

Best Practice

Doctor Recruitment/Retention Strategy and Community Health & Wellness Centre

CONTACT

Town of Kamsack
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Project Date: March 2015

THE PRACTICE

In 2010, town council in Kamsack established a committee that developed a long-term strategy to recruit and retain physicians in the community, including the construction of a health and wellness facility. The process began before saskdocs, Saskatchewan's physician recruitment agency, was formed.

THE PROCESS

Town council first established a subcommittee of the economic development authority and then a committee of council to develop and implement a long-term doctor recruitment and retention strategy. Community members, administration, and councillors all participated in the committee, which assessed the situation, worked on building relationships with physicians, handled fundraising and the details of building a health and wellness centre, and created a not-for-profit organization to operate the centre and consider the long-term health and wellness needs of the community.

THE RESULTS

There have been four doctors practicing in the community since 2010, and there has been no need to go on emergency services bypass since November 29, 2012. The Assinboine Valley Health Centre was opened in 2015.

LESSONS LEARNED

Communication and public awareness are critical. In the absence of information, rumours abound; this can be detrimental to fundraising goals and community buy-in. It is important to ensure you communicate often, and give the opportunity for input.

Showing progress was important, especially on a project of this duration and size which was funded by donations. The construction was split into two phases — site/foundation work and building construction — so the community could see progress from an early stage.

It was a reminder of how valuable community volunteers are to projects such as this. They were given the authority and support they needed to take this project from start to current state.



Celebrating Municipal Excellence

Nomination Form

Deadline: 4:00 p.m. on Wednesday, September 9, 2015

Nominee Contact Information	
Name of municipality/ municipalities being nominated: <small>(please include the names of all partner municipalities)</small>	Town of Kamsack
Contact Name:	Rod Gardner, Mayor or Laura Lomenda, Administrator
Telephone #:	306-542-2155
Mailing Address:	Box 729, Kamsack Sk S0A 1S0
E-mail Address:	Admin.kamsack@sasktel.net
Name of Nominated Practice or Project:	Doctor Recruitment/Retention Strategy – Construct Community Health & Wellness Centre
Date of Project or Practice Initiation:	May, 2010
Date of Project or Practice Completion: <small>(If ongoing, please indicate)</small>	March, 2015 Ongoing: <input type="checkbox"/>

Nominator Contact Information	
Name:	Joe Kozakewich
Organization:	Town of Kamsack
Position:	Councillor
Mailing Address:	Box 1028, Kamsack Saskatchewan S0A 1S0
Telephone #:	306-542-2008
E-mail Address:	Councillor.kozakewich@sasktel.net

The Practice

1. What was the issue that inspired the nominated project or practice?
2. What has this project or practice done to address the issue?

1. *In 2010 the Town of Kamsack, like many small communities were faced with a withdrawal of emergency services at the local hospital due to doctor shortages. This issue prompted Town Council to establish a committee of concerned residents to develop a long term recruitment & retention strategy. (This was done prior to the formation Physician Recruitment Agency)*
2. *With the implementation of the Recruitment & Retention Strategy, culminating with the construction of the new Health & Wellness Facility, the Town of Kamsack has maintained a full complement of 4 doctors for the community.*

The Process

3. Indicate who had a direct role in this project or practice:
 - Municipal Council
 - Municipal Administration
 - Other
4. What was the role of the municipal council and/or municipal staff in this project or practice?
5. Were other groups were involved in developing this project or practice? If so, who were they and what role did they play?
6. What resources were involved?
7. How was the project or practice developed?

4. *Council, recognizing the importance of stable healthcare to the sustainability of the community, established, first a subcommittee of the Economic Development Authority and then a Committee of Council to develop and implement a long term Doctor Recruitment & Retention Strategy. Councilors, town administration and community members formed the nucleus of the committee.*
5. *From the initial Medical Services Committee, several formal & informal sub-committees were formed to deal with specific tactics of the strategy:*
 - *Assessment Committee – researched and made recommendations to council on doctor recruitment & retention strategies and tactics;*
 - *Physician Relationships – organized recruitment events; introduced & assisted with integrating new physicians and their families into the community; maintained ongoing consultation/communications with physicians to avoid issues;*
 - *Building Committee – responsible for the design, tendering and management of the construction of the Health & Wellness Centre;*
 - *Fundraising Committee – responsible for raising the \$2M required for the construction of the Health & Wellness Centre;*
 - *Assiniboine Health & Wellness Foundation – a not for profit organization formed to operate the Health & Wellness Centre and to look at the overall long term Health & Wellness needs of the community.*
6. *In terms of manpower there were approximately 25 key volunteers, which we supplemented by additional community members when needed for specific events. Financial resources required:*
 - *Annual recruitment budget - \$25,000*
 - *Health & Wellness Centre - \$2,000,000*
 - *Electronic Medical Records - \$45,000*
7. *The Recruitment and Retention project followed a traditional project management methodology, albeit with less formality in certain steps.*

- *The need was identified – “we need to recruit & retain doctors”*
- *Analysis of how to fulfill the need was completed and a number of sub components or tactics identified*
- *These sub components were approved and proceeded in some case concurrently and in some cases consecutively*
- *Throughout all phases of the project keeping the community informed and involved was a key priority. Public meetings, signs, newspaper articles, direct mail-outs were all used to accomplish this.*
- *The biggest hurdle throughout the whole project was ensuring the availability of adequate financing for each step. Provincial and Federal dollars were not available so the brunt of the work fell on the fundraising committee.*

The Results

8. What effect did this project or practice have on the community?
9. Was a formal evaluation done after the project or practice was completed?
10. Describe any challenges faced.

8. *The Town of Kamsack has had 4 doctors practicing in the community since 2010 and has not had to go on emergency services bypass since November 29, 2012.*
9. *Informal evaluations of each component of the project were done at the time they were completed, and changes/learnings were used to improve the repeatable processes (such as the recruitment process). The next evaluation will be of the operations of the medical clinic and will be scheduled for early 2016, after transition & growing pains are addressed.*
10. *Funding and “Managing Change” were our two biggest challenges. Raising \$2 million dollars in a community of under 2000 people was challenging and took a tremendous amount of dedication and focus on behalf of the fundraising committee. Getting the public to understand why change was required and then supporting the change required tremendous effort and communications. Naysayers were quick to come forward and slow to convince.*

Lessons Learned

11. What lessons were learned and what would you recommend doing differently? Remember, all nominations will become part of the Best Practices Library, so be sure to include specific information.

- *Communications and public awareness are critical. In the absence of information rumors, which can be detrimental to fundraising goals, abound. It is so important to ensure you communicate often with the residents and give them the opportunity for input.*
- *On a project of this duration and size, and especially one funded by donations, it was important to show progress. We split the construction into 2 distinct phases, ;site/ foundation work and then building construction. That way the community could see actual progress being made early on.*
- *We were reminded about how valuable community volunteers are. This project from start to current state was done by dedicated volunteers. They were given the authority to make decisions and the support to do so when needed.*

Please submit your completed nomination package to:

E-mail: awards@municipalawards.ca or

Fax: Attn: Saskatchewan Municipal Awards Program, 306-798-2568; or

Mail: Saskatchewan Municipal Awards, Room 1010 – 1855 Victoria Avenue, Regina, SK S4P 3T2

Contact: Phone No. 306-525-4398

Town of Kamsack

2015 Saskatchewan Municipal Awards Submission

Project Introduction:

The Town of Kamsack has been nominated for a municipal award for the Physician Recruitment and Retention/Health & Wellness Centre Construction project. This project is an excellent example of Municipal Leadership, Community Engagement and Capacity Building in the area of Public Health. One of the key factors in recognizing this project, is not so much that a new health & wellness facility was constructed, but that a community came together, under the leadership of Town Council and built a state of the art Health & Wellness facility, costing approximately \$2,000,000 using funds donated by the residents & businesses in our community.

Community Background:

Kamsack is a community of approximately 1800, located in east central Saskatchewan. It's trading area encompassed Duck Mountain Provincial Park, Cote First Nation and Keeseekoose First Nation. Kamsack is home to the largest Regional Hospital in the Sunrise Health District.

The Issue:

In 2009/2010 physician availability in small town Saskatchewan had reached a crisis point. Many communities, Kamsack included, had to put their hospitals on emergency services bypass or temporary close due to a lack of doctors. Those communities that had doctors were seeing the doctors' burn out due to high patient loads and virtually no time off. This issue was so prevalent in the province it eventually led to the formation of the Physician Recruitment Agency.

Kamsack's Approach:

Kamsack Town Council recognized the seriousness of this situation and fully acknowledged that unless proactive action was taken the ability to provide medical services from both a clinic perspective and a fully functional hospital could be in serious jeopardy. In May 2010 Council tasked the Kamsack Economic Development Authority (KEDA) with looking at how our community could ensure the sustainability of the hospital and the long term viability of the community by recruiting and retaining physicians. Specifically the subcommittee was tasked to:

- Assess the impact of medical services shortfall
- Determine the change in and trends of Professional Services
- Identify the number of doctors required to meet the needs of the community
- Research how other communities deal with such matters
- Review and identify the roles and responsibilities of key individuals and organizations involved in health care for this region
- Assess the present versus expected levels of service
- Describe options to move from present to expected levels of service
- Define a specific action plan with responsibilities, resources and timelines to address this matter

After extensive consultation with urban and rural representatives, as well as those in the medical profession, a 10 page Medical Services Assessment Report was presented to Council on June 28, 2010.

Medical Services Assessment Report Recommendations:

The key findings and observations in the Medical Services Assessment Report were:

1. Kamsack requires four full time doctors to provide general services and emergency coverage on a regular basis.
2. Attracting Doctors to smaller communities continues to be a challenge. This is, in part, because recent graduates from Medical Schools and Medical Professionals from outside Canada have a need for more flexibility and mobility and require incentives to work in rural communities. In addition, the College of Physicians and Surgeons has established more rigorous standards for new doctors specifying greater mentoring and oversight in practices with licensed doctors. This has been found to work best in common facilities in a single clinic where there is greater opportunity for rapport and consultation.
3. The vast majority of the smaller communities have found it necessary to offer financial support to attract new doctors to settle in a new community at the early stages of building their practice.
4. The vast majority of rural communities have one clinic that is owned by the community. This offers cost efficiencies, a facility for mentorship of new doctors which allows Doctors to focus on health care matters rather than administrative matters.
5. Despite the number of organizations involved in the Health Care System it falls to local communities to set the stage for adequate doctor coverage in their communities.

Implementation of Recommendations:

Based on the recommendations of the KEDA subcommittee the following actions were taken:

1. A Committee of Council, the Medical Services Committee (MSC) was formed which was tasked with:
 - a. Developing an standard incentive package for physicians which was both flexible to meet the varying needs of potential doctors and affordable for the community;
 - b. Developing a recruitment process which included information packages, site visits, and medical facility tours.
 - c. Working with the local health region and the College of Physicians & Surgeons to identify potential candidates and invite them to our community.
 - d. Developing a retention process which focused on keeping doctors in the community. It was felt the more we could integrate the physician and more importantly their family into the community, the harder it would be for the physician to leave.
 - e. Establish an infrastructure rationalization project to determine how to effectively implement, for both the short term and long term, the "one clinic concept", which would house 4 full time physicians, and was community owned.
2. It was recognized that the economic well-being of the community could be tied directly to the availability of healthcare services within the community. Based on this Town Council established an annual budget for doctor recruitment & retention and assigned this task to the Medical Services Committee on an on-going basis.
3. To address the short term infrastructure issues, the Town took over the lease for the current clinic and sublet the space to the existing doctors. The Town then financed the implementation of an

Electronic Medical Records system as the first step in developing a 'turn key option' for new doctors.

4. For the long term solution, building and/or operating a clinic was seen to be somewhat outside the mandate of municipal government, therefore Town Council decided to ask the community to fund the construction of a Health & Wellness Facility thru donated funds and form a not for profit organization to operate the facility and manage future health & wellness projects. The Town committed to provide the land for the new facility, plus budgeted for a cash donation toward the construction.

The Foundation:

Town Council and the Medical Services Committee again went to the community and asked for volunteers to help define and establish a not for profit organization focused on the long term health and wellness needs of the community. A mission and vision were developed for the foundation, which guided the key values and bylaws for the foundation. In February 2013, the Assiniboine Valley Health & Wellness Foundation, Inc. (AVHWF) was incorporated. In June, 2015, the Foundation received its charitable status designation from the Canada Revenue Agency.

The Assiniboine Valley Health Centre:

The biggest, most expensive and most complex recommendation from the original assessment report was the creation of a state of the art, single clinic in Kamsack. MSC committee members, assisted by community volunteers, and with input from medical professionals and the general public started the design & construction process in spring 2012. Subcommittees worked concurrently on the building location & design and strategies to raise the funds required to build the facility and ideas on how to recognize those contributions.

After numerous versions, the design, which provided for the current medical needs and room for future expansion to accommodate other medical professionals (ideally a dentist and optometrist), was finalized. The construction was tendered in two separate phases (foundation & building) and in the fall of 2013 sufficient funds were available to start the work. Construction started in spring 2014 and quickly outpaced donations. Bridge financing was setup with Affinity Credit Union and work continued. In March 2015, the Assiniboine Valley Health Centre was open for business, under the management of the Assiniboine Valley Health and Wellness Foundation Inc. The grand opening of the facility and the unveiling of the 'Legacy Wall' took place in August 2015.

What's Next:

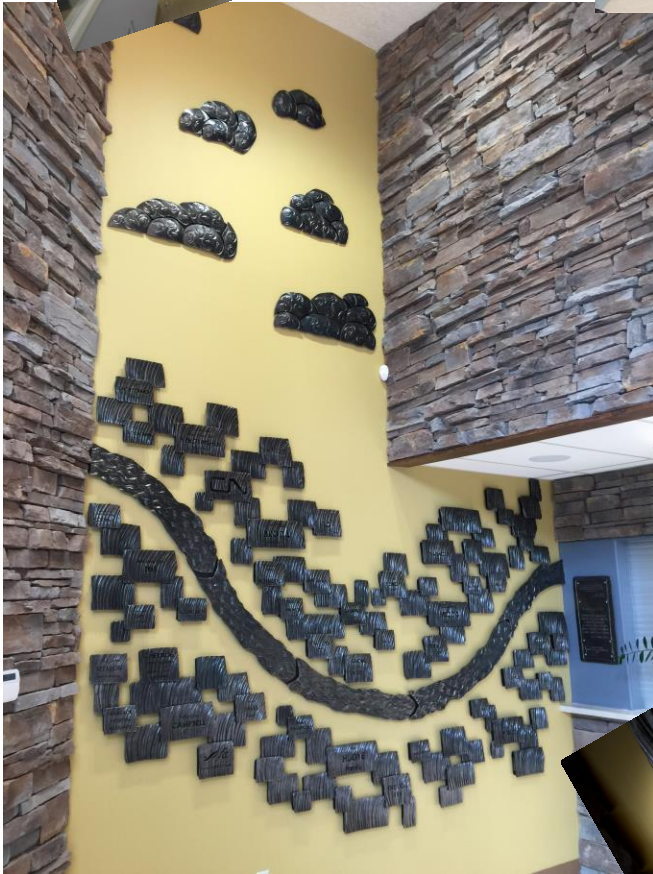
- The fundraising activities continue, with the goal of paying off the bridge financing;
- The Foundation continues to refine operational activities and processes at the new Health and Wellness Centre;
- Efforts are just starting to recruit a dentist and optometrist to the facility;
- Our four doctors and the support staff have a wonderful space to work; and
- Most importantly our community can point to this accomplishment with pride and say **"LOOK WHAT WE DID!!"**



Ground Breaking October 2013



Construction - Spring 2014



Legacy Wall

