

Healthier people,
a strong health system
- our future.



North West LHIN Board of Directors Atikokan Community Engagement

April 15, 2014

Report submitted: July 11, 2014



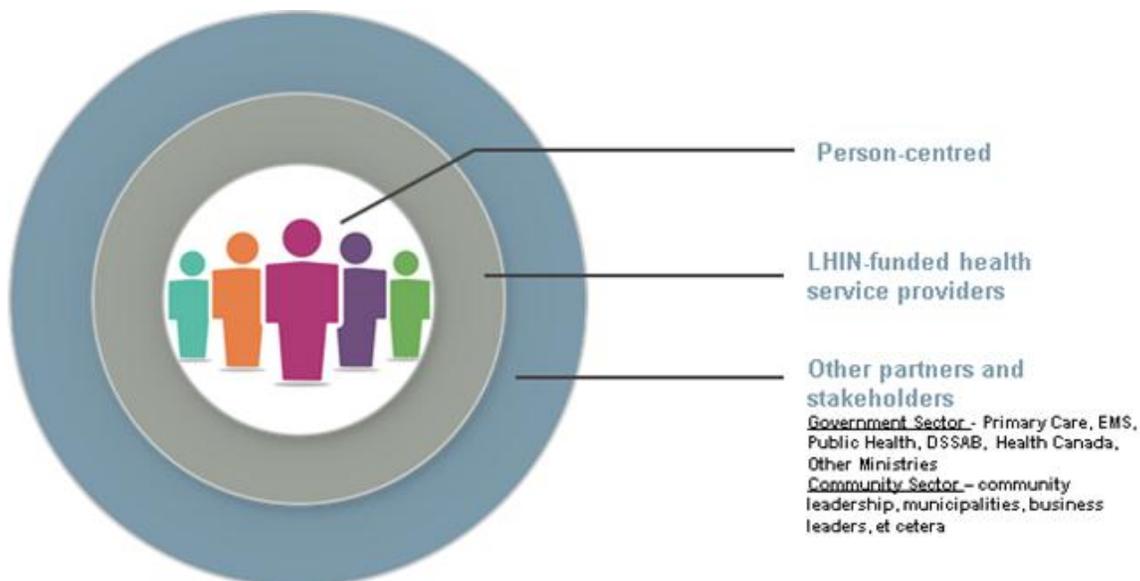
Ontario

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 15, 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 Atikokan, 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 tenth 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 Atikokan area

Meeting Details

Logistics

Susan Pilatzke, Senior Director of Health System Transformation, commenced the afternoon 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 Atikokan's health care system



Following the presentation, the 17 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:

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 that meet their needs and get better value for health care dollars.

Are Board appointments open to all of Northwestern Ontario?

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.

Are occupational therapy, physical therapy, and speech & language therapy included in Community Care Access Centre (CCAC) services?

Yes, occupational therapy, physical therapy, and speech & language therapy are services that are included under the CCAC.

Does the North West LHIN invest any money in Rainy River District Social Services Administration Board (RRDSSAB) housing?

The North West LHIN invests money in services and works closely with DSSAB to understand jointly what changes are planned system-wide in the LHIN.

Does the LHIN have any information about funding coming to the RRDSSAB in 2015?

We have heard that there may be an upcoming call for funding for housing in 2015. To date we have been unable to confirm this information.

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

- Recruitment and retention of physicians and other health care professionals such as nurse practitioners is difficult.
- Relying too heavily on technology to deliver services may inhibit, rather than expand, clients' access to services (e.g. necessary forms are often made available online only, which impacts individuals without access to a computer or the internet).
- Substance abuse was recognized as a significant concern in the area: "we see *generations* of families with the same issues."
- Participants identified non-urgent transportation as a prominent issue within the community.
 - There is a lack of affordable transportation available within Atikokan as well as to and from surrounding First Nation communities.
 - Access to non-urgent transportation to the Ontario Addiction Treatment Centre (OATC) may reduce pressure on the hospital, since many ED visits are related to drug-seeking behaviour and mental health issues.
- Access to the right care is a continuous challenge in the community which affects the number of people using the emergency department (ED) as primary care.
 - There is a shortage of physicians in Atikokan.



- Patients face long waits to book an appointment with the Family Health Team (FHT).
- Rotating locums leads to uncoordinated patient care.
- Participants cited certain policies about which they expressed sincere concern (e.g. when an individual is able to drive, he or she is no longer eligible for North West Community Care Access Centre (CCAC) services and must travel to the hospital for services like dressing changes).
- People from larger communities may not be attuned to the needs of smaller communities and thus Atikokan residents feel their needs are overshadowed by those of places like Thunder Bay.
- Participants were concerned that there were currently no representatives from the Rainy River District serving on the North West LHIN Board.
 - *Participants speculated as to the reasons for this: perhaps Board recruitment needs to be better promoted, individuals from smaller communities simply do not put their names forward because they feel they do not meet the required criteria, or the necessary qualifications should be revised to be more inclusive.*
- Telemedicine is an ideal solution for small communities; however it is underused, especially by specialists in Thunder Bay.
- The small size of the community creates concerns among residents with regard to privacy, and they may be deterred from seeking service so as to avoid being seen entering/leaving a particular facility.
- Participants acknowledged that some of the social determinants of health are not met in Atikokan, such as post-secondary and employment opportunities, which can negatively affect residents' health outcomes and the overall wellbeing of the community.
- According to participants, many seniors want to move to a facility with supports but they are “stuck” in their own homes since there are insufficient transitional and assisted living facilities in the community.
- The relative isolation of the community creates challenges in the delivery of care.
 - *For example, when paramedics make a long trip to Seine River or Lac La Croix, Atikokan is left without an ambulance for a significant period of time.*
- Since the FHT is funded separately, staff members feel the clinic is “on the periphery” in that there is little resource sharing between health service providers.
- Participants suggested that the local CCAC is not especially “community-friendly” or “responsive,” noting “red tape” that restricts access to information and territorialism over resources and programs, which causes service delays and frustrates the community.



Opportunities

- Further investments in home care services are necessary to reduce avoidable ED visits.
- Greater use of technology to deliver services significantly improves the quality of service offered.
 - Telemedicine eliminates the need to travel, which is especially dangerous in winter.
 - Telepsychiatry has been an innovative and important development in the delivery of mental health services, especially for children, and demand continues to grow.
- 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 CCAC.*
- Increasing resources provided to the FHT as well as recruitment of a nurse practitioner (NP) would help reduce wait lists and avoidable visits to the ED.
- Participants described the small size of the community as an asset due to existing partnerships, ease with which community members can share information, and the collective desire to move initiatives forward.
- Data has been collected, problems have been acknowledged, and community members are working together to devise local solutions that are tailored for and will benefit Atikokan.
- There are opportunities to increase access to services and for earlier mental health intervention through the creation of a position dedicated to children's mental health within local school systems.
- The establishment of the local OATC has reduced the need to travel for care for many residents.
- A treatment centre located in Northwestern Ontario for children and youth would be incredibly worthwhile, as patients are frequently sent to Southern Ontario at a huge cost.
- While integration may be operationally difficult, it may lead to recruitment of additional health human resources as well as better quality of care delivered.
- Perhaps wage increases at the CCAC would assist in staff retention and staff members would be more willing to travel.



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. In addition, they were skeptical about the pace of change, especially without the prospect of new or additional funding, since providers are continually asked to “do more with less,” and because government officials have promoted transformation for several years but there has been little action.
 - *These concerns point to a need for future communication with the community to keep them abreast of ongoing and new initiatives.*
- Integrating services will reduce duplication which was considered among participants to be “a huge waste of money.”
- The North West LHIN is able to offer a plethora of information and has collected statistics about the region in general as well as those that are unique to the Atikokan area. The data reveal differences and commonalities between Atikokan, the broader Rainy River District, and North West LHIN as a whole, is useful for many service providers outside of the health care sector, and will inform future planning and targeted investments, thereby enabling the most responsible use of resources.
- Participants were pleased that more stakeholders – outside of the hospital, CCAC, and health care in general – were invited to provide input into planning processes.
- Expansion plans for the hospital may go forward in the near future as planned.
- The Health Links concept will help clients to navigate the whole system and ensure people spend less time in the hospital.
- Integration will increase access to a greater variety of services while simultaneously lowering the cost of care.
- The impending arrival of regional providers such as Wesway and Victorian Order of Nurses (VON) is exciting.
 - *Participants were eager to know when these providers will begin to offer services locally. While Wesway does not have an office in Atikokan, respite services are available. Interested residents are encouraged to contact Wesway for further information and application processes. VON-led exercise and falls prevention classes that are free of cost for participants have been delivered in the community since March 2014. Interested participants should contact the VON for additional information, current sites, and class schedules.*
- Potential for more supportive housing and assisted living facilities to be established in the community.
- Improved access to additional health care professionals, whether by attracting more practitioners to the region or through telemedicine/telehealth.



3. How can we work better together?

- Better sharing of information with all providers involved in patients' care, including those not funded by the LHIN.
- More attention and resources should be dedicated to prevention and addressing the social determinants of health, which would avoid many health problems that stem from these unmet needs.
- There are opportunities to increase awareness of available services among the public, providers, and within the LHIN. For example, 211, while a centralized directory of services that offers "one-stop shopping," could be better maintained.
- There is a need for more health care professionals such as NPs and home care workers to be trained on reserves to increase capacity to provide services within the community and eliminate the need for travel.
- A centralized navigation coordinator to take in all referrals as a single point of access would be hugely beneficial.
- All providers could work to identify the high users at their agencies and explain available services within the community to ensure their needs, "not just the 5% going to the hospital," are also addressed effectively.
- While participants understood that the LHIN does not fund capital, perhaps the LHIN could assist the community in other ways in its plans to address an anticipated housing shortage, stemming from a scarcity of actual homes available as well as a lack of assisted living facilities and supports for seniors (e.g. lobbying, letters of support).
- The LHIN should host follow-up sessions in the community more often – participants suggested every 6 months – to continue sharing information and gathering input from diverse groups of stakeholders, including those outside of the health care sector.



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

- It is important for individuals leading change efforts to reside in the community in order to sustain commitment to the process.
- Participants envisioned council as an active participant but not the main driver of health system change.
- Some participants proposed that a coordinator should be appointed to a paid position given the intense workload required to move change initiatives forward.
- The FHT can assist in identifying the different needs of community members and offer an alternative perspective than the hospital.
- There was general consensus that no single agency, individual, or group could be charged with advancing transformation. Instead, a diverse group of stakeholders across

different sectors of the community must be involved. Participants suggested possible representatives to be part of this multi-sector team, such as:

- The FHT
- Boards of the hospital as well as FHT
- Physician recruitment committee
- Home support services
- Council representatives
- CCAC
- Community and organizational partners who provide “on-the-ground,” “community-level” services

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 seemed comfortable sharing both positive and negative experiences with health care service delivery in Atikokan and nearby Thunder Bay.
- 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 attendees pointed out that the presenters made many broad statements about change, innovation, and transformation, but they would have appreciated specific details about what communities can expect with the continued implementation of the Health Services Blueprint and Health Links.
- Some logistical suggestions included extending the time allotted for the meeting, hosting follow-up sessions, being mindful of the time zone for future events, expanding opportunities for networking, and supplying information to participants in advance of the session.
- 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 Atikokan 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 15 evaluations were received with the following results:

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

14 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			8	6	1
Group Discussions			5	10	
Use of Your Time			12	3	
Networking Opportunities		1	9	5	
Opportunity to participate			7	8	

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

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	No Response
Please mark one rating only			12	3	