

**Healthier people,  
a strong health system  
- our future.**



## **North West LHIN Board of Directors Terrace Bay Community Engagement**

**November 14, 2013**

**Report submitted: January 10, 2014**



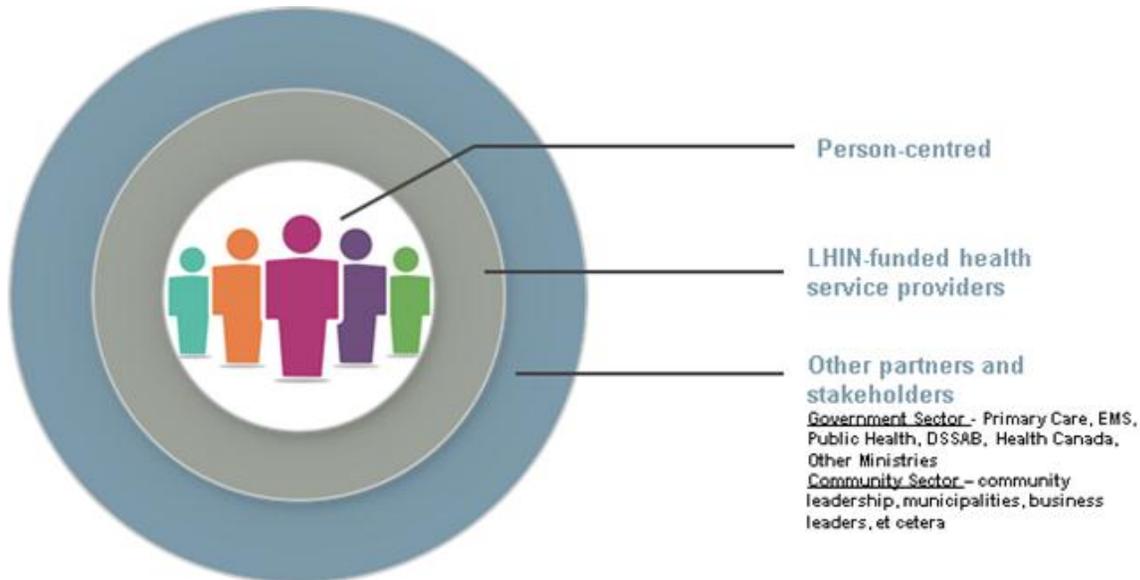
**Ontario**

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 14, 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 Terrace Bay, 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 seventh 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 Terrace Bay 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 Terrace Bay and area's health care system



Following the presentation, the 22 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*

- Community mental health services are offered on a 9-5 basis with no after-hours services available. Agencies need to be more flexible in terms of the times during which they offer services.

- Providers who are not funded by the Ministry of Health and Long-Term Care (MOHLTC) feel isolated and excluded from the medical community. The circle of care is very closed which hinders information sharing between LHIN-funded and non-funded providers.
- Access to care is an issue for the Terrace Bay area. Currently, there are long waits for appointments to see a family physician, physician hours are not flexible, there are no specialists in the area, the Family Health Team (FHT) lacks a full complement of professionals (i.e. doctors, nurse practitioners, physician assistants, etc.), and there are concerns about family doctors retiring and a lack of providers to replace them.
- Shortage of human and financial resources for care in the community (i.e. home care, etc.).
- Recruitment and retention of health care professionals is difficult.
- Distance and lack of access to transportation are challenging. There are no public transit or taxi services available, and clients frequently have to travel from Terrace Bay/Schreiber to Thunder Bay for care. In addition, few residents want to leave the community for care, because they likely have to stay overnight in Thunder Bay.
- There is too much bureaucracy and excessive reporting requirements (i.e. different agencies have to report three different ways).
- Confidentiality restrictions can impede patient services.
- Important services are not publicly funded (i.e. CCAC does not pay for travel, client pays out of pocket for foot care).
- Lack of culturally appropriate rather than culturally sensitive care.
- Time-limited approaches to reporting on cases and services provided.
- Structural changes and terminology seem overwhelming and confusing (i.e. District Health Campus sounds like another layer of bureaucracy).
- Existing facilities need renovations and upgrades (i.e. physiotherapy department in particular is ill-equipped).
- The patient experience should not be based only on quantitative data.
- Different agencies often fight over patients because the patient counts towards their data.
- Lack of awareness of available services among the public leads to costly misuse of the Emergency Department.
- Lack of physician buy-in with regard to collaborative approach.
- Lack of communication among providers.



## Opportunities

- There are opportunities to integrate paramedics into the system more and expand their services. They are trained professionals who wait for incidents to happen, when they could be doing more proactive work.
- Telehealth, telemedicine, and videoconferencing have been welcome developments to enhance health care.
- Superior North EMS is researching the possibility of community paramedicine. Prescott Russell is carrying out a feasibility study into the usage of paramedics during day shifts, during which paramedics often have more downtime.
- There needs to be a clearly defined circle of care that includes all providers, with guidelines to share information in a timely fashion so as not to impede patient care.
- The line between patient care and non-patient care needs to be clearly delineated. Providers need to prevent non-patient care from becoming overwhelming and so they can dedicate more energy to patient care (i.e. providers spending hours compiling reports and statistics).
- The FHT model has been a great success as it expanded services and serves as a great example of a collaborative, interdisciplinary approach.
- Public health practitioners in the high school.
- Increased focus on preventative health care as diabetes programs expand.
- More resources dedicated to support services in the District.
- Locums and nurse practitioners increase access to primary care.

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

- Retaining the existing high quality services and providers in the community, potential to offer new health care services locally, and potential expansion of FHT services.
- Better service for patients, families, and communities.
- Better accountability for funding received from the LHIN and better value without any service issues.
- Efforts to reduce home care waiting lists.
- Telehealth and telemedicine have helped to address distance challenges and eliminate the need to travel, though they could be better utilized and enhanced.
- The potential for EMS to offer additional services.
- Non-LHIN-funded health providers and organizations are invited to participate in important engagement sessions, and the circle of conversation could be broadened further.
- Steps are being taken to address gridlock at Thunder Bay Regional Health Sciences Center (TBRHSC).



- Data is being gathered that illustrates the highest needs and is being used to guide interventions to bring statistics down.
- The possibility of using existing facilities to address problems (i.e. McKellar).
- Terrace Bay and Schreiber working together to direct clients to appropriate services.
- Additional and regular community engagement meetings, perhaps through the formation of a subcommittee to begin work on action items. These would also be an opportunity to keep members informed about what different agencies are doing.
- Improved communication and collaboration between organizations so people receive the appropriate care in the community.
- Efforts to educate the public about available services to ensure they receive the right care in the right place.

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

- LHIN-funded providers, non-funded providers, and representatives outside of the health sector should continue to convene regularly, exchange information, and discuss changes and improvements (including non-traditional providers such as chiropractors, massage therapists, etc.).
- Provide practical examples, case studies, and patient testimonials of how services work.
- Better maintenance of the facilities that already exist in the community (i.e. patient rooms are lacking in terms of esthetics and functionality).
- Many people do not want to see a locum and prefer to wait until their doctors are available, so it may be beneficial to remind the public that locums are trained physicians and they should take advantage of their services.
- Expand local cancer care.
- It is essential to educate the community about the services available to them:
  - Perhaps providers could meet to share information about what they offer in order to create an updated directory that includes all community and health services in the area. The township offers a similar brochure, which could simply be updated with new information and services.
  - In addition, local agencies could circulate each other's newsletters.
  - A system navigator could be appointed to assist clients in accessing appropriate services.
- Embracing the philosophy of person-centred care may lead to less territorialism among providers.
- Offer home visits.
- Share information and data in a transparent and timely manner.
- Provide compensation for transportation and accommodations when residents need to travel to receive care.



#### 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 while this session was a good start, community engagement should continue.
- Participants suggested some possible representatives to be part of this multi-sector team, such as:
  - Public Health
  - Hospital
  - Family Health Team
  - Health Links representatives
  - Education sector
  - Municipal leaders
  - CCAC
  - Community clinics
  - Community Health Teams
- Participants also pointed out that one coordinator may need to be appointed to lead, which might be difficult if there is no funding available and people are not likely to volunteer.
- Participants also suggested that a volunteer board could be convened to gather providers together to determine how to work together and advance change. Perhaps the interagency meetings organized by the District of Thunder Bay Social Services Administration Board (DSSAB) could be expanded.
- Participants also emphasized that the recipients of care and their families should also be invited to provide input regarding proposed changes, to ensure the “human element” is not lost in the process.

## 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 Terrace Bay area.
- Participants valued the opportunity to gain an understanding of local issues affecting Terrace Bay and the chance to share experiences, challenges, ideas, and opinions with a diverse group of stakeholders. In addition, they welcomed the opportunity to provide feedback to a critical planning process in their community.
- Some attendees felt they would have benefitted from a longer Q&A period with more specific questions.
- Participants were pleased with the amount and quality of information presented.



- Some participants indicated that broader representation across different sectors would have been beneficial, as well as inviting the general public to attend.
- Some logistical suggestions included using a microphone system and allotting more time for the meeting.
- Another recommendation indicated that participants may have benefitted from a brief introduction of attendees and the organizations they represented.
- Participants expressed their frustrations with the current health care system and their expectations with regard to accessing the care they deserve, when they need it, and without having to travel to get it. However, they also acknowledged that many of the issues they faced were shared across the region and province, and that quality services were available in Terrace Bay when compared to some other areas.
- At the same time, community pride was clearly evident among the participants. They valued the existing services and providers in their community, and also recognized the difficult work that lies ahead on the journey towards health system transformation.
- 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 18 evaluations were received with the following results:

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

Sixteen participants indicated that the meeting met their objectives, one evaluator left the response blank, and another hovered between “yes” and “no.”

**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			15	3	
Group Discussions		1	7	10	
Use of Your Time			11	6	1
Networking Opportunities		3	5	10	
Opportunity to participate			9	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	13	3	1