North West **LHIN** · **RLISS** du Nord-Ouest

North West LHIN Board of Directors Sioux Lookout Community Engagement

September 15, 2014

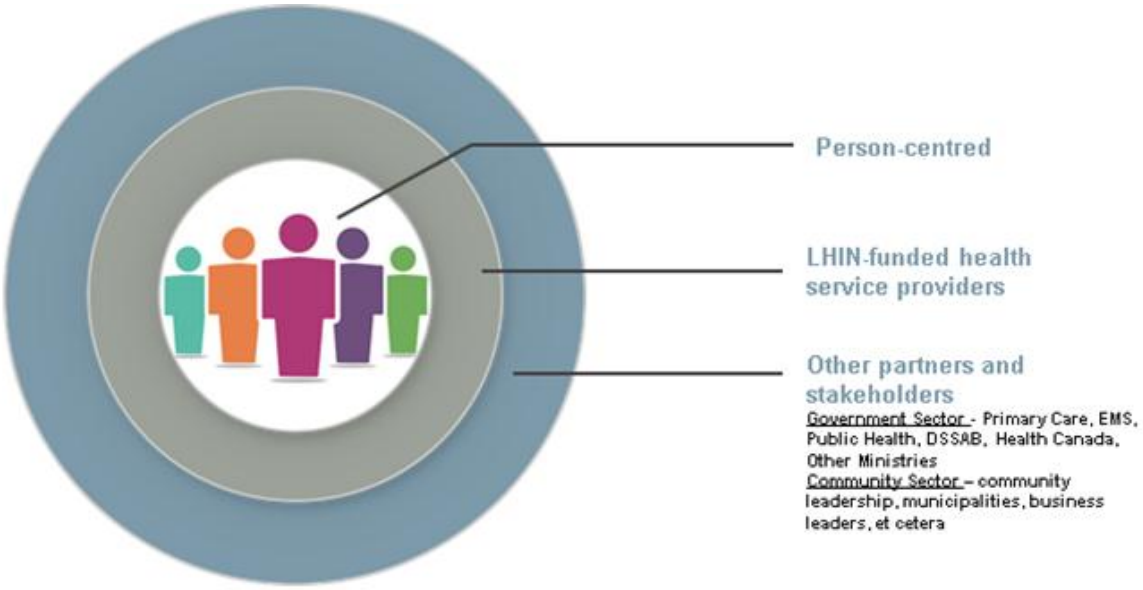
Report submitted: October 28, 2014

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Introduction

In 2012/13, the focus of North West LHIN Board-led community engagement sessions involved funded health service providers (HSPs). Over the course of 2013/2014, North West LHIN Board community engagement sessions set out to introduce organizations and community leaders outside of the LHIN's funding purview to the Health Services Blueprint and Health Links initiatives. These events also sought to explore opportunities to leverage partnerships and resources that would help drive health system planning, integration, and transformation activities forward in their communities.

While the North West LHIN Board of Directors will continue to engage with HSPs and at the Board-to-Board level throughout 2014/2015, plans are also underway to bring non-funded stakeholders (as noted in the diagram below) to the same table alongside HSPs to collaborate and exchange ideas about how they can work together to bring the desired outcomes of the Health Services Blueprint and Health Links to fruition.



Person-Centred Circle of Care

On September 15, 2014, the North West LHIN Board of Directors invited primarily non-LHIN funded health professionals, business leaders, representatives from social service organizations, and other community partners to attend an engagement session in Sioux Lookout, Ontario. The purpose of the meeting was threefold: 1) to increase awareness of the North West LHIN, 2) to provide information about the Health Services Blueprint and Health

Links, and 3) to encourage community members to discuss how they could collaborate better to improve patient care and help drive health system transformation forward to best meet the needs of their own community.

The roundtable discussion was the final of a series of sessions scheduled to take place with non-LHIN funded key stakeholders in each of the 14 Local Health Hubs between May 2013 and September 2014.

The objectives of the meeting were:

1. To share information about:
    - The Provincial Health Care Context
    - Health Care in the North West LHIN
    - Health System Transformation:
        - Health Services Blueprint Recommendations
        - Health Links

2. To discuss opportunities to work together to address the health care needs of people in the Sioux Lookout area

Meeting Details

Logistics

Susan Pilatzke, Senior Director of Health System Transformation, commenced the afternoon by welcoming attendees and explaining the purpose of the event. Subsequently, Dennis Gushulak, North West LHIN Board Member, delivered a presentation that outlined the following:

- Role and mandate of LHINs
- Provincial health care spending context
- Responsibilities of the North West LHIN
- Case for health system transformation
- Health Services Blueprint and Health Links
- How participants could collaborate to help shape Sioux Lookout's health care system

Following the presentation, the 21 attendees participated in small group discussions to brainstorm responses to four prepared questions.

The session concluded with an opportunity to network with other attendees and North West LHIN representatives.

Main Themes Arising from the Discussion Period

Participants were asked to respond to four discussion questions with their tablemates:

1. **What do you see as the opportunities and barriers to deliver health care in your community?**

Barriers

- The same opportunities that exist in Thunder Bay often do not translate to the Sioux Lookout area. For example, while the Community Care Access Centre (CCAC) offers a lot of programs in Thunder Bay, those services are also necessary in remote areas but are not always available.
- Some participants noted they felt their community's needs were secondary to those of a larger centre such as Thunder Bay.
- There are long waits for appointments with physicians which results in a large number of people using the emergency department (ED) as primary care.
- When people visit the ED, the physician may not fully understand the patient's full history and diagnosis and instead treats the acute illness or injury only.
- Residents often have to fly out of their own communities to access medical services, which is both time-consuming and costly.
- Remote areas are "at the mercy of the weather" which can affect timely care (e.g. waiting for medi-vacs may exacerbate illness or injury).
- Travelling to receive care creates additional stress for patients.
    - Residents may be required to leave their home communities to visit an urban centre that they have never visited before.
    - Isolation and feelings of loneliness that can occur due to travel may cause patient health to deteriorate further.
    - Patients' wellness suffers when they encounter difficulty making their travel arrangements.
    - Patients and their escorts may not be able to communicate upon arrival due to language barriers and lack of an interpreter.
- People frequently wait long times for appointments for procedures that take very little time to complete.

- Political barriers exist in that it seems decisions involving health, finances, and long-term care are already made "in the south," and that local communities wait to hear announcements. This is frustrating as officials from the Ministry of Health and Long-Term Care (MOHLTC) do not always understand the health care context in Sioux Lookout. For example, the population of Sioux Lookout is often misunderstood as it is commonly reported as 5500 people, but since the town also serves many surrounding First Nation communities it could really be estimated at 30,000.
- Some participants questioned whether the North West LHIN created a layer of bureaucracy that took funds from front line services.
- Some participants indicated the North West LHIN does not adequately consult people who will be most impacted by changes to services.
- Employment opportunities in the community outside of the health service industry are low.
- The community requires more mental health services and practitioners, as many people, especially youth, struggle with addictions but do not know where to go for help.
- There is a lack of access in patients' home communities to addictions services.
- A high turnover of mental health professionals in the community inhibits the trust relationship between clients and service providers.
- People's attitudes toward their health can affect whether they need to access health services or not – some people are more proactive than others when it comes to maintaining a healthy lifestyle.
- Participants identified non-urgent transportation as a prominent issue within the community.

- The large geographic area of the community creates challenges in the delivery of care.
- The community lacks sufficient long-term care beds and supportive housing. People may wait years for long-term care or move to another community thereby breaking up families.
    - *Mayor Leney thanked the North West LHIN for authorizing the next phase in securing 96 long-term care beds for the community.*
- Health care providers within the community do not always communicate with each other.
- It can be difficult to encourage different community organizations to work together.
- There are issues with regard to supportive housing, which is funded in the community for 35 housing units but only 12 are currently allocated. The "landlord is different from the provider," which means spaces can be filled by persons who do not require supportive housing services, but it is beyond the local representative's control to ensure that funding is utilized appropriately.

- Inequities exist with regard to accessing services in First Nation communities (e.g. in First Nation communities, patients are required to see a nurse first and require the nurse's referral before they can see a physician).
- There is also a lack of access to local palliative care services.
- Not all drugstores use the same systems, making it difficult to track clients with addiction issues who may "double-dip."
- LHIN representation is needed in the Sioux Lookout area (one has to connect with Thunder Bay if he or she wants to speak to someone).
- Representatives for the Non-Insured Health Benefits Program do not always send the relevant forms to patients, which prevents them from travelling (Representatives from NIHB are responsible for providing a Prior Approval Form to patients that indicates they are ready to travel and is required to board the plane for both legs of their trip).
- Privacy laws can be a barrier to integrating services and this inability to share information between providers inhibits clients from getting the varied help they require.
- Some participants indicated that it was difficult to understand what "Integrated District Networks" and "Local Health Hubs" meant.
    - *Local Health Hubs plan and provide health care services to local communities (e.g. Meals on Wheels).*
    - *Integrated District Networks (IDN) provide a formalized structure comprised of all LHIN-funded health service providers within each particular district. There will be five IDNs in the North West LHIN: City of Thunder Bay IDN, District of Thunder Bay IDN, District of Rainy River IDN, District of Kenora IDN, and Northern District IDN. Within the IDN, one hospital will be designated the District Health Campus to provide a broader range of specialized services.*
    - *Regional Programs will include the provision of specialized services that are high cost, high complexity, and high impact such as the Regional Cancer Care Program operated out of Thunder Bay Regional Health Sciences Centre.*

Opportunities

- There are many opportunities for partnership and organizations with many skills that have to come together (e.g. Four Party Agreement).
- Telemedicine services are appreciated to eliminate the need to travel, but they could be better used and promoted, and there are also long waits to access them.

- Participants quipped about the abundance of local blueberries. In addition, the local availability of traditional foods, especially at the hospital, helps to accommodate many residents' dietary requirements.
- Sioux Lookout Meno Ya Win Health Centre's reputation as a teaching facility and relationship with the Northern Ontario School of Medicine (NOSM) helps with recruiting and training young students in health services.
- Decrease cross-border boundaries to increase access to services and reduce the need to travel vast distances (e.g. better access to services in Winnipeg).
- Patients experience less stress when travelling to receive care if they are accompanied by a family member as their patient escort.
- Sioux Lookout has become a service hub for communities in the north but also for some southern communities such as Ignace and Dryden, as some residents seek services such as pre-natal and acute care in Sioux Lookout.
- Sioux Lookout Meno Ya Win Health Centre has become a valued facility in the area as it is a teaching facility, physicians treat illnesses they may not have the opportunity to see elsewhere, and a diverse array of services and training opportunities are available locally, thereby offering quality care closer to home (e.g. CT scans, digital x-ray, chemo, mammographies, diagnostics, and telemedicine).
    - *Some participants noted that they would also like to see MRIs done locally as well.*

- Offering pre-health, personal support worker (PSW), and nursing training in Sioux Lookout would encourage graduates to stay in the community.
- While one nurse practitioner (NP) offers services in Sioux Lookout, recruiting additional NPs would be beneficial.
- Interpreters are available in Sioux Lookout for First Nation people who require such services.
- Community members and municipal leaders have expressed that they want the Four Party Agreement to continue.[1]
- Increasing resources in remote First Nation communities to decrease the costs of travel and treatment.

[1] With the signing of The Sioux Lookout Four Party Hospital Services Agreement, the Sioux Lookout Zone Hospital and the Sioux Lookout District Health Centre were combined into one regional hospital to serve all residents of the Sioux Lookout District. The Agreement, signed by the Sioux Lookout Zone First Nations, the Town of Sioux Lookout, and representatives for the provincial and federal governments, expires within months but an extension of 2-4 years has been sought to continue moving forward (Source: Sioux Lookout Meno Ya Win Health Centre).

- There is potential to videoconference with the Northern communities to increase health care education (e.g. diabetes awareness).
- A mental health and addictions nurse is contracted through the Keewatin-Patricia District School Board and is located in Sioux Lookout at Queen Elizabeth District High School.
- More health care services could be offered within the high school to improve access for students (e.g. mental health and addictions nurse, Northwestern Health Unit nurse, nurse practitioner, counsellors).

2. **What are you most excited about as health system transformation moves forward?**

- Some participants expressed concern rather than excitement.
    - The disconcerting statistics outlined in the presentation conveyed the notion to some participants that people are "draining the system."
    - Many programs for vulnerable people in Northwestern Ontario are being restructured and cut, which will cost the system more in health care (e.g. addictions and diabetes).
- Some participants had difficulty answering this question because they were uncertain as to what changes were going to occur and what the results would be.
- Integrating services and procedures will increase access to local services and eliminate the need to travel.
- Greater use of telehealth and digital health services.
- A paradigm shift is occurring that focuses more on community-based care rather than hospitals.
- Advances in education to focus on healthy eating and nutrition as well as opportunities to live off the land in Northwestern Ontario and take advantage of local resources.
- Increased access to treatment options for diseases that were formerly considered terminal.
- Improved access to services offered locally (e.g. bariatric surgery, dialysis).
- The outcomes to be achieved by 2021 through the Health Services Blueprint sound very exciting. The outcomes include:
    - *Less duplication*
    - *Fewer gaps in service*
    - *Better transitions for patients*
    - *Reduced reliance on institutional care*
    - *More appropriate care in the community*
    - *Better management of chronic illness*
    - *More integration across the continuum of care*

- Northwestern Ontario is poised for growth in its natural resources industries, particularly mining and forestry. The potential boom is anticipated to create opportunities for additional housing, improve mental health, decrease poverty, decrease addiction rates, and improve the health status of local residents overall because "where you have jobs, you have health."
- More attention and resources should be dedicated to prevention and addressing the social determinants of health in order to dramatically impact health care spending.
- Participants were pleased that more stakeholders outside of health care were invited to provide input into planning processes to address their community's needs.
- The Integrated District Network concept is exciting if it creates more opportunities for Sioux Lookout to provide input in health care decision-making.
- There was great interest in how Health Links would roll out and agreement that addressing the needs of the 5% high user group would significantly impact health care spending. In addition, many of the clients the participants served fit the profile of a high user, so they were excited about the potential for additional services to meet their needs.
- Greater emphasis on the needs of First Nation communities but an organized plan is required to increase community services in areas of need.
- Addition of 96 long-term care spaces in the community may go forward in the near future.

3. **How can we work better together?**

- Better sharing of information among all providers involved in shared patients' care.
- Less territorialism over funding and programs and better leveraging of resources to increase the likelihood of accessing funding, eliminate "double dipping," reduce duplication of services, and improve networking and information sharing.
- Improved communication between the hospital and other programs (e.g. home care may not be arranged upon discharge).
- Increase awareness of available services among the public, providers, and within the LHIN.
- Public education campaigns to change attitudes about "free" health care, to help residents understand that we all contribute to health care and to increase community ownership.
- Perhaps an individual needs to be appointed to assist agencies in working together.
- Keeping full and accurate patient records regardless of their community of residence and grouping patient records together would eliminate the need for an assessment every time clients seek care that asks them repeat their stories to different providers (e.g.

group physician, mental health, etc. records in the same system as “the Cloud”; more use of the Integrated Assessment Record).

- Expansion and explanation of acronyms which can be confusing in informational materials.
- Greater promotion of traditional health services and practices.
- Making sure to help clients with addiction at the moment they seek help when motivation is highest, rather than sending them back to their communities to wait for supports will decrease wait times and create a “safety net for management while in transition.”
- Increased awareness and better coordination of services between agencies so that clients can be referred to any service they need regardless of which provider they access. For example, a centralized system navigation coordinator to conduct intake as a single point of access would connect service providers and direct clients to appropriate services.
- Clarification about where the North West LHIN’s 10-year plan and Health Canada’s 10-year plan connect is required.
- Monthly interagency meetings and frequent distribution of resources about available services would help to break down siloes and increase awareness about “who does what” in the community.
- Give real opportunities to people using the system to have their voices heard and their ideas move forward.
- Providers need to consider how to support frontline responders and staff members who run the risk of burning out and finding themselves within the system.

- Additional opportunities to participate in similar community engagement sessions in the future that include the hospital and health service providers to get their ideas about how to work together.
- Health service providers should “check [their] individual agendas and go back to a client centered focus of service.” While health service providers bring different perspectives to the table, everyone shares the same goal of providing care to clients in need.

4. **Who from your community is going to lead health system transformation forward?**

- Health system transformation should be community-led rather than Ministry-driven.
- It may be most appropriate for a leader in health care to spearhead or strike a committee to do so.
- The users of the system need to have a voice in how it is run.
- Sioux Lookout Meno Ya Win Health Centre is positioned to speak for the whole district.
- Members of all remote First Nations communities need to be involved in discussions.

- The Healthy Communities Task Force should also be represented as members are currently advancing a strategy to address five key pillars in maintaining a healthy community – education, housing, treatment, enforcement, and harm reduction.

Summary & Recommendations

Overall observations and recommendations, based on event notes, discussion points, and participant feedback:

- There was open and strong participation among all attendees.
- Participants valued the opportunity to share experiences, challenges, and ideas with a diverse group of stakeholders, including staff and Board from the North West LHIN. In addition, they welcomed the opportunity to provide feedback to a critical planning process.
- Participants indicated that additional sessions should be hosted to discuss operational solutions, explore opportunities to work together, and progress made as changes move ahead.
- Some manner of follow-up, such as email communication, teleconference, or webinar, to provide updates on how suggestions from the session are being implemented and progress on any local initiatives to improve health care in the Sioux Lookout area would be beneficial. This would demonstrate to participants that their attendance was worthwhile, their insights valuable, and their ideas seriously considered.
- Overall, it is fair to state that the goal of the session was achieved: non-health service provider stakeholders embraced the need for change and began to envision their roles in transformation and integration to improve the patient health care experience.



Appendices

A. Summary of Attendee Evaluations

A total of 11 evaluations were received with the following results:

1. **Overall, did this meeting/program meet the stated objectives?**

10 evaluators indicated that the meeting met the objectives, while one person did not complete this section.

2. **What was your overall level of satisfaction with the following:**

Please mark one rating per line, either **X** or ✓	**Highly Dissatisfied**	**Dissatisfied**	**Satisfied**	**Highly Satisfied**	**No Response**
Content of Meeting			10	1	
Group Discussions			5	6	
Use of Your Time			8	3	
Networking Opportunities			6	5	
Opportunity to participate			7	4	

3. **What was your overall level of satisfaction with this Meeting?**

	Highly Dissatisfied	**Dissatisfied**	**Satisfied**	**Highly Satisfied**	**No Response**
Please mark one rating only			6	5	