

Healthier people,
a strong health system
- our future.



North West LHIN Board of Directors Kenora Community Engagement

June 18, 2014

**Report submitted to Board:
September 23, 2014**



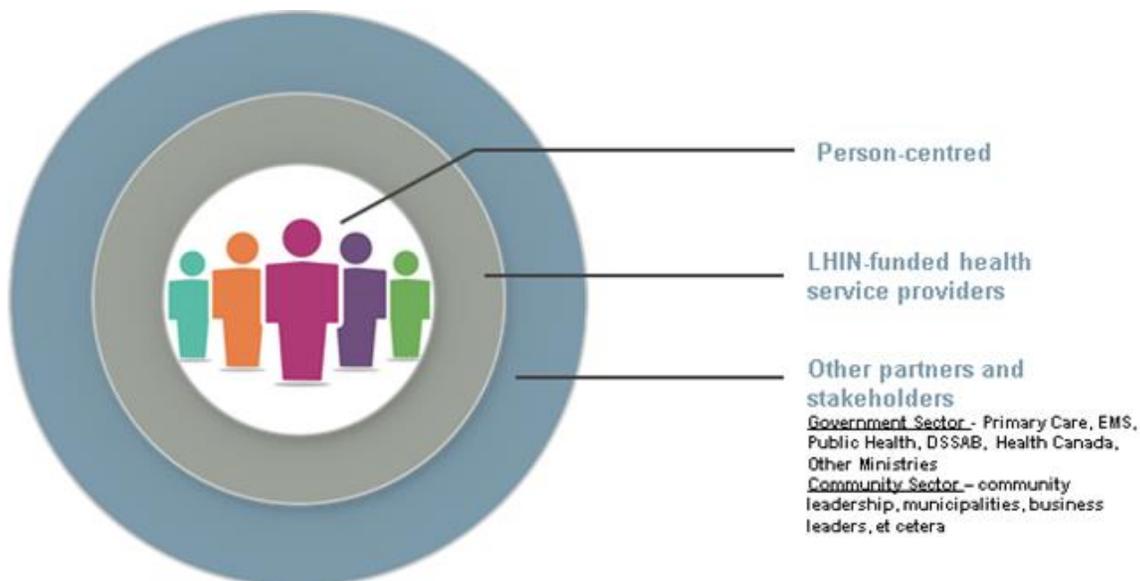
Ontario

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 June 18, 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 Kenora, 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 Kenora area.

Meeting Details

Logistics

Joy Warkentin, Chair of the North West LHIN Board of Directors, commenced the evening by welcoming attendees and explaining the purpose of the event, and by introducing Susan Pilatzke – Senior Director of Health System Performance, as well as Tina Copenace and Dennis Gushulak, both of whom are members of the North West LHIN Board of Directors. Ms. Warkentin 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 local health care systems

Following the presentation, the 26 attendees participated in small group discussions to brainstorm responses to four prepared questions.

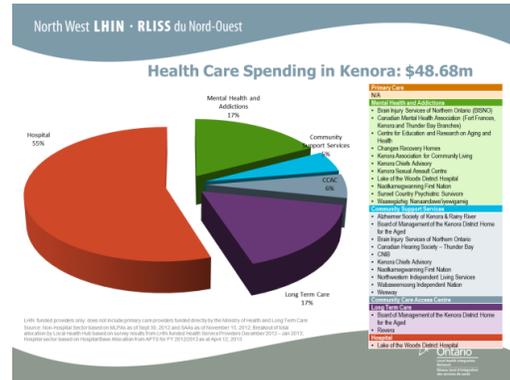
The session concluded with an opportunity to network with other attendees and North West LHIN representatives.

Audience Questions and Answers

1. Do you have a general idea of what the Local Health Hubs will look like?

The funding pie graph included in the presentation lists all of the partners in the District of Kenora Integrated District Network Local Health Hub.

It was noted that broader community, partners and stakeholders, will also be invited to the table for discussions at the Local Health Hub level.



2. Is there a report card each organization has to return to the LHIN that indicates how the organization is doing (performing)?

As a Board, we look at indicators on a monthly basis, and compare those metrics to provincial figures such as wait times for knee replacements, emergency department wait times, wait times for Community Care Access Centre services, and so forth.

Each organization has its own way of reporting to the LHIN as well. The LHIN staff spends time helping health service providers (HSP) look for ways to improve outcomes, achieve results, get better value for money, and provide better care for people. Our Board also helps HSP boards to improve capacity.

3. How will the system transformation affect access to services that many residents seek in Manitoba?

We don't expect access to change. In fact, transformation may decrease the need to go outside of the region for care. Currently, 97% of Northwestern Ontarians receive care within the North West LHIN's catchment area. The remaining 3% seek more intensive care elsewhere, such as for certain heart surgeries. While the LHIN's don't dictate where patients receive their care, it is often the case that patients are referred back to Ontario. The North West LHIN is working with the Winnipeg Regional Health Authority to determine the pressure points, such as cardiac surgery.



4. Will there be any adjustments made to the travel grant for people who have to travel further distances for care? Is there a set maximum that patients can receive?

The LHINs do not fund or administer travel grants; therefore, we can't speak to the details of the program's delivery.

5. What will the District Health Campus look like?

It will be different in each IDN based on the community's needs. For example, Marathon currently delivers orthopaedic surgery, while Dryden delivers cancer and chemotherapy services. Kenora is only one of two Local Health Hubs in the LHIN to have a Schedule One facility.

Main Themes Arising from the Discussion Period

Participants were asked to respond to four discussion questions:

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

Barriers

- Participants discussed having a Community Health Centre in Kenora; question how the Health Access Centres and Health Unit fit into the picture of health care.
- All services should be community-based and report back to the community.
- There is a lack of “real” integration.
Integration has to start right here at the ground level.
- Competition is a barrier when programs are competing for the same dollars, and there seems to be a power differential amongst programs or providers. Concern expressed that power differentials between groups will affect change.
- Participants noted that there are many fly-in communities that are difficult to access.
- Among First Nations areas, there is a difference in the level of service received.
- Participants noted that mental health services are not working or effective enough based on the data they've seen.
- Cultural literacy is needed to develop cultural understanding. Participants have observed others turning a blind eye or passing judgment. Some people avoiding the health care system until acute complications occur and require hospitalization.
- A big part of care is advocacy; relationships should be built rather than tiptoe around the last 150 years of trauma.



- Interrupted services such as closure of services during the holidays such as closure of the adolescent psychiatry ward in Thunder Bay when there are no services available in Kenora.

Opportunities

- Telemedicine is a good opportunity, but first there must be good relationships before there is a comfort with telemedicine.
- One attendee referred to a presentation delivered by Louise Paquette, CEO of the North East LHIN, about how the health system and housing go hand in hand. The participant said that perception is that the North West LHIN is further along in planning by comparison.
- Community members and providers should participate – together – at engagement events like this one. These type of events reduce silos. Consultations like the one today are a good start, and need to continue. Action must follow.
- Prevention is a critical area of focus. A managed alcohol program would help decrease crime and emergency department visits – can this be built into existing programs?
- Local Health Hubs are a way to get people working together in a coordinated way.
- Aboriginal navigators to help address translation and interpretation as some people leave (providers) without understanding medications, diagnosis, treatments, and follow up recommendations.
- Collaboration discussions have to occur before the time of funding allocation.



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

- A better triage system is needed, one that looks at the whole person – the holistic continuum of care – with increased emphasis on wellness and prevention.
- Local community needs will be addressed through local transformation, and we have the potential to address a spectrum of services.
- Transformation will lead to less reliance on institutions, with more effective care *in* communities. Services will not be anchored in hospitals. The communities of this region are not Thunder Bay – the solutions that work in Thunder Bay may not be a fit here.

3. How can we work better together?

- Are we ever going to have the conversation about holistic health?
- Small communities have the advantage of relationship development; it is easy to put a face to a name.
- Invite health policy analysts to these sessions.
- Partnerships and collaborations constitute a cultural shift, and will help us know what direction each organization is moving in and whether priorities align. Furthermore, this allows for a shared vision and an opportunity to develop strategic plans that support the shared vision. Centres of Excellence would allow for pockets of funding and expertise to be provided by the specialists / the ones who are really good at delivering that service rather than fragmented services across multiple agencies or duplication in service.
- Conversation is not enough; we need to keep the ball rolling through our actions.
- None of us fully understand the system: we need health system navigators and single points of access. There is a need for one-stop shopping for health system information / eligibility for services, as well as system navigators.
- Connectedness with housing and poverty agencies are critical.



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

- There are a number of leaders who have the skillset, but what we need is a particular person who can keep the momentum going. Ownership needs to come from within the community. Consideration to be given to a revolving leadership role such as in the Silos to Solutions project at Kenora Chiefs Association.
- Agreement amongst the agencies is key to making this a success. The Economic Development Commission was cited as an example of a success story. Would it make sense to have a Kenora Area Health Council using the Treaty 3 Health Council as a model?
- Question from the floor is how can the LHIN help or what resources can the LHIN provide to get these things going.
- All stakeholders must commit to be at the table.
- The LHIN should lead health system transformation.
- Community should decide who will lead: that decision should not be imposed.

Summary & Recommendations

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

- There was open and strong participation among all attendees sharing both positive and negative experiences with health care service delivery in Kenora and surrounding area.
- 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.
- Consensus was that transformation can be achieved, and that it should be led from within. There are opportunities to align strategic directions, share or pool resources, work towards a common vision, and form partnerships within the community and surrounding areas.
- 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 eight evaluations were received with the following results:

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

Five evaluators indicated that the meeting met the objectives, one person indicated the meeting did not meet the objectives, and two 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		1	6	1	
Group Discussions		1	6	1	
Use of Your Time		1	6	1	
Networking Opportunities		1	7		
Opportunity to participate			6	2	

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

Please mark one rating only	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	No Response
		1	6	1	

4. What did you like about this session?

- Well organized and focused.
- Cross-sectional discussion.
- The idea of transformation: looking at moving forward in a different way.
- Hearing input from diverse perspectives.
- The table discussions.
- The opportunity to provide input. (x2)

5. How could this session have been improved?

- There should be less questions – have two very focused questions to give more time and thought to answers – or more time for discussion and questions from the larger group.

- It was a good introduction to how the North West LHIN operates: would like to see North West LHIN on Twitter with updates.
- Suggest more listening versus being defensive when hearing participant responses. (x2)
- Confused as to who was invited and who wasn't: where was Lake of the Woods District Hospital, the largest player in Kenora. (x2)