

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



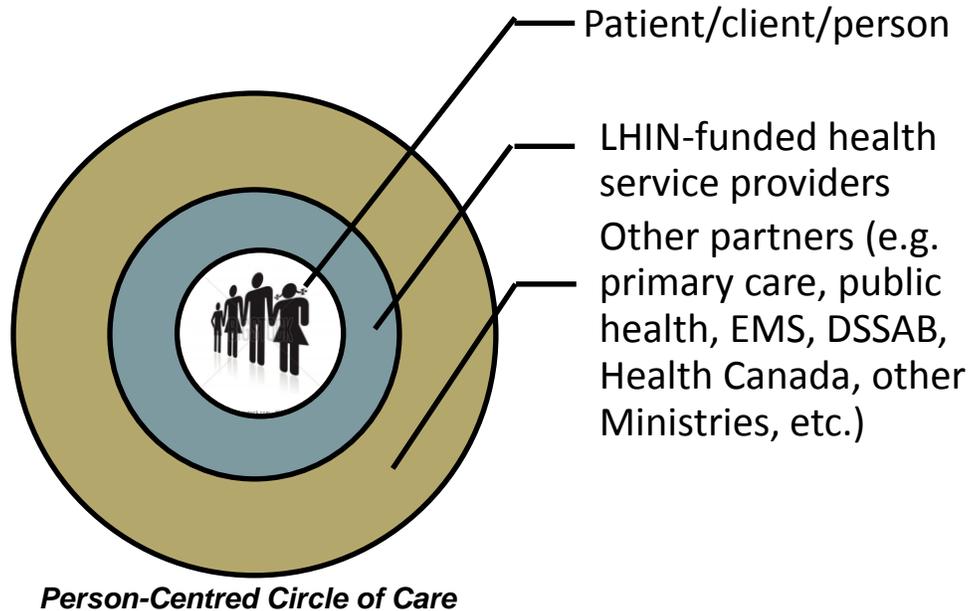
North West LHIN Board of Directors Red Lake Community Engagement

May 27, 2013

Report submitted: June 17, 2013

Introduction

In 2012/13, the focus of Governance-to-Governance sessions was with North West LHIN-funded health service providers. Governance-to-Governance sessions for 2013/14 and 2014/15 will continue to advance with LHIN health service providers and will include engagement with non-LHIN funded key stakeholders as noted in the diagram below.



On May 27, 2013, 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 Red Lake, 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 first 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 June 2015.



The objectives of the two-hour meeting were:

1. To share information about:
 - The Provincial Healthcare 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 Red Lake area

Meeting Details

Logistics

Laura Kokocinski, CEO of the North West LHIN, commenced the evening by welcoming attendees and explaining the purpose of the event. Joy Warkentin, Chair of the Board of the North West LHIN, then proceeded with 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 Red Lake's health care system



Following the presentation, participants worked in small groups to brainstorm responses to three prepared discussion questions. A North West LHIN Board member was seated at each table to facilitate the conversation and record notes.

The session concluded with an opportunity to network with other attendees, North West LHIN Board members, and North West LHIN staff.

Main Themes Arising from the Discussion Period

Attendees were asked to respond to three discussion questions with their tablemates and to share their feedback with the rest of the group.

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

Barriers

- Lack of services in the community, especially detox and aftercare for substance abuse, mental health services, long-term care, and geriatric behavioural supports
- Initiating dialogue and maintaining relationships between providers

- Distance to services and transportation to appointments
- High costs to deliver services in the community
- Lack of initial assessments completed in a timely manner, resulting in patients presenting in crisis
- Recruitment and retention of staff due to various factors such as lack of long-term work, burnout, and lack of housing
- Growing burden of an increasingly aging population
- Delivering culturally-sensitive care can be challenging, for example due to lack of interpretive services

Opportunities

- Advances in telehealth and telemedicine
- Potential for mobile clinics and care teams
- Increased services in the community will keep travel costs down and serve more people in Red Lake, where they prefer to be
- Potential for more supportive housing in the area
- Increased role of nurse-practitioners
- Existing inter-agency communication and cooperation, for example from the mining sector

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

- It is reassuring to see plans being followed through to address issues, reduce costs, and bring about change. It is high time for this type of affirmative action.
- There is an enthusiastic group of people committed to leading the change over an extended period of time.
- Local hubs are able to address local issues and many stakeholders are invited to contribute to solutions even if they are not part of the North West LHIN mandate.
- Advances in telehealth, especially to improve relations with and health outcomes for First Nations communities.
- It is exciting to have concrete data about existing problems in order to support plans for change.
- Opportunities to meet with health service providers and other community partners in different areas to exchange ideas, form relationships, and break down silos.
- Opportunities to increase accountability in setting standards and creating efficiencies to improve care.



3. How can we work better together?

- There must be patient-focused collaboration among all parties and those who come to the table must be willing to advance change rather than focus on their own agendas.
- Continue open dialogue with health and community service providers to coordinate services, track data, gaps, and/or duplications, and follow up with patients.
- Efforts to increase public awareness of available services and how to access them can be improved.
- Data collection cannot be a one-size-fits-all approach. A data collection system should be devised that tracks relevant information so that it accurately reflects the unique reality of the community (for example, wait times).
- Community partners should come together to determine the types of leadership required locally in order to drive change forward and remove barriers.
- There is a need to allow for a certain extent of flexibility and differences in service delivery across communities.



Summary & Recommendations

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

- There was open and strong participation among all attendees. They established rapport with each other and seemed comfortable sharing both positive and negative insights about health service delivery in Red Lake.
- Participants appreciated that the North West LHIN demonstrated interest in their community.
- Attendees were impressed with the format of the session, the amount of information provided, and its presentation in a clear, straightforward manner using simplistic language.
- The presentation was especially informative for those with indirect connections to the health care system, such as law enforcement. Participants cited having a better understanding as to where the system is headed and their role within it.
- Participants valued the opportunity to share stories and experiences about current issues and those that may arise in the near future with other stakeholders in an informal, free-flowing discussion.



- Participants generally agreed about the service delivery needs and issues that were unique to their community. While attendees agreed that substantial change is necessary and offered ideas about ways to achieve it, they were less sure as to who should be responsible for leading transformation and monitoring impacts or effectiveness.
- Participants indicated that they want to see the feedback from the session be put into action to improve patient care and health outcomes in their community, were optimistic that this would occur.
- 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.

Recommendations, based on event notes, discussion points, and participant feedback:

- Some attendees felt they would have benefitted from a longer group discussion. Subsequent engagement sessions may need to be extended, especially if many more people are expected to attend in larger communities.
- Some participants commented that they would have appreciated more networking opportunities with the rest of the room, which could be addressed by hosting a longer event with more time allotted to network before and after the presentation/discussion period.
- One person commented that the presentation was slightly one-sided and he/she would have appreciated more opportunities for the attendees to direct feedback to the North West LHIN in addition to each other.
- 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 Red Lake community would be beneficial. This would demonstrate to participants that their attendance was worthwhile, their insights valuable, and their ideas seriously considered.



Appendices

A. Summary of Attendee Evaluations

A total of 20 evaluations were received with the following results:

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

All of the 20 who filled out evaluations forms indicated that the meeting met the objectives.

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
Content of Meeting	1		9	10
Group Discussions	1		7	12
Use of Your Time	1		9	10
Networking Opportunities	1	1	9	9
Opportunity to participate	1		10	9

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

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	No Response
Please mark one rating only	1		8	7	4

B. Agenda

Red Lake Community Engagement

Date: Monday, May 27, 2013

Time: 7 – 9 pm

Location:

**Super 8 Motel
Red Lake, Ontario**

AGENDA

#	Agenda Category / Item	Time:
1.	<i>Welcome and Introductions</i>	7:00p.m.
2.	<i>North West LHIN Presentation</i>	7:15p.m.
3.	<i>Group Discussion</i>	8:00p.m.
4.	<i>Summary and Next Steps</i>	8:55p.m.
5.	<i>Session Closure</i>	9:00p.m.

C. Media Coverage

LHIN aims for sustainable health care in northwest

June 3, 2013

By Lindsay Briscoe

According to the Northwest Local Health Integration Network (LHIN), the northwest region of Ontario has the highest rate of acute hospital use in the province, preventable disease due to smoking, heavy drinking and obesity is much higher here than any other part of Ontario, and regional health care spending rings in at about 39 per cent more than the provincial average.

With an aging population, the price for health care is only going to get higher. Health care costs in Ontario are estimated to reach \$24 billion by 2030. Northwest LHIN CEO Laura Kokocinski says right now the LHINs are expending over \$600 million in the northwest yet health outcomes aren't improving.

"We just can't sustain the financial burden on our health care," says Red Lake Margaret Cochenour Memorial Hospital (RLMCMH) CEO Paul Chatelain. "There's no more money in the system and there won't be any more money in the system. We have to do something and I think the Blueprint is a good step in the right direction."

The Blueprint was created by the northwest Local Health Integration Network (LHIN) with input from health care providers, the public and other stakeholders. It's intended to help prepare for the next ten years with a more "integrated" health system that will streamline care and increase efficiency.

"Whenever we bring people together the first thing they say is 'Oh, I didn't know you were doing that. I didn't know you were seeing Mrs. Jones too.' So all of a sudden by having those dialogues we'll start seeing where there are overlaps and/or gaps in services," says Kokocinski.

The Blueprint also aims to prevent unnecessary and costly visits to the emergency room when patients could be more appropriately treated in primary care, she adds.

After it was released last year, northwest LHIN board members travelled around the region to bring the different healthcare providers that fall under LHIN umbrella up to speed. Last week they were back in the area speaking with a number of other healthcare providers and organizations not affiliated with LHIN but that play a role in the overall health of the community.

"When you look at planning health care for a population, it's all the individual organizations that actually touch those patients and their families that need to come together and look at how they use their resources in the best possible way to ensure that they're meeting the needs of the people," said Kokocinski.

The Blueprint organizes services and delivery of care at three levels:

Local Health Hubs: Made of health care providers in and around communities and focuses on the unique needs of those communities.

Integrated District Networks: Exist where multiple communities share services and include an acute care hospital known as a District Health Campus which provides specialist care to patients in the district. Red Lake's IDN is in Kenora.

Regional or LHIN-wide programs: Led by either a community or hospital, depending on the area of expertise, and work closely with Integrated District Networks to make sure patients receive care as close to home as possible.

Chatelain says he thinks the Blueprint will benefit an area like Red Lake.

"We have to send our patients to Kenora for ultra sound (for example) because we don't have an ultra sound technician here but that should be more of a seamless effort in the future because there's the expectation that we're going to be sending our patients there. It's a more coordinated effort with the IDN (Integrated District Network)."

"We're struggling with staff – getting health professionals to come to Red Lake – and if we can't get them here we can certainly tap into resources with Kenora and Dryden," says Chatelain. "It's not the greatest solution for Red Lake but at least there's a light at the end of the tunnel."

For more information on the Blueprint: www.northwestlhin.on.ca.