

# JSGS 827 HEALTH CARE ORGANIZATION & ADMINISTRATION

UNIVERSITY OF REGINA CAMPUS	
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<b>OFFICE HOURS:</b>	By appointment, for phone or video meetings
<b>OFFICE LOCATION:</b>	College Ave Campus, University of Regina
<b>TERM:</b>	Winter 2021
<b>ROOM:</b>	N/A - Online
<b>DATE AND TIME:</b>	N/A - Online

*Please note: this syllabus is provided in advance of the start of the term for students' preparation and may be subject to revision until the start of class.*

## LAND ACKNOWLEDGEMENT

The University of Saskatchewan campus of the Johnson Shoyama Graduate School of Public Policy is situated on Treaty 6 Territory and the Homeland of the Métis, while the University of Regina campus is situated on Treaty 4 Territory and the Homeland of the Métis. We pay our respect to the First Nation and Métis ancestors of this place and reaffirm our relationship with one another. As we engage in Remote Teaching and Learning, we would also like to recognize that others will be attending this course from other traditional Indigenous lands. I ask that you take a moment to make your own Land Acknowledgement to the peoples of those lands. In doing so, we are actively participating in reconciliation as we navigate our time in this course, learning and supporting each other.

## HONOUR CODE

At the Johnson Shoyama Graduate School of Public Policy (JSGS), we believe honesty and integrity are fundamental in a community dedicated to learning, personal development, and a search for understanding. We revere these values and hold them essential in promoting personal responsibility, moral and intellectual leadership, and pride in ourselves and our University.

As JSGS students, we will represent ourselves truthfully, claim only work that is our own, and engage honestly in all academic assignments.

Since articulated standards and expectations can influence attitudes, and because each of us shares the responsibility for maintaining academic integrity (see below for details on academic integrity at the JSGS), we are committed to upholding the Academic Honor Code.

### **Academic Honour Pledge**

As a member of the JSGS community, I pledge to live by and to support the letter and spirit of JSGS's Academic Honour Code.

## **CALENDAR DESCRIPTION**

This course will provide students with an understanding of issues involved in the management and organization of health services. Students will examine issues related to managing health in terms of regional health authorities, health ministries and individual health organizations.

## **LEARNING OBJECTIVES**

- Recognize how healthcare in Canada is structured and delivered, with an emphasis on analyzing the role and impact of regionalization (and de-regionalization) on the organization and administration of healthcare.
- Develop and demonstrate insight into key aspects of healthcare administration, including financial and human resource management, and how they relate to one another and to larger system-level planning.
- Consider the influence of core values including safety, quality and patient-centered care on our approach to healthcare in Canada, and evaluate the role of organizational and administrative factors in furthering these objectives.

## **ATTRIBUTES OF JSGS GRADUATES**

1. **Management, Governance, and Leadership:** Ability to inspire support for a vision or course of action and successfully direct the teams, processes, and changes required to accomplish it.
2. **Communication and Social Skills:** Ability to communicate effectively and build enduring, trust-based interpersonal, professional relationships.
3. **Systems Thinking and Creative Analysis:** Ability to identify key issues and problems, analyze them systematically, and reach sound, innovative conclusions.
4. **Public Policy and Community Engagement:** Ability to understand how organizational and public policies are formulated, their impact on public policy and management and how to influence their development.
5. **Continuous Evaluation and Improvement:** Commitment to on-going evaluation for continuous organizational and personal improvement.
6. **Policy Knowledge:** Ability to analyze and contribute content to at least one applied policy field.

## **MHA PROGRAM COMPETENCIES**

1. Health Services and Health Status - Ability to analyze health services and other factors that impact health status and demonstrate a commitment to improving the health status of individuals, families, and communities.
2. Management, Governance, and Leadership - Ability to inspire support for a vision or course of action and successfully direct the teams, processes, and changes required to accomplish it.
3. Communication and Interpersonal Skills - Ability to communicate effectively and build enduring, trust-based professional relationships.
4. Systems Thinking and Creative Analysis - Ability to identify key issues and problems, analyze them systematically, and reach sound, innovative conclusions.
5. Public Policy and Community Engagement - Ability to understand how organizational and public policies are formulated, their impact on healthcare organizations and communities, and how to influence their development.
6. Continuous Evaluation and Improvement - Commitment to on-going evaluation for continuous organizational and personal improvement.

## **COURSE CONTENT AND APPROACH**

This course is divided into modules. Each module focuses on a particular topic and involves a set of readings, content with associated activities, and a discussion forum. Reviewing course materials in a thoughtful, analytical manner is an essential part of this course. Students will be expected to incorporate these materials in their discussion forum participation. Participation in the discussion forums is an important aspect of the course and will be addressed in greater detail below.

This is a graduate level course prepared for professional students. Each of you brings unique expertise and experience to the class which you are encouraged and indeed expected to share. The success of this course and the quality of your experience will depend largely on your own level of engagement. The course is designed to be a joint learning experience for which we all share responsibility.

### **USE OF VIDEO AND RECORDING OF THE COURSE**

Some of our Zoom class sessions will be recorded to support students who may not be able to attend live due to work or family conflicts, connectivity challenges, or other restrictions. As a result, the University of Regina may collect students' images, voices, names, personal views and opinions, and course work under the legal authority of *The Local Authority Freedom of Information and Protection of Privacy Act*. Recordings will be posted only in our URCourses site, which is a password protected learning management system, and made available only to registered students in the course.

Students who participate in a Zoom session with their video on or utilize a profile image are consenting to have their video or image recorded (including anything visible in the background). If you have concerns with such recording, be sure to keep your video off and do not use a profile image. In addition, students who un-mute their microphone during class and participate orally are consenting to have their voices, and personal views and opinions recorded. If you are unwilling to consent to this recording, please do not un-mute your microphone during class. If you have any questions about the collection or use of your personal information, please contact your instructor.

## REQUIRED READINGS

The following book is required for this course: Gregory Marchildon, *Health systems in Transition: Canada 2nd ed* (Toronto: University of Toronto Press, 2013), hereafter referred to as Canada. This book can be accessed for free online at:

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0011/181955/e96759.pdf](http://www.euro.who.int/_data/assets/pdf_file/0011/181955/e96759.pdf).

All other required materials will be available online, either through the University of Regina library or through open access sources.

## SUPPLEMENTARY READINGS

Supplementary materials will also be suggested for each module. These materials are not required but will provide additional background and introduce different perspectives on the topics being considered. You are advised to pick and choose which of the supplementary materials to review depending on your areas of interest and/or challenge. This is an extensive reading list and supplementary readings are to support your interests. Please do not feel obligated to review all supplementary materials on this syllabus.

## COURSE OUTLINE AND ASSIGNMENTS

<b>Module 1: Introductions &amp; Orientation</b>	<b>Jan. 11 – Jan. 17*</b>
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This first module will facilitate group introductions and include an overview of the course structure, content, expectations and methods of evaluation. It will also present an opportunity for students to become familiar with navigating and using the different features associated with this URCourses site.

There will be a **live webinar** scheduled in this module during which the instructor will review the syllabus and key expectations for the course. It will also be an opportunity for students to seek clarification on any points of confusion. This webinar will be recorded and a link subsequently made available on our URCourses site. Any students who are unable to attend are welcome to send questions to the instructor in advance by email. The date and time for the webinar will be posted in our URCourses site along with access information.

*\*Please note: this is a short one week module.*

<b>Module 2: Organization of the Canadian Health Care System</b>	<b>Jan. 18 – Jan. 31</b>
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This module addresses the organization of the Canadian health system including national, provincial and regional levels. Issues involved with historical factors, governance and operations, and strategic directions will be considered. Particular attention will be paid to different examples of Indigenous Governance models.

### **Required materials:**

- Canada, chapters 1 & 2 (pp. 1-59)
- Marchildon, G. 2016. "Regionalization: What Have We Learned?" *Healthcare Papers* 16(1): 8-14.

- Martin, D., Miller, A., Quesnel-Vallée, A., Caron, N., Vissandjée, B. and Marchildon, G. 2018. “Canada’s universal health-care system: achieving its potential.” *The Lancet* 391: 1718-1735.
- Lavoie, J., Kornelsen, D., Boyer, Y., Wylie, L. 2016. “Lost in Maps: Regionalization and Indigenous Health Services” *Healthcare Papers* 16(1): 63-73.
- Levesque, A. 2017. “Developing a New First Nations Health Governance System: Creation of an Independent, First Nations Run Organization” *Health Reform Observer* 5(2): Article 4, DOI: <https://doi.org/10.13162/hro-ors.v5i2.3099>.

**Supplementary materials:**

- D’Angelo, A. 2018. “How globalization challenges and aids the implementation of the Canada Health Act in Canada’s northern territories.” *Global Health: Annual Review* 3: 18-21. [https://globalhealth.mcmaster.ca/sites/default/files/documents/ghar\\_issue\\_3\\_april\\_2018.pdf](https://globalhealth.mcmaster.ca/sites/default/files/documents/ghar_issue_3_april_2018.pdf)
- Marchildon, Gregory P. 2018. “A Policy Research Agenda for Health Systems in Canada’s North.” *HealthcarePapers* 17(3) 35-40.
- Lavoie, J., Boulton, A., Gervais, L. 2012. “Regionalization as an Opportunity for Meaningful Indigenous Participation in Healthcare: Comparing Canada and New Zealand” *The International Indigenous Policy Journal* 3(1): Article 2.
- Lee, G. 2018. “The establishment of Ontario’s Local Health Integration Networks: A conflation of regionalization with integration of health services.” *Health Reform Observer* 6(2): Article 2.
- Fierlbeck, K. 2016. “The Politics of Regionalization” *Healthcare Papers* 16(1): 58-62.
- Donaldson, C. 2010. “Fire, aim... ready? Alberta’s big bang approach to healthcare disintegration.” *Healthcare Policy* 6(1): 22-31.
- Quesnel-Vallée, A. and Cartier, R. 2018. “Improving accessibility to services and increasing efficiency through merger and centralization in Quebec.” *Health Reform Observer* 6(1): Article 2.
- Uchimura, Liza, Ana Viana, and Gregory P. Marchildon. 2019. “Managers and clinicians: Perceptions of the impact of regionalization in two regions in Canada.” *Healthcare Management Forum* 32(3): 163-166. <https://login.libproxy.uregina.ca:8443/login?url=https://doi.org/10.1177%2F0840470418817913>
- Presentation by Dr. Stephen Duckett. Lessons from Alberta: The Road Less Travelled. May 5, 2011. <https://www.longwoods.com/audio-video/breakfast-with-the-chiefs/Youtube/5028>

<b>Module 3: Budgeting &amp; Resource Allocation</b>	<b>Feb. 1 – Feb. 14</b>
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This module looks at budget processes and financial considerations at different levels of governance in public health care administration in Canada.

**Required materials:**

- Canada, ch. 3 (pp. 61-79)
- Dutton, D., Forest, P., Kneebone, R. and Zwicker, J. 2018. “Effect of provincial spending on social services and health care on health outcomes in Canada: an observational longitudinal study.” *Canadian Medical Association Journal* 22(190): E66-71.

- Kershaw, P. 2018. “The need for health in all policies in Canada.” *Canadian Medical Association Journal* 22(190): E64 – 65. (\*Note: This article offers a commentary on the Dutton et al. article listed above.)
- McGrail, K. and S. Lewis. 2012. *Fraser Health: Healthcare Spending Quantum Analysis*. Ottawa: Canadian Foundation for Healthcare Analysis.  
<http://www.cfhi-fcass.ca/sf-docs/default-source/reports/FraserHealthReport-Quantum-McGrail-EN.pdf?sfvrsn=0>
- McIntosh, Tom, et al. 2010. “Population Health and Health System Reform: Needs- Based Funding for Health Services in Five Provinces.” *Canadian Political Science Review* 4 (1): 42-61.  
<http://ojs.unbc.ca/index.php/cpsr/article/view/130/278>

**Supplementary materials:**

- Stabile, M. et al. 2013. “Health care cost containment strategies used in four other high income countries hold lessons for the United States.” *Health Affairs* 32(4): 643-652.  
<http://www.cfhi-fcass.ca/sf-docs/default-source/reports/Review-Policy-Options-Milicic-E.pdf?sfvrsn=0> (key messages and Executive Summary in particular)
- Quentin, W., Geissler, A., Wittenbecher, F., Ballinger, G., Berenson, R., Bloor, K., Forgiione, D., Köpf, P., Kroneman, M., Serden, L., Suarez, R., van Manen, J. and Busse, R. 2018. “Paying hospital specialists: Experiences and lessons from eight high-income countries.” *Health Policy* 122: 473-484.
- Smith, N., Mitton, C., Davidson, A., Williams, L. 2014. “A politics of priority setting: Ideas, interests, and institutions in healthcare resource allocation.” *Public Policy and Administration* 29(4): 331-347.
- Tsisis, Peter, Nirupama Agrawal, and Natalie Guriel. 2019. “An Embedded Systems Perspective in Conceptualizing Canada’s Healthcare Sustainability.” *Sustainability for Healthcare* 11(2): 531
- Wranik, Wieslawa, and Susan Haydt. 2018. “Funding models and medical dominance in interdisciplinary primary care teams: qualitative evidence from three Canadian provinces.” *Human Resources for Health* 16(38): <https://doi.org/10.1186/s12960-018-0299-3>.

**Module 4: Health Workforce Planning & Practice Management**

**Feb. 22 – Mar. 7\***

**\*Please note: This module starts after Family Day and the Reading Week break (Feb. 15 – 21). No course activity is expected during this time.**

This module provides an overview of health professions and some of the factors that impact health human resource (HHR) policy and planning (e.g., supply and demand; retention and recruitment; regulation and self-regulation; professional scope of practice). With this background, you are encouraged to think about the implications of health system changes (e.g. inter-professional health teams or electronic health records) that have direct and indirect impacts on healthcare professionals.

**Required materials:**

- Canada, last section of ch. 4 & ch. 5 (pp. 89-119)

- Bourgeault, Ivy, Sarah Simkin, and Caroline Chamberland-Rowe. 2019. “Poor health workforce planning is costly, risky and inequitable.” *Canadian Medical Association Journal* 191(42): E1147-8.
- Nelson, Sioban, Jeff Turnbull, Lesley Bainbridge, Timothy Caulfield, Gilles Hudon, Dennis Kendel, David Mowat, Louise Nasmith, Brian Postl, Judith Shamian, and Ingrid Sketris. 2014. *Optimizing Scopes of Practice: New Models of Care for a New Health Care System*. Report of the Expert Panel appointed by the Canadian Academy of Health Sciences.  
[http://www.caahs-acss.ca/wp-content/uploads/2014/08/Optimizing-Scopes-of-Practice\\_REPORT-English.pdf](http://www.caahs-acss.ca/wp-content/uploads/2014/08/Optimizing-Scopes-of-Practice_REPORT-English.pdf); NOTE: although this entire report (including the case studies) is valuable, the following portions are required: pp. 8-15; 19-26; 63-65 (page numbers of the document itself; not the PDF)
- Decter, M. 2008. “Healthcare systems and organizations: Implications for health human resources.” *Healthcare Quarterly*, 11(2): 80-84.

### **Supplementary materials:**

- Baumann, Andrea, Mary Crea-Arsenio, Noori Akhtar-Danesh, Bonnie Fleming-Carroll, Mabel Hunsberger, Margaret Keatings, Michael D. Elfassy, and Sarah Kratina. 2016. “Strategic Workforce Planning for Health Human Resources: A Nursing Case Analysis.” *Canadian Journal of Nursing Research* 48(3-4) 93-99.
- Gorman, D. 2015. “Developing health care workforces for uncertain futures.” *Academic Medicine* 90(4): 400-403.
- O’Brien, P., Aggarwal, M., Rozmovits, L. et al. 2016. *The Teaming Project; Learning from high-functioning interprofessional primary care teams*. Department of Family and Community Medicine, Quality Improvement Program, University of Toronto.  
<http://www.dfcu.utoronto.ca/sites/default/files/The%20Teaming%20Project%20Report%202016-10-17.pdf>
- Valaitis, R., Meagher-Stewart, D., Martin-Misener, R., Wong, S., MacDonald, M., O’Mara, L. and The Strengthening Primary Health Care through Primary Care and Public Health Collaboration Team. 2018. “Organizational factors influencing successful primary care and public health collaboration.” *BMC Health Services Research* 18(420): 1-17.
- Video (5 mins) by Health Council of Canada on “Teams Manage Chronic Disease in Canada” [Twillingate, NL].  
<http://www.youtube.com/watch?v=PADGp1i34is>

<b>Module 5: Quality and Safety – Health System Priorities</b>	<b>Mar. 8 – Mar. 21</b>
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The purpose of this module is to explore the health quality movement in Canada, including how it has been influenced by quality movements in other jurisdictions. We will consider provincial health quality efforts and, since patient safety is an integral part of quality, will examine initiatives aimed at improving patient safety and reducing adverse events in clinical settings. Through all of this work, we will take a systems-level perspective whenever possible in order to explore options available to health system leaders seeking to improve quality and safety.

**Required materials:**

- Canada, p. 134-145
- Laeeque, Hina, Barb Farlow, and Sandi Kossey. 2020. "Patient Safety Never Events: Cross-Canada Checkup" *Healthcare Quarterly* 22(Special Issue): 46-57.  
<https://www.longwoods.com/content/26047/healthcare-quarterly/patient-safety-never-events-cross-canada-checkup>
- Baker, R. 2014. "Governance, Policy and System-Level Efforts to Support Safer Healthcare" *Healthcare Quarterly* 17(Special Issue): 21-26.
- Health Quality Ontario. 2017. Patient Safety Learning Systems: A Systematic Review and Qualitative Synthesis. Ontario Health Technology Assessment Series 17(3):1-23.  
<http://www.hqontario.ca/Evidence-to-Improve-Care/Journal-Ontario-Health-Technology-Assessment-Series>.
- Tsisis, P., Agrawal, N. And Guriel, N. 2019. "An embedded systems perspective in conceptualizing Canada's healthcare sustainability." *Sustainability* 11(531): 1 – 11.  
[https://www.researchgate.net/publication/330537646\\_An\\_Embedded\\_Systems\\_Perspective\\_in\\_Conceptualizing\\_Canada's\\_Healthcare\\_Sustainability](https://www.researchgate.net/publication/330537646_An_Embedded_Systems_Perspective_in_Conceptualizing_Canada's_Healthcare_Sustainability)

**Supplementary materials:**

- Chattergoon, S., Darling, S., Devitt, R., Klassen, W. 2014. "Creating and sustaining value: Building a culture of continuous improvement" *Healthcare Management Forum* 27: 5-9.
- Federal Agency Roundtable. 2014. "National Perspectives on Patient Safety: Ten years later." *Healthcare Quarterly* 17 (Special issue): 6-13.
- Health Quality Ontario. 2017. Patient Safety Learning Systems: A Systematic Review and Qualitative Synthesis. Ontario Health Technology Assessment Series 17(3):1-23.  
<http://www.hqontario.ca/Evidence-to-Improve-Care/Journal-Ontario-Health-Technology-Assessment-Series>.
- Institute of Health Policy, Management and Evaluation. 2015. *Beyond the Quick Fix: Strategies for Improving Patient Safety*.  
<http://ihpme.utoronto.ca/wp-content/uploads/2015/11/Beyond-the-Quick-Fix-Baker-2015.pdf>
- Martin, Danielle, et al. 2018. "Canada's universal health-care system: achieving its potential" *Lancet* 391: 1718-1735.
- Urback, D. 2018. "Improving access to health services in Canada." *Healthcare Management Forum* 31(6): 256-260.

**Module 6: Patient (and Family) -Centred Care – Principles & Implementation Mar. 22 – Apr. 4\***

**\*Please note: There are no classes on Good Friday, April 2nd. No course activity is expected that day.**

In this module we will consider the movement to patient and family-centred care (PCC) in Canada. We will examine various perspectives on, and definitions of, PCC. We will also discuss PCC initiatives and their implementation at a health systems level.

### **Required materials:**

- Allan, L., Hatala, A., Ijaz, S., Elder Courchene, D. and Elder Bushie, B. 2020. “Indigenous-led health care partnerships in Canada.” *Canadian Medical Association Journal* 192(9): E208-16.
- Born, K., Lupacis, A. 2012. “Public Engagement in Ontario’s Hospitals: Opportunities and Challenges.” *Healthcare Quarterly* 15 (Special Issue): 16-20.
- British Columbia Ministry of Health. 2015. *The British Columbia Patient-Centered care Framework*. Government of British Columbia.  
[http://www.health.gov.bc.ca/library/publications/year/2015\\_a/pt-centred-care-framework.pdf](http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf)
- Health Canada. 2015. “Patient partnership, public empowerment.” *Unleashing Innovation: Excellent Healthcare for Canada*. Chapter 5: 47-56.  
<http://healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf>
- Health Council of Canada. 2010. *Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care*. Toronto: Health Council of Canada, 1-14.  
[http://www.healthcouncilcanada.ca/tree/2.16-HCC\\_CHCM\\_FINAL\\_ENGLISH.pdf](http://www.healthcouncilcanada.ca/tree/2.16-HCC_CHCM_FINAL_ENGLISH.pdf)
- Abraham M, Ginn Moretz J, 2012. “Implementing Patient-and Family-Centered Care: Part I – Understanding the Challenges.” *Pediatric Nursing* 38(1): 44-47.
- Ginn Moretz J, Abraham M, 2012. “Implementing Patient-and Family-Centered Care: Part II – Strategies and Resources for Success.” *Pediatric Nursing* 38(2): 106-109.

### **Supplementary materials:**

- Anderson, J., Williams, L., Karmali, A., Beesley, L., Tanel, N., Doyle-Thomas, K., Sheps, G. and Chauon, T. on behalf of the Research Family Engagement Committee. 2017. “Client and family engagement in rehabilitation research: a framework for health care organizations.” *Disability and Rehabilitation*. 40(7): 859-863.
- Brunoro-Kadash, C., Kadash, N. 2013. “Time to care: a patient-centered quality improvement strategy.” *Leadership in Health Services* 26(3): 220-231.
- Health Council of Canada. 2010. *Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care*. Toronto: Health Council of Canada, 1-14.  
[http://www.healthcouncilcanada.ca/tree/2.16-HCC\\_CHCM\\_FINAL\\_ENGLISH.pdf](http://www.healthcouncilcanada.ca/tree/2.16-HCC_CHCM_FINAL_ENGLISH.pdf)
- McBrien, K., Ivers, N., Barnieh, L., Bailey, J., Lorenzetti, D., Nicholas, D., Tonelli, M., Hemmelgarn, B., Lweanczuk, R., Edwards, A., Braun, T. and Manns, B. 2018. “Patient navigators for people with chronic disease: A systematic review.” *PLoS One*. 13(2): 1-33.  
<https://www.ncbi.nlm.nih.gov/pubmed/29462179>
- The Honourable Dustin Duncan. 2015. *Patient First Review Update; The journey so far and the path forward*.  
<https://www.saskatchewan.ca/~media/files/health/health%20and%20healthy%20living/health%20care%20provider%20resources/sask%20health%20initiatives/patient%20first/patient-first-update-2015.pdf>

**Module 7: Performance Assessment, Planning and Accountability**
**Apr. 5 – April. 15\***

**\*Please note: this final module is a short module**

The purpose of this module is to use your knowledge of the organization and administration of health care in Canada to consider how to effectively measure performance, improve outcomes and manage change. This module's content will be a useful resource for your Health Reform Analysis assignment.

**Required materials:**

- Canada, ch. 7 (pp. 129-148)
- Forster, A. van Walraven, C. 2012. "The use of quality indicators to promote accountability in health care: the good, the bad, and the ugly." *Open Medicine* 6(2):75-78.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3659217/>
- Leeb, K. 2018. "Does health system performance reporting stimulate change?" *Healthcare Management Forum* 31(6): 235-238.
- Mannion, R., Braithwaite, J. 2012. "Unintended consequences of performance measurement in healthcare: 20 salutary lessons from the English National Health Service." *Internal Medicine Journal* 42(5): 569-574.
- Veillard, J., et al. 2010. "Making Health System Performance Measurement Useful to Policy Makers: Aligning Strategies, Measurement and Local Health System Accountability in Ontario." *Healthcare Policy* 5(3): 49-65.

**Supplementary materials:**

- Contandriopoulos, D., F. Champagne and J. Denis. 2014. "The Multiple Causal Pathways Between Performance Measures' Use and Effects." *Medical Care Research and Review* 71(1): 3-20.
- Health Council of Canada. 2012. *Measuring and Reporting on Health System Performance in Canada: Opportunities for Improvement*.  
[http://www.healthcouncilcanada.ca/rpt\\_det.php?id=370](http://www.healthcouncilcanada.ca/rpt_det.php?id=370)
- Jeyaraman, M., Qadar, S., Wierzbowski, A., Farshidfar, F., Lys, J., Dickson, G., Grimes, K., Phillips, L., Mitchell, J., van Aerde, J., Johnson, D., Krupka, F., Zarychanski, R. and Abou-Setta, A. 2018. "Return on investment in healthcare leadership development programs." *Leadership in Health Services* 31(1): 77-97.
- Presentation by John Wright, Kevin Smith and Kelly Isfan: Indicators, Analytics and Dashboards. May 16, 2012, video runtime: 58 minutes. <https://www.youtube.com/watch?v=I0QE3bL16RU>

**EVALUATION**

Assignment	% of Total Course Grade	Time-frame/Due Date
Discussion Forum Engagement	10%	April 12, 2021 (8:00 a.m. SK time)
Moderation Assignment	5%	As assigned
Position Statement	20%	February 24, 2021 (8:00 a.m. SK time)
Briefing Note	30%	March 22, 2021 (8:00 a.m. SK time)
Health Reform Analysis	35%	April 19, 2021 (8:00 a.m. SK time)

Details on the requirements for each assignment follow below. Please see the JSGS Grade Descriptions in the relevant student handbook (available at:

<http://www.schoolofpublicpolicy.sk.ca/students/resources/useful-links-and-documents.php#JSGSdocuments>) for information about expectations and associated marking ranges.

**Submitting Assignments:** All assignments must be submitted using the Assignments upload tool in our URCourses site. Marks and feedback will be returned using the same tool. Please ensure you keep a copy of all work submitted for evaluation in this course, at minimum until you have received your final grade.

\*\*Please note that URCourses operates on Saskatchewan time, and Saskatchewan does not observe daylight savings. You will need to adjust accordingly for submission deadlines.

**Turnitin:** This course uses a version of Turnitin that is integrated into URCourses. There are a few specific things to note about our use of Turnitin:

- Turnitin is a tool for online submission and grading and that will be its primary function in this course. It also offers an originality checking function which can provide an opportunity for students to improve their assignments (e.g., by making sure citations are complete and accurate, etc.) before a final submission.
- Students can choose to view an “originality report” for their assignment. Originality reports are not designed to identify plagiarism but identify high degrees of similarity. Similarities can occur for a variety of reasons (e.g., improperly formatted citations, common phrases or expressions, etc.). If, for example, your originality report identifies improperly formatted citations, you can fix the problem with your assignment and resubmit any time before the due date.
- Student papers will NOT be stored on Turnitin.
- Students are NOT required to create or use a personal Turnitin account. All assignment submissions and viewing of marks and feedback are accessed through our URCourses site.

**Naming of Assignment Documents:** Please use the following format when naming your assignments (i.e. for the file name when you save the document before uploading it):

Last name\_assignment name

For example: Bojkovsky\_briefing note

**Referencing:** As discussed further below, Academic Integrity is of paramount importance and is taken very seriously. Anytime you use material (e.g., ideas, data, etc) from someone or somewhere else, you **must** reference your source. A wide variety of citation styles exist. For consistency, the Johnson Shoyama Graduate School of Public Policy uses the Chicago Manual of Style’s in-text, author date system. Please note the in-text, author date system does not use footnotes or endnotes, however you are permitted to use footnotes or endnotes for your briefing note assignment. There is a quick referencing guide that provides helpful examples of this referencing style available on our URCourses. Students can also access the full online version of the Chicago Manual of Style through the University of Regina library.

## DESCRIPTION OF ASSIGNMENTS:

- ***DISCUSSION FORUM ENGAGEMENT - Assessment of 5 select posts (your choice) (10% - DUE MONDAY, APRIL 12, 2021, 8:00 A.M. SK TIME)***

Active, meaningful participation is essential to success in an online course, particularly at the graduate level. The discussion forums are where students are expected to engage critically with the course material and to contribute their own thoughts, insights and questions. They also provide an opportunity for students to exchange ideas as well as share personal experiences and expertise. Although the discussion forums will be closely monitored by the instructor they are intended to primarily be an ***opportunity for peer-to-peer discussion*** and debate. Details on expectations for participation can be found below, following the descriptions of the forums.

There are 2 discussion forums in this course. Only the module-specific discussion forum is used for evaluation purposes:

1. Module-Specific Discussion Forum

Each module will include a discussion forum which is intended to play the role of live discussions in a seminar-style course. The discussion forum is where students are expected to engage critically with the material and to contribute their own thoughts and questions. It will also provide an opportunity for students to exchange ideas as well as share their personal experiences and expertise. Discussion forums will be available only when a given module is running (see dates in the course outline below, and note that modules open at 8 a.m. and close at midnight). It is important to be timely with your participation and be active on the site throughout the module. The class will be divided into groups for the discussion forums to facilitate a more coherent discussion.

2. “Current Events” Forum

The “Current Events” Forum presents an opportunity for us to engage with one another in discussions about current developments and issues relevant to health system organization and administration. I will post links to relevant news stories as they occur and encourage students to do the same, and to share reactions/thoughts/ideas. Current context suggests this discussion forum may include many articles related to COVID-19 and therefore to respect different coping methods during the pandemic, this discussion forum is entirely optional for the winter 2021 semester.

### **Expectations & Evaluation Criteria:**

Each student will be asked to select 5 of their discussion forum posts to submit for evaluation at the end of term. Each post must come from a different module and must be drawn from the module-specific discussion forums. These 5 posts can be copied and pasted into a single word document, which should be submitted using the link the Assignments block of the course site.

Criteria for evaluation include assessment of the following:

- *Level of engagement*: To what extent do the contributions reflect thoughtful, respectful engagement with the ideas of others, and reflect efforts to engage in a discussion as opposed to postings of isolated individual thoughts?
- *Quality of content contributions*: To what extent do the contributions demonstrate an accurate understanding of the content and an analytical/critical approach?
- *References and support*: To what extent are the ideas presented appropriately supported or justified with reference to course materials and/or other relevant sources (vs. consisting solely of an individual's own opinion or experiences)?

Throughout the course we will engage with a large volume of material and associated discussions, so it is important to keep postings concise and on-point. **Please limit each posting to no more than 200 words.**

➤ ***MODERATION ASSIGNMENT (5% - AS ASSIGNED)***

Each student will be required to act as his/her group's moderator (similar to a seminar leader) for a given module. The moderation assignments will be made available in Module 2 and will take effect in Module 3. Students are free to switch modules with one another as long as notice of the change is provided to the instructor in advance of the start of the module.

Moderators are responsible for the following:

1. Prepare and post at least one initial discussion topic or question to their group for the module.
2. Monitor and engage in the discussion throughout the module, which may include answering questions arising, posing additional questions to others, and generally encouraging a robust discussion. Please note: it is the moderator's contributions that are assessed here. The moderator's mark is not affected by the level of participation of group members.

**\*\* note:** moderators must submit a word document with their initial discussion question(s) using the assignment submission tool. Please follow the file naming approach outlined in the syllabus and make sure your name is on the submission. This submission is due by noon (SK time) the day after your module closes.

The criteria for evaluation of moderation include: level of engagement with peers; quality of leadership; demonstrated familiarity with course content; originality of thought and analysis

**Please note:** In some cases, there may be more than one moderator assigned per group for a given module. If that is the case, the moderators are to share the moderation duties. Each moderator must provide at least one initial discussion question/topic and be active in moderating and facilitating the discussion. Moderators will be marked separately for their performance. However, while it is not required, moderators should feel free to communicate with one another and work together to minimize overlap and promote complementary approaches.

➤ **POSITION STATEMENT (20% – DUE WEDNESDAY, FEBRUARY 24, 2021, 8:00 A.M. SK TIME)**

Each student will be required to submit a one page evidence based position statement on the topic of de-regionalization. The assignment must include a title page and reference page, with preference for Chicago Manual Style referencing. The position statement must integrate evidence and analysis to provide a thoughtful argument for the statement. More information regarding this assignment will be provided at the start of the course on the course homepage.

➤ **BRIEFING NOTE (30% – DUE MONDAY, MARCH 22, 2021, 8:00 A.M., SK TIME)**

Each student must prepare a short briefing note (max 2 pages, 12-point font). Details on the topic will be provided at the start of the course on the course homepage.

Formatting is important because a briefing note should be easy to read and digest quickly. It is often advisable to avoid dense blocks of text, ensure sufficient white space, and use headings effectively. Using bullet points is acceptable. You may use single, 1.5 or double-spaced text, depending on what works best with the formatting approach you have chosen. There are many different ways to prepare a briefing note. For the purpose of this assignment, the briefing note must contain the following elements:

Topic, addressee & author information: The briefing note should clearly indicate the topic, the audience and the author.

Issue: 1-2 sentences setting out the policy issue addressed in the briefing note. Issue statements are often framed as a question (e.g., Whether and how to ....).

Background: Provide only the essential context and history. Try not to be longer than 1 paragraph but 2 paragraphs should be the maximum (note: bullet points are acceptable and often preferred). Exercise good judgment about what your target audience needs to understand in order to make the best (most evidence-based) decision possible. The information presented in this section should be factual and objective.

Analysis: Analyze key considerations (e.g., economic, political, social, etc.) and present important risks, opportunities and trade-offs.

Options/Alternatives: Provide 2-3 alternative responses to the issue outlined above. Each must be viable and feasible, and should present the decision-maker with legitimate points of comparison. Each option should be accompanied by a brief (1-3 sentences) summary of its key implications.

Recommendation: Identify the recommended option and provide a brief additional justification if needed.

**Briefing Note & Referencing:** Please note that in the professional sphere, briefing notes may not always contain references. However, in an academic environment, academic integrity is essential and sources must be credited appropriately. For the purpose of this assignment, students are expected to reference

any material, data, ideas, etc., taken from other sources. In addition to promoting academic integrity, effective referencing also serves to strengthen the final product by enhancing transparency and reproducibility, and by enabling readers to evaluate the strength of the conclusions based on the quality of the data/information sources. For the purpose of this assignment, you may use either the Chicago Manual of Style's footnote, endnote or its in-text, author-date referencing styles. It is the student's choice which type of Chicago Manual Style referencing to use. More information will be available on the course homepage.

➤ **HEALTH REFORM ANALYSIS (35% - DUE MONDAY, APRIL 19, 2021, 8:00 A.M. SK TIME)**

Each student must prepare a Health Reform Analysis (HRA), in the style of *Health Reform Observer*, on a topic of their choice. The *Health Reform Observer* is an open-access, peer reviewed journal with a diverse target audience that includes academics, decision-makers and practitioners (see <https://mulpress.mcmaster.ca/hro-ors/index>).

*The "Health Reform Observer – Observatoire des Réformes de Santé is an open access, peer-reviewed, online journal presenting the best evidence available on reforms related to the governance, financing and delivery of health care in the Canadian provinces and territories. The journal aims to be a bridge between scholars and decision-makers and facilitate the flow of rigorous, evidence-based information."* (see: <https://mulpress.mcmaster.ca/hro-ors/index>)

The HRA Guidelines provide the following description:

*"Provincial/territorial health reform analyses (HRAs) are short, primarily descriptive articles pertaining to one salient reform related to the governance, financial arrangements[1], and delivery of the health care system in a specific jurisdiction[2]. HRAs should not exceed 2,000 words in length (excluding the abstract and "For More Detail" list)."* (<https://mulpress.mcmaster.ca/hro-ors/hra-template>)

The Guidelines for Health Reform Analyses can be found here: <https://mulpress.mcmaster.ca/hro-ors/hra-template> (Please note: the assignment is to prepare a Health Reform Analysis, NOT a Comparative Health Reform Analysis or a Letter to the Editor/Commentary).

This assignment will provide students with an opportunity to apply the knowledge and skills practiced in this course including, though not limited to, rigorous analysis of complex health system issues as well as effective writing. Strong assignments will demonstrate students' success with regard to the learning objectives set out at the beginning of this syllabus. With that in mind, students are encouraged to give careful thought to their section of topic. Examples have been provided as part of your required reading during the semester. Please seek approval of your topic in advance from the Professor.

The paper will be evaluated for both style and content (see the sample marking guide available on our URCourses site). The goal should be to produce a potentially publishable piece that would be of interest to the *Health Reform Observer's* audience, which includes scholars, practitioners and decision makers.

A few key points to note:

- The piece should be written in a style that is accessible to both academics and decision-makers;

- It must follow the standard format outlined in the HRA Guidelines, including the required elements for the main body of the article;
- It should be a **maximum** of 2,000 words (excluding the keywords, key messages, abstract, references, and for more detail sections);
- References can follow either the Chicago Manual of Style's in-text, author-date system, or the format described in the HRA Guidelines Final Manuscript Formatting Requirements (<https://mulpress.mcmaster.ca/hro-ors/how-to-format-ms>);
- You are NOT required to provide your abstract in French (English only).

## **LATE ASSIGNMENTS**

5% will be deducted per day for late assignments, subject to extensions granted in exceptional circumstances which are generally unanticipated and outside the student's control (e.g., illness, family emergency). If such a situation should arise, please contact the Professor as soon as possible.

## **STUDENTS WITH SPECIAL NEEDS**

University of Regina (U of R): Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact the Coordinator of Special Needs Services at (306) 585-4631.

University of Saskatchewan (U of S): Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact Disability Services for Students (DSS) at 966-7273.

## **STUDENTS EXPERIENCING STRESS**

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University of Saskatchewan (U of S): Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact Disability Services for Students (DSS) at 966-7273.

## **ACADEMIC INTEGRITY AND CONDUCT**

U of R: Ensuring that you understand and follow the principles of academic integrity and conduct as laid out by the University of Regina (available at <http://www.uregina.ca/gradstudies/grad-calendar/policy-univ.html>) is vital to your success in graduate school. Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact your course instructor to discuss your questions.

U of S: Understanding and following the principles of academic integrity and conduct as laid out in the University of Saskatchewan's Guidelines for Academic Conduct is vital to your success in graduate school (available at [www.usask.ca/university\\_secretary/council/reports\\_forms/reports/guide\\_conduct.php](http://www.usask.ca/university_secretary/council/reports_forms/reports/guide_conduct.php)). Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact any faculty member and we can discuss your questions.

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## **ACKNOWLEDGEMENTS**

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