

North West LHIN



## *Share Your Story, Shape Your Care* Community Engagement Initiative

### **Storybook**

**April 2009**



**Ontario**  
Local Health Integration  
Network

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## About *Share Your Story, Shape Your Care*

The North West Local Health Integration Network (LHIN) launched its *Share Your Story, Shape Your Care* project in January 2009.

This innovative community engagement initiative was conducted to involve local residents and health care professionals in a dialogue on priorities for the local health system. The results of the project will be used to inform the LHIN's 2<sup>nd</sup> *Integrated Health Services Plan* (IHSP) and its ongoing allocation decisions.

The first phase of *Share Your Story, Shape Your Care* received **over 800 contributions** from people across our region, including 666 Choicebook responses and 140 separate story/idea submissions. In total, the North West LHIN received over 190,000 words of comments from participants.

For the full and summary versions of reports on the project, please visit <http://www.northwestlhin.on.ca/myvoice>.

## About this Storybook

To complement the Choicebook, *Share Your Story, Shape Your Care* included a tool participants could use to submit either a personal story or experience to the North West LHIN or a specific idea to improve health care in our region.

Before submitting their story or idea online, participants were asked if they would either like to keep their story private or request that it be posted on the website for others to read. Many participants opted to have their stories shared on the “Read Shared Submissions” page, allowing other people across Northwestern Ontario to learn about and understand other people’s experiences and ideas for health care.

Any “shared” stories and ideas were reviewed by North West LHIN staff to ensure they met with the criteria on the website before being posted. This included checking that posts did not contain personal health information (about a patient or provider), or other inappropriate content.

Shared stories and ideas were posted on the “Read Shared Submissions” page.

Participants were invited to submit their stories and ideas under one of five categories.

This *Storybook* contains all the shared story and idea submissions that were made public and were available on the *Share Your Story, Shape Your Care* site.

## Problems finding or “accessing” healthcare – about me or someone I know

### My experience in an emergency situation

Just recently I had an experience with the hospital that astounded my family, friends and co-workers who are health professionals.

In the early morning I awoke with severe chest pain and difficulty breathing. I called an ambulance and the response was fantastic. I felt that there was a possibility that I would succumb to this attack because I had a heart attack a few years ago requiring angioplasty for an occluded artery and a tortuous one.

My recovery was speedy and after three months rest, I was able to resume my normal duties at work and enjoy a normal life. I had no idea what was happening, but I did suspect that I may once again have an occluded artery.

When I arrived at the hospital emergency the first thing that I noticed was the attitude of one of the nursing staff. The individual was more concerned about the fact that I was not actually their patient than responding to the emergent health care I felt I needed.

After administration of nitroglycerine three times I was not responding to that treatment. The chest pain was unbearable and I felt weak and nauseated. Finally the doctor came in to assess me and an EKG was performed along with blood work. Unfortunately, the EKG and bloodwork did not indicate that I was actually having a heart attack. However my blood pressure had fluctuated and the chest pain continued to be very severe.

After administration of atropine and aspirin the pain began to subside until it was about 4 on a scale of 1-10. By the way, I was x-rayed three times during my stay in emergency. After a couple of hours in emergency the doctor informed me that they suspected a gall bladder attack. I was given gravol and morphine intravenously and slept for 5 hours. When I awoke, the pain was gone and more bloodwork was done. My nurse informed me that if the bloodwork was okay I would be sent home. Apparently the bloodwork showed no indication of an urgent nature and I was sent home with further instructions to call an ambulance should the chest pains return.

Quite frankly after being in the health field since 1970, I got the feeling that there was no concern for my wellbeing and they did not investigate my health problem appropriately. I am still weak and after seeing my heart specialist an ultrasound and angiogram will be performed. I am very fortunate that I just happened to have an appointment with my heart specialist on that date.

## **Still waiting for a physician**

We would like to offer more comment, but are unable to do so. We moved to Kenora three-and-a-half years ago, and promptly registered with OHIP. We are still waiting for a physician, and thus can share nothing more.....

## **The machine - finding meaningful and caring relationships in the health system**

I am calling my story about the so-called “health system” in northwestern Ontario “the machine” because what my wife, my family and I are experiencing is nothing short of a massive and expensive machine that devours people.

The machine is operated by people who call themselves doctors and professionals so they can fuel the machine with the victims of an environment that is quickly being consumed and destroyed by the greed of corporate and institutional entities that know only their own selfish needs for more and more resources.

The machine is now another one of these institutions that claims to be a care provider but is now a massive entity that needs to have its insatiable appetite fed by unlimited resources including its human victims in order to validate its existence. Governments protect the machine and its agents by blocking any other health service provider from delivering their quality care or product. Their agents label their protective measures as public legislation and policies that are suppose to maintain order.

The government feeds the machine all the resources it requires to exist and spread its black blanket over everyone and everywhere to maintain order and control. In our experience, the result of these rules is victims are forced to become another part of the machine instead of having the freedom, resources and support to choose a service that meets their needs. Anyone living and working outside of the machine is forced into an existence of poverty and viewed as criminals with the threat of legal persecution always hanging over their heads. The resulting cancer and the destruction of another human being, in this case my wife, becomes another casualty or victim of the machine.

The operators of the machine prescribe another section of the machine to do more “work” on my wife without even knowing who my wife is and what she needs and wants. There is never any attempt to establish a personal relationship with my wife. All the victims get their 10 to 15 minutes to be told what they need to do next so the machine can continue to be fed. Thank goodness there are still those people who live and work independent of the government and institutionally funded machine. They are the ones who give of themselves to help others. They are the ones who are helping my wife and I cope with the results of what the machine has done in its attempt to destroy our lives. We are surviving because of these people. I only wish it did not need to be so hard for us and the people who provide real care and medicines for my wife to be able to do their good work. The machine is self-destructing due to its greedy and selfish values and its appetite for more victims.

Our only hope is that the machine is destroyed sooner rather than later.

## Not enough doctors

I don't really have an idea.

All I know is that it is hard to see a doctor.

I know I don't even bother any more. If I get sick "oh well", but working at the greeters Desk at the hospital, I know lots of people have left after sitting up there for 4 hours waiting to see a doctor and still have not seen one.

I know we have a shortage of doctors. I understand that. That is why I don't go to a doctor at all. I have noticed that doctors don't care about there patients any more. May be because they are so over worked. Well that is about it.

## Not Enough Nurses

In the summer of 2007 my son who was 12 years old returned home severely ill after spending two weeks away at Air Cadet Camp.

This was the first time my son had been away from home or family for that length of time.

I knew immediately that there was something seriously wrong with him so I took him to our local emergency department. He was assessed right away by the ER nurse and on-call physician. My son was diagnosed with Type 1 diabetes, and his health status at the time was beyond what the doctor and nurses in our community were comfortable dealing with.

They started arrangements for transfer to a hospital with more specialized care. Thunder Bay Regional Hospital is the closest hospital to our community. However, we were told that although there were beds available they could not accept him because there was not a nurse available to care for a child that ill.

Eventually arrangements were made to transfer my son by air ambulance out of province to Winnipeg. It took several hours before an air ambulance came to pick him up. Every minute seems like an eternity when you know that your child is very sick and he is not getting the specialized care he requires and deserves. The care my son received at our local hospital and later in Children Hospital at Winnipeg's Health Science Center was exemplary. My son is now managing his diabetes very well with the use of an Insulin pump and regular follow-up and assistance from the team at Diabetes Health Thunder Bay.

Having to leave the region to obtain specialized care because there are not enough nurses with specialized training needs to be addressed. Making continuing education opportunities available, affordable and easily accessible for nurses working in more remote areas of our region could help.

## Midwives Should Be Accessible to All

When I was pregnant with me first child I knew I wanted to use the services of a midwife.

The closest one to me was over 2 hours away, however, since I knew a midwife would provide me with all the information and support I needed, since each visit to a midwife is about 1 hour long, not the 15 minutes you get in a doctor's office.

Another reason I choose a midwife is because I knew I would be given choices for my care, I would be advised of the pros and cons of all procedures and make my own decision about whether or not to have them done. My problem arose because it was over 2 hours to get to the midwife, and the local hospital does not allow midwives to deliver or have anything to do with births.

I ended up being overdue, in December, when there is always a risk of snowstorms. I would have preferred to wait until my baby "was ready", however, that would have involved a daily stress test, which would have required a 4-hour daily trip. I went in to be induced, and after everything ended up having a C-Section. One and a half years later I became pregnant with my second child and used the services of the same midwife. I wanted to have a natural delivery and was encouraged to do so by both my midwife and the physician who had performed my first C-Section. Again, I had a 4-hour roundtrip to see my midwife each month and when I went into labour I had to take over a 2-hour car ride to reach the hospital where the midwife was to deliver my baby. My labour stopped and I would have gone home had it not been for the long drive. I ended up having my water broken and thought I might have to have another C-Section, however, I was able to have a vaginal delivery and was very thankful for this.

If midwives were able to have rights at the local hospital, this would benefit all the other women in this area who would also like to use or are using the services of a midwife.

My own birthing experiences would have been so much better if I could have driven 15 minutes to the hospital, instead of 2 1/2 hours. My midwife is an amazing person, with a multitude of experience, wisdom and intellect, who only wants to assist women in having wonderful birth experiences and to deliver healthy babies. I wish that the doctors in my area would open their eyes to this, stop being so closed-minded, and think about how much midwives could contribute to the community.

## Open to the Region

It must be imperative that Thunder Bay Regional remains open to all patients in the region. If they are closed to the region the LHIN must impose a penalty to them.

I find it appalling that we have had deaths in the region because of this poor service.

A second recommendation is to have Assisted Living in the town of Marathon. At present we do not have a service which would provide housing for our citizens in case they are disabled or a senior who just can not look after all of their basic needs, i.e. cooking of meals, housekeeping or nursing care. I believe this does not have to be a large facility but if it could house 15 to 20 people. I believe this would be strongly supported by the community and I feel there is a need for a facility of that nature.

## Where have all the Doctors Gone?

Its very scary being a Northerner these days!

Red Lake is down to 2 1/2 doctors and we are booming! We do not have special emergency room doctors or walk in Clinics. The same doctors look after it all.

We have been put in a position that we must compete with our neighbouring communities and all of Ontario by offering bonuses to doctors to CHOOSE US!

We just don't have the funding for lakefront houses and cash bonuses. The Ministry of Health needs to step in and assist small communities. Perhaps the same model the OPP uses (housing allowances, northern placements). This model could be used for doctors trained out of country. Our community has a lot of young families.

Imagine, having to pack up and move to Thunder Bay or Winnipeg while you wait for your baby to be born. We need help and we need a change!

## What about the children?

When my son was born, he would become sick at least once a month -- he would be sick to the point that he had trouble breathing.

I would pack him up and bring him to the emergency every time, where I would get annoyed looks and rude comments from the doctor on call, telling me that I should get an appointment with my family physician -- basically telling me to not waste their time.

It takes over a month to get into to see my family doctor and felt that my son's health was an emergency, as he was having trouble breathing at night, to end up feeling that I am "stupid" for feeling concerned over my sons health.

Then one time I brought my son to emergency and a pediatrician looked at my son -- it was for an ear infection. He made me feel great -- he told me that the emergency is there for our children and that if I ever felt that my son was not acting "normal" that I was to bring him right to emergency and that if I was ever given a hard time, I was to tell them that he sent me -- thank god for this rare, loving and caring doctor -- what has append to the rest of them -- where is the love and compassion for our children????

## **Waiting for diagnosis**

This is not my own story but I won't give the name of the person whose story it is.

A young woman who was suspecting cancer of the breast and she had to go to the Mayo clinic as she was not able have the tests done around here immediately.

On the positive side, after diagnosis which was cancer, her treatment was speedily started.

## **Keep on Top of Things!**

My family and I have been very fortunate with good health, up until a few years ago, when my child became sick.

Given my experience, all I could say is that you **HAVE** to keep on top of things.

You have a right to request a copy of your medical chart (for a small fee). Follow up with telephone calls, because, believe me, you often "fall" through the cracks. And I must give a special credit to all of the wonderful nurses for all of their dedicated work.

It's not easy being the "middle" person, especially when an on-call physician can't be bothered to come in to see a patient in ER, leaving all of the care up to the nurses.

## Pain

Two years ago a group of citizens gather together for form the group PaiN. It stands for parents against illicit narcotics.

Nowhere in the northwestern Ontario region is a center to help teens under the age of 18 to fight addictions.

This center requires full time staff. It should also have a minimum amount of beds for the youth and should be located somewhere close so that travel is not a burden on family members. It should also include a follow up program for these children so that their chances of falling off is less and less.

## Training new doctors

With all the thousands of people with out a family doctor, the priority here should be to attract and retain doctors.

I've been hearing so many times the 'giant heart' slogan and this is a great area to live in.

So, my next question would be what's the problem in attracting and retaining doctors?

## **Shocked by the fact my family physician retired this past December and I am abandoned**

I have had no complaints with health care (i.e. physicians availability) for decades.

However when my doctor retired in December, I was told that none of the doctors at that clinic were taking on new patients. Also their walk-in clinic was only available to clients of the clinic who had a doctor there.

I have been making inquiries through Nurses Registry, Medical School, Physicians & Surgeons, family and friends & associates, so far to no avail.

## Does Anyone Care About Me?

This is an "old" story.

I had a physician in a clinic. He moved away without telling me. I can still go back to the clinic but will get a different doctor every time I go.

I asked a physician whom I liked and respected if he could take me as a patient. He said he had 2,000 patients so no he couldn't.

I put my name in with a doctor who was taking patients and was told I might hear back in 3 months. Of course I have not, and I guess I am not a desirable patient.

If things are really serious I would go to a walk-in clinic. However, that is not good care or proactive care. I suspect this story will not make it onto any of your story boards. Too bad. I think it is probably the story of at least 15,000 people in this city.

What could the LHIN do about this?

## Wait Times and Access to Care in Northern Ontario

In the past three years I have had several situations with our Regional Health care that are unacceptable.

Countless times family and friends have been turned away from TBRHSC due to gridlock. Being rerouted to other centers further away from home. This makes it difficult for the patients and their families.

We are also facing increased wait times for surgery and procedures at the TBRHSC. My husband was on a wait list for three years for spinal surgery! We finally talked to a surgeon in Southern Ontario and he received surgery within 6 months of the first appointment. He had been recovering for months before we got the call to give us a surgery date at TBRHSC. How can we say wait times are decreasing?

My mother had the misfortune of breaking two hips in a period of 3 months. On both occasions she was lucky to be transferred to TBRHSC, however on both occasions she waited approximately 3 days lying in bed in pain waiting for hip surgery. Both times Doctors were waiting for an OR that was unavailable. This is not the way our seniors should be treated. We have to do more.

However on a local level we are very fortunate in Marathon to have our Family Health Team that goes above and beyond to give excellent care to our community and the surrounding area in a timely matter.

## What's working well or a "success story" about providing better health care

### **Communicating with your Doctor**

I have found that when I am going to go for my yearly checkup I send an e-mail via the local clinic web site to my Doctor. I inform her that I am making an appointment and request that she set up any blood work or tests that should be done through the clinic lab. Normally this is done and when I go to my appointment we have all the data that we need to discuss. It makes the whole process far more effective and positive

## Public Health through Telemedicine

We can learn about community and personal health through respected friends, neighbours and even health professionals.

Telemedicine has been bringing people in to remote and isolated First Nation communities together to talk about health issues for over ten years.

In participating in public health through telemedicine, I have been able to hear from and ask questions of specialists located far distances from my town. The greatest impact has come in the form of community members sharing their experiences and recovery stories. I believe this is where the healing can be transferred.

Public health through telemedicine is an integral part of my healing journey.

## Optimism...what a different perspective

I am currently in my last few weeks to completing my BScN.

I don't really have a great idea on how to deal with all of the health care issues that arise in the industry, however; I do know one thing. I have met a preceptor whose optimism was inspiring.

What I learned in 6 weeks cannot compare to the 3 years as a student. I was told that no matter what kind of day we are having, and how your co-workers are reacting to situations, always keep positive and laugh.

Your job as a nurse is not always butterflies and rainbows. You do not always run into the best situations or clients, but if you can laugh it off and keep up beat, your job will never get boring. You will never feel unworthy as an employee, and it truly does make the environment a better place to work in.

The moral of this is that we all have a common goal that is to care for those who cannot care for themselves. We must work collaboratively together to help with the physician and nursing shortage.

This I believe will contribute to a better health care system in Northwestern Ontario (especially in our area). I cannot count how many times I was told when I entered a room that they patient did not want to bother us. One coming from an elderly lady who had bilateral fractures to both of her arms. Maybe our clients will benefit from our optimism instead of feeling like they are being more of a bother to us.

## A Hospital Visit in China

About five years ago, we were on a family trip to China. My 13-month old daughter fell ill and we took her to a children’s hospital in Nanjing. The hospital, itself, resembled any other hospital that I have visited; the only difference was the waiting room. There were few, if any chairs. When you entered the hospital, you immediately entered a long line of parents with sick children waiting to see a doctor. When we reached the front of the line, we were asked if we wanted to see a physician trained in Western medicine, in Traditional Chinese medicine or a practitioner of both. We were then led to the office of the next available doctor. Inside his office, we found ourselves with a half a dozen other parents with sick children. When it was our turn, the doctor examined our daughter and ordered a series of tests, including blood work and radiology. I remember thinking to myself; “We’ll be back in Canada before we ever see the results of any of these tests”. Nevertheless, we gathered up the documents and were quickly guided to various departments for my daughter’s tests. Everything was done in less than two hours including the blood work and the x-ray. I suggested to our translator that we should go for an early lunch. There was no way that the doctor would have the results of those tests immediately I thought. The translator looked at me as if I were crazy. She rushed us back to the doctor’s office. By the time it was our turn to see him again, the doctor had my daughter’s chart in his hand and was reading the results of the blood work and he had the x-rays. He ordered intravenous antibiotics for her and we were off again to another part of the hospital. By the time we had left the hospital, we had seen the same doctor three times, had a series of tests and completed a treatment that saw my daughter on the road to recovery. And, we were back in our hotel for lunch.

I am not saying that the Chinese health care system is better than our own. Although I did witness a massive number of people treated in a relatively short period of time. Chinese patients sacrifice privacy to a degree that Canadians would never tolerate. Since my experience in China, I wonder if privacy is as critical to medical practice as we all tend to believe, or is it a luxury? And if so, will the day come when we can no longer afford to pay for this luxury?

## Emergency Care

Recently, I slipped and broke my ankle.

I entered the ER where I was seen immediately and treated very well.

Nurses and Doctors alike were courteous and helpful and I felt like I was their priority. The following morning the Orthopedic Surgeon, was called and I was immediately considered a priority and within 40 minutes of seeing him I was in the OR having surgery.

The entire time I was well taken care of by everyone including nurses, doctors, RTs, and cleaning staff. I am happy to say I am on the mend and I feel my recovery is due to great emergency care and a thorough and professional surgeon.

Keep it up!

## Improving access to primary health care

Utilizing health professionals to their full scopes of practice to ensure that clients can access primary health care services in a timely matter Continue to expand family health teams and NP run clinics to help alleviate the physician shortages in rural northern communities.

## Clinics

With the current long wait at our area hospital, it is extremely beneficial to have walk-in clinics to aid in our medical needs.

## **FASD is ignored in Ontario, especially in the North**

I have been working in the Social Work Field for 13 years and am appalled that the Ministry of Health, along with all the other Ministries in Ontario continues to ignore the issues of people living with FASD.

People with FASD have brain damage, but because their disability is not recognized by the services designed to help them, they are treated like criminals. They are punished for being 'bad' children, suspended from school, labeled lazy and non-compliant and receive services consistently from the justice system. There are no diagnostic services available in the north and the ones that can be accessed in Southern Ontario (Sick Kids, St. Michaels) are so complicated that you would need a PHD to navigate the system.

The assessments that are required for an FASD assessment should be done in the home community of the patient, and they are not available in this community, let alone in the far North. Preliminary screening at our agency indicates that over 60% of the children in foster care may be living with FASD, yet since the Sioux Lookout FASD diagnostic clinic closed, not one client has been able to have a full assessment completed. Diagnosis is crucial if this disability is to be recognized and services put in place so that the client does not develop serious secondary disabilities, yet nothing happens.

The Western provinces take very good care for their individuals with FASD. Our province needs to get it together and our ministries need to work together in order to better meet the needs of individuals with FASD. The Ministry of Health must take the lead.

## Helping People Save Their Life

My husband was at Thunder Bay Regional Health Sciences Centre for a colonoscopy. When we arrived we filled out the paperwork and waited. Not long after a nurse came to get my husband and invited me to come with him. They showed him to a bed where we went over more paperwork with the nurse. She was very pleasant to deal with which made everything easier.

They checked his blood pressure and heart rate, it was a little high but the nurse said it was from just being in the hospital. We waited for a short time before he was to get done. After about half an hour he was brought back, the nurses came once again checked his blood pressure and heart rate and took out the IV from his hand. About 20 minutes later the doctor came to see us. He explained they removed a precancerous polyp and that there were two more that were too high to reach at this time. We have to make an appointment to see the doctor in one month and to make an appointment for another colonoscopy in one year, to see if they can remove the other polyps.

We are grateful for this doctor because my husband had a colonoscopy done a few years ago and all they told him was he had polyps. There was no testing to see if they were precancerous or if they were cancer. I think there needs to be more public awareness of colonoscopies and how they can save your life.

## **District Seniors Respite Pilot Project – Wesway**

Over the past few months, I have had the opportunity to meet directly with over 20 District Senior families who would like to utilize respite services. These families reside in many different Northwestern Ontario communities, each with its own diversity and spirit.

In my travels, I have encountered a resounding theme which is no matter where the family resides many families have developed informal connections and networks within their own community. Their neighbours, friends or other seniors check in on them and help them out when required. Many caregivers have expressed to me that they often feel "guilty" asking for assistance in caring for their loved one. These caregivers have expressed "relief" when they are able to offer payment to friends and neighbours to cover their time and commitment. The flexibility has also been welcomed as it enables families to direct when and how their respite hours are to be used. Some families wish to use it for recreational opportunities while others are looking for in-home support.

Families are very excited to participate in this respite opportunity and hope that it continues on.

## **Flexibility and choice for family caregivers in new respite service in the District of Thunder Bay**

I'd like to share how some family caregivers in various small communities have opted to use the new respite care services now available through a new pilot project in the District of Thunder Bay. Their stories speak to their appreciation of the flexibility and creativity of individually tailored services, and to their need for personalized respite to continue caring for their senior family member at home. 89 year old frail stroke survivor is cared for at home by his 84 year old wife ... he has always been a great hockey fan ... Respite for this family allows the wife to relax at home, while their neighbour's daughter takes this gentleman out for a hockey game and a cup of hot chocolate ... His wife can enjoy a "guilt-free" break! 82 year old palliative gentleman whose caregiver is his 79 year old wife ... she is up nearly all night tending to his needs ... becoming exhausted from lack of rest ... for respite, she chose to hire someone to come into their home for occasional overnight support ... so she can get some much needed sleep. 87 year old woman with dementia and physical frailties ... her daughter chose to retire early from her job so that she could provide round the clock care for mom at home ... daughter is reluctant to ask for help ... however, when she needs to make occasional trips to Thunder Bay for shopping or medical appointments for herself, she appreciates being able to hire a neighbour to stay with mom. Son cares for frail 96 year old father who doesn't speak English ... son required surgery in Thunder Bay... was able to arrange for a friend of the family who speaks his language to come and stay with his dad for 5 days. Son chose to bring his elderly mother home from long term care, because he preferred to have her living in familiar environment with family ... it's a challenge for him to provide the ongoing care for mom in a busy household with young children ... uses respite funding to hire someone to come into the home and help with mom on a regular basis.

## Only one error

I began experiencing heart burn many years ago, most likely with the cooperation of Tim Horton's, KFC, MacDonald's, Husky Truck Stops, and innumerable other greasy food joints.

Like most men, however, I failed to stop long enough to check these internal messages; little heart burns at first, then bigger and more intense ones. But one evening, while leading a dance group, I had the so-called "big one" as I danced across the floor with 20 others. It started as a minor burning sensation under my chest bone, like swallowing an extremely hot food item; and gradually spreading across my chest. Fortunately, I knew an energy healing technique - EFT - and I managed to tap myself into relief. Over the next three days, however, things got worse, until I could stand it no longer: I went to the Emergency.

The old doctor, in the autumn of his career, strapped me in, examined me, and after a bit of time declared my cardiogram was unusual but I could probably go home. I might have agreed with him about the "unusual" - I didn't want to admit to myself, or to anyone else, I was having a heart attack.

I went home. The next morning, while checking email over two strong coffees and several Aboriginally-made cigarettes, I met heartburn again, this time much stronger than before. I decided it was time once again to attend Emergency. After doing EFT, I walked to the hospital, and within two hours, I was wheeled into Emerg., strapped into a cardiogram machine, and given emergency treatment. The young doctor, a locum, diagnosed me with AMI - acute myocardial infarction, or a heart attack. Within an hour, after stabilization, I was flying to Hamilton General Hospital. By 8 in the morning, I had two stents propping open two main heart arteries, and I was resting comfortably.

One year later, I was running every day, and dancing like a maniac, and hoping to live another 7-8 years. Lessons learned and questions in my mind: the doctor in the autumn of his career didn't take his time; is he just coasting towards retirement and his huge pension? Were it not for the young intern, I would unquestionably be typing this from the afterlife. Thank whatever for the type of training they give these young doctors now.

The nurse who held my hand while I was being flown to Hamilton. They woke her from a sound sleep in the middle of the night to escort me to Hamilton. Her smile and her hand touching mine while I gazed into the stars overhead, at 30,000 feet directly above Lake Superior, filled me with warmth and support while I wondered fearfully about what lay beyond the pain and the agony; and helped me to accept the spirits that flitted amongst the stars.

Some things to consider: help those in the autumns of their careers to maintain their sharpness; teach EFT to health care practitioners; bring more young doctors into our system of care; reward humanity in nurses like my little angel of mercy and warmth, the one with whom I would have flown into the Happy Hunting Grounds gladly just because of her love and caring. Never mind the automobile industry. Put \$20-billion into education costs for young people who want to become doctors. We can walk to work or to the EI line if we have to - we cannot do without doctors/healers.

## How to make Northwestern Ontario a healthier place

### **Residential Hospice - A Home Like Setting for the Dying**

Thunder Bay and Region are without a residential hospice - a home-like setting for dying patients to be supported and provided with medical, social and emotional care as they spend their final days with family members and friends.

The opportunity we have is to provide patients and families with a facility offering all the necessary medical and social supports so the dying can spend their final days in as much comfort as can be provided, with privacy and with the supports to ensure patients can end their lives in a manner affording personal dignity and total care.

The Kin Loch Manor initiative, now in the care of St. Joseph's Care Group, has been in development for several years. I am recommending this initiative be made an immediate priority.

Costs for hospice care are well below that of acute care. By building and operating Kin Loch Manor Hospice, we will be freeing hospitals of serving the dying with acute care beds adding to the acute care capacity of the hospitals; and the dying would receive the kind of care they need most - professional residential hospice care.

The region needs Kin Loch Manor Hospice to be built and operated to address the very special needs of the dying and to more effectively invest our limited health care dollars.

## **Once upon a time there was an FASD clinic in the great Northwest...**

Bring back the clinic that was a model of interdisciplinary work, served some of our most marginalized citizens, combined treatment and prevention and was a centre of excellence.

## How health professionals (e.g. nurses, physicians and others) can work better together

### **Moving patients through the ER quicker**

I have experienced long waits in the emergency departments between having a test done and receiving results and then being discharged. I am also a nurse.

I believe we can move things through the system quicker if RN's could give results. I know nurses are currently not allowed to do this but I have never been clear as to why. An experienced nurse is perfectly capable of passing on a negative test result along with qualifiers like if the situation changes or you condition doesn't improve come back to the hospital.

Doctors have been the only gatekeepers for far too long.

## **Failed connection with physician**

How any kind of doctor, healthcare provider or physician can participate more in the concern and care with a patient, instead of just listening to them for a 5mins and brushing the patient/client/citizen off with a prescription.

## **Maximizing limited resources**

Charities often have educational/awareness presentations about the disease/condition they represent.

In our case, it is diabetes - both prevention and management.

We know that people in NW Ontario have difficulty finding a family physician or have to wait for long periods of time to see a specialist.

Having physicians, pharmacists, diabetes education centres, dietitians, etc encourage people at risk of developing diabetes or currently diagnosed with diabetes to attend an information session to get the basis could help relieve the stress of getting in to see someone while on a wait list. Regular information sessions could be set up at no cost in the communities to ensure people get basic information.

## Dementia education

My 84-year old mother (with dementia & colostomy) required emergency surgery for a bowel obstruction & as a result was given a new colostomy on the other side of her body.

Unfortunately her nursing care while in hospital was very inconsistent. Immediately after surgery nurses checked her regularly - vitals, drainage, sutures, etc. but few paid any attention to her mental state & clearly did not understand the needs or limitations of a person with dementia. As she began to recover she was left for hours with no one checking on her, with very little socialization & with little attention to her cries for help (she was told to use the call button, not yell out for help). She fell resulting in an injury which went undiagnosed for 3 days until I questioned the bruising & the lump. Family were never informed that she fell & she did not remember.

Nursing professionals need more training in dealing with dementia clients & their caregivers; clearly they are not sensitized to the disease & the need to be partners with family caregivers. I used the call button for mom & on 1 occasion waited 1/2 hour with no response until I went out to the hall to find a nurse; on another occasion I went to the desk only to find 6 nurses there & no one responding.

Clearly there is a problem with how seniors (especially those with dementia) are treated while in hospital. They do deserve to be treated with dignity, respect and common courtesy. This is not always happening.

## How our local health system could be improved

### Residential Hospice

I was involved in building a residential hospice for the Northwest - Kinloch Manor.

Unfortunately, the provincial government was unwilling to provide adequate operating dollars and we would have been required to fundraise yearly an amount that our present economy could not support.

I believe that allowing dignity when dying should be a provincial responsibility and should not depend on local fundraising capabilities.

Our health care system should not be institutionalizing dying but should be supporting it.

## **Court Ordered Forensic Custody under One Roof with Connection to A Correctional Institution**

The court ordered forensic unit at Thunder Bay Regional Health Sciences Centre is connected to a public hospital. The people who are under court ordered conditions should be housed at a similar type of medical setting at a court ordered, correctional facility that can meet their needs and risk situations.

## **Travel expenses/ access to funding/services**

I would like to share a story about a client of mine who had to take their child to Sick Kids Hospital.

Following the surgery, it was time to return to the community. The parent was shocked to learn that while the air ambulance was prepared to return her child to the north, they refused to take her. She had to scramble to make arrangements to have someone meet her child, and she had to borrow money from family urgently to pay for her own airfare to return to the North.

This is a troubling story to me as it is common knowledge that when patients from Southern Ontario come up here for cancer treatment, all of their expenses plus expenses for a companion are paid. In the north is it commonplace for people to hold fund raising dances to help raise money to help northern families pay for their expenses.

We have a two-tiered health care system and have always had a two-tiered system. The Southern Ontario urban system, and everywhere else. Furthermore, dollars earmarked for the North are being spent in non-rural areas (such as Burlington). It is hard to imagine Burlington as rural, we are 1000 miles north of Toronto, that is rural. As long as these inequities exist, people in the north do not believe that the LHIN will make any difference. Southern Ontario is where the votes are, and that is where the resources will go.

Until Northern residents have the same privileges as Southerners with regards to access to services and travel expenses, it will be hard for people to take you seriously.

## Picc Line and other Procedures

This past fall, one of our daughters suffered a serious injury. She received excellent care during the next 8+ weeks, starting with Emergency at TBRHSC, through its Pediatrics floor, on to Sick Kids, and back to outpatient care at TBRHSC. Thank you!

My idea for improving our local health care system, however, comes from a problem we encountered 2 weeks into the hospitalization. Due to the IV sites becoming infected, it was decided to insert a PICC line.

However, we soon discovered this was not a possibility at TBRHSC. While the nursing team members involved are experienced in such procedures on infants, older children, and adults, there is no one available to perform one on young children. So, our child had to be airlifted (another great service!) to Sick Kids for the procedure.

Examination there kept her at Sick Kids another 6 weeks, but I suggest that we have nurses/nurse practitioners'/doctors receive training so that such procedures can be done locally instead of having to move the patients. I'm talking about 1 specific procedure. However, I would also suggest that the local health system take an inventory of what procedures are presently requiring sending patients out, and then 'filling in the gaps' that are fillable.

Thank you for listening!

## My one visit to the doctor

I, as a rule, tend not to access health care. I do not feel that I would receive appropriate care and would rather try to solve any health problems myself.

This is reinforced on the rare occasion that I do visit a physician. My last visit, a few months ago, was to seek answers to a foot problem. I was told that it was likely arthritis (helpful, but I had already figured that out on my own), had an X-Ray done, and was advised to wear steel shank shoes so my feet wouldn't bend so much. I never did find out the results of the X-ray and the shoe idea was a bit ridiculous. Eventually, I went to see a foot specialist at my own expense and was fit with a pair of shoes that did the trick, along with some good advice.

Long story short, I would not even know where to begin to try to improve the health care system. I don't intend to access it again, unless my leg is off or something.

I don't do regular check ups, I won't take meds and feel that, for me, there is no sense in seeking care. I certainly would not ever agree to a stay in hospital that is far too dangerous. I must also note that my opinion is reinforced by stories that my own clients bring in.

As a health care professional myself, I see hundreds of examples of misdiagnosed issues in children, mainly due to improper training on the part of physicians.

Sorry to be so negative, but even as a part of the health care system, it scares me to think of needing it.

## **More doctors needed**

My idea is for retaining more doctors to our area:

Maybe each community could sponsor student(s) in university, and offer to pay part of tuition in return for practicing a set amount of time in the community.

For example, they could pay 1/3 (or whatever) the tuition for the promise of 5 years practice. Or the government could offer a better tax break for each year a doctor practices in northern communities, provided they are dedicated for a certain number of years.

## **Treat doctors better**

Once doctors are here, the hospital should treat them better and find ways of keeping them here.

## **Providing Incentives for ADULTS to Lead Active Lives**

Many adults in Northwestern Ontario are unhealthy, either physically and/or mentally.

This may be due to a number of factors such as economic strife, our long and cold winters, health issues, lack of exposure to physical activity.

We need to find a way to get adults moving, to get them started on a more active lifestyle.

As we know, physical activity boosts both physical and mental health. I think that adults could benefit from a physical fitness tax break such as the one that is offered for children. Why not lobby the government to recognize the importance of physical activity in adults? We as adults are setting an example to the youth in our community, to our own children.

By encouraging adults to exercise, we are not only reducing healthcare costs now through preventative activities, but also later when our children will hopefully follow our lead.

## Improving the System and Cutting Costs

We retired to Kenora On in 2000. I only have praise for the Lake of the Woods Kenora hospital.

I know many people complain of long waits at the ER (4Hours).

Many do not understand that if they do not have a doctor and have to go to the ER with the Flu, Cold, Minor injury these are not a critical situation, life and death situation come first.

Yes there are a shortage of doctors and maybe an area like Kenora should do a pilot program with Nurse Practitioners. Doctors should not be tied up with patients with cold, flu or minor medical problems. If the problem is serious the nurse practitioner will refer the file.

The medical system should also be looking at Naturopathic working with Doctors. I believe in both. I know the drug companies do not. We rely too much on drugs (so many side effects). We should be promoting better diet, which in the long end would reduce medical cost. Naturopathic doctors visits should be covered under our health care. Naturopathic doctors and Medical doctors should work as a team, and have both.

## Nurse Practitioners?

I have heard such wonderful accounts of the nurse practitioner in our community.

What really amazes me is the fact that you can see her as a walk-in. Is there anyway that we could have a walk-in clinic?

I have a physician at another clinic but am not sure if I can access the walk-in nurse practitioner at the other clinic....

One clinic sounds so user friendly - the other is really a pain to deal with

.... Why such differences in the community? Why can't our health care be more user-friendly - ER or Clinic? If you are sick, you sure don't need this added aggravation!

## **No affordable housekeeping supports for disabled/fixed income persons**

Clients that are deemed ineligible for homemaking supports through CCAC (due to no need for personal care supports) have no other means for housekeeping supports in the district.

Those on fixed incomes, elderly frail, young on disability-they cannot afford the \$15.00 an hour housekeepers/errand runners they so need.

A healthy environment can help to keep people healthy.

## **Lack of Access to Computers**

I was in the hospital last year for approx. 5 months. My personal care was excellent from the housekeeping to nursing.

It is extremely difficult to manage if you have no access to computers, from banking to access and family and friends as contacts.

I am familiar with other hospitals that have their old equipment in the family/sun rooms that is available to patients and their families.

My other issue over the length of my stay was the cost for the TV and phone. It is free in ICU but if you are confined to your room it is the only contact that you have. I think after a week some compensation should be made if you are in isolation or aren't able to get to the sun room.

## Unnecessary Paperwork

I work in long-term care and I feel paperwork/computer charting has gone overboard over the last 9 yrs.

This is hindering our care for the elderly as we are over burdened and can't keep up with the job that really matters; that's meeting the physical needs of residents. We are told that the way we are funded relies on how much RAI/MDS work we do.

I am very concerned that nursing as a whole has lost its focus. Money is wasted on management of these programs instead of putting nurses on the floors which improves patient care.

My suggestion would be that a proper investigation would be done to reduce time wasted on RAI/MDS, and get back to the basics of helping people, and I feel a lot of money and time would be saved.

## Decreasing the potential for spreading infections

I would suggest shortening the visitation hours at hospitals so that there was more time for the cleaners to clean, uninterrupted.

When someone I knew was in hospital, there were 6 used needles on the floor under the bed that remained there the whole time the patient stayed.

Also with shortened visitor hours, there wouldn't be so many people coming and going all the time, bringing germs into the hospital environment and then taking germs from the hospital out into the public, and therefore there would be less spread of infections.

Also there are never enough chairs in the hospital rooms so visitors end up sitting on clean beds, leaving them not-so-clean for the next patient that is admitted to that bed. If you look back several years when visitor hours were much shorter there was not such a problem with super-bugs and infectious outbreaks, and you will have noticed that the hospitals were spic and span clean.

## **Attendre trop longtemps pour un rendez-vous**

Mon mari souffre du coeur L'Hôpital à Thunder Bay a beaucoup trop de patients, crainte de ne pas être soigné lors d'une autre crise. Pour moi personnellement, attendre longtemps pour un spécialiste pour les yeux, les ovaires.

## Who Are Taking New Patients?

I would like to see a site online or a place where we could access a list, searchable by city, of which doctors, dentists, or clinics are taking new patients with contact information for them; also with any conditions that may go along with becoming a patient.

I have not seen or heard of one.

## Critical need for tele-medicine in the North

A couple of weeks ago, we were treated to another belt of winter snow.

It wasn't the kind of blizzard that shut Thunder Bay down but it was enough to keep small aircraft on the ground which serve many northern communities. The weather was an inconvenience but many people who had meetings in Thunder Bay faced flight delays and cancellations. Even though most of us in Thunder Bay did not so miss so much as a day of work, many remote First Nations communities found themselves isolated from the rest of the world. Their airports were closed.

As I drove to work though the unplowed streets of Thunder Bay, I realized how important IP-based telemedicine must be to First Nations up north. If I became sick or injured, I have many options. I can see my family physician. I can go to a walk-in clinic or the ER of Thunder Bay Regional. Our neighbours north of Sioux Lookout have fewer options. With no med-evacs, there is only the nursing station which may or may not be staffed and equipped adequately assuming that it is not closed for any host of reasons. These communities depend on IP-based tele-medicine to access the health care system when they are sick or injured. Tele-medicine is not an alternative, in many cases, it is the only option. Health care in Thunder Bay does not reach everyone adequately but when we are thinking about the allocation of health care resources we need to consider the people who have even less access than we do.

The LHIN must set aside dollars for telehealth so that those people living in remote and isolated First Nations communities who have few if any options other than tele-medicine have the access they need to remain healthy and well.

## **Triage for ER**

With the great numbers of patients utilizing the ER for primary care (mainly due to lack of docs, or the inability to get an appointment quickly) TBRHSC/NWLHIN should look at creating a triaging system that streams people to the appropriate places.

For example, the only way you would get into the ER would be by ambulance. or if your needs after being assessed warranted it. Otherwise you would be seen by NP/nurse to assess and treat you.

This would be done in a building adjacent to the ER and would be set up to handle the quantity of patients coming in. There would need to be enough practitioners to handle the numbers, but you could then start to effectively treat people.

In addition, this clinic would have an EMR that the NP/Nurse can document in. Once the person has been seen, if they have a doc, the visit and the outcome is electronically sent to their family doc (also the NP or Nurse would have access to the electronic health record in the doctors office, so that they have some history). If they have no doc, then at least there is a history for the next time they have to use the service. This is similar to what Alberta has done with their Joint Centre, same concept, just applying it the ER.

## **Waiting for ever**

A friend had a CAT scan 4 weeks ago and looks like cancer has shown up in it. Finally has an appointment to see a doctor in Winnipeg next week. It has been a real disorganized process. Some things were rushed and some weren't. I would say a real lack of communication and doctors that are way too busy to provide proper health care.

## **Private Clinics - They Charge Patients for Sending a File Onwards**

I moved from one community to another. My medical file was transferred to the new community. I lived there for two years. There was no charge for the Private Clinic to receive my file.

I moved and under the care of my former circle of care and the Private Clinic wants me to pay for the medical file to be transferred back. They want over one hundred dollars for a file that they in turn never paid to receive.

How can Private Clinics be held more accountable to the public?

I need the file and cannot afford to pay the money and seriously do not think that I should be charged for the expense. I could pay the postage. I could go and pick it up and deliver it myself but for some reason this is not allowed. It would be cheaper for me to go and pick it up. Help.

## Foot Care

I started my own Advanced Footcare business in 2007 with 13 clients. My business has grown to over 70 clients.

Footcare is only covered through Chiropractors and or Podiatrists. It takes months for people to see either one of these.

It would be nice if our health care covered this medical service to our Diabetic clients through trained Registered Nurses / Registered Practical Nurses who have taken the Advanced Footcare course.

Many seniors today cannot afford to get their feet professionally taken care of so therefore they neglect their feet and then other or worse complications arise and then more medical is needed. Please consider a program for our trained nursing professionals as it is needed to assist in proper footcare for our aging diabetic seniors and other diabetics in our communities.

Thanks for the opportunity to share my idea.

## Get rid of incentive payments

Currently the OMA and government are providing incentive payments to PHYSICIANS ONLY for the completion of preventative health tasks.

These include things like pap smears, fecal occult blood testing, mammograms, immunizations and a whole host of other tasks. The majority of these preventive health tasks can be done by the nurse practitioner or nurse.

However, if the client is rostered to a physician- THAT PHYSICIAN will get the incentive payment even if it was done by another health care provider. There is no obligation for the physician to share the payments he receives with the team. It is a requirement to encounter these health tasks. Based on these numbers, determines the financial incentives that the physician gets. If the encounters however are not done- the organization looks like it hasn't completed its health outcome targets.

A quick tally of the total incentives that a physician could receive if he did all the health tasks on each client is 10,000 dollars. This is completely destroying team development and atmosphere and it is the patient that is suffering. Why not change this political decision to give incentive payments to the organization to be used to enhance patient services??? This political decision has made me consider leaving the profession and I am a well seasoned nurse practitioner.

## **Dialysis a Comparison between North and South**

Sure I do not live within the catchment of NW LHIN's but the story remains the same throughout the Northern dialysis community.

For decades dialysis patients of the north have been and continue to be denied access to "ALL" forms of dialysis modalities. While home haemodialysis and nocturnal dialysis programs continue to expand in the south, dialysis patients of the north continue to have two choices PD (peritoneal dialysis) or In-center "maintenance" haemodialysis. Representation of the north within the Ontario Branch of the Kidney Foundation of Canada seems (and it's obvious) to be lacking.

## **Residential Hospice - a must for our region**

It is unacceptable that we, who are living in Northwestern Ontario, are without a residential hospice.

In the Province of Ontario, LHIN 14 is the only one that does not boast of a residential hospice for its residents.

Kinloch Manor Hospice, now under the leadership of St. Joseph's Care Group, is a community facility for the dying that must be built and supported with the necessary funding to secure its on-going operations. Caring for the dying in this most desirable setting confirms the value and dignity we place on a life lived. By offering a residential setting, the dying, their family and friends can find some comfort in the remaining days. Too frequently, our care and conviction for the most vulnerable as life ebbs is challenged. Inevitably, we will all face death.

My hope is that priority will be given to the building and adequate funding of a residential hospice for the day we personally will need it.

## Aging at Home

I work with the geriatric population in the mental health field. From the 2006 census In the Kenora/Rainy River District, 28% of our population are 55 years of age and older. With the aging population and baby boomers it is anticipated that for the next census this percentage with increase by 5-10%.

It is urgent that we have supports in place to support these individuals in their own homes or we will have a pandemic flooding in our hospitals and CCU's and wait lists like never before in LTC. With the doctor shortage in North there is definitely going to be some major problems accessing physicians by our elderly and the rest of the population adding to the pandemic.

When we talk about supports for seniors it is not enough to provide a half hour a week from CCAC and to receive that seniors must require a "bath". It is in my opinion that to maintain seniors in their own homes we must support them with daily visits, med reminders, assisting them with meals, activation, snow shoveling, lawn care, socialization. TRANSPORTATION to appointments, shopping and activities, respite for caregivers (including overnights and weekends). Service needs to be consistent and something the seniors can depend on. We received a van for each of our northern communities which in my opinion is a joke. The van came with no other funding for maintenance, staff to drive it, gasoline money and is not even wheelchair accessible...that is insulting to our seniors. There is definitely a shortage of front line workers in CCAC, LTC and hospitals and we are too top heavy in management and case managers. The ratio of client/patient to nurse/PSW needs to be re-evaluated. If the seniors have no family living in their community they will require even more service. The expectation that family can support their loved ones in their own homes or having them move in with them is too taxing on families and not realistic and caregiver burnout is inevitable. With the aging population we are seeing more and more seniors diagnosed with a dementia and this is another pandemic in itself. There is so much risk to self and others that these seniors need even more supports and monitoring. Many seniors living with this diagnosis can live in their own homes but require more service and supports.

It would be ideal to have supportive housing units in Fort Frances, Dryden, Emo, Rainy River etc. where seniors have a place to live that is between their own home and LTC. In my opinion this has to be a priority for the LHINS.

I have a real fondness for our seniors and what they have to offer us, our children and grandchildren is priceless and worth more than what we are offering them. All seniors deserve to be respected, have quality of life and their future is in our hands as service providers. We really need to re-think "Aging at Home" and what that means as what we have in place is not adequate to support this strategy.

Thank you for your time.

## Respect needs of elderly patients

Father - very proud, had colon surgery, was told he could not get up to use bathroom by himself, to ring nurse.

Had to go, rang nurse and did not come, after a half hour he did not plan on soiling himself so he attempted to get up and ripped his stitches out. Got an infection, ended up in St. Joseph's Care Group and recovered because of great care - while he was in the hospital he received good care except for brutal nurse on duty - both mother and sister were/are in health care as nurses and they dealt with the matter through the head nurse and person taken off fathers room.

Mother - diagnosed as having a condition that prevents her from eating seeds - after quite a while taking medications for abdominal pain, she has been diagnosed as having another real problem, and is being flown to Hamilton for assessment today. I know things aren't magic, but my mother unfortunately sees the Doctor a lot and I believe she was dealt with as a chronic complainer - I could see myself doing the same.

My point is, even with her nursing background, she was kind of sluffed off and made to feel like she did not matter. While we, her family, do our best to assist her with her issues, she needs to be treated with respect by all health care professionals tasked with dealing with such people.

## Waiting for Diagnosis and Waiting for Treatment - 2 stories

Story 1 Something was wrong - 2 years of appointments being referred for tests (waiting for appointments, waiting for results) then back to the doctor for more tests, more referrals, more tests, more waiting for results (an angiogram was even performed). Finally after 2 years a young intern noticed a lump on the side of the neck and a referral was made to the specialist for a biopsy - the diagnosis was thyroid cancer - advanced stage. Surgery was set up for 5 weeks. The wait time does not reflect 2 years waiting for a diagnosis. We need a diagnostic clinic like the one in Duluth where a team of doctors determine a diagnosis within a couple of days.

Story 2 Something was wrong - symptoms of heart problems were experienced in late October. Emergency room treatment for 11 hours was experienced and results stated there were problems, but did not have a heart attack. Even though a stress test had been ordered (mobility problems dictated a nuclear stress test was needed) there was a 3 month wait here and it could not be moved up due to the high demand. Another doctor appointment set up an appointment with heart specialist in 6 months. Meanwhile serious investigation on the internet turned up private clinic in Toronto. A phone call had a nuclear stress test set up within a week. Another trip to Toronto for results and an angiogram was set up. During the angiogram a serious blockage in the main artery was discovered. The next day angioplasty was performed. By mid January everything was fine. In April the initial appointment with the heart specialist was attended (for follow-up). Everything was done BEFORE I got on the wait list. \*All doctors had indicated a strong possibility of a heart attack. Even though emergency room doctor indicated heart problems were evident the necessary follow up tests were not available because of wait lists.

## Pour des services en français adéquats

Il a été prouvé par plusieurs études, dans les dernières années, que la santé des francophones du Nord-Ouest de l'Ontario est moins bonne, en général, que celle de la majorité de la population, pour plusieurs raisons. Une des raisons principales est le manque de services en français dans les agences et institutions qui doivent desservir la population francophone dans leur langue et se retrouvent dans une situation où ils sont souvent très peu capables de le faire. Il ne suffit pas de dire que les francophones se débrouillent en anglais; la compréhension, quand cela vient à la santé d'un individu, doit être complète, ce soit-il quand le patient présente ses symptômes, le diagnostic, le traitement, les médicaments et comment les prendre, les consignes à suivre, etc. Une mauvaise compréhension mène toujours à augmenter les visites, empirer la santé au lieu de l'améliorer et coûte très cher au système de santé. Une planification raisonnable, logique et redevable des services en français qui doivent être offerts par les agences et institutions identifiés pour le faire. Cette planification doit inclure des personnes clés de la communauté francophone, et devient donc une priorité qui ne peut être mise de côté pour faire avancer ce dossier important afin d'améliorer la santé de la population francophone, avec tous les bénéfices qui s'en suivent.