

Healthier people,
a strong health system
- our future.



North West LHIN Board of Directors Nipigon Community Engagement

October 23, 2013

Report submitted: December 20, 2013

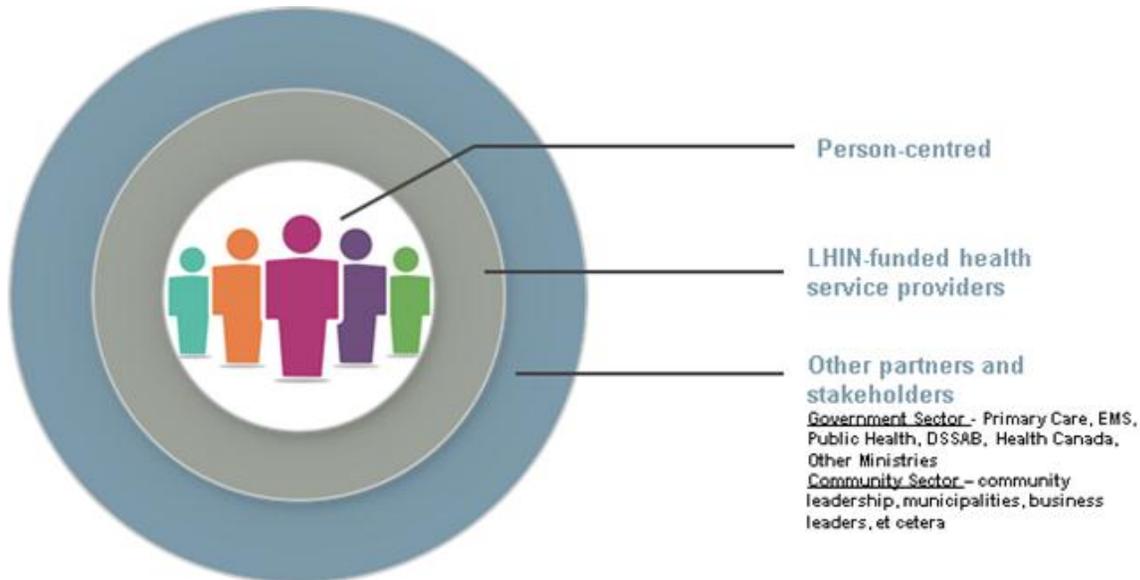


Ontario

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

Introduction

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



Person-Centred Circle of Care

On October 23, 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 Nipigon, 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 fourth 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 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 Nipigon area

Meeting Details

Logistics

Laura Kokocinski, CEO of the North West LHIN, commenced the morning by welcoming attendees and explaining the purpose of the event. Subsequently, Joy Warkentin, North West LHIN Board Chair, 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 Nipigon's health care system

Following the presentation, the 12 participants worked in small groups to brainstorm responses to four prepared discussion questions.

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



Main Themes Arising from the Discussion Period

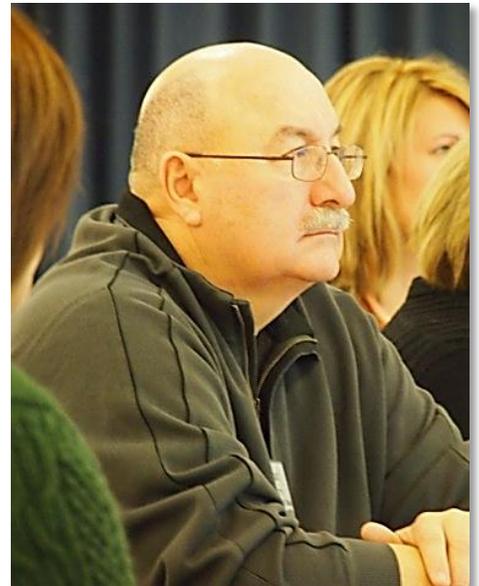
Attendees were asked to respond to four discussion questions with their tablemates:

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

Barriers

- Recruiting and retaining health care professionals is difficult and locum has become the norm.
- Lack of awareness among the public regarding available services – who does what – results in costly duplication of services.
- Similarly, system navigation is difficult for most patients, who end up defaulting to the Emergency Department (ED) because they are not sure where to go.

- In addition, communication gaps are evident as many citizens are unaware that certain criteria must be met to be eligible for services.
- Organizations are reluctant to address duplication because they may fear that they will lose part of their funding to provide a service that may also be offered elsewhere.
- Administrative and overhead costs are high and such inefficiencies need to be addressed.
- Shortage of financial and human resources in the community sector (i.e. long-term care, supportive housing).
- More resources need to be invested in primary care and first responders.
- There is little focus on prevention:
 - Public Health needs to engage with the community more, since prevention is its mandate.
 - Prevention programs like the Good Food Box need to be expanded and promoted.
- Access to primary care remains an issue. There are long waits for appointments to see a family physician, it is difficult to access a specialist in a gridlock situation, there are no after-hours clinics available, and same-day appointments are supposed to occur at Family Health Teams but this is not the case in Nipigon. As a result, clients visit the ED for care instead.
- Lack of access to effective and affordable transportation is an issue, especially for seniors:
 - Currently, Nipigon does not offer public transit or taxi services, and clients frequently have to travel from Nipigon to Thunder Bay for care.
 - Often, ambulances wait at the hospital in Thunder Bay for patients to be admitted; ideally, patients should be transported back to the community immediately once treatment is complete.
 - Past issue with transportation involved people accessing the travel grant and the Handi Van service at the same time, but retaining the grant.
 - Preparing proposals to secure grant funding became too cumbersome for volunteers who previously assumed this responsibility.
 - Red Rock currently has a van to drive seniors to appointments in Thunder Bay that is supported by volunteer drivers and fundraising. However, current operators are aging and the service will likely need permanent funding eventually to continue operation.
- It is difficult for people who do not access services regularly and organizations outside of the health sector to keep abreast of available services.



- First Nations clients' needs and issues are different and require culturally-appropriate care (i.e. Sioux Lookout has a sweat lodge in its hospital).
- There is a lack of authority in Ontario to compel agencies to work together.
- Uncertainty as to how well the emergent needs of the “book ends” (i.e. children and seniors) in the community are being served. For example, there are elders in the community who require long-term care but cannot get into a facility, and there are others who could remain at home with supports. In addition, Early Years research indicates that physical health and wellbeing among children is becoming an urgent area of need.
- Telemedicine and telehealth are not being used to their full potential.
- It is estimated that the majority of Nipigon residents are over the age of 45. As this population group ages, there will be additional strain on local health care systems and resources.

Opportunities

- There are opportunities to bring public, private, and municipal sectors together to pool resources (i.e. perhaps the closed St. Edward school could be converted to a wellness centre, which means an existing space would be utilized to ease pressure on the clinic).
- More mobile units to increase access to care for clients, especially seniors.
- The aging population of Nipigon indicates that planners will need to research alternative ways to provide housing and home support.
- A lack of transportation can also be framed as an opportunity to leverage the expertise of and to partner with individuals in the community who have experience completing grant proposals.
- A shortage of health professionals means jobs could be created in the community.
- The Family Health Team model has been effective in reducing duplication, though there is still work to be done and there is still room for expansion.
- Shift from a reactive approach to proactive through increased focus on prevention.



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

- Data is being gathered that illustrates the highest needs and is being used to guide interventions.
- The possibility of transit being available in the community again.
- Structural changes to a hub system and person-centred approach make sense and will help reduce duplication and territorialism.
- Telemedicine and telehealth create new possibilities for care and enhance health (i.e. care can be administered by a nurse rather than a doctor; improves access to

specialists; enables patients to practice self-management with support from practitioners; facilitates access to information since all data is sent to an NP or other health professional; in some cases may eliminate the need to see a doctor). However, public awareness of and access to these services need to improve.

3. How can we work better together?

- Gather “the right people in the right rooms” to research the actual needs of the community and which services are currently most responsive to those needs, and compile information about who to call to access certain services.
- Keep community engagement and networking going with a diverse cross-section of people and organizations.
- Ensure preventative agencies are invited to participate in future engagement sessions.
- Increase communication between agencies and work together to better coordinate care to eliminate duplication.
- Encourage networking between service providers to determine which organizations provide services to which patients.
- Look for opportunities to share costs and streamline administration between agencies and across the entire region.
- Ensure that hospitals are properly funded as there are “rich” hospitals and “poor” hospitals that are chronically underfunded.



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

- Participants asserted that change would be the result of a combined effort among a diverse group of stakeholders across different sectors of the community and that this session was a good start. Cross-representation was necessary to ensure a broad representation of interests, that everyone at the table has the same data, and that they each understand their role. Participants suggested many possible representatives to be part of this multi-sector team, such as:
 - Hospital at the centre, since it already reaches out to the community
 - Public Health
 - Preventative agencies
 - Municipal leaders
 - Education sector
 - Community groups including those focused on seniors and children
 - First Nations

Summary & Recommendations

Overall observations and recommendations, 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 experiences with health service delivery in the Nipigon area.
- Participants valued the opportunity to share experiences, challenges, ideas, and opinions with a diverse group of stakeholders in an informal, free-flowing discussion.
- Participants were pleased with the amount and quality of information presented, as it offered a clear understanding of the North West LHIN and future directions for the health care system.
- Some logistical suggestions included allowing more time for discussion and inviting more people to attend.
- Transportation emerged as a primary issue of concern among the participants. They were interested in restoring transit services that were offered in the past and they were eager to explore possibilities, with the LHIN's assistance, to do so.
- 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 10 evaluations were received with the following results:

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

Eight evaluators indicated that the meeting met the objectives, while two evaluators did not fill out 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
Content of Meeting			6	4
Group Discussions			5	5
Use of Your Time			6	4
Networking Opportunities			5	5
Opportunity to participate			4	6

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

	Highly Dissatisfied	Dissatisfied	Uncertain	Satisfied	Highly Satisfied	No Response
Please mark one rating only				4	6	