



# How are we doing?

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Using a Balanced Scorecard to  
Evaluate First Nations Telemedicine



# Balanced Scorecards

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- Designed to provide health care management with an overarching view of the performance of their overall organization
- Manage information collection and analysis overload
- Provide staff and stakeholders with a balanced view of benefits and risks associated with strategic and operational decisions.



# Background

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Studies show that organizations that adopted a Balanced Scorecard reported the following benefits:

- Alignment of the organization around its mission and strategies;
- Facilitation, monitoring, and assessment of strategy implementation;
- A mechanism for communication and collaboration;
- Assignment of accountability for performance at all levels of the organization; and
- Continual feedback on the strategy and opportunities for adjustment.



# Background

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- No Balanced Scorecard developed for FN Telemedicine
- With support from Canada Health Infoway we partnered with University of Northern BC
- Did environmental scan and engaged stakeholders



# **Aboriginal Scorecard Development**

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- Focused on partnerships
- Main stakeholders identified
  - Community
  - Government
  - Clinicians
  - Partners/stakeholders
- Identified 11 indicators



## Balanced Score Card Framework

### Community

*Communities are the foundation and ensure that our program is community-based, driven and led.*

- First Nation broad-band technology
- First Nations Leadership
- Community utilization

### Governments

*We are partnering with government stakeholders to identify government priorities and funding requirements to ensure sustainability.*

- Uptake and trends
- Innovation
- Cost avoidance

### VISION:

*KO Telemedicine will improve health for all First Nations Communities through a sustainable First Nations Telemedicine program that is holistic, community driven and culturally appropriate.*

### Partnerships

*Partners foster the exchange of information between external stakeholders to the community, promote mutual understanding and overall community wellness.*

- Capacity building
- Integration

### Clinicians

*Clinicians facilitate the linkages between community health care needs and service requirements.*

- Access
- Satisfaction



# Community

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## **First Nation Leadership**

- 1. Number of First Nation advisory committee meetings
- 2. Number of community engagement visits/community

## **Community utilization**

- 3. Number of family visits sessions
- 4. Number of consults cancelled as a result of clinical failures
- 5. Percentage of growth rate in telemedicine activities/  
community

## **First Nation broad band technology**

- 6. Percentage of technically successful consults/sessions  
(not cancelled due to technical problems)

# Government

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# Government

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- Innovation *Narrative*
  - Telemental health
  - Integration
  - Telehomecare/Telerehab
- Avoided travel cost
  - Federal government
  - Provincial government, including escorts) by type of session, by payees



# Federal and Provincial Governments and All Other Agencies

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From “Economic Model” developed by the *Centre for Rural and Northern Health Research, Laurentian University 2008*

## **Jan 2008- Dec 2008**

Clinical (2563 sessions)

- \$3,532,225

Educational/Training (454)

- \$66,933

Meetings (311)

- \$29,700

## **Total**

- \$3,628,858

# Clinicians

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# Clinicians

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## Access

- Percentage of potential consults for which no provider could be recruited to meet new needs or special/low recurring needs

## Satisfaction

- Percentage of clinicians willing to continue offering services via telemedicine after their first experience



# Partnerships

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## **Capacity building and integration**

- Number of educational sessions per month with breakdown showing % from accredited events; % that are based on formal partnership and the # of new partnership
- Number of new education areas being introduced

**Most important...Try your  
hardest and have fun!**

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# Questions?

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## Miigwetch!

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