

# **WEENEEBAYKO AREA HEALTH AUTHORITY (WAHA)**

## **MASTER SERVICES PLAN RENEWAL**

**Request for Proposals  
December 17, 2009**

### **PURPOSE**

The Weeneebayko Area Health Authority (WAHA) is requesting proposals for a comprehensive update and renewal of the *Weeneebayko Area Health Integration Initiative Master Services Plan September 14, 2004* (MSP). The MSP provides the guiding framework for an integrated regional health services system that responds appropriately and in a culturally competent manner to priority health needs of the 12,000, predominantly Cree residents of the western James and Hudson Bay Region for the next 10 to 15. The framework recognizes and provides integrative solutions to eliminate existing jurisdictional barriers and ensuring the development of a quality continuity of care across the life cycle. Though the framework is long term, it must also address immediate service gaps and present opportunities to align programs and services to maximize health outcomes in the short term. This initiative, though predominately a technical exercise, coincides with and must reflect and align with outcomes from the WAHA Board leadership development, strategic planning, community engagements and consultations.

### **BACKGROUND**

Cree First Nations, municipal, provincial, and federal government signatories, in August 2007, ratified the *Weeneebayko Area Health Integration Framework Agreement* (WAHIFA). Under WAHIFA, the signatories incorporated the Weeneebayko Area Health Authority in October 2008 to oversee the health services integration and govern the new emerging regional health system to six communities: Peawanuck, Attawapiskat, Fort Albany, Kashechewan, Moosonee, and MoCreebec. Please see [www.waha.on.ca/integration](http://www.waha.on.ca/integration) for a copy of the signed integration agreement.

As part of this historical agreement, the signatories developed a MSP in 2004. The MSP outlines the current population and its health status, system configurations, maps existing hospital and health services across the region and identifies key integration priorities, strategies and sector service plans. Planned integrated services includes emergency, primary care, public health, secondary regional care, specialized referral and special programs including mental health, chronic disease management, long term care, traditional indigenous health care, palliative and respite care provided by the primary health partners as identified under Scope. It remains a key background document to the WAHIFA and for WAHA service planning. To review the MSP, go to [www.wah.on.ca/integration](http://www.wah.on.ca/integration). Now that WAHA has formed and the merger of the key health services, the provincial and federal hospitals is pending, it is time to renew the MSP, update the information and align the document with WAHA organizational values, vision, strategies and priorities and community consultations.

WAHA will provide hospital services and other health programs, funded by the province of Ontario and the Canadian federal government. WAHA is a member of the Ontario Hospital Association (OHA) and is responsible to the Ontario Public Hospital Act. However, when it is operational, WAHA is a regional health authority and not just a hospital. It is a unique organization in Ontario in both geography and culture. The MSP should reflect this.

For more information about WAHA, see [www.waha.on.ca](http://www.waha.on.ca). It has updates on the Integration process, including Newsletters and the full contents of the WAHIFA (Weeneebayko Area Health Integration Framework Agreement). Additionally visit [www.jbgh.org](http://www.jbgh.org).

## **SCOPE**

The project involves working closely with the WAHA Interim CEO, Director of Community Relations and Communications, Regional Health Planner and other key senior managers and staff from the Weeneebayko Health Ahtuskaywin (WHA), James Bay General Hospital (JBGH) and community health centres as identified. Updating the MSP must continue to reflect the geographic and program parameters previously agreed to by the WAHIFA signatories and health service partners as defined in the MSP and summarized as follows:

### **Geography**

Geographically, the Weeneebayko Area encompasses the western James Bay lowland area adjoining James and Hudson Bays. Weeneebayko incorporates the following six distinct communities of which five are First Nations communities. The sixth community, Moosonee, has a status similar to a municipality in Ontario. From north to south, the Weeneebayko Area communities and local governing authorities are:

- Peawanuck – Weenusk First Nation
- Attawapiskat – Attawapiskat First Nation
- Kashechewan – Kashechewan First Nation
- Fort Albany – Fort Albany First Nation
- Moosonee – Corporation of the Town of Moosonee Board
- Moose Factory – Moose Cree First Nation, MoCreebec Indian Government & Local Services Area Board (provincial)

### **Programs**

The MSP focuses on an integrated plan for all health services funded and or provided by the following key health partners:

#### **Primary**

- First Nations and Inuit Health Branch (FNIHB), Health Canada
- Ontario Ministry of Health and Long Term Care and subsequently the North East Local Health Integration Network
- Weeneebayko Health Ahtuskaywin
- James Bay General Hospital Board

#### **Secondary**

- Corporation of the Town of Moosonee Board
- First Nation Authorities
  - Attawapiskat First Nation
  - Fort Albany First Nation
  - Kashechewan First Nation
  - Moose Cree First Nation
  - MoCreebec Indian Government
  - Weenusk First Nation
- Moose Factory Local Services Area Board
- Mushkegowuk Tribal Council

## **Key Activities:**

### **Preparatory**

- Meet with the WAHA Interim CEO, WHA and JBGH CEOs, Chief of Staff, Director of Community Relations and Communications, Integration Project Manager and Regional Health Planner and senior managers as identified for orientation, input and support.
- Review *Weeneebayko Area Health Integration Initiative Master Services Plan September 14, 2004* (MSP).
- Review background documentation to the MSP and WAHIFA

### **Information and Data Update**

- Acquire, analyze and incorporate current qualitative and quantitative health planning data.
- Update contextual information on service population, population projections, health needs and service configuration and capacity information.
- Review and update all tables, charts and appendixes where appropriate.

### **Realignment**

- Review and incorporate earlier health planning work by WHA, JBGH and FN Community Health Centres including Mushkegowuk and Nishnawbe Aski Nation.
- Review and incorporate recent health planning work of WAHA and its health partners as provided.
- Review and overlay where appropriate, current provincial and federal and FN health strategies and priorities.
- Adjust MSP service capacity and sector service plans as appropriate.
- Adjust MSP strategic direction and priorities as appropriate.

### **Enhancements: Community Consultation and Evaluation Framework**

- Recommend enhancements and or approaches to community consultation methodology (January 2010-March 2010) coinciding with the MSP renewal to improve the MSP renewal.
- Expand MSP to include report on community consultations (January 2010-March 2010)
- Expand MSP to include benchmarks, performance indicators and evaluative framework as required.

### **Additional Activities**

- Recommend overall enhancements to the MSP and/or methodology.
- Edit the MSP for jargon and ease of readability to WAHA's broad health partners.

## **KEY DELIVERABLES**

The successful proponent is responsible for the following key deliverables:

1. Redevelop, reformat and enhance the MSP through updating key health planning data and information including population statistics, aligning current planning and strategies and adjusting sector service plans.
2. Expand MSP to include an evaluative framework and community consultation findings.
3. Recommend improved community consultation methodology and framework to enhance MSP renewal and future development.

## **Budget**

Proposals must reflect the projects total budget, including applicable taxes, travel, professional fees and/or wages, materials and so forth.

## Time Frame

WAHA expects the contract period to begin by the end of January 2010 with a completion date of March 31 2010 and the possibility of an extension.

## CRITERIA

Consultants and consulting firms with senior to executive level experience in hospital and health services planning, extensive health information and data analysis, evaluation, integration management, health programs and services delivery, and First Nation health and cultural expertise should apply. Responses to this RFP will be concise, accurate and presented in a professional manner. It shall include detailed resumes of all team members. It shall include company profile and summary of relevant project experience and references from past projects and clients.

## PROPOSAL SUBMISSION

The proponent must develop a proposal outlining the approach, work plan, process and cost the various stages/activities of the project.

## Questions about the RFP

Present any questions regarding the RFP in writing via email to Gertie Mai Muise or Lawrence Martin at the address below. They will respond to all questions within 24 hours during the business week.

## Client and Consultant Agreement

The successful consultant will enter into an agreement for services with WAHA.

The **CLOSING DATE** for this Request for Proposals is **January 14, 2010 at 4 pm EST.**; WAHA will not accept proposals received after that time or not provided in the proper formats. There are no payments for the preparation and submission of proposals or attendance at an interview if required.

Please send three hard copies and one electronic version (Microsoft Word (MS) or Portable Document Format (PDF)) of the consultant's proposal to either:

<b>Lawrence Martin</b> Director Community Relations and Communications Weeneebayko Area Health Authority Weeneebayko Health Ahtuskaywin Box 34 Moose Factory, Ontario P0L1W0 <a href="mailto:lawrence.martin@wha.on.ca">lawrence.martin@wha.on.ca</a> Phone: 705 658 4544 ext 2222 Cell: 705 365 0721	<b>Gertie Mai Muise</b> Regional Health Planner Weeneebayko Health Ahtuskaywin P.O. Box 34 Moose Factory, Ontario P0L 1W0 <a href="mailto:gertiemai.muise@weeneebaykohealth.ca">gertiemai.muise@weeneebaykohealth.ca</a> <a href="mailto:gertiemai.muise@wha.on.ca">gertiemai.muise@wha.on.ca</a> Phone: North Bay Office: 705.365.6039 Phone: Weeneebayko General
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The Selection Committee will not necessarily accept the lowest rate or any proposal. The decision of the Selection Committee is final.