

# Why We Need to Integrate Education Strategy Planning and Health Human Resource Planning

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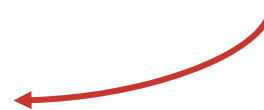
University of British Columbia.

# THE OBJECTIVE

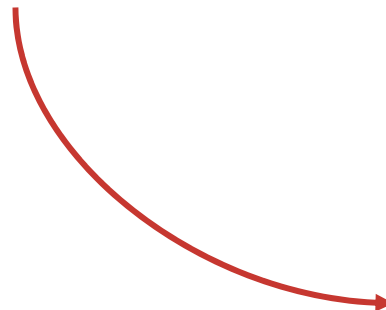
TO ENCOURAGE INVESTMENTS OF  
BRAIN POWER, ENERGY, TIME, AND  
RESOURCES



TO DEVELOP SKILLS AND  
INFRASTRUCTURE



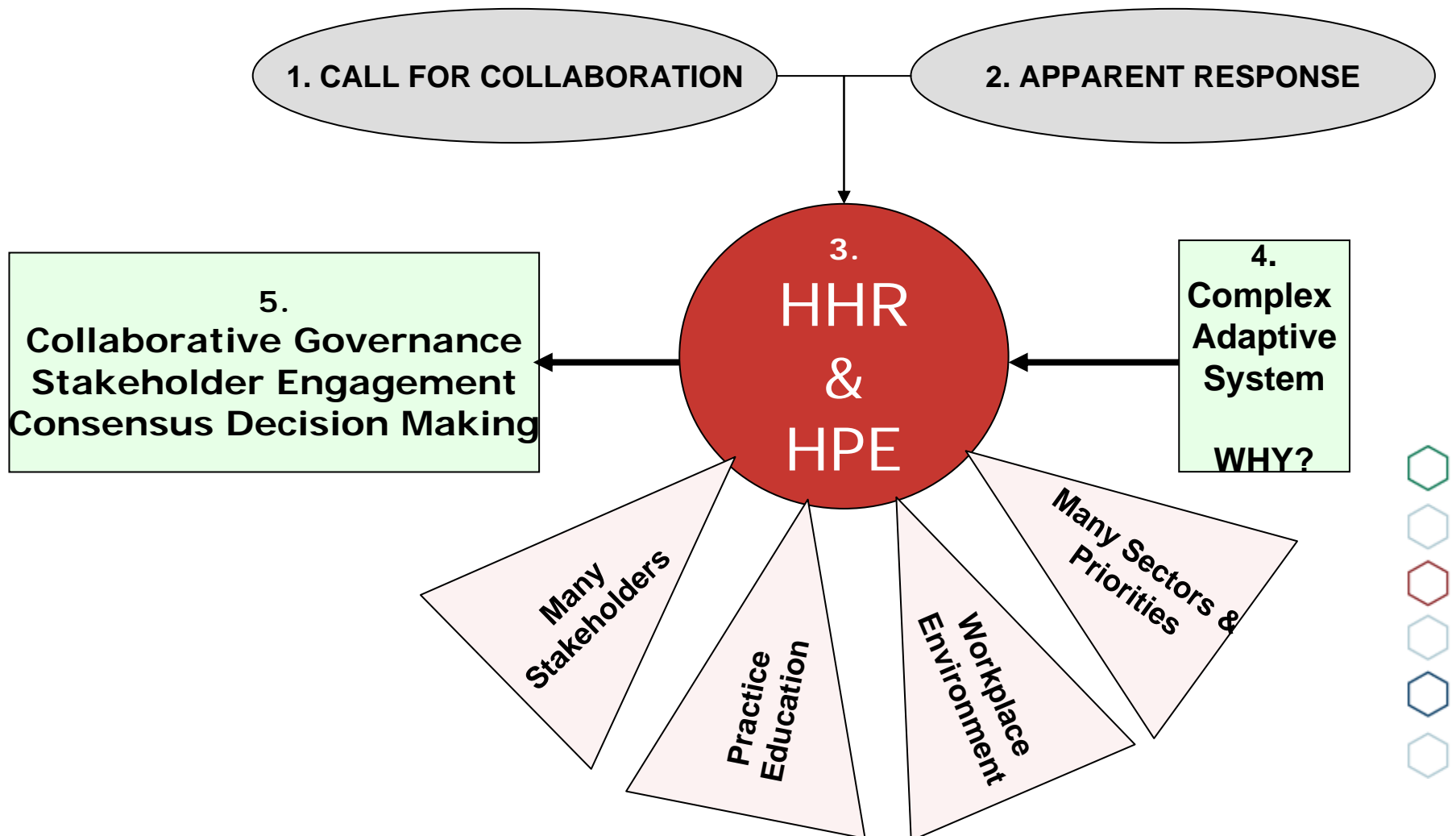
COLLABORATIVE GOVERNANCE  
STAKEHOLDER ENGAGEMENT  
CONSENSUS DECISION MAKING



HEALTHCARE PROVIDER  
EDUCATION TO SUPPORT  
DESIRED CHANGE AND  
SUSTAINABILITY IN  
HEALTH CARE



# BUILDING THE CASE



# THE CALL TO COLLABORATION

A Framework for  
Collaborative Pan Canadian  
HHR Planning

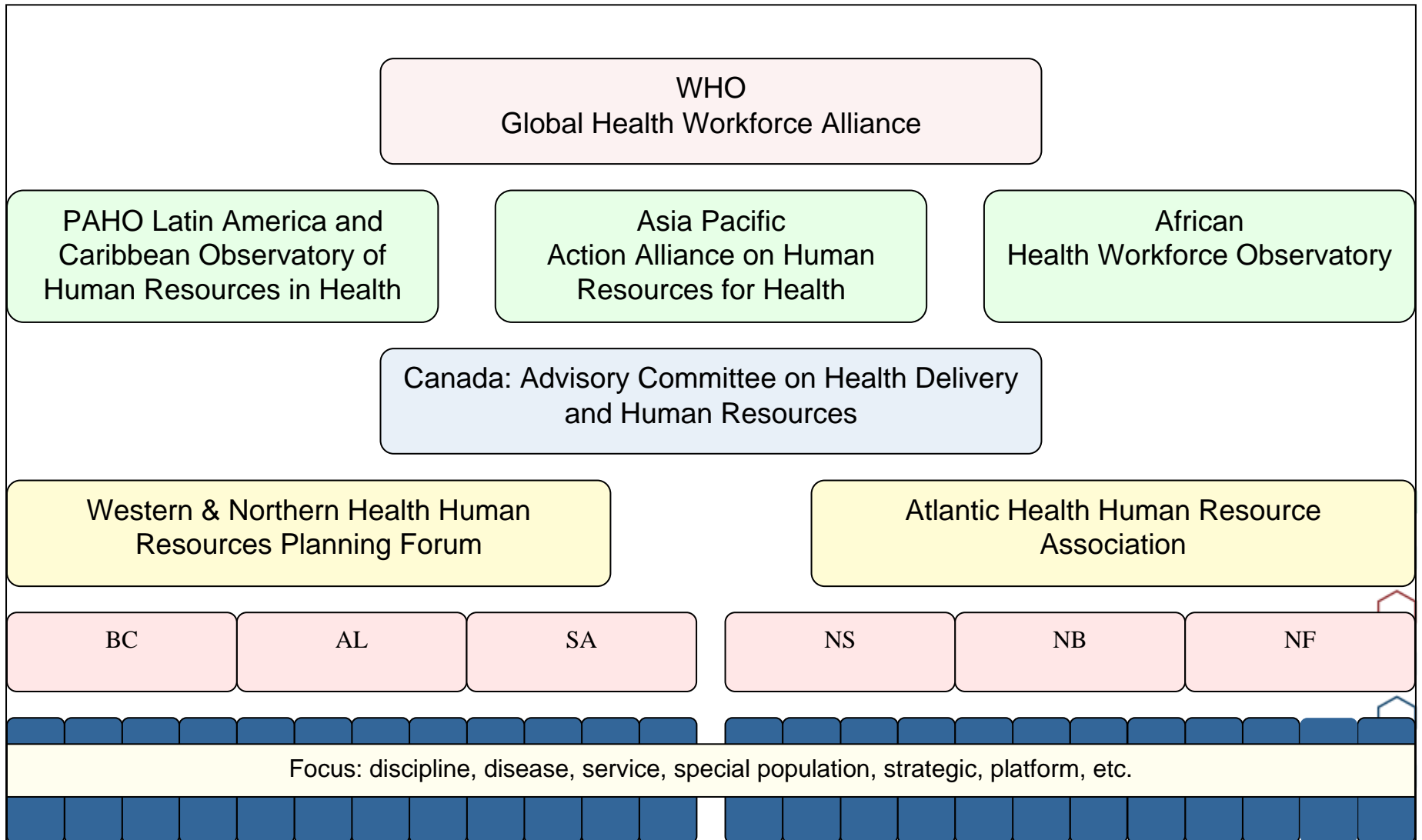
Working Together:  
Saskatchewan's Health  
Workforce Action Plan

*Atlantic HHR Planning Study*

CHSRF A Roundtable on  
Integrated Health Human Resource  
Planning



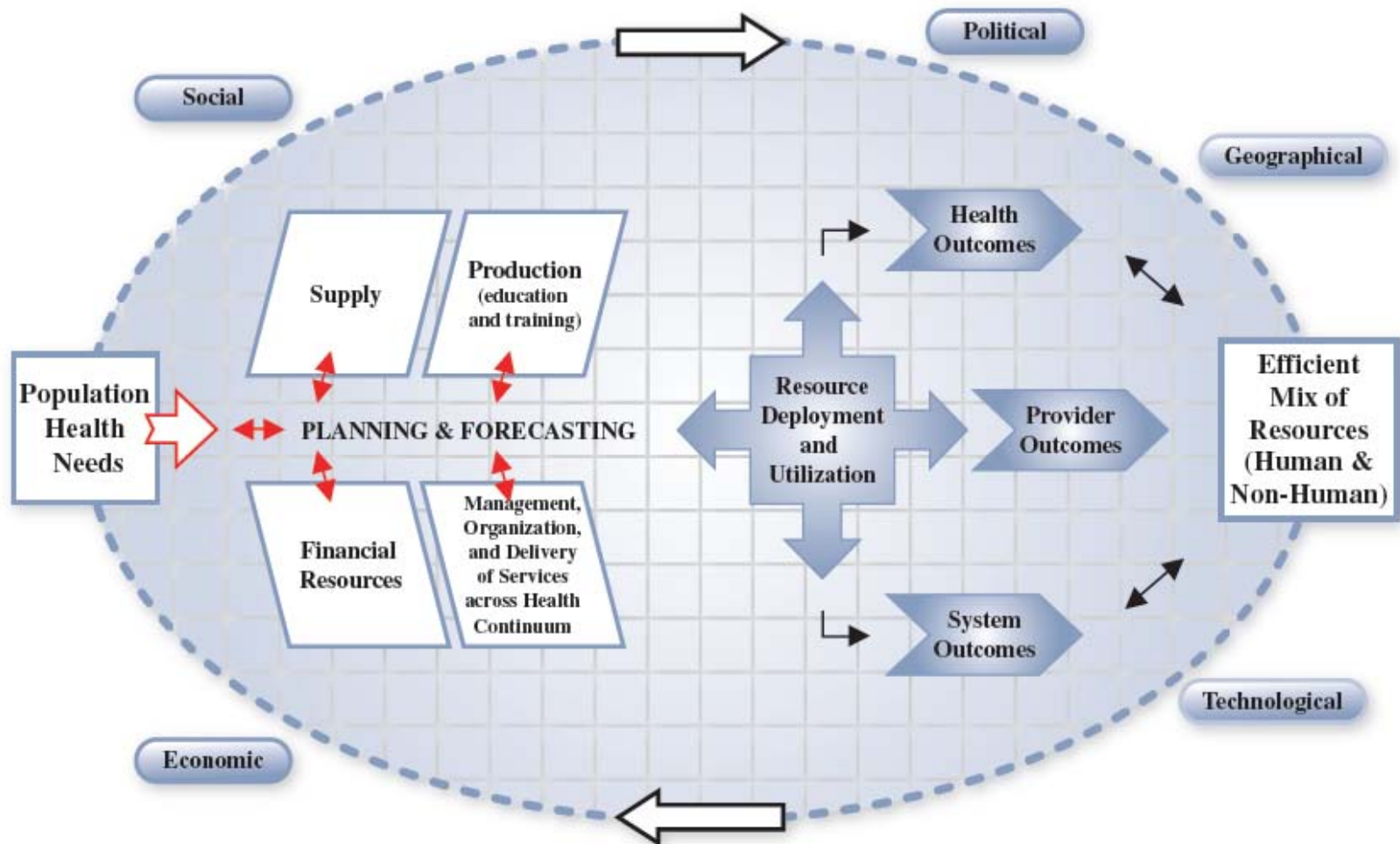
# THE GLOBAL RESPONSE



# CANADIAN MINISTERIAL PERSPECTIVE

Province	Official Reporting	Formal Linkage	Informal Linkage
<i>British Columbia</i>		MOU between MOH & AVED to work on HHR planning and health seats allocation;	
<i>Alberta</i>			Joint monthly meetings between DM's of MOH & AVED
<i>Saskatchewan</i>			Semi-formal quarterly meetings of senior staff from MOH & AVED & Ed;
<i>Manitoba</i>		Health Education Liaison Committee of MOH, AVED & T, MCTT with monthly meetings	
<i>Ontario</i>	ADM reports jointly to MOHLTC & MTCU		
<i>Quebec</i>		Formal HHR committees with reporting as well as representation from MSSS and MED	
<i>Nova Scotia</i>		Educational Health Working Committee; DM Committee on Health & Education;	
<i>New Brunswick</i>			Collaboration between MOH & AVED
<i>Prince Edward Island</i>		Atlantic HHR planning with both Health and Education	Committees with mutual representation

# MANY STAKEHOLDERS – MANY INFLUENCES



*Conceptual framework for HHR developed by O'Brien-Pallas et al. (2001)*

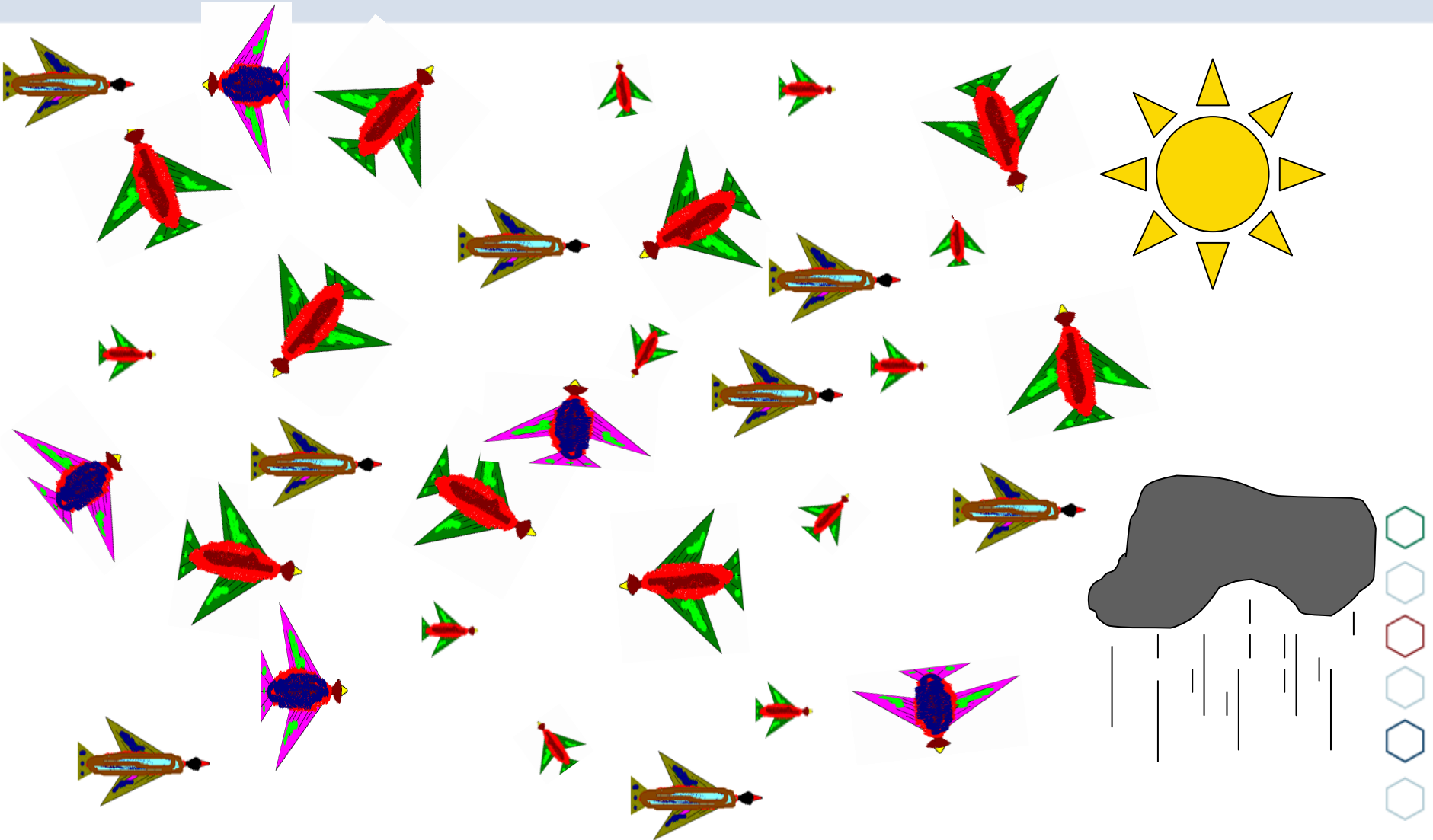
# TEAM-BASED PLANNING

Platform issues across the continuum of care	Continuum of Care Sectors										
	Public health		Emerg. Services		Acute Care		Rehab. Services		Long Term Care		Palliative Care
<b>Strategic Priorities:</b> <ul style="list-style-type: none"> <li>•eHealth</li> <li>•Collaborative Practice</li> <li>•Patient Self management</li> </ul>											
<b>Populations/Regions</b> <ul style="list-style-type: none"> <li>•Perinatal care</li> <li>•Elder care</li> <li>•Aboriginal health</li> <li>•Rural health</li> </ul>											
<b>Disease Focus</b> <ul style="list-style-type: none"> <li>•Diabetes</li> <li>•Osteo-arthritis</li> <li>•Cancer</li> </ul>											

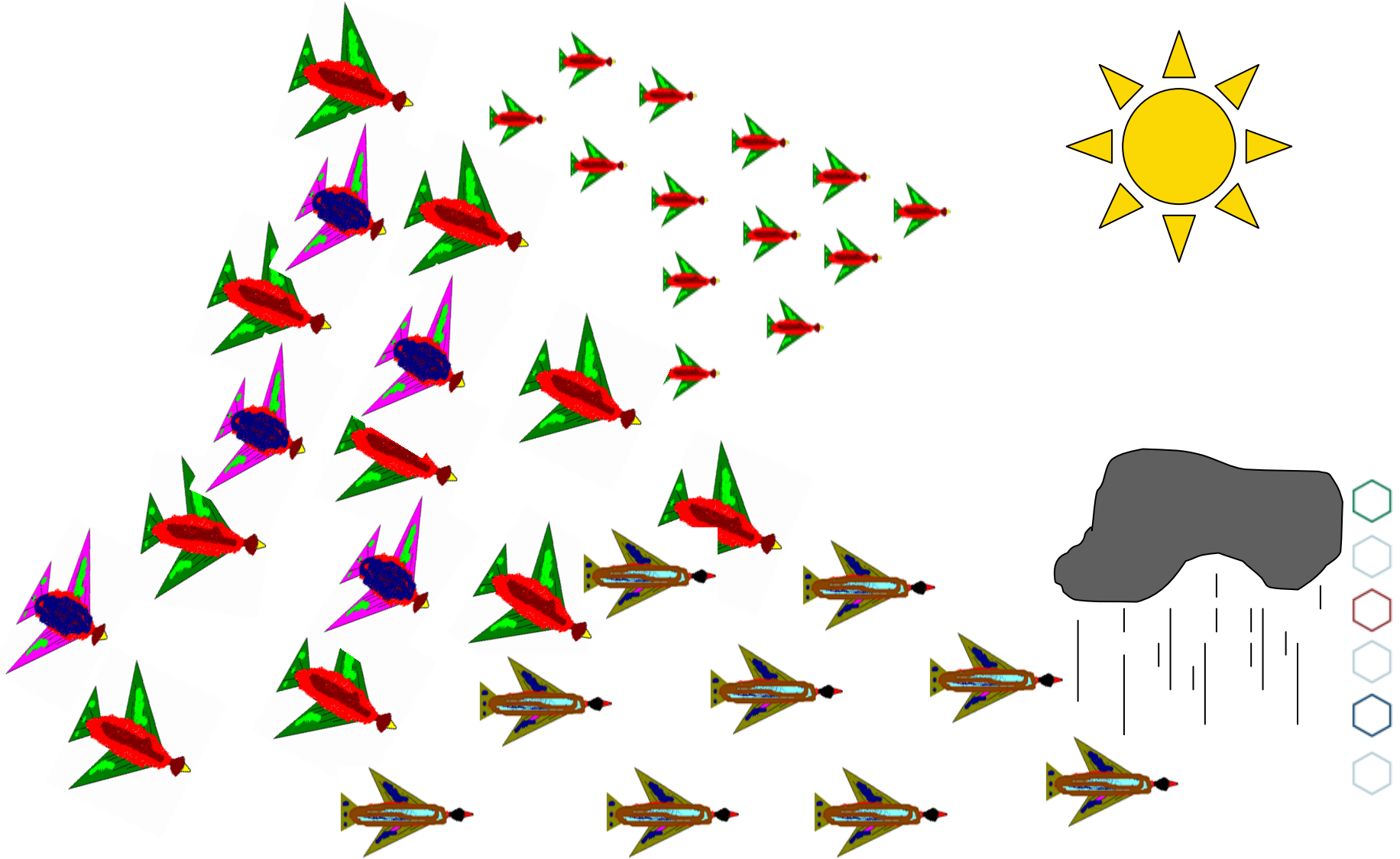


Examples of Health Care Business Lines/Slices/Sectors

# CAS AND CHAOS

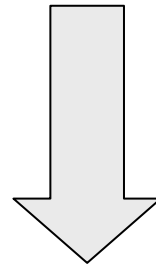


# CREATING A DESIRED ORDER



# OUR COLLECTIVE LEARNING NEEDS

## *SYSTEM DEFIBRILLATION COMMAND AND CONTROL*



## **NETWORK MANAGEMENT INVOLVING:**

- **COLLABORATIVE GOVERNANCE**
- **STAKEHOLDER ENGAGEMENT**
- **CONSENSUS DECISION MAKING**



# THANK YOU

