

Healthier people,  
a strong health system  
- our future.



# North West LHIN Board of Directors Fort Frances & Emo Community Engagement

**April 14, 2014**

**Report submitted: July 11, 2014**



**Ontario**

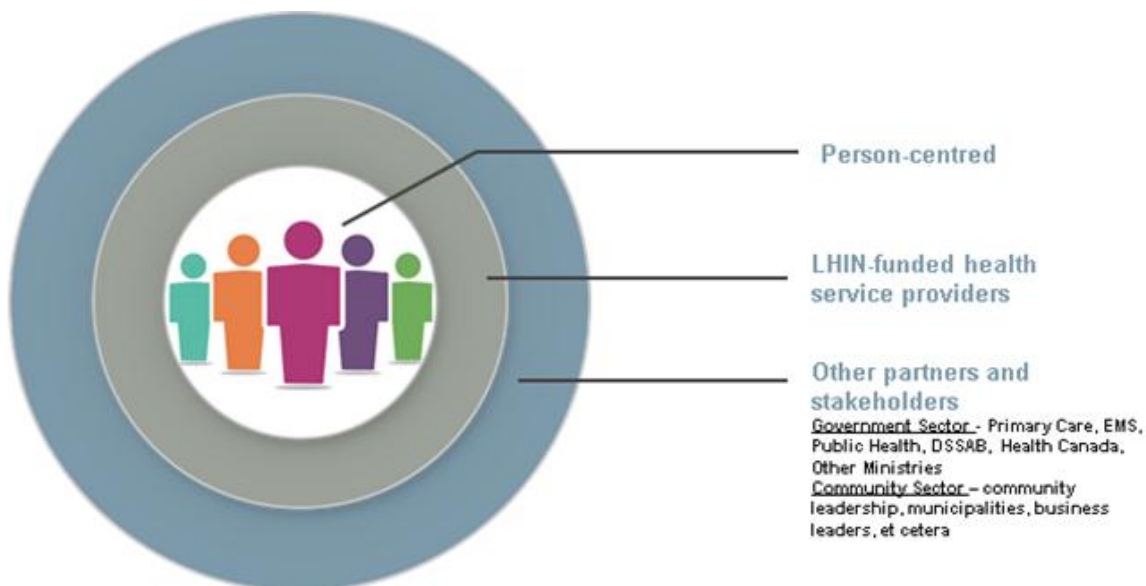
Local Health Integration  
Network

Réseau local d'intégration  
des services de santé

## Introduction

In 2012/13, the focus of North West LHIN Board-led community engagement sessions was with 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 April 14, 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 Fort Frances, 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 ninth 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 Fort Frances and Emo areas

## Meeting Details

### Logistics

Susan Pilatzke, Senior Director of Health System Transformation, commenced the evening 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 local health care systems



Following the presentation, the 32 attendees participated in small group discussions to brainstorm responses to four prepared questions.

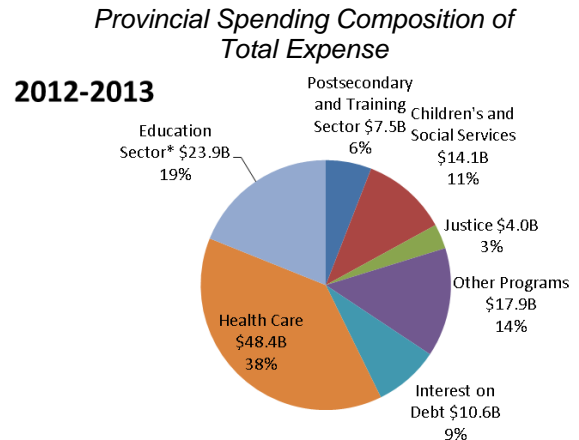
The session concluded with an opportunity to network with other attendees and North West LHIN representatives.

## Audience Questions and Answers

During the presentation, attendees posed specific questions to North West LHIN representatives:

**Have the proportions of provincial spending changed in recent years? (referring to the pie graph included in the presentation, at right)**

The pie graph was obtained from the 2012-2013 Ontario budget. To view exactly how provincial spending has changed to the present, previous Ontario budgets should be consulted, which are archived on the Ministry of Finance website.



**Why is it that 5% of the population is using 62% of health care resources?**

These individuals are also known as high users. They are patients who often have multiple complex conditions and they make many trips to the emergency department (ED) for care, since they often receive uncoordinated care from multiple providers. As the North West LHIN proceeds with implementing Health Links, high user groups as well as their unique needs are being identified in each Integrated District Network (IDN). Once these patients and their needs are better understood, the Health Links Steering Committees can devise solutions to meet their needs while getting better value for health care dollars.

**Where do Métis people fit in the North West LHIN's analysis of the District of Rainy River IDN's population?**

The North West LHIN uses the term Aboriginal to include Métis, First Nation, and Inuit populations.

**What does "expansion of transitional housing" refer to in your presentation?**

Transitional housing is a term that we use to refer to supportive housing.

**Where does the money for capital come from if the LHIN does not provide it?**

Funding for capital projects flows directly from the Ministry of Health and Long-Term Care (MOHLTC) once approved. There is an extensive review process that occurs with the applicant, Ministry, and LHIN input.

**How do you measure success – that investments went where they were supposed to, and achieved the results they were intended to accomplish? Is there a living document that indicates accomplishments throughout each year of the project?**

The investments that have been made in each year to help advance the Health Services Blueprint are acknowledged and published in the annual Accomplishments document the North West LHIN distributes to the public, and this information is also captured in our Annual Report that we submit to the Ministry. Copies of the Accomplishments and Annual Reports can be found on our website at [www.northwestlhin.on.ca](http://www.northwestlhin.on.ca), under the “Reports & Publications” section.

**Have any studies been done about the costs and quality of life of seniors living in a cluster of assisted living units vs. status quo satellite sites?**

The North West LHIN has completed a long-term care services plan. The plan is based on international evidence such as the Abbotsfield concept of cluster-type supportive housing for individuals with dementia and high needs assisted living services. We have accounted for these various concepts in the model developed for the North West LHIN.

**Please describe the process for North West LHIN Board appointments.**

The North West LHIN is governed by a skills-based Board of Directors, accountable – through the Chair – to the Minister of Health and Long-Term Care for the LHIN’s use of public funds, for achieving results through execution of its strategic directions and for the performance of the local health system. The Directors are appointed by Order-in-Council for a term of one to three years, subject to a six-year maximum.

Board members are selected using a merit-based process, with all candidates assessed for the fit between skills and abilities of the prospective appointee and the needs of the Local Health Integration Network. Board members are expected to possess relevant expertise, experience, leadership skills, and have an understanding of local health issues, needs and priorities.

When there is a vacancy, the North West LHIN advertises the position through multiple channels (e.g. local and regional newspapers, North West LHIN website, face-to-face meetings, etc.). All persons applying to serve on the North West LHIN’s Board must apply through the Public Appointments Secretariat (PAS). For additional information, including a full listing of all government agencies, a description of our LHIN, requirements to serve as a Board Director and how to apply, please visit the PAS website at [www.pas.gov.on.ca](http://www.pas.gov.on.ca).

## 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

- Access to the right care is a continuous challenge in the community which affects the number of people using the ED as primary care.
  - There is a shortage of physicians in Fort Frances.
  - Patients face long waits to book an appointment (e.g. 6-8 weeks).
  - Flexible clinic hours and afterhours access are limited.
  - Limited access to acute mental health services.
- There is a lack of awareness among the public about appropriately using the ED (e.g. people visit the ED to have an ankle assessed when this could have been performed by an allied health professional such as a physiotherapist).
- As a small community, Fort Frances may not be equipped to offer all of the services locally that it needs.
- Many people lack health literacy and do not take personal responsibility for their own health, as there is a common understanding that health professionals will make them healthy should an issue arise.
- There is a lack of understanding among top decision-makers, often located in Southern Ontario, about the community's location, characteristics, and needs.
- Participants identified non-urgent transportation as a prominent issue within the community.
  - Due to the community's geographical location, patients frequently have to travel to receive care, which is costly, at times uncoordinated, and creates additional stress.
  - People frequently make multiple trips to places like Thunder Bay for appointments that take minutes, that may be cancelled, or for treatment that is unavailable.
  - There is no public transportation available in the community.
  - *It was suggested that perhaps a bus could be secured to transport multiple patients to out-of-town appointments.*
- It may be difficult to sustain transformation activities in the face of bulging demands for services.
- There is a lot of territorialism over programs and resources among providers.
- System navigation is so complex that even "when you're in it you don't realize that it's complicated."
- The links between patients and service providers sometimes get lost and thus care delivery is not always seamless.





- Lack of communication and coordination leads to much duplication of services among different providers (e.g. the Victorian Order of Nurses [VON] delivers a falls prevention program for seniors and the fire department oversees a similar program, but they do so separately; the Health Unit visited schools to perform immunization shots yet patients must also see their doctors for the same service).
- People may be discouraged from seeking necessary services beyond what is covered due to additional costs, and any delay may cause one's illness/issue to compound.
- Participants were concerned that there were currently no representatives from the Rainy River District serving on the North West LHIN Board.

### Opportunities

- Participants cited the community's small size as both a barrier and an opportunity. The IDN concept makes sense as there are many existing partnerships and networks throughout the community to drive initiatives forward. In addition, community members are more likely to be familiar with each other's network of supports as well as available services, so "we always know *somebody*" who can arrange assistance if needed.
- Perhaps a walk-in clinic would be a cost-effective solution to address patients' non-urgent needs and reduce pressures on the ED.
- Since Fort Frances borders the United States, there are opportunities to work with HSPs to consolidate services, share equipment or facilities, and eliminate duplication of service (e.g. diagnostic services in International Falls, MN).
- Telemedicine creates opportunities to deliver care in new, convenient, more cost-effective ways. However, the technology is largely underused and establishing the required infrastructure as well as purchasing equipment is expensive.
- The development of new and innovative ways and activities to ensure that seniors remain active and social.
- Reducing strains on local hospitals through additional assisted living facilities.
  - *At the event, discussions with Assisted Living Action Group (ALAG) representatives focused on sustaining the momentum and successes the organization has achieved thus far, potential recruitment of a housing coordinator and other capacity building measures within ALAG, and the alignment between ALAG's goals for seniors' services in the region and those of the LHIN. Erma Armit, ALAG Chair, forwarded notes after the session regarding their community survey results, community presentation summaries, and an overview of the group's action plan going forward, in order to keep the North West LHIN abreast of past work and upcoming ALAG community events. The North West LHIN*



welcomes these updates and will review ALAG's work to date to determine the level of assistance we can offer as we continue to implement the Health Services Blueprint and Health Links initiatives.

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

- Future opportunities for local input on decisions affecting health care in the community.
- A sustainable health system despite the growing demand for services and increasing needs.
- Resources for health care services are allocated based on population needs and are focused on reducing unnecessary ED and hospital visits.
- Appointments could be better coordinated and clustered together so people only have to travel once or that multiple patients could travel together.
- Mobile units are an innovative solution to eliminate the need for travel and bring services to people unable to travel, thereby increasing access (e.g. breast screening van).
- More physicians in our area.
- Keeping people in their homes and community longer through the provision of adequate in-home resources and supports (e.g. assisted living housing).
- There have been increased attention and resources dedicated to mental health and addictions (MH&A) issues and solutions.
- Expanding the role of paramedics through community paramedicine.
  - *Community Paramedicine allows paramedics to apply their training and skills beyond the traditional role of providing emergency response. In their downtime, paramedics can provide services to patients in the community that will help them remain in their homes, such as chronic disease management, patient education, medication checks, and referrals to the local Community Care Access Centre (CCAC).*
- Greater use of technology to provide high quality health care services, to reduce wait times, and eliminate the need for travel.
- Evolution of the health care system to provide a higher level of care.
- Increased coordination of services as well as better assessments and follow-up.
- Data has been collected, problems have been acknowledged, and community members are working together to devise local solutions that will lead toward a sustainable health care system.
- The LHIN's goals and focus on integration of services align with those that local community groups have been pursuing for the last several years, and working together





will enable proactive planning in many areas. However, while we all want better service, increased efficiency, and less cost – how do we get there?

- If changes are done right at the outset, people will live at home longer, be healthier, avoid crisis, and experience better quality of life.

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

- Increase communication between agencies, look for opportunities to share resources, initiate more active partnerships, and invite other providers into programs to break down territorial barriers and silos.
- More attention and resources should be dedicated to addressing wellness, prevention, and the social determinants of health.
- Better communication between HSPs and patients (e.g. provide test results in a timely manner, ensure patients fill their prescriptions and understand their medication).
- Directing problem-solving skills toward addressing the needs of the people who use the health care system the most (the 5%).
- There is a real need for improved communication and reduced duplication at the Ministry level (e.g. between the MOHLTC and Ministry of Municipal Affairs & Housing).
- Improve information sharing between HSPs and *all* providers within a patient's circle of care, including allied health professionals.
- “We all try to offer a little portion of a program,” but clarifying pathways to care, participating in collaborative planning, and clearly delineating each other's roles and responsibilities will reduce duplication, better use resources, and enhance the quality of services provided.
- Utilize community partners to develop and implement care plans (e.g. hospitalization and/or re-admission due to inappropriate medication management could be avoided by encouraging medication reviews with pharmacists during all care transitions).
- Privacy restrictions need to be reviewed so all providers can have access to an electronic, common patient record that captures medical data and history in their entirety.
- Providers need to conduct more public education regarding available services.
  - A frequently updated, centralized directory of all available services within the community would benefit community members who have difficulty accessing the services they require on their own. 211 is an excellent start but the information needs to be better maintained.
  - *It was suggested that perhaps the LHIN could use its communication, media, and public relations strengths to educate people about available alternatives.*



- Organizations could perform in-home community visits to identify problems and arrange assistance before high needs clients present in crisis.
- Continue to work together to “think outside the box” to discover solutions.
- People want to be involved in the decisions that affect them (e.g. seniors, baby boomers). Continue to inform and engage the grassroots regarding ongoing and proposed initiatives or changes: “we appreciate this meeting, but we don’t want it to end here.”

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

- Everyone.
- People directing health system transformation need to plan for the short, mid, and long-term.
- While who is going to lead is an important question, “who is going to inform it” should also be asked.
- Some participants asserted that no single agency, individual, or group could be charged with advancing transformation. Instead, a diverse group of interconnected stakeholders across different sectors of the community must be involved (e.g. advisory committee comprised of health care, education, community agencies, seniors, etc.).
- There must be buy-in and willingness to collaborate among all who are involved.
- Participants specifically suggested possible representatives to be part of this multi-sector team, such as:
  - Community health nurses
  - Hospital representatives
  - Best Start Hub
  - Northwestern Health Unit
  - Rainy River District Municipal Association
  - Assisted Living Action Group/Committee
  - Local physicians
  - Physician recruitment specialist
- Some participants asserted that people may be reluctant to volunteer due to competing priorities and commitments so the North West LHIN may need to appoint a single dedicated person to a paid position to lead and give him or her some authority, since “to lead something, you need to have power.”
- It is important that change be led by people from the local community rather than dictated externally.
- Continued dialogue with the LHIN and follow-up roundtable sessions are necessary to sustain momentum.



## 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 service delivery in Fort Frances.
- 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 roundtable sessions should be hosted to discuss operational solutions and progress made as changes move ahead.
- Some logistical suggestions included extending the time allotted for the meeting, hosting follow-up sessions with more specific topics and focused discussion, and inviting health service providers to be in attendance.
- Some participants commented that they would have appreciated more opportunities to expand networking with the rest of the room, which could be addressed by encouraging participants to join discussions at different tables.
- 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 Fort Frances 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 25 evaluations were received with the following results:

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

24 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			17	8	
Group Discussions			12	13	
Use of Your Time			16	9	
Networking Opportunities		1	16	6	2
Opportunity to participate			13	12	

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

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	No Response
Please mark one rating only			17	8	