

Merging best practices in healthcare delivery and business management

Harbourfront Health Group Inc.

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Atlantic Canada, Ontario and Nunavut



CORPORATE SUMMARY

Since its conception in 2004, **HarbourFront Health Group (HFHG)** has been growing rapidly to provide clients with innovative, evidenced based healthcare solutions across Canada, and has recently expanded its operations into Atlantic Canada and Nunavut. With perspectives gained through in-depth research and development ventures, clinical practice knowledge, and strategic planning and implementation, **HFHG** is continuously at the leading edge of healthcare management best practices, trends and models.

HFHG possesses core competencies in policy and strategy development, health human resources and program planning, healthcare delivery systems modeling and design, multistakeholder relations, under serviced areas and Aboriginal healthcare needs. Our understanding and experience with planning and policy development in the public sector provides clients with streamlined approaches for business case development and strategic planning to achieve their vision in the dynamic healthcare environment at national, regional and local levels.

Our health services experts bring an efficacious blend of clinical, academic research and business experience to assist clients in producing optimal, sustainable solutions to improve service delivery and policy to maximally impact resource allocation in improving patient outcomes. **HFHG** believes that information technology (IT) will play a pivotal role in the transformation of the health system has led us to develop expert capabilities in the design and development of electronic information and knowledge transfer methods.

Close dialogue amongst team members provides our clients with consultative input firmly grounded in best practices in healthcare policy, strategic and program development and management at all levels of delivery. Because we believe that the best solutions in healthcare innovation need to be shared across jurisdictions, **HFHG** develops highly professional and comprehensible presentations to communicate among clients, stakeholders and healthcare organizations seeking excellence through national conferences and peer reviewed journals.

OUR HEALTHCARE CONSULTING SPECIALTIES

PLANNING & EVALUATION

Strategic Planning
Policy Development
Program Development
Project Management Planning
Program Evaluation
Business Case Development
Implementation
Funding Proposals

RESEARCH & ANALYSIS

Best Practices Methodologies
Competitive Analysis
Environmental Scans
Feasibility Studies
Healthcare Economics
Needs Analysis
Resource Allocation Solutions
Risk / Benefit Analysis

ABORIGINAL HEALTH

Needs Analysis
Integration Planning
Health Program Design
Strategic Planning
Governance
Facilities/Infrastructure Analysis
Cross Culture / Relations

COMMUNICATIONS

Publications & Presentations
Project Management
Report Writing

HEALTH SERVICES INTEGRATION

Care Delivery Models
Stakeholder Engagement
Family Health Teams (FHT)
F/P/T Government Projects
Literature Research
Not-For-Profit Organizations
Committee Facilitation

HEALTH HUMAN RESOURCES

Data Modeling/Decision Support
Forecasting Supply & Demand
HHR Planning
Policy & Research Support
Recruitment & Retention
Training
Education

e - HEALTH

Risk / Benefit Analysis
NPO Business Case Development
Data Management
Database Analysis & Development

**Please refer to
www.HFHG.ca
for details of our related projects.*

DOMAINES D'EXPERTISE

Santé des Autochtones
Développement des Cas d'Affaires
Modèles de Livraison de Soins
e-Santé
Écographies Environnementales
Équipes de Santé Familiale
Études de Faisabilité

Propositions de Financement
Ressources Humaines de Santé
Développement de Programme de Santé
Administration de Projets
Évaluation de Programmes
Analyse de Risque / Bénéfice
Planification Stratégique / Développement de la Politique

RECENT PROJECTS

CLIENT: Tobique First Nation, New Brunswick

Recently completed the 2008/2009 Annual Report for Tobique FN Health Services. Recommendations were given at a strategic and operational level to achieve sustained growth while maximizing utility of current resources. Commencing Community Health Plan in the fall of 2009, to achieve renewed funding support from Health Canada on a healthcare needs basis.

CLIENT: Peterborough Regional Health Center/ Central East Local Health Integration Network

Chronic Kidney Disease Screening for First Nations

Hired to lead and manage LHIN priority project in chronic kidney disease (CKD) management for First Nations populations in three communities. Developed screening tool and project algorithm and successfully implemented this in a multistakeholder environment with the LHIN, hospital, local specialists and family physicians and First Nations health professionals from Alderville, Curve Lake and Hiawatha.

CLIENT: Canadian Chiropractic Association

Caring for People Most in Need: Proposal Development for the Delivery of Chiropractic Services in Nunavut

Performing proposal development for the Association to implement chiropractic services to Nunavut. Input has been solicited from Nunavut clinicians and health department officials to develop a grass roots plan to bring these services to the north. A supporting evidence base will be developed with presentation to the Federal Minister of Health in October 2009.

CLIENT: Government of Nunavut – Department of Health & Social Services / Health Information

Comprehensive Review of Specialist and Case Management Services for the Baffin Region of Nunavut

Performed comprehensive review of case management and specialist services for Baffin region, completed 31 July 09. Recommendations and solutions were given to improve current resource usage as well as identify and effectively remedy gaps in local infrastructure. DHHS has received this report favorably and has indicated it will, once again, solicit the services of HFHG to implement many aspects of the recommendations.

CLIENT: Government of Nunavut – Department of Health & Social Services / Health Information

Operational Review of Specialist Services, Telehealth and Medical Travel for the Baffin Region of Nunavut

HarbourFront Health Group performed an operational review of specialist services and medical travel for Qikiqtaaluk, geared to maximize efficiencies and minimize wait times for specialist care of the Baffin Region residents. To determine resource allocations, organizational structure, operating procedures, processes, and controls, this project involves analysis of workflow processes through the current manual system, as well as the documents involved with case management, specialist services and medical travel. Also, interviews of stakeholders and staff were conducted, all geared to provide recommendations to enhance the delivery of seamless, quality care.

Streamlining the current manual system will provide an effective framework for the future implementation of electronic health information management processes. This review was aimed to ensure all participants are doing everything possible to guarantee optimal organizational structures exist and that processes for specialist services and medical transport are running most economically and efficiently to maximize desired results. Additionally, the role and utilization of Telehealth services for specialty care, and any barriers to optimizing its use including scheduling and human resource issues formed part of this review.

CLIENT: Canadian Institute for Health Information (CIHI)

HHR Data Query Tool

HarbourFront Health Group was retained by CIHI to develop a business case, project management plan and schematic architecture for a new web-based health human resources e-query tool. This high profile project included a review of current CIHI programs, data architecture and corporate e-strategy and e-reporting strategies to ensure internal organizational alignment and increased capability. External market analysis and stakeholder relations were also assessed to determine maximal utility to provide national, high level information to support decision making and HHR program development across jurisdictions. A detailed project management plan and architecture for the web-based tool with costing for development and implementation formed part of HFHG's input to this project.

CLIENT: Oneida Nation of the Thames / Health Canada – First Nations and Inuit Health Branch (FNIHB)

“Developing Integration, Accountability and a Continuum of Care” – AHTF Integration (ongoing since 2007)

On request of this First Nations people, to develop culturally sensitive primary care and health promotion services, the necessary First Nations community perspective was gained through regular meetings and workshops with community and council members, healthcare managers, and community nurses. A comprehensive current and projected needs assessment with identification of available healthcare resources and usage formed the substrate for effective planning to close gaps in access and service delivery at the community and regional level. This analysis led to development of a renewed primary care service and facility proposal with comprehensive HHR planning, health programs and a full project management plan including an economic analysis. Following this assessment and analysis, HFHG created a multi-stakeholder dialogue to develop a successful strategy and proposal to integrate and improve regional services. An effective partnership group for this project was developed by HFHG with Health Canada, City of London, Band Council and representatives, and neighboring tribal council and associations.

Led by HFHG, this group has developed a framework for regional service integration ensuring a continuum of care for the South Western Ontario Region's 10,000 First Nations Peoples. This project has been included the federal Aboriginal Health Transition Fund, a major initiative for First Nations and Inuit healthcare systemic transformation in Canada.

From HFHG's field experience and broad literature review, a high level public finance and policy paper was constructed and accepted for publication in a prominent healthcare management journal and presentation at national conferences.

CLIENT: Canadian Forces Health Services (CFHS)

Strategic planning services to DND Health Services, Directorate of Health Human Resources

Specifically involved in policy development and planning to address critical HHR shortages in Health Services in an increasingly operational environment to support the Canadian Forces. Environmental scanning was performed to assess current and future supply, demand and mobility of physician resources on a national basis as well as a competitive analysis for recruiting strategies. Cost and operational analysis of internal resource management models and large scale contracted civilian resources to optimize management of current health professional cadre.

Undergraduate and post-graduate training opportunities and costing were conducted on behalf of the client with all medical schools across Canada. Integration, orientation and recruitment strategies were also developed for graduates of foreign medical schools.

Administrative protocols were established for streamlined recruitment and effective orientation, including expeditious security clearance for physicians and medical students entering the CF at all career levels. Licensing requirements in a multi-jurisdictional environment were developed as part of the protocols, in addition to task-specific training requirements. Costing for all entry level plans and existing staff was conducted and advice provided in compliance with the environmental scan to develop compensation and benefits packages for CF Medical Officers. This included present value calculation of all compensation and pension plans as part of the offering.

Following policy discussions in light of resource needs, supply/demand analysis and scenario modeling, HFHG provided the lead role with executive staff in formulating short and long range strategic plans to meet HHR needs. Recommendations were also given for clinical delivery models and career pathing to promote retention of current staff.

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HFHG ensured optimal outcomes for resource needs projected over a ten year period. Elements of the report produced by HFHG have been adopted as a template for other strategic planning projects underway by this organization. To quote the Surgeon General regarding this success, "We're really happy about this story. Five years ago we were 33 percent short (of) doctors across the board, and 50 percent at the working rank of captain and major....(Now) we actually think we will be at full strength for Medical Officers in two years."

CLIENT: Surgeon General of Canada

The Surgeon General of Canada was the Canadian pioneer in the training and utilization of Physician Assistants (PAs). To fulfill accreditation requirements for continuing endorsement by the Canadian Medical Association, the Canadian Association of Physician Assistants (CAPA) and the Canadian Council for Physician Assistant Certification (CCPAC) required strategic planning and policy development expertise in its transition to become an independent not-for-profit organizations (NPO), representing a new national regulated health provider.

A comprehensive health labour trend and competitive analysis through literature review and stakeholder consultations was created to optimize positioning of the PA profession in the context of a competitive mid-level health provider arena. This was conducted in the dual scenarios of the PA profession as a current non-regulated health provider and the implications of pursuing regulation under provincial Acts, particularly in compliance with the requirements for regulation through the Health Professions Regulatory Advisory Committee (HPRAC) in Ontario.

Optimal resource utilization made it apparent to align with the strategic objectives of the Ministry of Ontario Health and Long Term Care to include PAs in the province's health provider mix. Policy development for CAPA and CCPAC was conducted. In-depth dialogue was established with the ADM of Health and staff, to ensure CAPA's and CCPAC's position as the representative bodies for the profession in Ontario. Needs for practice liability insurance were met and implemented, through discussions followed by research, analysis and solicitation to the private market.

Financial sustainability for the Association was planned through Activity Based Costing (ABC) of strategic objectives over a five year period, including infrastructure assessment and HR staff planning. Review of a Treasury Board Contribution application was performed, in addition to identifying other public and private funding sources. Finally, a strategic plan with costing, risk/benefit analysis was formed for professional regulation through an application to the Ontario Minister and subsequent referral to HPRAC.

CLIENT: Oshawa Health Center and The Medical Trust

HFHG was retained to provide experienced health care strategic guidance and leadership to assist this organization in fulfilling its ambitious vision to become a leading edge care centre for the region with multidisciplinary care expertise to be disseminated on a national basis.

Current operating costs, balance sheet and cash flow reports were thoroughly analyzed for the transition into a facility four-fold the size of the previous centre. Detailed financial plans were constructed with elaboration of current and future management and characteristics of debt/asset accumulation with corresponding operating costs and cash flows. Financial resource objectives were implemented to ensure long term sustainability of the centre with a recruiting strategy for private health care services as well as practitioners to form a core group for the facility's delivery of health care to the community. The financial objectives developed were congruence with the overall vision of the centre to improve access for the community and develop best practices in multidisciplinary, integrated care.

Optimal lease agreements were negotiated with service provider organizations to maximally benefit service to the community and impact revenue streams. Compensation packages and benefits were formulated to create a competitive offering to the market and the recruiting strategy was successfully implemented in association with the Durham Chamber of Commerce. Numerous detailed applications to the MOHLTC for public funding support were made through various envelopes identified as a result of research and ongoing relations with senior Ministry staff. Integration of resources in a regional context was developed through consultation with senior hospital, LHIN, and political executives and staff.

Administrative and support staff protocols were formed and documented to optimize human resource utility and satisfaction with standardized training programs. Such documents were crucial in the equitable settlement of employee and union issues with administrative staff. To develop shared vision and collaboration in a rapidly expanding professional and administrative staff, tenets of the "Learning Organization" (Senge, MIT, 1990) were adapted to multidisciplinary care giving rise to the

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“Learning Model of Integrated Care” (Ashton, Duffie, Aiken, 2007). Expert advice was obtained and a plan for program evaluation was developed in collaboration with health service researchers at Queen’s University.

Annual reports to Revenue Canada were reviewed prior to Chartered Accountant preparation for submission to maximize compliance with legislation and reporting requirements.

The Oshawa Health Centre successfully grew to a collaborative group of 35 health professionals and staff members from 12 two years previous, and provides comprehensive, high quality primary care services to the Durham community. Debt/equity ratios have improved dramatically with monthly gross revenues growing from under \$100,000 to over \$220,000 per month.

The “Learning Model of Integrated Care” has received national attention with a presentation at the 2007 National Health Leadership Conference, a feature article in the September 2007 Medical Post entitled “Programs that Work”, and has been cited by the Health Quality Council. In addition, a detailed, peer reviewed article has been accepted for publication in the 2008 summer issue of Healthcare Management Forum.

CLIENT: Ottawa Westend FamilyCare Family Health Team (FHT)

HarbourFront Health Group recently produced and negotiated a 5-year Business & Operational Plan for the Ottawa Westend FamilyCare Clinic Family Health Team (FHT) involving multi-stakeholders, and received approval of a \$9.5 M Grant from the MOHLTC. This plan also included HHR models for chronic disease management (CDM) programs for diabetes, hypertension and mental health.

CLIENT: Rouge Valley Health System and Durham Chamber of Commerce

As lead Physician Recruiter, HFHG attends Medical Staff Committee meetings to provide expertise regarding physician supply and demand. Additionally, we liaise with specialist physician leaders, Royal College of Physicians and Surgeons of Canada, Ministry of Health and Long Term Care to solve pressing HR needs. HFHG conducted a review and evaluation of current procurement/sourcing efforts and screening techniques utilized to generate and evaluate prospective candidates.

CLIENT: Batchewana First Nation of Ojibways / Health Canada – FNIHB

HFHG was retained by this First Nations community to explore solutions to remedy chronic difficulties in accessing culturally sensitive, quality healthcare for its members and neighboring Peoples. An aboriginal perspective to develop solutions as well as trust in our firm’s approach was gained through numerous focus groups and workshops with community members, First Nations nurses, and Band council representatives. A full environmental scan of existing resources as well as a comprehensive needs assessment for 8,700 regional First Nations People provided the necessary background to undertake community driven healthcare planning assisted by HFHG. Health human resource requirements and health programs were developed to efficiently meet needs and address gaps in service reported by First Nations People.

Innovative strategic partnerships were developed with the Northern Ontario School of Medicine (NOSM), the Aboriginal Cancer Care Unit and the Northern Diabetes Network, tribal council and government organizations to provide the necessary human and financial resources and expertise for this project. A full human resources plan and healthcare program design was developed with recruitment, training and retention of physicians and nurses for a Clinical Teaching Unit. A change management and training plan formulated for community stakeholders to adapt to renewed service delivery. A comprehensive four year project management plan with performance metrics and economic analysis was constructed to ensure seamless implementation of this new regional health service.

HFHG’s participation in development of this facility of healing and health shall ensured excellence in Aboriginal care delivery, sustainability and capacity building for this regional under serviced First Nations population.

CLIENT: King Street Medical Center

HFHG executives conceptualized and created the King Street Medical Center, the first privately owned multi-service primary and specialist care facility for its region. We structured corporation and shareholders agreements, successfully raised over \$5M in capital for this 40,000 square foot facility. HFHG recruited and negotiated leasing contracts with private and corporate multi-service providers, provided corporate vision and leadership in municipal, community and other service provider relations. We supervised and guided architect and engineering contractors in facility design and construction. We were responsible for construction finance administration and managed its annual budget, including forecasts and reports to shareholders.

CLIENT: Industrial Health Services

HarbourFront Health Group performed feasibility studies, environmental scanning, financial planning and implementation strategies for a new Health Centre to service the needs of the expanding Bruce Peninsula Power Plant.

CLIENT: Organ Donation Ontario

As regional coordinator, HFHG facilitated organ and tissue donation within the Lakeridge Health Corporation through orientation and education of healthcare staff. Consultation took place with the Lakeridge Health Corporation Organ and Tissue Donor Committee to formulate or revise policies and protocols in accordance with the Trillium Gift of Life Act and the Lakeridge mission, vision and strategic plan. Further consultation was required with the Organ and Tissue Donation Volunteer Committee of Durham Region, an affiliate of Trillium Gift of Life Network. Strategic partnerships were created with community groups interested in organ and tissue donation.

CLIENTS

- Tobique First Nation
- Peterborough Regional Health Center
- The Canadian Chiropractic Association (CCA)
- Canadian Association of Physician Assistants
- Canadian Forces Health Services (CFHS)
- Canadian Institute for Health Information(CIHI)
- Deloitte & Touche Management Consulting
- Batchewana First Nation
- IBM Business Consulting Services
- Government of Nunavut Health Department
- King Street Medical Center
- Lakeridge Health Corporation
- Oneida Nation of the Thames
- Oshawa Greater Chamber of Commerce
- Oshawa Health Center
- Rouge Valley Health System
- Westend FamilyCare Clinic Family Health Team (FHT) / MOHLTC

APPROVED VENDORS OF RECORD (2008-2012)

- Official Ontario FHT Consultants
- CLASP Evaluators
- Government of New Brunswick (NB)
Dept. of Health – Planning & Evaluation Consultants
- Government of Nova Scotia (NS)
Dept. of Health – Consulting Services
- Government of Ontario
Ministry of Health and Long-Term Care (MOHLTC) – Vendor of Record

PUBLICATIONS / PRESENTATIONS / REPORTS

PUBLICATIONS

Quoted in: "Federal policies fuel spread of swine flu"

Canadian Medical Association Journal July 23, 2009

Available at: http://www.cmaj.ca/earlyreleases/23july09_aboriginals.shtml

"Meeting the Needs of Aboriginal Healthcare: a Formula Based Approach to Achieve Equity"

Authors: Ashton, Duffie-Ashton

Abstract accepted by Healthcare Quarterly, submitting for publication November 2008

"The Missing Link in Aboriginal Care: Resource Accounting"

Healthcare Quarterly Vol.11 no.3 2008 / Authors: Ashton & Duffie-Ashton

(Abstract) <http://www.longwoods.com/product.php?productid=19857&cat=550&page=1>

(Article) <http://www.longwoods.com/product.php?productid=19857>

(Editorial) <http://www.longwoods.com/product.php?productid=19846&cat=550&page=1>

"The Learning Model of Integrated Care (LMIC)"

Authors: Ashton, Duffie-Ashton, & Aiken

Submitted for publication July 2008

*HFHG's successes in healthcare management (LMIC) has been featured in
The Medical Post September 2008 and cited by The Health Quality Council*

"Physician Assistants, A Solution to Wait Times in Canada?"

CCHSE Healthcare Management FORUM: 40-43, Summer 2007 / Authors: Ashton, Aiken & Duffie-Ashton

(Article) <http://www.caopa.net/HFHG-Publication-PAs-CCHSE%20Forum%20Summer%202007.pdf>

PRESENTATIONS

"Achieving Equity in Aboriginal Health: The Nash Equilibrium"

Canadian Conference on International Health

Ottawa, November, 2009

"Search and Rescue: The Chronic Kidney Disease Screening Project for Central East Ontario First Nations"

National Aboriginal Health Organization Annual Conference

, Ottawa, November 2009

"Achieving Equity in Aboriginal Healthcare: The Case for a Formula"

Ontario Public Health Association Annual Conference

Toronto, November 2009

"Bringing Equity to Aboriginal Health: A Systems Perspective"

McMaster University 5th Annual Aboriginal Health Conference

Hamilton, February 1, 2009

"Understanding Today's Aboriginal Health Care Delivery System: Strategies for Moving Forward"

3rd Annual Aboriginal Health Conference/ Presenters: Ashton & Duffie Ashton

Toronto, December 2008

PRESENTATIONS (cont'd)

**"Rationalizing Aboriginal Healthcare Funding Allocation:
Resource Accounting & Financial Game Theory Solutions"**

National Aboriginal Health Organization (NAHO) Guest Speaker Series/Presenters: Ashton & Duffie-Ashton
Ottawa, October 2008

"The Missing Link in Regionalized Native Care: Resource Accounting & the KS Solution"

2008 National Healthcare Leadership Conference June 2-3, 2008 / Presenters: Duffie-Ashton & Ashton

(Presentation) <http://www.healthcareleadershipconference.ca/assets/DuffieAshton.pdf>

(Program - # 7: Accountability) http://www.healthcareleadershipconference.ca/default1.asp?active_page_id=45

"The Learning Model of Integrated Care (LMIC)"

2007 National Healthcare Leadership Conference June 2007 / Presenters: Ashton, Duffie-Ashton & Pettyan

<http://www.healthcareleadershipconference.ca/assets/PDFs/Presentation%20PDFs/June%2011/Dockside%201/The%20Learning%20Organization-Optimizing%20Integrated%20Care%20Processes.pdf>

"Physician Assistants in Canada- An Update"

National Healthcare Leadership Conference 2007 / Post Presentation: Ashton & Duffie-Ashton

(Program) http://www.healthcareleadershipconference.ca/assets/PDFs/2626_Eng_01LR.pdf

REPORTS

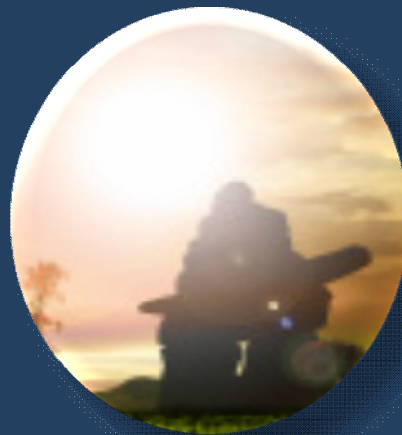
"Competitive Analysis of a New Mid-Level Provider in Canada"

Author: Ashton, C.W.

"The Economics of Health Care Providers in Canada/Part I"

Authors: Ashton & Duffie-Ashton

In Progress



OUR EXECUTIVE TEAM



Dr. C. W. Ashton

Dr . C. WILLIAM Ashton , BEng, MD, MBA/Finance

ENGLISH

Dr. Ashton is Executive Vice-President, Co-founder and Senior Consultant of **HarbourFront Health Group Inc. (HFHG)**. He is a nationally recognized health care executive with a demonstrated record of progressive achievement and outstanding leadership.

Dr. Ashton provides consulting expertise in the areas of health system development, Health Human Resources (HHR) planning, under serviced and population health, business administration and health economics.

Dr. Ashton has many years of experience in rural practice and emergency medicine, with proven business skills in senior management, project management and evaluation, finance, and planning. He possesses highly tuned networking skills in the corporate, public, and academic sectors, in addition to specific expertise in health care trends, evaluative techniques, and developing multidisciplinary programs and large scale systems.

FRANÇAIS

Le Dr. Ashton est Vice-Président exécutif, Co-Fondateur et Consultant en Chef du **HarbourFront Health Group Inc. (HFHG)**. Il est un exécutif nationalement reconnu des soins de santé dans l'ensemble du pays, qui a à son compte de magnifiques réussites et qui a fait preuve de leadership exceptionnel.

Dr. Ashton offre de la compétence en consultation dans le développement du système de santé, dans la planification des Ressources Humaines de Santé, dans la santé de la population mal servie et dans l'administration des affaires et du côté économique de la santé.

Dr. Ashton possède plusieurs années d'expérience dans la pratique de la médecine rurale et d'urgence. Il a fait ses preuves en affaires dans l'administration supérieure, l'évaluation, le financement et la planification de projets. Il possède des habiletés très importantes dans les secteurs sociaux, publics et académiques. De plus, il fait preuve d'une compétence particulière dans les tendances des soins de santé, dans les techniques d'évaluation, dans le développement des programmes multidisciplinaires et dans des systèmes de grande envergure.

OUR EXECUTIVE TEAM



Denise Duffie-Ashton

Denise DUFFIE - Ashton, BBA, MBA, CHE (c)

ENGLISH

Denise Duffie-Ashton, a native of New Brunswick, is President, Co-Founder and a Senior Consultant of **HarbourFront Health Group (HFHG)**, a consulting firm dedicated to the advancement of health care delivery systems in Canada. Denise brings a successful history of concise and effective project management and expertise gleaned from years in the Consulting and Information Technology industries, along with graduate level education in business management to optimally assist healthcare clients seeking excellence.

Fluent in meeting the challenges of the new economy through comprehensive knowledge of large scale project initiatives, Denise ensures best practices are applied to her consulting practice in healthcare to produce optimal, sustainable results for clients. A referent leader and systems thinker, the concepts of effective project management with definition of attainable objectives, tasks, risk and resource management are brought forward to clients to maximize success of initiatives.

Denise is proficient in both official Canadian languages and with her expertise in multi-media communications and marketing, Denise brings exemplary communications expertise to clients similarly advancing the health of Canadians.

To optimally meet client needs, Mrs. Duffie-Ashton has demonstrated expertise in areas as Healthcare Research, Strategic Business Planning, Stakeholder Engagements, Project Management Best Practices, Marketing and Competitive Positioning Strategies, Web-based Strategic Information Management, Leadership and Team Building, Change Management and Public Relations.

FRANÇAIS

Mme Denise Duffie-Ashton, née à Grand-Sault, Nouveau-Brunswick est Présidente, Co-Fondatrice et une Consultante active du **HarbourFront Health Group (HFHG)**, une entreprise qui se consacre à la promotion de la livraison des soins de santé au Canada.

Denise met en évidence une histoire de réussite dans l'administration concise et efficace des projets. Cette expertise elle l'a obtenue dans les Industries de Technologie en Consultation et en Information. Elle a également reçu une formation dans la direction des affaires afin d'assister les clients en soins de santé qui recherchent l'excellence.

Denise, ayant la tenacité de relever les défis de la nouvelle économie, a acquis une vaste connaissance dans l'initiation des projets de grande envergure. Elle s'assure également que les meilleures techniques soient appliquées à ses consultations dans les soins de santé afin d'obtenir pour ses clients des résultats durables. Puisqu'elle est une directrice référente et une penseuse systématique, elle fournit à ces derniers (aux clients) des notions efficaces d'administration, des objectifs accessibles, des tâches, des risques et des ressources afin de porter au maximum le succès des initiatives.

Denise parle couramment les deux langues officielles du Canada et avec sa compétence dans les communications et le marketing, elle fournit aux clients une expertise exemplaire en relations, ainsi les aide à promouvoir la santé au Canada.

Afin de subvenir aux besoins des clients de la meilleure manière possible, Mme Denise Duffie-Ashton a fait preuve d'aptitude dans les domaines, tels que les Recherches en Soins de Santé, la Planification des Affaires Stratégiques, les Relations entre les Dépositaires d'Enjeux, les Meilleures Pratiques d'Administration des Projets, les Stratégies de Marketing et d'un Avantage Compétitif, l'Administration de l'Information Stratégique, l'Organisation du Leadership et des Équipes, la Direction des Changements et les Relations publiques.

Our CONSULTANTS & STRATEGIC PARTNERS



**Col. Wayne Spalding
(Ret'd)**

COL. WAYNE SPALDING (Ret 'd)

↻ ENGLISH ↻

We are pleased to introduce Colonel Wayne Spalding (Ret'd) as HFHG's newest team member. Wayne is a senior healthcare consultant with significant achievement in providing corporate, personnel and institutional leadership across operational and training environments. He has extensive management experience at the national headquarters level in the areas of strategic planning, program management, project management and health human resource management.

Col Spalding (Ret'd) possesses proven skills in key areas of leadership and personnel management, organizational analysis and re-engineering, capability definition and requirements development, policy review and advice, program/project audit and evaluation. Wayne retired from the Canadian Forces in 2007, at the rank of Colonel following his successful final position as Director Health Human Resources.



Sandra Yorke

SANDY YORKE, RN, ENC(C), BA, MA

A highly skilled registered nurse and educator with specialty training in Emergency Medicine, Sandra continues to employ her grass roots knowledge of primary care, coupled with graduate training, to positively impact primary care renewal. Philosophically, Sandra is an advocate of patient centered care models and has incorporated this belief into her delivery of social health education at Durham College and the University of Ontario Institute of Technology.

Sandra was one of the first health professionals to design and implement a client centered patient management system in the Emergency Room and has been instrumental in the incorporation of this model in many Ontario hospitals. Active in physician recruitment, Sandra has a keen awareness of the linkages required between communities, health care facilities and individual patients and practitioners. She is also highly versed in the various health care delivery models.

Having had considerable experience in health system development in South America, Sandra also brings a valued international perspective to her consulting and teaching practice



Cindy McCarthy

CINDY McCARTHY , RN, BN - NEW BRUNSWICK

Cindy McCarthy is a professional Baccalaureate trained Registered Nurse also enrolled in a Masters of Nursing/Nurse Practitioner degree program. More than seven years of front line nursing experience in acute care areas such as, Medical, Surgical, Operating Room, Post Anesthesia Care, Day Surgery, Labor & Delivery, Emergency Room and Oncology. Demonstrated success in nursing charge roles, developing and implementing standards based policies and procedures, staff scheduling as well as interviewing potential new employees. Experienced in developing educational staff in-services based on quality client care and standards of nursing practice. Demonstrated small group facilitation abilities. Key participant in the development, building, and implementation of a multidiscipline electronic health record.

Our CONSULTANTS & STRATEGIC PARTNERS



Sheila Milloy

SHEILA MILLOY , Dipl. SW, Cert. Mgt.

Sheila Milloy is a highly skilled social worker, an intuitive writer and facilitator. She received her facilitation training from Ian Percy during the Public Service 2000 renewal. She has applied her skills in team building and facilitation through projects at Energy, Mines and Resources Canada, Kivalliq Management Consulting, and Kivalliq Tours over four years in Nunavut. She holds a diploma in social work and certification in Management Studies. Her current clinical practice focuses on helping students and citizens with developmental (dual diagnosis) and dementia. Fluent in English, French and with introductory Inuktitut language skills, Sheila thrives as a facilitator, role model, mentor, advocate, and writer.

Our CONSULTANTS & STRATEGIC PARTNERS



Dr. Alice Aiken

Dr . ALICE AIKEN, PhD, MSc, BScPT, BScK in

↻ ENGLISH ↻

Dr. Alice Aiken is an assistant professor at Queen's University and has worked extensively in health services and health policy research with a focus on health human resources. She works in program evaluation of health care teams and is affiliated with the Centre for Health Services and Policy Research at Queen's as well as the Human Mobility Research Centre She has access to numerous resources in epidemiology, biostatistics and program evaluation.

She received her PhD and Master's from Queen's and did her graduate work part-time while working full time as a clinician and clinic manager. She did her physiotherapy degree at Dalhousie and her BSc at the University of Ottawa. Alice is fully functional in both French and English.

↻ FRANÇAIS ↻

Le Dr Alice Aiken est professeur adjointe à l'Université Queen's et elle a oeuvré énormément dans les services de santé et dans la recherche en politique des soins de santé en portant attention sur les ressources humaines de la santé. Elle travaille dans l'évaluation du programme des équipes des soins de santé et elle est affiliée avec le Centre des Services de Santé et avec la recherche en politique à Queen's, ainsi qu' avec le Centre de Recherches en Mobilité Humaine. Elle a également accès à de nombreuses ressources en épidémiologie, biostatistiques et en évaluation des programmes.

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