems. However, some staff felt that more extensive IT training in basic computer skills such as e-mail and working on a shared drive were necessary for staff, as many had limited computer experience.

**1.4.1.5 Telephone, Beepers**

Communication in the OHWC was highly improved because of the new telephone system as well as the accessibility to other technologies such as beepers and cell phones. Having an effective telephone system has positively impacted staff at the OHWC as well as people who were calling the Centre. Staff liked the fact that they have their own phones, can dial directly from their offices, can communicate internally with other staff, are able to receive and direct calls or communicate with other staff in the health system.

“We always have to have our cellular phones and our in-office direct lines; we have e-mail, we have easy contact [other people in Claresholm or in Banff] we’re all chatting with each other about issues, whatever it might be.”

Staff received an orientation on the telephone system by Telus when the centre opened and they were satisfied with this training. Staff was still learning how to use technology efficiently at the time of the interviews. One staff commented,

“What has helped in that is that the reception staff has discovered that they can just page our area if I’ve got a client...[instead of] the whole building saying, “[name] your next client is here.”
1.4.2 Clinical Integration

1.4.2.1 Planning
Planning for clinical integration was facilitated by the Inter-D Project and is discussed in more detail later in this report.

1.4.2.2 Co-location
Staff felt that co-location of services has helped to facilitate integration.

“I think each program is starting to learn about each other, so they are able to refer clients to each other...And it’s brought a whole new light to health care.”

On the other hand, those programs that are located in the west wing are less integrated due to their physical location, field of work, amount of time spent in the centre, and the type of clients.

“There are normally four of us here, but again, I think in the Environmental Health area, our program is quite different from the other programs in the Health Centre. And in terms of the day to day kind of inter-mingle; we don’t really mix that often. I mean, I guess once in awhile.”

Environmental Health uses the centre only for a short time in the morning and then work in the field. A similar situation occurs with Speech Therapists as they are in the schools all day. Thus the integration of these programs is restricted because of the nature of their work. However, even for those more isolated programs there was a perceived potential for integration.

“If there is somebody who comes into the Urgent Care and maybe again, through testing and so on, they find out that the person has a food borne illness. Like e-coli or salmonella or whatever, then obviously when the lab has confirmed that, then they would come to us and we would investigate and follow up as to how that person may have gotten the e-coli or salmonella.”

1.4.2.3 Current level of clinical integration
Clinical integration at the OHWC is an evolving process with different disciplines and programs starting to work together such as the UC with Lab and DI. At the leadership level, integration was occurring among some of the managers. For example Urgent Care, Public Health and Continuing Care have been working very close since the planning and implementation of the OHWC. Another example is Public Health and Care in the Community.

Interviewees felt that some programs were more integrated than others, e.g., programs that are delivered by nurses who can easily work as a team. They are able to assist other nurses in various capacities because of their professional affinity and the fact that they share the same clients in many cases.

In areas with a mixture of programs from different disciplines and different target populations integration has been more difficult. Mental Health was not well integrated with other programs. They are somewhat isolated and have been very busy since they moved to the Centre due to the expansion of their program. Mental Health staff has been
learning about other programs and sharing its information with other programs to move towards clinical integration.

“It just happened that I knew that they [some clients] had come in to see Mental Health, so I knew that they were seeing someone here. But I don’t really think we have a lot of talk back and forth.”

While the UC are related closely with Lab and DI, there was limited communication between UC and the rest of the Centre.

“Our communication is only in the coffee room ... because there is not any reason for them ever to interact. The Speech Therapy, for instance, they probably never, ever have an opportunity to interact with Urgent Care people. The Speech Therapy people are directed down this way and they are seen and away they go, and the staff probably doesn’t have any occasion to mix with them.”

In some cases staff understood clinical integration as an approach for identifying the ‘overlap’ (connection) among programs that facilitated working with the same population and making referrals to other programs when there is a need that they could cover.

“Like Public Health Nursing might overlap more with Speech therapy, because we deal more with children...we have overlap with Home Care...Certainly Urgent Care and Lab...all of our programs do connect some way or another...I think we are really good about referring and getting the expertise; I’m not going to give anyone flood advice, because [name] is the expert and they are better getting it from [name] than from me.”

1.4.1.1 Referrals

Continuing Care has always had a referral form and continues to use this to make referrals inside and outside the Health Centre. They have traditionally referred clients to various services as they coordinate care for their clients. Continuing care also receives many referrals from other programs in the Calgary Health Region and in fact these types of referrals have been increasing.

Other areas were referring clients to various program areas within the Centre by photocopying all or the relevant portion of the patient chart with a note to “please see”. Many referrals were also made by word of mouth and referral letters were sometimes used.

Overall there have been more referrals/connections with the Family Resource Centre (FRC) and Public Health. Staff commented that there are very few referrals from the UC to other programs. One potential reason suggested was that physicians may not be aware or have not been informed about other programs in the Centre.

1.4.3 Community Integration

The integration between the FRC and the OHWC has been very successful. Staff from the FRC is finding the close proximity to other services in the building extremely helpful. They have much closer communication with Public Health Nurses, therapists and other programs in the centre. The FRC has been able to integrate resources from the community for OHWC clients as well as integrating clients into the community by
providing information about available community resources. The FRC provides support for the OHWC staff, instead of each program keeping up to date lists and knowledge about all of the services in the community, the FRC has been taking on this responsibility. Community integration was also achieved through working closely with the Healthy Okotoks Coalition and the Community Health Council.

1.4.4 Regional Program Integration

Each program was also integrated at the rural Regional program level, (i.e. Mental Health) and/or Region wide (e.g., Urgent Care). This integration occurred mostly at the manager level. In addition, there is a rural resource team for every program (e.g. Home Care, Public Health, Rehabilitation, Mental Health, Urgent Care) consisting of front line staff and managers, and an urban representative. The mandate of the resource team is to ensure consistent standards and policies for safety, quality and education.

1.5 Physical Space

The OHWC was built with a focus on sustainability. The design and implementation included different decisions aimed at respecting not only the environment but also ensuring consistency with the City of Okotoks’ sustainability policies.

“We looked at how they defined their sustainability as a community...we tried to make sure that we addressed those issues...One of the cornerstones...is their water source. So when we built this building, we did as much as we could, as much as was reasonable to do, to respect that they hold their water source in high esteem...for example, we installed a landscaping system, we don’t have an irrigation system...we used low flow water fixtures and what not...the river is their water source, we tried to respect that, so we don’t have a storm water, we don’t dump our storm water off our parking lots directly into the river. We actually have bio-treatment of our storm water on the site...”

Designers and planners also considered staff wellbeing by providing healthy environments in terms of the air quality and minimal levels of toxicity.

“We wanted to respect the environment and respect our employees, so we worked on issues like indoor air quality, both real and perceived. So we looked at non-toxic or low toxicity finishes; we have natural ventilation. We have natural lighting, as much as possible...Other precautions were taken to have a healthy indoor environment...we brought the furniture into the building and we had it all unwrapped for about three weeks before the staff entered the building. So that all the fumes and that; we tried to show that respect for the people.”

1.5.1 Positive Comments on Building Design

Most of the staff interviewed appreciated the building and expressed that they enjoy working there. They liked the facility, the colours and the warm environment. Some statements from the staff included,

“It’s great. It’s nice and central”; “the actual facility is wonderful”; “the colors are nice”; “the Adult Day Support comes here, so that is a few of our clients, and
they really enjoy coming here”; “the space is very welcoming; it’s nice and bright”; and “I’m glad we have all the little rooms we have here, meeting rooms from this size to our big conference room.”

Staff confirmed that there was an effort made to give the building a less institutional feel, “It doesn’t feel like a hospital, and that is certainly something they were trying to do. And I think they have really achieved that.” Some staff members liked the open space because it allows easy interaction and promotes camaraderie and team work among coworkers. They liked sharing the space with other staff and enjoyed the fresh air.

Staff also remembered some positive comments they had received from clients and community that showed the high level of acceptance of the building. For example, “Most people think it’s a beautiful building and they are pleasantly surprised when they do discover everything that is in here.”

Community members and clients who were interviewed expressed their appreciation for the building and most importantly for the programs, services and the quality of the services. They considered the OHWC a very modern facility that differs from traditional health care units. Clients found the location to be a very good and friendly environment. Some comments from clients and community members were,

“It’s new; it’s clean; it’s bigger, it’s more user friendly”; “It’s not like a hospital; it’s more open and airy. That is what I like;” and, “I think it’s good; it’s right near the main drive.”

1.5.2 Issues with Building Design

Despite the many positive comments, many issues were raised in terms of the building design. The design was criticized for its industrial look. "It doesn’t look very classy with the pipes and everything;" "I don’t like steel and hard edges.”

Additional comments were made regarding the ‘cold’ environment, which was deemed inappropriate for a ‘people place.’

"I find it very—a bit cold. And I think particularly when you’re working with people; my idea is sort of having a warm and inviting kind of space, as opposed to something that is more cold and kind of industrial looking.”

In addition, some staff did not like the external design of the building and commented that it was easy to be confused because from outside, the building looks dark, and people were not sure if it was open.

Some staff commented that they would have been in favor of a traditional building design. They mentioned that with the same amount of money a more compact, functional building with more services could have been built. A participant who was concerned about the open system provided a journal article¹ with a critical analysis of open concept buildings and its implications for staff and clients.

During the staff and client interviews, several other issues around the physical space of the OHWC emerged.

1.5.2.1 Privacy and Confidentiality

The most critical issue mentioned was a lack of privacy and confidentiality related to the open cubicles and the open waiting areas. This issue was particularly evident for service areas that need to make confidential client phone calls and those services that are located close to the waiting areas such as mental health, urgent care, home care, community care, public health, Family Resource Centre, speech pathology, and occupational therapy. There were particular concerns with privacy and confidentiality issues for mental health patients as patients in the waiting room can overhear the conversations in the therapy room. As a result, patients did not feel safe during their sessions because they are well aware of this breach in confidentiality.

"there was a lady that was sitting in the waiting room and she could hear everything that was happening in the session and she was terrified and very upset that if she went in to have her session, everyone was going to hear her."

Other issues relating to privacy and confidentiality included:

- The meeting room in the west wing does not close properly and there are offices very close to the room.
- Staff need to make confidential calls close to the area in which the public is sitting.
- Voices carry in the UC where clients are waiting.
- There is no private cubicle in the reception area for clients to provide personal information.

"they didn’t develop it [west wing]. So I’m ending up doing confidential work in a cubicle environment, which is really horrible. So this particular part is designed, I think, poorly."

The room containing the health records, adjacent to the telephone server room, was another issue raised. Technicians need to walk through the health records area to access telephone equipment resulting in a privacy and confidentiality issue for patients. A participant commented, “Initially [it] was planned to have a visit from the CHR to follow this issue of privacy in different areas”, however this participant was not sure if this visit had occurred. It was felt that the lack of confidentiality could have implications for the Freedom of Information and Protection of Privacy Act (FOIP), which ensures individual’s rights to privacy.

1.5.2.2 Waiting Rooms

Waiting rooms in the OHWC are located: at the main entrance, the west wing (environmental health, therapies and mental health), urgent care, lab and DI. Apart from the privacy and confidentiality issues discussed above, the waiting areas posed other challenges. One issue was the lack of privacy for mothers mainly in the public health area who need to breastfeed their babies. Other issues related to the waiting area in the west wing, which is a shared space between employees and the public. This mix between public waiting room and staff working area was perceived as problematic because of the
noise from children waiting for the speech therapy that interferes with the regular work in the cubicles. Staff commented that a wall should separate the public and employee space.

The mix of clients in the same area, in particular the mental health clients, was also a staff concern. Staff felt that the kids running and playing in the playground may upset mental health clients that may be depressed or get distressed about the noise. There was also a concern regarding the stigma that still exists around mental illness. Since Okotoks is a small town it was felt that mental health clients deserve to have their privacy when waiting for their appointments. A staff member commented,

> “[in a small town] you’re always very self-conscious and wondering who is going to see you…It would be nice to have our own little area that is separate or apart. Like just to give them a little bit of privacy.”

Some staff felt that having young children waiting for their speech language session exposed to clients that are crying and agitated is not a healthy situation. As a staff commented,

> “I don’t know how well that fit is; the client who may be upset or agitated, as well as for the person who is coming here for some other reason. And is not sure why this person is crying and sitting out there.”

### 1.5.2.3 Clinic Rooms & Offices

Some staff, especially those who provide services to babies and children, commented that the clinic rooms are beautiful and a huge improvement over the space in the old building. They also commented that clients appreciate the friendliness of the clinic rooms.

Despite the positive comments about the clinic rooms, there was a perceived need for ongoing review to increase functionality of some rooms and avoid accidents. For example, some areas were still waiting for specific furniture to provide safer clinics. There were concerns around some clinic rooms that were set up for a ‘medical model in a physician’s office’ and were not deemed appropriate for the clinics that are delivered in these rooms.

Mental health was not part of the original plan for the Centre but was added after completion of the building. The result was a lack of space for mental health services. They currently occupy two rooms but plan to add more staff, a psychiatrist, and other drop in services in the near future.

> “Where that could have been done to begin with if we’d been part of the planning. But that is not their fault; that is just the way it worked out. Things like that; it’s kind of an awkward building.”

Clients also complained about the chairs in Mental Health, which staff described as inadequate and uncomfortable for a session that lasts about an hour.

Concerns were brought up in the lab area regarding the size of the rooms and their functionality, especially when dealing with people in wheelchairs. For example, the collection rooms are quite narrow, which makes it difficult to maneuver a wheelchair.

> “You can get it in, but it’s very, very tight. And whereas the ECG room where we perform electrocardiograms, it’s very big and it didn’t need to be that big.” Another issue raised
was that there is only one bathroom in the lab area. This causes delays in the morning when urine samples are collected. The bathroom is also very narrow, which has been a challenge for wheelchair users.

Staff noted that there is a lack of office space and private meeting rooms at the OHWC, in particular for health care providers who are working in the rural area but also need to have access to the OHWC. Most of them do not have appropriate office space at the Centre to work or to meet with their staff:

"I should say that my office is in High River, but I work out of this office quite a bit, because I have some of my schools that I see that are in Okotoks. And a lot of the kids that I see are from Okotoks, so it’s easier to see them here than it is in High River for the parents. So I don’t actually have a desk here or a computer or phone or anything like that. So that maybe could be another issue."

Staff try to share others cubicle space, however sometimes they are not able to access a computer or get a room to have private meetings.

**1.5.2.4 Staff Room (Coffee Room)**

Staff participants appreciated that the OHWC has a staff room. Participants felt that the common area facilitates integration of staff among different disciplines and programs and is in alignment with the concept of the Inter-D Project. Staff seemed to congregate for coffee or lunch breaks offering an opportunity for socializing and sharing.

"we go for coffee breaks ... we will meet a lot of the nurses and even the lab technicians and speech pathologists and so on. So we do get to talk to other people, and from speaking to other people, you do sometimes share the concerns, share the stories and things like that. So they know what we are doing and have a better understanding of what they’re doing."

Although the staff room was perceived to be an excellent gathering place, there was some staff that did not make use of it for various reasons. "Well, there is no point going down there for lunch, because there is nobody there."

"The coffee room also is not placed in a very good area. It’s away at the far end for these people; it’s not central. If it were central, it might be a more popular spot."

A few staff members missed the tiny, little coffee room they had in the old building, "where it was their social life, like a family." For some it impacted the personal relationships and camaraderie among coworkers that existed in the old building, “And that is gone. I think some of the staff is really mourning, because that union that they had has disappeared and there are newcomers in the area.”

**1.5.2.5 Acoustics**

Noise levels were a major concern for all participants interviewed. White boxes were installed to filter out the white noise, however, according to some staff, they don’t seem to be effective, “they are supposed to [filter out white noise], but I don’t know if screaming is white noise.” There were issues around noise from other cubicles especially
in the area of Mental Health, the therapies area, Home Care, and the Family Resource Centre.

"I’m two cubicles away from [name] and I hear her. I have to plug an ear still. She has got a good, strong voice...they are just not high enough or something, to block out the voices."

“There is a little bit of noise problem with the rooms over there, where the kids are getting their needles. We hear the crying all the time.”

Technically, the white boxes are not an appropriate solution for Speech Pathology, as it makes their work more difficult by masking the correct sounds.

“If we turned up the white noise, then we couldn’t teach speech. Because you can’t teach speech in white noise.” Another comment was, “So if you’re trying to teach a child how to make a sound like ‘ssss’, but white is ‘sshhhhh.’ That is what it is.”

Some staff felt that the issue with the white noise system occurred because a different, lower quality system than originally planned had been implemented.

“The system that was designed for the building was not the system that was used. A less expensive system was accepted. It’s a public tender, right? And so they went with the lesser bid, and my understanding is that this system is not working, because it isn’t the right design for that space.”

An additional concern was the background noise when people are being paged; it was perceived as disturbing particularly by people who are delivering educational activities or other kind of group work.

1.5.2.6 Heating

Some staff and clients commented that the building is cold, especially in the winter.

“The building is designed in such a way that it is heat sensitive. It doesn't allow to bring in any heat generating, like a lamp or even a kettle for tea or coffee. Because apparently it’s so computerized, it automatically senses there is enough heat here and it shuts us off.”

1.5.2.7 Lighting

Lights have been an ongoing issue since staff moved in. There was a lack of light in some working areas which made it difficult to work in the winter time and also posed a risk for falls. The managers have worked on different solutions but the solutions have not yet satisfied all the staff needs.

1.5.2.8 Signage

The general consensus among staff was that signage was not appropriate in and outside the OHWC. Staff stated that signage was poor and signs were very small. Although the internal signs had been changed, some staff still had concerns.
1.5.2.8.1 Indoor signs

There was no sign in the entrance area to direct people to Environmental Health, Mental Health, Speech or all the areas in the west wing, therefore clients needed to go to the main reception and ask for directions. Some staff suggested floor signage as is commonly used in hospitals, “in some hospitals, maybe not hospitals, but I’ve seen it in shopping centers, where in the floor tile, there is an arrow and it will tell you exactly where to go.” The sign for the lab was also difficult to see. “Often people cannot see down that hallway to the lab sign.” Other issues emerged because people don’t always know where a particular service is located in the OHWC, such as Environmental Health. A participant explained,

“A lot of people know where the building is, but they may not know exactly where Environmental Health may be located. So we have to kind of tell them. We’re in the same building with the Okotoks Health Centre.”

1.5.2.8.2 Outdoor signs

The major complaint about the outside sign was the small size, which makes it disappear beside all the other signs currently in place. One staff member mentioned, “I think a big part of that too is not only that our sign is quite small, but all the Cimarron signing is still up with the flags. Because the signage is not clear, clients sometimes do not know what the building is or think the building is a school, “there is nothing on the building to indicate what the building is from the main road...I think that is a big downfall that we need better signage out front.” Some staff referred to ‘Canadian Tire’ to help clients locate the OHWC.

1.5.2.9 Entrance, Access to the Building and Parking

“The entrance of that building has always been a hot topic. From very early stages.” Designing the entrance to the building demanded a lot of creativity. Several factors needed to be considered such as security, limited availability of staff which required a single entrance for the public, the need for a central client information place, and most importantly to have control over the elements.

“knowing it’s in the middle of the prairies basically. I know we’re in the foothills and everything, but we know which way the wind blows. We know what our winters are like, and a huge concern about that building and that entry was how do we ensure that we can have a protected entry, where we can control the wind and the cold and all of that? And that is why you see that entry nestled into the side of it, so that we can help block the wind. And it was located on the side of the building.”

Some clients commented that the entry to the building was easy to find, was well marked, and they did not seem to have any problems. Comments included, “it’s pretty good with the electronic doors” and “that main entrance, it doesn’t feel institutional.”

Other people found the entrance to the building a bit confusing, that it could be difficult for a person with special needs. A client commented, “I find that front entrance very-it’s not really-when you drive into the parking lot, and you look, you’re not sure.” A person
with a disability who was interviewed commented that it was very difficult for her to learn the way into the building because the path changes directions several times within a very short distance.

The entrance needed to be refurbished to avoid confusion with the window, a staff explained,

"last week...they came and took a portion of the cement out. For people coming in from that parking lot, they would come straight along that and they went into the glass wall, the door was over here. Now with the cement gone, and a flower garden there, they have to follow the other way."

Both staff and clients voiced concerns regarding access to the building. Key issues around accessibility were the long distance from the parking lot to walk to the Lab or Urgent Care, and the poor wheelchair accessibility. These two issues were perceived to be particularly concerning for seniors or people who have to use walkers, very sick clients or those with injuries. Obtaining a wheelchair was also difficult for some because the wheelchairs are located in the front entrance, which is far from the parking lot. The following comment summarizes many concerns.

“I don’t know who did the stalls for the parking for the handicapped. They’ve got them off on the side of the building, so that wasn’t thought out too well, so I don’t know who did that. But some people find it a little bit hard to walk; the really sick. From the parking lot, the front doors are set so far back, by the time they actually get into the entrance and then walk over to Urgent Care that is a very long way.”

Lack of parking was a concern for clients and staff. There were also staff complaints about the location of the employee parking lots, which are at the far end of the building. For staff who were often carrying heavy loads of materials and supplies, particularly those located in the west wing, the distance is a great inconvenience.

1.5.2.10 Other Physical Space Issues

1.5.2.10.1 Storage

Budget restrictions impacted the development of the original plan. For example OHWC was originally designed to house a lot of storage space in the basement, which was later abandoned. The shortage of storage was affecting different clinical and support areas (e.g. there was no adequate functional space for storing cleaning equipment)

1.5.2.10.2 Electrical plugs

The electricity plugs were another issue raised, especially for the housekeeping staff. There are very few power outlets and they are pretty far apart.

“I don’t know if they were thinking they don’t need plug ins, because they’ve got them at each desk and down into the floor. But when you’re trying to vacuum, you can’t use that. So we were using two extension cords to get across this room. Because there is only one plug in the whole room; one or two.”
1.5.2.10.3 Washrooms

Staff who work with seniors and people with chronic disease mentioned that some clients appreciated having bathrooms without doors at the main entrance as it facilitates access for people using wheelchairs and walkers.

Some staff commented that it would be good to have bathrooms closer to the meeting rooms, “Somebody that gets very short of breath that could be a long walk for them.” Also, signage for public washrooms was felt to be insufficient.

1.5.2.10.4 Landscaping

To support the sustainability concept, the landscape design focuses on xeriscaping and native plants. However, little landscaping had been completed at the time of the interviews.

“I think a lot were surprised about the landscaping, but that is easily explained and I know that it’s come up again this year, because they couldn’t get the landscaping quite quickly enough. But once you sort of explain that there would be no sprinklers in this native grass and it’s sustainable and that we were respecting the water of their community.”

1.6 Client Focus

The OHWC was perceived to be very client focused, staff working in various ways to care for people and ensuring that clients get attention as quickly as possible.

“We’re very client focused. I mean that is sort of what we’re about...we try and really focus on getting people in here as quickly as we can.”

The OHWC has tried to meet the needs of the larger community. For example, more seniors were coming to the Centre for health care services. The one stop shopping concept works well for this client group; when they were using one service (i.e., occupational therapy) they could also get their lab tests done at the same time, eliminating the need for multiple destinations or visits.

There were differing opinions about the opening hours of the Urgent Care, Lab and DI. Some of the staff participants felt these services should be open 24 hours a day, however, others stated that Okotoks does not need these extended hours as some cases could wait until the next day or other emergency resources are available nearby (High River and Black Diamond). Some participants stated extending service hours was not feasible considering the costs and resources involved. One thing that is a concern is the different service times for those support services closely connected to one another such as UC, DI and Lab.

“One other problem that could really be addressed is that our departments open at different times, and this makes it frustrating for people. So it says right on that sign on the corner, it says Urgent Care, 8 – 10, but our lab doesn’t open until 8:30 and x-ray doesn’t open until 9:00.”
This was a problem mainly for patients being seen early in the UC who required either lab work or x-rays and had to wait. Also those who were fasting for their blood work would have liked to be able to access lab services earlier or prior to going to work.

1.7 Staff Focus
Overall it was felt that there is a strong staff focus in the OHWC. Staff had a voice in the planning process for the Centre, although they sometimes thought that their suggestions were not incorporated. Since the time of the move, managers have been working to address staff’s concerns about physical space.

> “Managers are focusing more on the staff after they resolve physical space issues for example, getting the staff moved in and staff in place. The phones and the computers, getting them into the place; get them hired”

Periodic meetings have been organized to identify barriers or problems in the work environment and to find solutions.

When planning the OHWC, careful attention was paid to creating a healthy environment for employees.

> “We wanted to respect the environment and respect our employees, such as working on issues like indoor air quality, both real and perceived, looked at non-toxic or low toxicity finishes; we have natural ventilation, natural lighting.”

Communication and integration among the staff was also an important objective for managers at the OHWC. They created opportunities and space for meeting and sharing such as the coffee room. Some staff commented on the lack of communication on new activities in the Centre or new staff that have been hired. Some suggested a newsletter to keep staff informed.

In some cases, staff has been included on the team responsible for selecting and hiring new staff: “I was part of that process. We had a team of people that did the interviewing and the selection.” Comments were also made on orientation. In the old building they had orientation meetings and participated in orienting new staff, but this has not occurred since moving to the new Centre.

1.8 Education and Training
Participants suggested that there were many opportunities for education and training for the staff. Education sessions occur face-to-face, but many interesting opportunities are also available through Telehealth. Other opportunities specific to each service area can be accessed through the Regional program areas or professional associations. Presentations are also available through the Inter-D Project. The Inter-D Project team planned different strategies to provide adequate training in using new technologies and to become familiar with all services when they moved to the new building.

One issue around education and training was having the time to participate when workloads were extremely heavy and increasing with higher utilization of all programs in the Centre. Staff mentioned that there was a need for more personnel in some areas as current staff does not have the time to complete required training (e.g., Code Blue Medical Emergencies).
“We’ve asked for it; we’ve talked about it and everybody knows we need it, but we don’t get it. Because we’re too busy doing other things, and I understand that, but shortage of resources is difficult.”

1.9 Leadership

Leadership at different levels has been recognized as an important factor in the success of the OHWC project. Health region leaders, managers and other health leaders facilitated the involvement of staff in reviewing the design and providing feedback during planning and implementation. The leadership desired to create an open, friendly environment for staff and clients.

“The OHWC do their best to try and keep people connected...we facilitate dialogue between people...we appreciate people as an individual, as well as a care provider.”

All of the leaders at the OHWC were felt to be supportive, good listeners, willing to help and solve issues, facilitating a team approach, attentive to details, respectful, and trusting of their staff. As one staff member commented,

“[The manager] always has time...[the] door is literally an open door [even if she] really doesn’t have time, but [she] makes you feel like [she] has time.”

Working as a team was promoted by managers through different strategies such as monthly program planning meetings. These meetings have been mainly focused on more structural things where every department reports ongoing activities, new activities and any concerns. Working as a team has been fundamental for the managers of the OHWC and is ensured in the hiring process where employees were questioned extensively regarding teamwork.

“[the manager] was very specific...all her questions centered around working together. There is a philosophy in this building and there is a brand new program that is running that really talks about managing as a group, rather than as individuals.”

From the community perspective, participants commented that managers at the OHWC have created a lot of opportunities for the community to become involved, for example by participating in the Inter-D Project.

1.10 Organizational Culture and Support

Opinions from most participants were very positive about the organizational culture at the OHWC. The structure was perceived to be much more informal and relaxed at the OHWC versus a larger organization or hospital. The culture was described as very similar to the culture that existed in the old space. Perceptions about the move to the new space varied. Some participants were very positive about the new space and how it assisted them in working more effectively, while others did not like the increased size and number of staff. They felt that the increased size has limited the personal contact and the ability to connect with others in the Centre.

“The only piece that we’re missing, maybe that is part of Inter-D, is that social connection that we used to have that we don’t anymore.”
Both staff and clients commented on their satisfaction with the organizational environment. “We have a culture of safety. There is a trust with the leadership; there is trust amongst the professionals…” Clients discussed the friendly environment provided by staff.

Health Centre leadership commented on the importance of attending to issues and concerns of staff during the transition from one place to another. The move was a change for the staff working in the old health offices as new cultures were created by bringing in new programs and they moved from a very small space to one that was much larger. They were in their first year of operation at the time of the interviews and continued to address staff issues as they arose and assisted staff to cope with the changes.

The Centre’s philosophy on interdisciplinary practice and the Inter-D Project have also greatly influenced the organizational culture. This will be discussed in more detail under the Inter-D Project.

1.11 Inter-D Project

The Inter-D Project began in 2003 and was funded by Alberta Health and Wellness through the Capacity Building Fund. The Inter-D Project began well after the planning for the Centre started, however as the Centre was based on primary health care principles interdisciplinary practice was a core component throughout the planning phase.

“...an interdisciplinary concept where you have good communication with the various departments and if you have any problems or if you have a patient that needs to access some of the other departments, then you’re aware of what is there. And you can take them to the appropriate people.”

The Inter-D Project was introduced to help facilitate this type of practice. As soon as the project began, the project coordinator was included in planning and implementation of the OHWC (approximately one year prior to opening of the Centre).

“As soon as the project started...we would talk about the Inter-Disciplinary project and where it was ...in terms of planning, because there was the delay in the building opening, and the project had already started. Ideally, the project was supposed to start at the same time that the building was opened, but such is life. So I think we utilized that time well, in terms of building the staff’s awareness and understanding of what is Inter-Disciplinary practice.”

There was a sense from some participants that the Inter-D Project actually facilitated the move to the new facility through the preparatory sessions. This facilitated staff learning about each other’s services.

1.11.1 Inter-D Activities

The Inter-D Project began with monthly discussions about interdisciplinary practice prior to the Centre opening. Case studies and simulations were developed by participants to highlight potential and current interdisciplinary practice for the Centre. All staff were involved in these discussions from nurses to administrative staff and lab/diagnostic imaging. A major component of the sharing sessions was to highlight what the different program areas did and what services they offered. These sharing sessions, now called
“Lunch and Learn” have continued since the Centre opened but were suspended for a short while when the Centre opened due to other priorities. Sessions have also facilitated communication between staff in different program areas.

“Before I might only be able to do a portion of that, so it really helps open our eyes and educate us all in what we all do. Because we all have a sense, when we first moved in I had a sense of what lab, x-ray did. She probably had a sense of what Public Health does, but with these sharing sessions, you get more of the information, more of the how do you do the program.”

“I know that there has been an effort to promote each of the disciplines here by a lunch hour meeting or even a nine o’clock meeting or whatever. Where Environmental Health will speak for 15 minutes about what we do, so that the other disciplines would know our roles or tasks. And in that way, they understand that if they have a client who has a question about water, they say, “Go and talk to Environmental Health, because they are the ones who are responsible for that.”

Other activities were planned by the leadership of the Centre. For example internal social activities have been promoted to support interdisciplinary practice, to facilitate the integration of people and to strengthen personal and professional relationships among employees. “Actually they are having a little breakfast session, ‘come and meet the West Wing’.” The Inter-D Project was also planning cross-disciplinary placements for staff in the Centre where they can spend time in another department with another discipline to better understand their practice and how they may be able to collaborate to improve clinical care. The latest initiative was the hiring of a nurse practitioner for the OHWC. It was hoped that this individual would cross programs, promoting primary health care and interdisciplinary practice. This person would also provide a strong link to the physicians working in UC.

Additional support structures have been introduced and are either in the planning stages or have been completed to facilitate interdisciplinary practice. These include an orientation manual; an interdisciplinary protocol and the health and wellness diary that clients will carry with them for their personal use as well as to help providers facilitate communication and continuity of care between different service areas.

Another large component of the Inter-D Project was the Educational Interdisciplinary Placement Program where interdisciplinary clinical placements were provided for students to learn core interdisciplinary competencies. The Inter-D Project works in partnership with the Universities of Alberta and Calgary. This component of the project is very time intensive and requires a closer integration with educational institutions to make it sustainable. For some of the staff, the Inter-D Project is seen as a university program for students rather than focused on the staff at the Centre.

“…[the Coordinator of the project] has had a big part of that role, because her position comes from an initiative called The Primary Health Care Capacity Initiative. Which is looking at Inter-Disciplinary practice clinically, and with U of A, U of C, from a curriculum perspective.”
The Inter-D Project contributed in various ways to learning and practice in the OHWC through the coordinator for the project. The coordinator’s role was to promote exchange of information about each area as well as educate staff about different programs. This has led to staff appreciating one another’s roles and learning about working in an interdisciplinary way.

1.11.2 Culture of the Centre in Relation to Interdisciplinary Practice

The Inter-D team was not an exclusive group of individuals or stakeholders; it involved everybody in the Centre. The culture at OHWC was seen as collaborative and supportive, utilizing a team approach and an open physical environment. The rural culture of working together and needing one another to provide services was very much a part of the working environment in Okotoks. Personal contact was very important. This culture has provided a foundation for the Inter-D Project.

Participants suggested that the culture of “collaborative work” was present in Okotoks prior to moving to the new health centre with strong support from leadership and senior level decision makers. Thus staff were already familiar with the concept of interdisciplinary work.

“To be honest...what they are presenting [Inter-D project] isn’t anything different than we haven’t been doing or aware of. I think where we’re lacking is what ‘Z’ and I have said is in that social piece that we’re missing...We’re not missing the Inter-D philosophy; it’s not new to us. This isn’t a new concept at all, and it seems to be hammered, hammered, hammered in, but we all know it and we all do it and we’re all familiar with it.”

The culture of health care in Okotoks and the new health centre also promoted working with other partners in the community (e.g., Healthy Okotoks Coalition and the Family Resource Centre). These partners were actively involved in the Inter-D team by participating in meetings and educational activities. Community members were very satisfied working with the Inter-D Project; however they would like it to move from the conceptual to the practical. Client or patient focus based on primary health care principles was also a part of the culture at the Centre. “In interdisciplinary practice, the doctor isn’t the center; the patient is the centre. And the doctor is one of the disciplines that helps that patient.”

1.11.3 Facilitators for Interdisciplinary Practice

OHWC was developed through funding provided by Alberta Health and Wellness. Having a full time project coordinator facilitated the promotion of interdisciplinary practice by initiating and carrying out planning and implementation processes for interdisciplinary practice. Without a dedicated person and funding the Centre would not have been able to complete activities and focus on interdisciplinary practice.

“That person is trying to get everyone involved and everybody understanding what Inter-Disciplinary is”, “I think you initially need someone to create that space, and help and support the staff in being in that space. It’s not to say it wasn’t happening, but it’s about cultivating it further, and then putting in more the formal structural pieces.”
Other key facilitators of interdisciplinary practice included:

- Co-location of different programs and staff.
- Hours spent in ground work prior to implementing interdisciplinary activities.
- Importance of leadership cannot be underestimated in facilitating interdisciplinary practice.
- Buy-in from all levels of leadership from senior management, the site manager and program managers have been critical for success.

1.11.4 Challenges to Interdisciplinary Practice

The Inter-D project has encountered a number of challenges in implementing various components of the project.

- Meeting attendance has been an issue as staff have very busy schedules due to staff shortages and competing meeting demands.
- Often, the same core group of staff attend the “Lunch and Learn” sessions, i.e. it was challenging to engage peripheral members.
- Staff work on a variety of different schedules and many are often out of the office for the whole day.
- Lack of a shared chart has made interdisciplinary practice more difficult. Tracking referrals was attempted through a tracking form, but was not readily accepted by staff as it was an additional activity. Many referrals were also made informally by word of mouth making tracking even more difficult. The Health and Wellness Diary will address this issue partially, but the shared chart would assist in tracking referrals from one program to another.
- Engagement of physicians from the UC has been difficult. Physicians were not attending Inter-D meetings at the time of interviews, although one physician had attended one of the last sessions in November. There was a sense from some participants that the remuneration model (fee for service) does not easily support interdisciplinary practice and had an Alternate Relationship Plan been secured for physicians working in the UC, this would have facilitated more interprofessional practice between them and other staff in the Centre.

> “I think probably one of the biggest gaps, because I think everything is chugging along really well with all the areas, is not having any physician involvement. And I think structurally it’s been set up to almost make it impossible.”

- The lack of a Medical Director in the earlier stages of the UC may have contributed to less involvement of the physicians in the Inter-D Project.
- Physicians stated that they wanted to know what other services were available in the Centre and that they did not receive an orientation providing this information.
- Alignment with the Primary Care Network may assist in facilitating interdisciplinary practice with the physicians in the future.
- Off site managers can be a challenge in facilitating interdisciplinary practice. They are less familiar with the processes of the Centre and therefore buy-in and participation by their staff has been more difficult.
• Reporting through the program area at the Regional level versus reporting to the Centre has caused some tension.
• Invisible walls between disciplines and program areas have been an additional challenge for interdisciplinary practice. Addressing assumptions and giving staff permission to interact and move freely between departments has been important in facilitating interdisciplinary practice.

Despite these challenges, it is critical to reiterate that Inter-D was not an add-on but incorporated into people’s work.

1.11.5 Progress to Date
The interdisciplinary process is evolving and significant work has occurred in promoting various activities. Results are still varied with some areas more actively engaged in interdisciplinary practice than others.

“I think, for example, there has been some good interdisciplinary processes with the Urgent Care and the Public Health Sexual Health individuals. Because they have a lot of issues that have come through and they’ve really set up some good linkages. And so those are natural fits that come around a client or a client group or population. So I think it’s evolving.”

A foundation has been laid for interdisciplinary practice but continued efforts are required to actually increase the amount of interdisciplinary practice undertaken by staff in the Centre. “Learning Inter-D, its often unraveling some things you know.” Stages of unsettlement have been evident, where the project cycles between resistance and moving forward. It is important to note that interdisciplinary practice is not always appropriate, that in some cases, particularly in the UC, it is truly episodic care and no other providers need to be involved. Celebrating small steps in success for interdisciplinary practice was seen as important for the OHWC.

1.12 Summary and Recommendations from Participants Interviewed
One of the key objectives of the OHWC was to develop a facility with programs that are sustainable and flexible in order to meet current and future health needs of the community. Principles of Primary Health Care were to be incorporated in the planning of service delivery. One stop shopping for community members and interdisciplinary service collaboration were other important concepts. Participants confirmed that the OHWC is meeting these objectives. The diverse range of services, in particular access to after hours UC and basic diagnostic services, is meeting the needs of the community. The Family Resource Centre is perceived as a great added value for the community.

Participants also appreciated the participatory approach to planning and implementation of the Centre, which allowed community members (through the Healthy Okotoks Coalition) and staff to provide input and feedback to building design and services offered.

Functional integration at the OHWC was at an early stage at the time of the interviews. Several different IT systems for patient information were in use, and a shared chart was missing. However, the OHWC has the capacity to meet some of the interdisciplinary clinical integration goals, although this will take time to develop. Clinical integration was
occurring between different departments, supported by the Inter-D Project as well as the co-location of programs and services that serve a similar patient population.

Despite the overall positive feedback on the OHWC and its operation, interviewees had some recommendations on how to improve the current operations of the OHWC as well as for planning and implementation of future health centres.

1.12.1 Recommendations for the OHWC

- Improve signage inside and outside the building to facilitate traffic flow of clients.
- Increase number of parking spots.
- Address confidentiality issues in waiting and administrative areas.
- Improve light, acoustic and noise conditions.
- Add ultrasound in Urgent Care: High River is the only rural area where ultrasound services can be received and their waiting list is about four months.
- Review workflow processes to improve efficiencies in some areas.
- Improve integration, to ensure programs work more closely with other services.
- Strengthen the collaborative work between home care and Urgent Care, especially in those areas in which home care nurses have skills that are useful to support staff and patients in the urgent care.
- Ensure participation at all levels, including frontline staff and management, in continuing discussions on interdisciplinary practice (common definitions and how to implement it).
- Improve communication, as it is perceived as a barrier to success for interprofessional work.
- Update print information about the OHWC and promote the Centre and its programs in the community by writing articles in the Western Wheel Newspaper.
- Add more staff, particularly in the reception area to cope with the higher than expected demand on services at the OHWC.
- Allow community and home care staff who carry bags and equipment to use the ‘exit door’ that is at the entrance way (currently this door is only for exit and is alarmed).
- Provide adequate office space for managers who are based in other health facilities in the rural area but have to spend time in the OHWC to supervise and work with their staff.
- Obtain more ergonomic furniture for patients especially in areas that work with children or in areas in which the patient needs to be sitting for a long period of time.

1.12.2 Recommendations for Future Planning of New Health Centres

1.12.2.1 Planning process

- Frontline staff should be more directly involved in functional planning if possible (e.g., planning committee members) to ensure service specific needs (space and work flow) are met.
- Use community needs assessment for guiding the planning and implementation; population health data; and health utilization data can further assist this process.
• Have additional assistance for managers during the planning and implementation to support their dual role of managing staff for regular operation of programs and staying on top of the planning and implementation of the new project.
• Plan for growth from the beginning.
• Staff oriented leadership that create a positive culture is essential.
• Encourage physicians to become more involved from the beginning of the project to facilitate interprofessional practice and culture.
• Focus on workflow to ensure optimal conditions for functional and clinical integration.
• Build interprofessional practice into the planning of the project; having a dedicated position to support staff to learn about interprofessional practice and implementation in their daily work.

1.12.2.2 IT
• Involve IT staff from the Calgary Health Region early in the project to ensure IT requirements are met.
• Have software that communicates with as many programs as possible.
• Implement shared client chart and electronic records.

1.12.2.3 Integration
• Ensure that staff have common definitions and understanding of integration and interdisciplinary practice.
• Planning for clinical integration including specific strategies is essential.
• With a dedicated focus on interdisciplinary practice, staff should be aware of the services in the Centre and the potential for collaboration.

1.12.2.4 Physical structure
• Consider a mix of offices and work spaces to optimize work efficiency and address confidentiality issues.
• Plan for enough meeting rooms including small sound proof offices and clinical rooms for client consultations.
• Plan for some bigger rooms to run programs for children with adequate storage.
• Have more meeting rooms closer to the front entrance to ensure better access for seniors and others with special needs.
• Ensure enough storage space for maintenance and other staff needs.
• Consider alternatives to cement floor.
• Ensure building is inviting and calming.
• Focus on appropriate indoor and outdoor signage.
• Ensure easy building access for seniors and clients in wheel chairs.
• Include an information centre to give directions to navigate the centre.

1.12.2.5 Other recommendations
• Pay attention to lessons learned from other health services projects.
“Every time we do a project, and we start another one, let’s go back to the one that we finished and let’s really pay attention to the lessons learned. Because we don’t need to keep making any mistakes.”

2 Document Review Findings

Key documents were reviewed in order to explore the goals and objectives of OHWC, the planning and implementation process and to provide a larger context to the interviews as well as to help answer the research questions. The detailed document review appears in Appendix I. Documents were provided by the Administrative Leader responsible for the OHWC. Documents included are outlined in the table below. It is important to note that Steering Committee minutes from March 2003-December 2003 were not available for the document review.

Table 2.1 Documents with timelines

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<td>Evaluation Framework</td>
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All documents reviewed focused on the planning and early implementation processes of the OHWC. Planning began in early 1999 with an extensive health needs assessment for Okotoks and area. This study provided strong support for the conceptualization of OHWC with a foundation of primary health care. Themes that emerged throughout the document review included:

- **Consistent mandate throughout the documents:**
  - “Growing with the community to inspire and promote healthy living” and “Our community on the pathway to wellbeing.”

- **Goals and objectives throughout the documents included:**
  - One stop shopping.
  - Health promotion/health and wellness services.
  - Family/community centred approach.
  - Primary health care focused (increased access to services, population needs based, interdisciplinary team approach; collaborative partnerships).
Innovative physician coverage for Urgent Care.
“Aging in Place” approach to ensure supportive services available for seniors to remain in the community.

**Planning and Implementation**
- Documents focused on site allocation, facility design and service planning.
- Urgent Care planning included physician coverage and linkage with primary health care.
- Negotiations with physicians for Urgent Care staffing encountered several issues; most importantly an Alternate Relationship Plan was not approved for physician compensation.

**Stakeholder Involvement and Partnerships**
- Various partners involved in planning of the Centre and Urgent Care services included: Healthy Okotoks Coalition; Community Health Council; primary care physicians; and Family Resource Centre.

**Physical Environment**
- Issues with parking and signage (internal and external).
- Landscaping delayed.
- Opening delayed by one month.

**IM/IT**
- Developing IM/IT infrastructure design and planning.
- Importance of business analysis and process flow reviews to ensure IM/IT infrastructure would support technology requirements.
- Business process analysis was agreed to be out of scope of the project.
- Shared electronic chart desired but not feasible at present.

**Communication**
- Important to communicate updates regarding the planning and implementation of the Centre to stakeholders involved and to the community.
- Updates in the local newspaper, postcards sent to all households in Okotoks, information booths, open houses, website, staff bulletins, etc.

**Innovative Service Delivery**
- Focus on primary health care.
- Culture of health and wellness.
- Addition of new services (UC, Lab, and DI).
- One stop shopping.
- Interdisciplinary team approach.

**Inter-D Project**
- Funded by Capacity Building Fund, Alberta Health and Wellness.
- Inter-D Coordinator hired.
- Focus groups held with key stakeholders to develop model.
- Worked with universities to incorporate student placements for Inter-D practicums.
- Planning and workshops held prior to opening of the Centre.
Ongoing meetings held for Inter-D.
Inter-D project included all stakeholders (e.g., housekeeping, physicians, and the Healthy Okotoks Coalition).
Physician funding model seen as a barrier to participation in the Inter-D project.

Documents support the planning and implementation of the OHWC and are consistent with the findings of interviews. Documents provide a more in-depth understanding of the rationale for primary health care and population health used as a foundation for the development of the OHWC (e.g., interdisciplinary approach, work with community and partners and one stop shopping). There are no documents available that provide information on the rationale and decision-making in areas such as the design of the centre, open space concept, functional integration, and other issues that emerged from the interviews.

3 Microsystem Assessment Tool
From the 133 surveys mailed out to the OHWC staff, a total of 56 were completed and returned (response rate=42%). The largest number of respondents came from Administration, Laboratory services, Public Health and Urgent Care.

The Clinical Microsystem Assessment tool asked staff to rate the OHWC on ten dimensions (leadership, organizational support, education and training, interdependence, patient focus, community focus, performance results, process improvement, and three subcategories of information integration and information technology). Each dimension is rated on a three-point scale (Figures 3.1 – 3.10). A score of 1 indicates the lowest ranking for the dimension being measured, a score of 2 is reflective of a medium ranking and a score of 3 is indicative of the highest possible ranking for the dimension. Respondents could also indicate that they “Can’t Rate” a particular dimension, which is indicated by N/A on the figures. High rankings on all ten dimensions examined by the Microsystem Assessment tool are thought to be reflective of an integrated service delivery model.

For the OHWC, the highest rankings were given for leadership, interdependence, and community focus. High rankings in these areas reflect the commitment of the health centre to the community, the collaborative approach to care, and strong leadership, with leaders maintaining clear goals and fostering a positive and respectful culture. Lower ratings were given for staff focus, performance results, process improvement, and all areas of information integration. This reflects concerns associated with staff support, the need for ongoing health centre evaluation and improvement, and the availability of and access to information.

The following data from the Clinical Microsystem Assessment tool identifies areas in which the OHWC has excelled and also identifies potential areas of concern. The data can also serve as baseline data that can be used to monitor progress at the health centre over time.
Over two thirds of the staff (68%) felt that the leaders at OHWC maintain constancy of purpose, establish clear goals and expectations, and foster a respectful and positive culture. Additionally, leaders at OHWC take the time to build knowledge, review and reflect over the happenings at the centre and take action when necessary. No staff members felt that leaders restricted autonomy and innovation.

Figure 3.2 suggests that there is some lack of consistency in organizational support at the OHWC. While over one third of staff members (41%) felt that the Centre’s organization is consistent and predictable in providing the recognition, information, and resources required to enhance their work experience, an almost equal number of respondents
(37%), felt that these elements are not consistently provided. It should also be noted that approximately one fifth (19%) of staff members felt that they could not rate the organizational support offered by the health centre.

Figure 3.3: Staff Focus

![Staff Focus Chart]

Missing values=0

The majority of OHWC staff (61%) felt that although they are valued members of the health centre, the centre is not fully involved in supporting staff education and training, workload management, and professional growth.

Figure 3.4: Education and Training

![Education and Training Chart]

Missing values=1
A substantial proportion of respondents (40%) felt that there was a team approach to training evident at the OHWC regardless of different professional designations and that the importance of continuing education on the continued success of the health centre was recognized. Additionally, education and patient care are felt to be integrated into the flow of work at the OHWC in a way that is mutually beneficial to both staff and patients. A number of respondents (15%), however, felt that education takes place in “disciplinary silos” and that educational efforts are not aligned with the flow of patient care.

**Figure 3.5: Interdependence**

![Bar chart showing interdependence scores](image)

Missing values=1

The majority of respondents (62%) felt that care at the OHWC is provided by interdisciplinary teams characterized by trust, collaboration, and mutual appreciation and recognize that everyone is contributing to a shared purpose. Nearly one third (31%) of respondents felt that while the approach to care is interdisciplinary, they are not always able to work together effectively.
While about half of respondents (47%) felt that the OHWC is effective, smooth, and responsive in learning about and meeting patient needs, almost the same number of respondents (42%) felt that this goal has not been achieved yet but that the centre is actively making progress towards this model of patient focus.

Approximately two-thirds (65%) of respondents noted that the OHWC has strong, active ties to the community. The centre adds value to the community and draws upon community resources to meet patient needs.
Approximately half of respondents (51%) felt that although the centre often collects outcomes data and sometimes collects process data, the focus on performance could be improved. Only 15% felt that the OHWC does not routinely collect this data. Nearly one quarter (24%) of respondents felt that they could not rate the centre’s performance data collection, perhaps because of the short time that the centre has been operational.
The dimension of Process Improvement assessed the extent to which the OHWC creates an atmosphere for learning and redesign by continuously monitoring care, benchmarking, testing change, and encouraging innovation. Though most staff (39%) feel that some resources are available to support improvement work, the relatively even spread across the scale, including 23% of respondents who felt they could not rate process improvement, suggests that few elements of improvement had been fully integrated at the time of the survey.

**Figure 3.10a-c: Integration of Information**

**Figure 3.10a: Integration of Information with Patients**

![Bar chart showing frequency of ratings for integration of information with patients.](image)

Missing values=2

**Figure 3.10b: Integration of Information with Providers and Staff**

![Bar chart showing frequency of ratings for integration of information with providers and staff.](image)

Missing values=1
Figures 3.10a, 3.10b, and 3.10c represent the level of integration of information with patients, providers and staff, and with technology. Results across all three levels suggest that the integration of information is not yet at an optimal level. Though ongoing improvement in patient access to information is noted by most staff (41% (Figure 3.10a)), the same number of respondents see information technologies as cumbersome and time-consuming (Figure 3.10c). Information is not always available to staff members and sometimes essential information is missing and needs to be tracked down (Figure 3.10b).

4 Utilization Data

Figure 4.1: OHWC UC Monthly Volumes (Nov04-Mar06)

Note: this does not include DI & RT usages
The UC at OHWC opened November 1, 2004. Since the opening date, the total number of visits to the OHWC was 31,091. The lowest volume of visits was in the first month after opening (1,337 visits), while the highest volume of visits was in May 2005 (2,152 visits).

Figure 4.2: OHWC Diagnostic Imaging and Respiratory Therapy monthly volumes

There was an increase in the use of diagnostic imaging services over the first few months, and then a sharp decrease in July 2005. Since then, Diagnostic Imaging services have increased in volume. Respiratory services monthly volumes coded remain low.

Figure 4.3: OHWC UC CTAS scores per month
The number of non-urgent cases peaked in January 2005 (1,187 visits) and then declined until September 05, and has increased slightly since then. The number of semi-urgent visits was quite low for the first few months after opening, then increased steadily and peaked in December 2005 (1,400 visits). The number of urgent cases is small but increased steadily over the months and peaked in June 2005 with 156 visits.

Figure 4.4: OHWC UC Average Volume by CTAS Level and Admission Time (Jul05-Mar06)

Equal amounts of semi-urgent visits were seen from 11:00-15:00 and 15:00-19:00. To date, the largest volumes of patients are being seen between 11:00-1500 hours and the least amount of patients are being seen from 1900-2300 hours.
From November 2004 to March 2006 the majority of OHWC UC service users residing within the Calgary Health Region live in Okotoks (78%).
VIII Summary and Conclusions

1 Strategic Planning and Implementation

The OHWC is an exciting opportunity to create an innovative service delivery model to address the current and future needs of the Okotoks community. Initiated in 1999 under the Headwaters Health Authority, the planning process was very participatory in nature and included a wide range of stakeholders. Through a consultative process, the community was able to provide suggestions regarding desired services and design of the new facility. Managers and staff from all services to be housed at the centre were invited to participate in the planning by discussing workflow and space needs with the architect and planners, and by providing feedback on the building design. Principles of sustainability and primary health care were essential to the building design. A further goal was to maintain and build on the collaborative culture of the old health services unit, and to fill existing service gaps. The result was a health centre with comprehensive services including the UC with after hour services, Diagnostic Imaging, Mental Health and many others.

The interviews revealed several challenges related to planning and implementation of the OHWC. First of all, the merger of Headwaters Health Authority with the Calgary Health Region in April 2003 had a major impact on the planning and implementation process relating to leadership change, budget cuts and the move from a rural to an urban culture. New players came on board at a late stage in the project design and differences in standards between the Calgary Health Region and the former Headwaters Health Authority needed to be reconciled. This particularly affected IT management, as Calgary Health Region IT and related staff joined the planning team at a stage when major design decisions were already made and could not easily be changed. In some areas this led to suboptimal solutions.

Despite the participatory process and the intent to include all stakeholders, some staff felt that their service areas were not well represented at the planning stage and that this has resulted in some workflow issues. According to follow up data, this issue was presented in light of the late addition of services, with those staff members not being able to participate in the early planning. Other staff members felt that although they provided feedback on design, their comments were not integrated in the planning. They stressed that it is critical to have front line staff (and not just managers) on the planning team to ensure day-to-day workflow issues are considered appropriately.

Overall though, the interview findings suggest that the planning process was effective for the most part, and supported the implementation of a well-functioning centre.

2 Service Delivery Model

The OHWC was designed with innovation in mind. For example, providing a broad mix of services for a one stop shopping experience was an important aspect of OHWC design. Other key features were the UC with after hour services, inclusion of the Family Resource Centre, basic diagnostic services, mental health and others. In addition, the centre focuses strongly on health promotion and wellness. The need for this service
model emerged through a consultative process with the community. Many of those interviewed felt that OHWC provided a high level of value to the community by having convenient, easily accessible services in a community that lacks primary care providers.

3 Integration

The interviews and the documents reviewed indicated that planning occurred for integration at different levels. For example, functional integration was addressed by choosing and co-locating services that deal with similar client populations. However, integration of information was limited as several, non-compatible patient systems were in use, and a shared patient chart was missing. The Microsystem survey results confirmed that functional integration was not yet at an optimal level. Though ongoing improvement in patient access to information is noted by most staff (41%), the same number of respondents saw information technologies as cumbersome and time-consuming.

Clinical integration was supported by the Inter-D Project, which focused on interprofessional collaboration and team care. Case studies and simulations were developed by participants to highlight potential and current interdisciplinary practice for the Centre. Informal linkages had begun to occur at the time of the interviews. This was reflected in referrals between service areas, and information consultations between health providers of different service areas. Overall most referrals were made to the Family Resource Centre (FRC) and Public Health. Staff commented that there are very few referrals from the UC to other programs. While the UC is closely related to Lab and Diagnostic Imaging, there is limited communication between the UC and the rest of the Centre. Also, some programs do not feel integrated, and particularly services located in the west wing feel somewhat isolated. Based on the Microsystem tool, a majority of staff felt that care at the OHWC is provided by interdisciplinary teams but that they are not always able to work together effectively.

Community integration was successful and likely supported by community participation in the planning process. The Microsystem Assessment Tool supported the perceived strong ties between the OHWC and the community, and suggested that the centre adds value to the community and draws upon community resources to meet patient needs.

4 Staff Perspective

Interview findings suggest that overall staff were satisfied working at OHWC and appreciated the new, friendly environment. As indicated by the Microsystem tool, the majority of OHWC staff (61%) felt that they are valued members of the health centre. However, about one third of responding staff commented that the centre is not fully involved in supporting staff education and training, workload management, and professional growth.

5 Client/Community Perspective

Clients interviewed felt that OHWC added value for the community in terms of convenience, close proximity, access to services and physicians, etc. This is consistent with the statements from staff interviewed who felt that patient focus was essential to the OHWC operations and that the community’s needs are being met. While about half of
respondents in the Microsystem tool confirmed this notion, there was also a perception that the goal has not fully been achieved.

6 Leadership

Leadership at different levels has been recognized as an important factor in the success of the OHWC project. Health region leaders, managers and other health leaders facilitated the involvement of staff in reviewing the design and providing feedback during planning and implementation. Staff viewed leadership at OHWC as very positive. This finding was well supported by the Microsystem Assessment Tool, where over two thirds of the staff (68%) felt that the leaders at OHWC maintain constancy around purpose, establish clear goals and expectations, and foster a respective culture. Staff mentioned in the interviews that leadership was supportive and promoted working as a team through different strategies such as monthly program planning meetings.

7 Inter-D Project

The Inter-D Project began in 2003 and was funded by Alberta Health and Wellness through the Capacity Building Fund. The Inter-D Project began well after the planning for the Centre started, however as the Centre was based on primary health care principles interdisciplinary practice was a core component throughout the planning phase. The Inter-D Project built on a culture of collaborative practice already present in this rural area. Staff from the Inter-D project participated in the later stages of the planning process. Inter-D project activities focus on fostering an interprofessional practice culture at the OHWC through education of staff around interdisciplinary care, provision of interdisciplinary placements for students and staff, orientation manuals, interdisciplinary protocols and other activities. The project has faced many challenges related to busy staff schedules that prevented staff participation at different activities, the lack of a shared patient chart, and lack of participation from physicians. The main reason physicians have not fully participated to date is the constraints of the fee for service system currently being used in the UC as opposed to the desired alternate payment options. The interdisciplinary process is evolving, and results are still varied with some areas more actively engaged in interdisciplinary practice than others. Overall, it was felt that the Inter-D project has contributed to the facilitation of clinical integration at the Centre and the current organizational culture.

8 Overall Recommendations

The OHWC is a unique health centre in the Calgary Health Region, given its rural context. As other rural health centres are being planned, the current evaluation findings from the OHWC may provide some valuable insight and guidance into the planning and implementation process. Based on the data collected during the evaluation process, the evaluators would like to make the following recommendations for improving operations for OHWC and planning for future health centres:

- Address current issues at the OHWC
  - Confidentiality and privacy.
  - Workflow processes as required.
  - Lighting, acoustics, electrical plugs, and heating.
Having all relevant stakeholders (including frontline staff, physicians and evaluators) represented on the Planning and Implementation Committee and involving them early on in the process is essential for successful planning and implementation.

- Involve community in the planning process to facilitate community integration.
- Include front line staff more directly in functional planning to address work flow issues.
- Encourage physicians to participate in the planning, implementation and evaluation process to foster physician integration.

Clearly define concepts of integration (functional, clinical, community, physician) at the beginning of the planning process and develop formal strategies for each area of how integration is to be achieved, recognizing that integration is an ongoing process.

- Plan for compatible IT systems and shared patients charts to facilitate functional and clinical integration.
- Use other initiatives (e.g. Inter-D Project, ongoing research/capacity projects, PCN, etc.) to leverage goals of the centre.

Within constraints of environmental and design regulations as well as budgetary limitations, design building to allow for optimal clinical integration of services and to prevent isolation of service areas due to location.

Choose building design that allows for growth as well as addition of new services.

Consider a mix of offices and open spaces to address confidentiality and privacy issues.

Work with Calgary Health Region representatives for building regulations to ensure that outdoor and indoor signage meet clients needs and support client flow; pay attention to parking and access issues.

Conduct ongoing evaluation using interview, survey and QSHI data to monitor improvements in patient, provider and system outcomes.

The OHWC is a great resource for the community, which is reflected by utilization rates that have by far exceeded projections. The Centre has a great capacity to improve outcomes on patient, provider and system levels. Outcomes could be realized through integration at various levels. Although some strategies were in place that supports interprofessional practice and client centred care, continued work is needed to fully meet those objectives.
IX References

Headwaters/Calgary health region merger moving along


### Appendix I: Document Review

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<tr>
<th>Document</th>
<th>Goals &amp; Objectives</th>
<th>Mandate</th>
<th>Planning &amp; Implementation/ Stakeholder Involvement</th>
<th>Physical Environment</th>
<th>IM/IT</th>
<th>Innovative Service Delivery Model</th>
<th>Interdisciplinary Project</th>
<th>Other</th>
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<tr>
<td>Okotoks Health Services Study</td>
<td>To describe current health services in Okotoks delivered by HHA, analyze current and projected health services, create description of services to meet future needs of Okotoks population, identify innovative opportunities to provide services, determine the impact of CHR (formerly CRHA) plans on the Okotoks population, review physical space requirements to accommodate future programs &amp; services.</td>
<td>Recommended the development of a community health centre in Okotoks, friendly family oriented, adequate size with a flexible design. Long term care beds for residents of the area. Continued CHR involvement, key community stakeholders were critical.</td>
<td>Profile of Okotoks population, economic &amp; community contexts, health services, and listing of current space. Planning principles: community-based; client-based; family-centred; PHC services &amp; after-hrs access; health &amp; wellness model; ‘one stop shopping’; multi-disciplinary team; ‘aging in place’ for seniors; support self-sufficiency &amp; sustainability; individuals to take responsibility for health &amp; wellbeing; partnership with CHR, Town of Okotoks, M.D. of Foothills &amp; industry; access to other health care services in the region &amp; Calgary for secondary and tertiary care was reasonable expectation. Consultation of stakeholders (staff, other health providers, HOC, CHC &amp; seniors group) for views on community health needs issues &amp; barriers.</td>
<td>Issues of current facility-crammed, storage, wheelchair accessibility, entrance, visibility, parking, maintenance &amp; ventilation. New facility to address: EH: Issues with open space, adequate storage, access to larger meeting rooms; Speech: dedicated clinic/play therapy space, parent observation area, acoustic control/soundproofing, facilities with microphone; PH: Adequate storage, facilities for drop-in clients, additional staff office/clinic areas; CC: Storage, area for cleaning equipment, meeting rooms, additional staff offices; DI: space for basic DI; Lab: model after current space; Ambulance: current service works well; Physio: Current facility in leased space; Physicians: Space for 5 FPs, visiting specialists, &amp; extended hours.</td>
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<td>Health needs of the population include access to after hour PHC &amp; basic diagnostic services, integration of services by introducing ‘one stop shopping’ concept, housing &amp; support for seniors, more general practitioners, community rehabilitation services, focus on health promotion and wellness, mental health, children's services, locally based-family planning services, in-home palliative care support, access to secondary &amp; tertiary care.</td>
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<td>Okotoks Functional Program Planning Study User Committee Start-up Meeting (Meeting Notes), October 30, 2000</td>
<td>To provide an overview of the process for a functioning programming study, work plan and schedule.</td>
<td>The role of committee members, their responsibilities, type of input and information required was discussed. The deadline for a final report was February, 2001. A steering committee to oversee all final decision making has been formed.</td>
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<td>Urgent Care Service, January, 2001</td>
<td>Urgent Care service will be the first point of entry for anyone seeking urgent medical attention. The role will be to evaluate, diagnose and treat unscheduled patients. The Urgent Care service will be supported with basic diagnostic services, i.e. DI and Lab.</td>
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<td>Summary of the Space Estimates, January 2001</td>
<td>To define the Urgent Care Service regarding: scope of services, operational aspects, staffing, planning criteria, interdepartmental relationships and schedule of accommodation</td>
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<td>It includes components (programs), net projected space, Gross Projected Space, Preliminary Estimate (Nov/99) &amp; comments.</td>
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<tr>
<td>Okotoks Health &amp; Wellness Centre Update, January 19, 2001</td>
<td>To provide an update of the project.</td>
<td></td>
<td>Power point presentation including vision, Okotoks Health Centre Steering Committee, project principles, health services study recommendations, Project Scope, project process, time frame, site selection criteria, communication/consultation, and next steps.</td>
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<td>“Planning under way for health centre” Calgary Herald, January 20, 2001</td>
<td>To inform community re: planning of the new health centre for Okotoks (size/site).</td>
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Information provided to community members.
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<tr>
<td>Expression of Interest Background, February 2001</td>
<td>To explore potential possibilities for co-locating complementary private/voluntary services/programs on a common site.</td>
<td>The AB Government funding does not allow for the co-location and provision of other health services delivered by private and/or voluntary agencies. The HHA wishes to determine if an appropriate opportunity exists for a developer provided complementary or related services on a common site.</td>
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<td>Okotoks Community Health &amp; Wellness Centre Update, December 6, 2002</td>
<td>To provide an update of the project.</td>
<td></td>
<td>Includes background of the project. Provides progress to date regarding land acquisition, primary architects, consultants, design report, construction and project contacts.</td>
<td>5 acres of land purchased. Signage will be placed on the property shortly. Design has been submitted to Alberta Infrastructure for review. Construction will begin in spring.</td>
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<tr>
<td>Okotoks Health &amp; Wellness Centre Background Document, April 2003</td>
<td>All key activities to date for the OHWC are documented in chronological order. The document contains numerous Appendices outlining the Health Services Study Summary, Functional Program, Design Guiding Principles, PHC Strategies, Communication Plan, and Correspondence.</td>
<td>To incorporate PHC in planning and service delivery, to plan programs and services that are needs based, to pursue external funding opportunities for PHC strategies, to improve community access to urgent care services, to develop a facility and programs that are sustainable &amp; flexible, to consult with and involve internal &amp; external stakeholders in the planning process, to work with local physicians to develop an innovative physician coverage, model, to develop a culture of interdisciplinary work, to promote and sustain partnerships to address determinants of health, and to ensure integration of services.</td>
<td>Principles for facility design &amp; service planning: accessibility; maximum individual &amp; community involvement for health needs &amp; evaluation; increase emphasis on prevention/health promotion; inter-d team; intersectoral cooperation for health determinants; &amp; appropriate use of technology. Original funding by AH&amp;W- $8.4 million. After Functional Program completed funding increased to $10 million. SSE Architects primary consultants for the project. Steering Committee provided initial input into planning of the OHWC. The Steering Committee included members from HHA Board, Okotoks Town Council, HHA CEO, HHA Senior Management, CHR &amp; Alberta Infrastructure. HOC-Advisory for OHWC for community input.</td>
<td>Site selection criteria-access, availability, community context, site size, site characteristics, and cost. New services to be offered-urgent care, DI and the augmentation of Lab and other support services. Year 2-will work towards ambulatory care services.</td>
<td>Community-based, Client-centred, accessible &amp; responsive to changing needs of the community, PHC, service after hours within community, Holistic health and Wellness Model, Family-centred approach, One Stop Shopping, Multi-disciplinary Team approach, aging in place approach, self-sufficient &amp; sustainability, each individual takes responsibility for their health and wellbeing and partnership with CHR, Town of Okotoks, MD of Foothills. Working with a group of local physicians to develop an innovative model for physician services through the OHWC.</td>
<td>A proposal submitted to the Capacity Building Fund with AH&amp;W for an Interdisciplinary Project.</td>
<td>Spirit of PHC; culture of health and wellness; respectful management of expectations, realistic fiscal accountability, and innovative creative planning; collaboration with CHR, other sectors, and interdisciplinary practice. Brief description of communication plan for regular updates to the Board, staff and community.</td>
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<td>Project Charter - Okotoks Health and Wellness Centre - IM/IT, May 19, 2004</td>
<td>The objectives of this project are: Develop IM/IT infrastructure design and planning for the OHWC that will support the CHR's strategic goals; prepare capital and operational budgets for IM/IT infrastructure requirements for OHWC; conduct needs assessment with all key department stakeholders, review current and future processes and develop business practices for all services; plan, coordinate and manage IM/IT activities; communicate and facilitate the resolution of IM/IT; facilitate a smooth business as usual transition of IM/IT equipment from the old health unit; conduct a post 'go-live' review to document lessons learned for future projects.</td>
<td>In-scope: Telehealth; telecommunications; overhead paging; security &amp; other building systems; work stations, printers, faxes; millwork design planning &amp; development for workstations, printers and other IT peripherals; planning, coordination, scheduling of relocation of IT equipment &amp; installation of existing and new IT equipment; planning, configuration and implementation of software applications; and, business analysis and process flow reviews to ensure IM/IT infrastructure will support technology requirements. Out of scope: business analysis &amp; process reviews to define functional requirements; &amp; re-engineering of business processes.</td>
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<td>Okotoks Health &amp; Wellness Centre: Operational Plan, DRAFT, 2004.</td>
<td>Presents the operational plan</td>
<td>Same mandate as previous reports- &quot;Growing with the community to inspire and promote healthy living,&quot; and &quot;Our community on the pathway to wellbeing.&quot; Primary health care principles</td>
<td>Operational components of each service/program area including the program's functions, hours of operation.</td>
<td>Proposed registration and chart management models for UC, OHWC scheduled and unscheduled visits. Proposed models for community visits are in progress.</td>
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<td>OHWC Time Line Accountability Revised September 2004</td>
<td>To track all activities for the opening of the OHWC.</td>
<td>Need for increased frequency of meetings evaluated as opening date approaches. Description of ongoing activities, accountability, and completion for impending opening of the Centre.</td>
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<td>Meeting Minutes-Steering Committee, 2000(1), 2001(2), 2004(12)</td>
<td>To record the updates of the project, track activity plan, conceptualization of the OKHW, decision making and define next actions and steps.</td>
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<td>Interdisciplinary Primary Health Care Team Initiative, October 2002</td>
<td>An initiative to design, develop, implement and evaluate a model Interdisciplinary Team Program for current health professionals in Primary Health Care settings and for students in post-secondary health science programs in partnership with the University of Alberta &amp; Calgary.</td>
<td>To support future workforce preparation for students from academia and to ascertain &amp; develop the organizational environment programs and elements necessary to nurture, sustain &amp; potentially replicate integrated interdisciplinary teams in other PHC settings.</td>
<td>Project supported by Capacity Building Fund, AH&amp;W.</td>
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<td>Leadership provided by Project Coordinator.</td>
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<td>Steering Committee Minutes (Dec. 11, 2000-dec. 16, 2004) *no minutes available Mar. 2003-Dec. 2003</td>
<td>Staff retreat for developing mission and vision for the Centre. HOC &amp; CHC advisory for OHWC.</td>
<td>CHR involved in planning from start. Project plan developed. Jan. 4-new members for UC, CHR, IM/IT, Inter-D. UC Sub-committee &amp; operational plan developed. Security an issue. Apr 4-still no information on ambulance access. Furniture over budget by $100,000. Transc. &amp; Rad. fees not included in budget. Jun 17-Lab/DI staffing issues, equipment not ordered, x-ray reader still needed. Nov 1-Opening delayed 1 mon due to construction modifications &amp; renovations. Mental Health Crisis Team will be available to OHWC. Landscaping delayed to spring 2005 by weather &amp; other reasons. Renegotiating contract for Snack Shop &amp; vending. Dec 04-Steering Committee dissolved, ongoing issues at OHWC management &amp; staff meetings.</td>
<td>Difference b/t projected space needs and study evaluations (increase for all departments therefore increased cost). Selection criteria for site developed. Parking close to the door requested for home care staff. Signage (external and internal) will follow CHR standards.</td>
<td>CHR IM/IT recommended working with a business analyst. Both short term and long term plans need to be addressed for IM/IT for rural. Decision was made to continue business as usual with the eventual implementation of an EHR and shared charts. Community care has chosen Medisolutions as the vendor for CCIS information system. New IT committee member who will organize technical aspects for move. Standards have been changed since initial plan so revisions will have to be made. Additional space required for servers. PIA to be completed in early 2005. Security of files an issue in Admin. area as IT shares the same room. IT glitches on opening of the Centre.</td>
<td>Discussion re: UC-name, hours. Wanted to co-locate other health care professionals in the Centre (i.e., physio, physicians, etc) with interest from 7 parties. Seeking an ARP for physicians in UC with physician support for same. UC will need to start by using fee for service model as the ARP not yet approved. 15-16 physicians for UC via fee for service/hourly payment model. Trying to contract physicians from the community (11-12 interested) to facilitate linkages between UC and primary care. Linkages will be developed with physicians and Inter-D team. Will address continuity for unattached patients. Information provided on the Calgary Rural PCN.</td>
<td>Inter-D Coordinator attending steering committee meetings. Focus groups completed with key stakeholders. Common themes identified. Mar 04-First Inter-D planning meeting. Conceptual model developed for the project. Inter-D team will include all stakeholders including HOC, maintenance &amp; housekeeping, physicians. Half day Inter-D Workshop held on June 24. Formal structure &amp; strategies developed. Inter-D project a component of orientation with Inter-D scenarios. UofC offering interprofessional course in Jan 05 with first students at the Centre in Feb 05. Physician funding model does not facilitate Inter-D practice.</td>
<td>Communications-presentations to Town Council, MD Foothills, &amp; public. Postcards to all households in Okotoks, community posters, articles in local paper, information booth at &quot;Parade of Programs,&quot; staff &amp; public open house, info. sheets @ trade fair, website connected to CHR &amp; Town. Staff bulletin board for communication in Centre. Ongoing meetings with physicians to discuss issues &amp; UC staffing. Ambulatory care not opening due to lack of $$. Limited $$ for orientation. UC-38, DI-13, Lab-80 clients first day. Challenges re: equipment, phone, lighting, &amp; external signage. Issues being addressed.</td>
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