

North West LHIN Health Service Provider Engagement in the District of Rainy River IDN

October 24, 2014

INTRODUCTION

In the fall of 2014, the Health System Design and Development (HSDD) team led five community engagement sessions with funded health service providers (HSPs) across the region. These sessions were designed to:

- Share information regarding the current planning initiatives and receive feedback from stakeholders
- Engage in dialogue related to local health system issues to build the 4th Integrated Health Services Plan
- Build relationships between HSPs and LHIN planning consultants in each integrated district network (IDN)

MEETING DETAILS

The HSDD team provided brief presentations highlighting current planning initiatives followed by an opportunity for participants to provide feedback and ask questions. The presentation outlined current planning initiatives in the areas of:

- Chronic disease prevention and management (CDPM)
- Access to care
- Mental health and addictions
- Seniors and palliative care

Following the presentations, a world café knowledge sharing forum was hosted by the HSDD team titled, 'The Harvest Café'. Participants were invited to rotate between three discussion tables hosted by the senior consultants. Table themes included chronic disease prevention and management, access to care and mental health and addictions.

The HSDD team invited various levels of management representing health service providers and local health care providers from the District of Rainy River IDN to an engagement session on October 24, 2014. The session was held at La Place Rendez-Vous Hotel in Fort Frances in the LaVerendrye room.

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In order to set the stage for the discussion, participants were invited to reflect on the Café's central question:

How are we going to move health care forward in our region?

The following questions were proposed to each group to guide the discussion:

- What successes can we acknowledge?
- What challenges might come our way and how might we meet them?
- If our success was completely guaranteed, what bold steps might we choose?
- How can we support each other in taking the next steps (LHIN vs HSP)? What unique contribution can we each make?

Qualitative data in the form of notes from each table's discussion were collated and examined for common themes using content analysis. The following themes and points of discussion were the key findings resulting from the District of Rainy River IDN engagement session.

MAIN THEMES ARISING FROM HARVEST CAFÉ

Table 1: Chronic Disease Prevention and Management

In the CDPM table discussions several key themes were brought forward that extended beyond specific disease into comprehensive approaches to service provision:

Collaboration

Collaborative successes were identified in the discussion along with new opportunities:

- The District of Rainy River has maintained a zero amputation rate. This success is attributed to an integrated wound care program in Fort Frances in partnership between the family health team (FHT) and Fort Frances Tribal Area Health Services
- Nurses in the community are working at multiple sites so they are aware of existing local services and resources
- There is a need to leverage partnership opportunities for psychogeriatrics in the community

Community based services

There are opportunities to improve community based services in the District of Rainy River IDN to better meet the needs of clients.

- There is a lack of awareness by the public of available seniors services in the community
- There is very limited community access to wound care through CCAC
- There is an opportunity for physicians to better understand services offered by CCAC
- Positions for mental health nurses in the schools should be filled to provide the required support to appropriate students

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Health human resources

- Nurse practitioners are a very valuable resource. There are nurse practitioners seeking employment however there are limited job opportunities in Fort Frances. This could include expansion to monthly clinics at the FHT or home visits
- There is a significant salary gap between CCAC funded and family health team funded nurse practitioner positions
- There is a large population of orphaned clients in the community. Providing home visits to this population should be considered
- As nursing staff retire there is a need to ensure that information and organizational history are documented and shared
- It was acknowledged that some successes in small rural communities may be the result of one dedicated coordinator who keeping things going. This can affect sustainability of local services

Technology

- There have been significant advances in technology including remote patient monitoring devices. This technology may prevent people from waiting until it is too late. This method also allows specialists to have access to this data in a timely manner
- A pace maker check may take 5-10 minutes and can be done via the internet. This would help provide care close to home
- There is opportunity to use telewound programs in the district

Access to appropriate health services

- There is need for a service inventory that would result in a referral service map. This structure is necessary so health professionals know what is available in the district
- There is an opportunity to provide home hemodialysis and home chemotherapy if CCAC could provide the prescription
- Community paramedicine could play a role in ensuring that people are getting a regular home visit
- There is a need to focus on determinants of health. But there needs to be capacity in order to address these issues
- Patients need an advocate during an appointment to better understand the system they are accessing
- There is inadequate counselling service available for those receiving palliative care
- Mental health services are not widely accessed by the population particularly those that are the most marginalized
- The emergency department is being used for INR and wound care which contributes to wait times for patients. These could be done elsewhere
- There are lengthy wait times for INR injections as they have to be done at the emergency department

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- Barriers exist in accessing INR such as coverage through a private drug plan
- There is a need to bring health services into assisted living residences
- Northwestern Independent Living Services (NILS) should be available in residential buildings for seniors

Aboriginal health

- First Nation mental health is an area of significant need
- Counsellors in the communities might be able to help to teach prevention of physical disease along with coping skills

Table 2: Mental health and addictions

The prevalence of mental health issues and addiction was recognized as a pervasive issue in the District of Rainy River IDN. Several key themes were identified from the discussion:

Children and youth

- There is a need for mental health nurses and rapid response services in local schools
- Gaps in mental health service exist for youth transitioning from adolescent to adult
- There is a wait of 1 year for an assessment for children who has a history of acting out
- There is a need to explore opportunities for service coordination with the ministry of children and youth services
- Parenting skills are needed for young families and for single parents who are struggling
- There is a division between health services and children and youth services. Collaboration needs to be explored to bring these stakeholders together
- There is a high prevalence of reactive disorders among children and youth
- More support is needed for those who are born addicts and their caregivers
- Awareness of mental health issues among youth needs to be improved. Youth are mistakenly treated as troubled youth without acknowledging mental health issues
- Youth need education on how to cope
- In child welfare cases, workers do not know how to deal with mental health issues
- Health care professionals need to build trusting relationships with youth before they can address mental health issues
- Regional roles for child mental health need to be established for inpatient, outpatient and discharge to community

Access to specialty care

- The family health team provides community counselling through access to a psychiatrist from Centre for Mental Health and Addiction (CMHA)

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- Access to psychiatry is not well organized in the district. Current access is from Toronto via video/teleconferencing
- A partnership with Dr. Haggerty via Skype sessions has been successful
- Individuals living with concurrent disorders have little access to psychiatrists
- Individuals in the district are often working out of region and living alone. There is a need for ensuring that service to the region considers appropriate access to the care
- Access to specialists should not be crisis driven
- Tele-psychiatry opportunities should be expanded
- Individuals must travel to Thunder Bay to access the Smith clinic
- Methadone clinics are available in Fort Frances and Kenora

Housing

- An inventory of existing housing options across the district is needed
- There should be consideration given to how high risk tenants can retain long term housing
- Implementation of supportive housing is required across all boundaries
- A partnership with housing and mental health services needs to be developed
- There is a need for housing staff to have basic mental health training. The Native Drug and Alcohol Addiction Worker program (NDAAP) could help in capacity building for identification of mental health and addiction for staff
- There may be a possible partnership between CMHA and paramedicine to provide training for housing staff
- Opportunities for joint service coordination need to be explored

Collaboration

- Public health is becoming more involved in mental health through addressing benefits of physical activity and wellness
- The emergency department needs to enable sharing of information to health care professionals involved in client care
- Partnerships in the community are needed to deliver programs
- Gaps in service need to be looked at to ensure that local First Nations are included in new proposal planning (ie. how to include First Nation reserves in community paramedicine?)
- Many overlaps exist in service and yet gaps remain
- There is a lack of communication and consultation among stakeholders
- It is necessary to work with all members of the family when addressing mental health. Children should come in with families to appointments
- There needs to be increased awareness of mental health issues and all sectors need to take responsibility for addressing these issues that affect the community
- There are 30 and 90 day youth programs in the community for those with suicidal ideation however physician education in the emergency department needs to occur in order to make appropriate referrals

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- The Rainy River substance abuse committee is active in the community. However the committee needs to ensure that it is data driven and maintains a focus on the 'whole person'
- It is important to include health directors, social services directors, child and youth services and all health care providers in the conversation of mental health
- Communities need to be empowered in order to have lasting effects
- Health care professional need to be educated about hoarding behaviour in the community and determine how to collaborate with other local agencies to assist these individuals

Integration

- There is a need to develop a model that is integrated before we move forward
- Funding is currently fragmented and there needs to be a shift towards enhanced funding in service delivery

Opportunities

- There is a high OxyContin use in the district. Suboxone programs should be considered instead of methadone to treat these individuals
- It is a challenge to define what health means and what role methadone practice has in maintaining health. Overall wellness needs to be considered
- A comprehensive service map is needed for the district that includes an inventory of existing services

Access to mental health and addiction services

- Those accessing mental health and addiction services should be able to have access close to home
- Health Links should have a more active role in addressing mental health and addiction issues
- Health Links identifies the top 5% highest users of the health care system. This is often a highly transient population. Services are needed to appropriately meet this reality
- The demand issues at the emergency department are a significant issue
- High costs are associated with having police escort individuals in crisis to appropriate services. Two OPP officers are required to travel in the ambulance with an individual in crisis and is a significant cost
- There is support for training of community paramedicine in mental health and addiction to assist with early identification of clients at risk and to provide frequent visits to clients to help stabilize and monitor conditions
- Outpatient treatment (7 cycles) should be available and open to everyone
- There is a need for detox withdrawal management to help people sustain recovery
- Consider taking outpatient treatment on the road and partner with the community to deliver appropriately

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- The regional role of SJCG needs to be better established in terms of addressing concurrent disorders

Table 3: Access to care

Discussion at the 'access to care' table was framed as access to the emergency department, specialty care, ALC and imaging. However participants were encouraged to bring forward additional items for discussions as they saw fit. The key themes that were discussed included:

Specialty care

- Local capacity to conduct CT scans and dialysis services close to home has reduced patient travel
- There have been zero diabetes amputations in recent time due to the success of foot and wound care programs
- It is difficult for patients to access MRI services, a mobile MRI has been proposed
- Instead of sending many patients to Thunder Bay to see a specialist, it would be more efficient to have a specialist travel to the communities
- Challenges exist related to urgent and non-urgent referrals for subspecialist services (paediatric/orthopaedics). Patient/family preference would have been to go to Winnipeg where there is an appropriate specialist instead of being sent to a surgeon who is not sub-specialized in Thunder Bay, or a sub-specialist in Toronto
- There is a need to have timely access to primary care in order to be referred to specialists
- Referral pathways could be coordinated specifically for the Rainy River IDN, taking into consideration referral to Winnipeg when necessary and advantageous. Patients should be matched to appropriate care
- Regional access to specialty services can be challenging

Health human resources

- The presence of a nurse practitioner helps to fulfill the need for primary care providers in the area. Community Health Centres are an important point of access for many people
- There has been difficulty recruiting and retaining primary care physicians
- There is opportunity to designate Fort Frances as a northern remote community to gain funding to attract physicians
- The need for facility upgrades is also a factor for physician recruitment
- There is a need to 'level the playing field' in terms of wage differentials between communities seeking physicians
- Greater funding to hire nurse practitioners would reduce the workload of primary care physicians, and even attract physicians who are looking to work with a supportive team. Nurse practitioners are available for hire but funding is not available

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- Care providers may require more education on the variety of services offered in the area to understand the option for referrals

Geographic constraints

- The distances involved in seeking care must be considered to ensure equality of health care compared to other regions of Ontario
- Core services, such as obstetrics, have been reduced in district hospitals and results in unnecessary trips to Thunder Bay for births. Centre of excellence models will raise challenges related to transportation in north
- Resources are required to fulfill a need for transport of psychiatric care patients, CTAS III cases and less urgent cases
- The amount of travel a patient undergoes should be reduced where possible through video conferencing and offering some services locally

Integration

- There has been a successful model of integrated care established in the Fort Frances / Rainy River area through Riverside Healthcare since before integration was mainstreamed in Ontario
- Support for integration and planning activities in the district
- Local integration with CCAC should be considered

Primary care

- There is a need for walk-in clinics to help reduce hospital visits
- Physician home visits/walk-in clinics should be expanded
- Expansion of community health centers across the region should be considered
- New models of physician engagement/accountabilities should be encouraged

Allied health care services

- High quality ambulance services have been critical and a strength in the IDN
- Counseling services are delivered to clients in local jail
- The introduction of community paramedicine is welcomed

Data collection

- More information is needed on a patient's perspective of access to care, and acceptable standards to the patient
- Need for wait time data but also data that captures time from initial need to being healed may be useful to indicate quality of care

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Health literacy

- The public should be better educated on the appropriate service to access for their specific health concerns rather than resorting to the ED for non-urgent issues
- Engagement with Ministry of Health should occur with regards to highlighting the uniqueness of providing service in the north
- There is a need to determine what access to care really means for the patient – what do patients perceive as quality service?

Funding

- One funding envelope would allow allocation of resources to match needs. Population health could be at or better than provincial norms by providing right care, right place and at right time for patients
- Funding in the region should consider the challenges involved with the great distances between populations, acute care and specialty care
- Additional funding to aid the transition to an integrated system would be helpful

Technology

- Technology may be better utilized for homecare and other situations that would reduce patient transport. Reduction of transport could free-up funding for technology, but reallocation of funding is difficult due to the separation of funding envelopes
- Opportunities exist for the use of technology for diagnosis & treatment of disease

SUMMARY

- There was open and strong participation during the group discussions. While some participants knew each other, others did not and this provided the opportunity to network with people in the District of Rainy River IDN
- Participants valued the opportunity to share their experiences and ideas during the Harvest Café with a diverse group of HSPs
- The format of the Café received positive feedback from the participants however participants indicated the need for allotment of additional time during the discussions
- Participants expressed appreciation towards the LHIN for making the effort to travel to the District of Rainy River IDN and taking the time to meet with stakeholders
- A follow up summary document of the Harvest Café discussion was of keen interest to the participants and they were assured that this would be provided

The goal of the session was achieved. Health service providers from the District of Rainy River IDN embraced the opportunity to share their lived experiences and provide insight into how patient health care experience can be improved as planning the next IHSP takes place.

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