

Healthier people,
a strong health system
- our future.



North West LHIN Board of Directors Manitouwadge Community Engagement

November 13, 2013

Report submitted: January 10, 2014

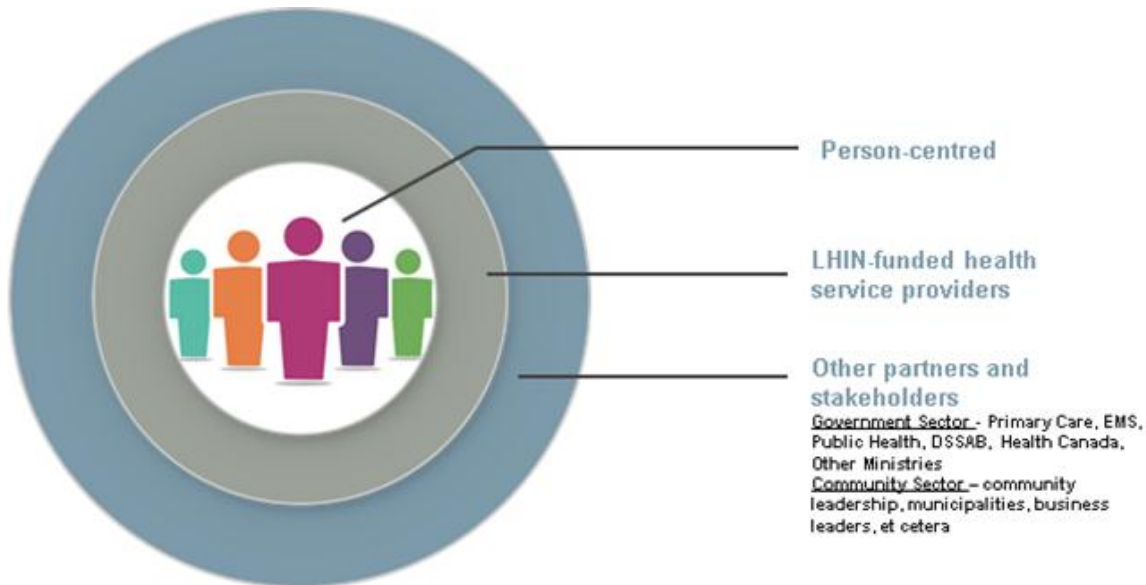


Ontario

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 November 13, 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 Manitouwadge, 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 fifth 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 Manitouwadge area

Meeting Details

Logistics

Laura Kokocinski, CEO of the North West LHIN, commenced the afternoon by welcoming attendees and explaining the purpose of the event. Subsequently, Reg Jones, North West LHIN Board Secretary/Treasurer, delivered a presentation with support from North West LHIN Board Member Dan Levesque, 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 Manitouwadge's health care system



Following the presentation, the 16 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

- The way the ministry funds health care is complicated (i.e. separate streams – primary care vs. LHINs).
- The demographic landscape of the community has created challenges. Manitouwadge was touted as a retirement community when the mine closed and housing prices dropped; the influx of retirees has led to increases in the aging population and demands for services such as home care and long-term care.

- A lot of programs, especially those associated with Public Health, are “Thunder Bay-centric” (i.e. breastfeeding programs – specialists need to be physically present to address latch problems; bariatric surgery – patients need to physically attend a post-surgery program so people in the region cannot access it).
- Access to primary care remains an issue:
 - There are long waits for appointments to see a family physician;
 - There are no specialists in the area so residents have to travel to see one;
 - Physicians’ hours are not very flexible (i.e. no evening appointments, hours are not long enough); and
 - There are no doctors or nurse practitioners (NPs) at the Family Health Team (FHT) in Manitowadge. As a result, clients visit the ED for care instead.¹
- There are disparities between provincial coverage of and eligibility for some programs (i.e. people cannot receive home care services within three months when they come from out-of-province).
- It is difficult to collect accurate data because one person can skew the statistics (i.e. one person who visits the ED every day).
- Distance and lack of access to transportation are challenging:
 - A bus was previously available to transport people to Thunder Bay but not a lot of people used it so it is no longer offered. However, now many people who need to travel to Thunder Bay for services can no longer do so;
 - There are issues with travel grant coverage, as it only spans two days. This is an issue especially when appointments are not clustered together and there are dangerous road conditions in winter; and
 - Participants acknowledged that there is potential for the travel grant to be overused.
- There are very long waits to access child and youth mental health services. Usually an intake meeting takes place during which students describe their individual issues and needs, and they are triaged according to severity, which may mean other students are bumped.
- Lack of awareness among the public regarding which agency offers certain services, partly due to lack of advertising, lack of “store-fronts,” and reduced advertising budgets, which leads to costly duplication of services.



¹ Manitowadge FHT Director Lee Kriniski commented that Manitowadge has a unique FHT in that it is under the governance of the hospital and has a partnership with physicians. They are currently located on different sites but are conducting a feasibility study to determine the possibility of co-location. In addition, since there are three physicians in Manitowadge, the FHT would not qualify for a nurse practitioner.

- Shortage of long-term care spaces as well as shortage of resources for care in the community (i.e. front-line disability services, assisted living).
- There are no health programs offered in schools anymore (i.e. Terrace Bay and Marathon have an NP visit schools, but Manitowadge does not offer this service since the FHTs in Terrace Bay and Marathon provide that NP).
- The OPP service is frequently called to address mental health cases. Victim services are also heavily relied on for these clients but they have low visibility.
- Manitowadge is struggling to retain doctors.
- Health care communications uses many acronyms, making it difficult for people outside the field to understand.

Opportunities

- Residents are within close proximity to local services due to the small community size.
- The FHT Model has been a success.
- Manitowadge is well-staffed medically (i.e. hospital, doctors, and FHT all provide good care in Manitowadge).
- There is potential for many strong partnerships to be formalized.
- Telehealth has helped to address distance challenges, though it could be better utilized and enhanced.
- It is convenient to have one worker at the CCAC in Marathon as a single point of access – “one-stop shopping,” “one worker that connects you to many.”
- Bringing people together from different sectors at a local level is a step in the right direction.
- More programs to keep people in their homes would be beneficial.
- Superiormodel.ca, similar to 211 and created through a student success leadership initiative, catalogues all services available in different regions but could be expanded and improved. Will now be managed by mental health leads with the school board.



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

- 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, which points to a need for future communication with the community to keep them abreast of what's happening.
- However, participants were excited by the fact that decisionmakers recognized the need for change.
- The Local Health Hub model is a promising idea since Manitowadge is sometimes overshadowed by Marathon (i.e. EMS head office, OPP head office, and school boards

are located in Marathon). The Local Health Hub model will support maintaining existing services in Manitowadge.

- Bringing together local and regional partners from different sectors for future discussion.
- More home-based programs.
- Emphasis on right place, right time, right service and a person-centred model.
- Sharing and connecting services between agencies.
- Ensuring community identity is incorporated at every step in the planning and change process. Residents are proud of the high quality health care services offered in Manitowadge, and decision makers must take community pride into account in order to retain support for any proposed changes.
- Improved communication to break down silos between organizations and guide people to the appropriate services.
- Potential for ministries to start working better together (i.e. housing and health).
- Data has been gathered to identify issues.
- Improvements in technology to enhance health care.

3. How can we work better together?

- People need to suspend their hometown perspectives and recognize that high quality services should be offered regardless of the community in which clients access them (i.e. “if I travel to Marathon, I want good services there, just like if someone comes to Manitowadge they should get good services here”).
- Consistency of education and directions for accessing care is important, since some doctors will issue different instructions as to whether patients should visit the clinic or the ED.
- Increase communication between agencies and work together to better coordinate care to eliminate costly duplication of services.
- Keep community engagement and networking going with a diverse cross-section of people and organizations.
- Strive to break down barriers to access services and create single points of access.
- Ensure data collection and analysis are accurate (i.e. ED admission statistics could just be reflective of one person visiting the ED multiple times).
- “Rip red tape” and improve access to appropriate services:
 - Better publicize services that are available in the community;
 - Improve referral processes between agencies through an inter-professional approach without breaching confidentiality; and
 - Reduce competition between organizations and create a single point of access (i.e. Dilico vs. NOSP).
- Explore opportunities to bundle services together, share resources, and collaboratively advertise.
- Take advantage of local “community network meetings” to promote existing services, brainstorm ideas, and learn about other organizations.
- Improve communication and coordination between different ministries.



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.
- There was general consensus among participants that the hospital and FHT would be a natural fit to lead change. The FHT could also play a role in prevention and health promotion.
- However, participants also pointed out that many community members would be interested in the Blueprint, impending changes to local health services, and potentially assisting in leading transformation.
- School board and local schools may also be able to assist, especially in terms of communicating with other agencies.



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 care services in the Manitouwadge area.
- Participants valued the opportunity to gain an understanding of local issues affecting Manitouwadge and the chance to share experiences, challenges, ideas, and opinions with a diverse group of stakeholders.
- Some participants commented that more pre-reading material should have been shared prior to the meeting and to allow them to prepare questions.
- 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 attendees felt they would have benefitted from a longer Q&A period.
- Participants indicated that additional roundtable sessions should be hosted to discuss operational solutions and progress made as changes move ahead.
- Community pride was clearly evident among the participants. They hoped to establish new and additional services, staff, and resources in Manitouwadge; they were passionate about retaining existing services in their community; they expressed interest in restoring services that were offered in the past; and they were resistant to travelling to other municipalities like Marathon to receive services they believed should be offered locally.
- 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 attendees indicated that the meeting met the objectives, while 1 evaluator left the response blank.

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	5
Group Discussions			7	4
Use of Your Time			6	5
Networking Opportunities		1	5	5
Opportunity to participate			4	7

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	3	2