

“Share Your Story, Shape Your Care”

Community Conversation Guide

A simple guide for being part of group discussions about priorities for our local health system here in Northwestern Ontario.

... You can host your own community conversation with family, friends or people at work, or join someone else's...

Flip to the next page to learn more!

Facilitator's Guide



*Healthier people, a strong
health system – our future*

About this “Conversation Guide”

About this conversation guide

This “conversation guide” is to help people across Northwestern Ontario talk to each other, and share their ideas and stories about our local healthcare system.

It’s part of the “Share Your Story, Shape Your Care” project by the North West Local Health Integration Network (LHIN). As you’ll learn in this conversation guide, the North West LHIN is working on an important plan for the health system in our region...

... and needs to hear about what’s most important to you.

The LHIN will read people’s stories and ideas, and use them to help develop this plan. It’s your chance to build a better health care system in the future.



About your role as the conversation Facilitator...

Your role is to “walk” people through this conversation guide, exploring each of the health topics. You play an important role by asking questions and then recording the group’s answers.

Conversation Information: to be completed by the Facilitator

- **Facilitator name** (optional): _____
- **Location:** (town) _____ (facility): _____
- **Date:** _____
- **Total number of participants:** _____

Other relevant information about the conversation (like audience, location, etc.):

How to facilitate this “conversation”

1. **Setup:** invite people to the conversation (at a convenient time and place). This conversation should take 1-2 hours. Arrange your meeting space with comfortable chairs, and in a circle so everyone can face each other when they speak.
2. **Record location:** complete the event information on page 2 to help the North West LHIN understand what it hears from participants in you conversation.
3. **Open the meeting:** start the conversation by welcoming people and introducing yourself as the Facilitator – someone whose job is to take careful notes and to make sure everyone has a chance to speak.
4. **“Work-through” the issues:** go through each of the health care topics, page-by-page. You might consider reading the words on the page to help people who might not be able to read it on their own.
5. **Take careful notes!** Write down the group’s responses to the questions and try to write down people’s ideas in the boxes provided for you. This is important, because the North West LHIN will use your notes in this “Share Your Story, Shape Your Care” project to set priorities.
6. **Hand-out the participant surveys at the end:** distribute the 4-page survey at the end of the conversation and give participants 5-10 minutes to complete it. Then, collect all the completed surveys before people leave!
7. **Send us your results!** Please send us all the completed surveys and your facilitator guide for our analysis.

Please send your surveys and facilitator guide to the North West LHIN to be included in analysis:

“Share Your Story, Shape Your Care” Project

Attention: Kristin Shields

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Thunder Bay, ON P7B 5Z8

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How to record notes in this facilitator's guide (for each 2-page section)

Primary care

Primary care is the first line of health care that we access and might include family doctors, nurse practitioners, midwives and others.

Here in Northwestern Ontario, people are having trouble accessing the primary care they need.

Here's a fictional scenario to help explain the problem...

Kirk lives in Thunder Bay and thinks he has the flu – or something more serious. He doesn't have a family doctor so waits hours in the local ER to get treatment.

At the North West LHIN, we have some ideas for improving access to primary care.

We'd like to know how much of a difference the following possible steps would make 'on the ground'

Read through the introduction on each slide
(some people may need to help to understand it)

Also, read the "Facts" to help people think about the issue

See note on questions and how to record people's ideas on the next page...

Facts



Primary care includes:

- Health promotion
- Disease prevention
- Treatment of common injuries & diseases
- Primary mental health care
- Healthy child development
- Maternity care
- Basic emergency services
- Referrals
- Palliative and end-of-life care
- Rehab services

How to record notes in this facilitator's guide (for each 2-page section)

| How much of an impact would these plans have on improving access to specialty care? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | I Don't Know | Level of agreement within the group about the level of impact |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------|--|
| Better management of "urgent" patients away | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <ul style="list-style-type: none"> <input type="radio"/> Consensus <input type="radio"/> Most people agreed <input type="radio"/> Some people agreed <input type="radio"/> Wide disagreement |
| Set standards for referrals to specialty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

1. Check the boxes to show the group's views on the impact of each option

2. Check a box to show how much the group agreed

Notes on people's stories & ideas:

3. Write down people's other ideas for each issue

Some Facilitation “Tips”!

What to do when...

- **A participant is not speaking:** before the conversation wraps up, note that he or she has been quiet and ask if there’s anything he or she would like to add.
- **A participant attempts to monopolize the conversation:** interject politely, without appearing to dominate the participant. Remind him or her that time for this exercise is limited and that we have yet to hear the views of others around the table. Invite others to address the same question.
- **The conversation is going off-topic:** keep reminding participants of the question they are addressing and the time left to do so.
- **There is vocal disagreement:** don’t let it go on and on. Remind participants that you are not asking them to come to a consensus if there is no consensus to be had. We are as interested in identifying areas of common ground, as we are in understanding diverging views on these questions.
- **There is vocal agreement:** if participants quickly agree on something; don’t let them belabour the point and invite them to move on to the next question or topic.



How today's conversation will work

Go through this slide with participants to start the conversation...

- A facilitator will help manage the discussion (**that's you**). This could be one of your friends, family members, co-workers or someone else from your community.
- This “facilitator” will ask questions for the group to think about, and will write down people’s ideas so we can read them here at the North West LHIN.
- In this conversation guide, the group will go step-by-step through each of the main health care problems and priorities for our region. For each, the group will be able to share your ideas for making the “health system” work better.



We hope you enjoy talking with others and sharing your views!

To help, we have some suggested guidelines for your group dialogue on the next page...



Some conversation guidelines

Everybody wants to have their chance to be part of the conversation!

Here are a few guidelines to make sure your group can have an open, friendly and fun discussion...

1. Keep an open mind
2. Respect other people's views
3. Encourage everyone in the room to join the conversation
4. Think about and try to understand suggestions from other people
5. Treat everyone as equals
6. In conversations, try to keep your points short and avoid "hogging the airwaves"
7. Try to find some common ground with others that you agree on

Explain the conversation "guidelines" to people



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Review the topics with participants, so they know what's "on the table" for discussion



Let's Start!

Welcome to the “*Share Your Voice, Shape Your Care*” project and to this “Conversation Guide”.

I'd like to thank you for taking part and making your voice heard.

We are listening to local people because we want and need to know what health priorities are most important to those who live, work and serve in our communities.

We will use what we hear from you and others, to help us design our second Integrated Health Services Plan (IHSP) – which will outline a strategy for how we will organize and deliver health care services across Northwestern Ontario.

I'm looking forward to reading all your stories and ideas and hope you enjoy this experience!

Yours,
Gwen

Review the welcome message with participants



Gwen DuBois-Wing
CEO

North West Local
Health Integration
Network (LHIN)



What is the North West LHIN?

North West Local Health Integration Network (or LHIN) is an organization based in Northwestern Ontario. We serve Thunder Bay and Rainy River Districts and most of the Kenora District. Our head office is in Thunder Bay.

At the North West LHIN, we receive money from the Ontario Government (*Ministry of Health and Long-Term Care*) and distribute it to places that provide the public with health care – like hospitals, long-term care homes and services in the community (like “meals on wheels”).

We work with these places to provide health care, and set priorities so that our local health system provides the kind of help that people in our communities need.

The North West LHIN also “integrates” or coordinates our health system to make the best use of scarce funds.

The North West LHIN has an appointed, skills-based Board of Directors who come from our communities and have different backgrounds. They ensure our system is accountable and that money is spent wisely.

*So, the North West LHIN is about health care plans **by** people in our communities, **for** people in our communities...*

Facts

The North West LHIN receives funds to distribute to:

- Hospitals
- Community Care Access Centres (CCACs)
- Long-term care homes
- Community support services (Meals on Wheels, respite care, etc.)
- Community health centres, and
- Mental health and addictions services).

Discuss the LHIN and how its decisions can affect people and the health care system



Our Health

Here in Northwestern Ontario, we are not as healthy as we could be.

Where we live makes a difference to our health. In our region, longer winters make it harder to be outside getting exercise during the colder months. Some of us also live in remote communities where it is difficult to find affordable healthy food.

More of us have chronic illnesses, like diabetes or heart disease, than anywhere else in Ontario. We also have higher rates of smoking, heavy drinking and obesity than in other parts of the province.

Our region is dealing with other problems as well. Our economy is troubled and many people in forestry and mining have lost their jobs. As a result, research shows that more people are stressed, experiencing depression and other mental health conditions.

In addition to all of this, we are spread over a large geographic region. Our geography makes it even more difficult for some people to access health care close to home.

***Optional:** open the conversation for a dialogue by asking “why do you think people in Northwestern Ontario are less healthy than anywhere else in the province?”*

Facts



55% of people in Northwestern Ontario are obese or overweight, compared to 49% across Ontario.

22% of people in our region are daily smokers. This is more than the rest of Ontario (17%).



“Integrated Health Services Plan”

As you learned on the previous page, many people in our region are living with different kinds of health problems. Even those of us who are healthy are likely to need (or “access”) health care in the future.

That’s why the North West LHIN has developed an “Integrated Health Services Plan” (IHSP) for the region. This Plan is a strategy for how we organize and deliver health care services to people that need them.

When the LHIN was first created in 2005, we talked to health professionals and residents across the region before putting together our first Plan. It set priorities like:

- Access to primary care (e.g. family doctors or nurse practitioners)
- Care for people with chronic illnesses (e.g. diabetes)
- Better health for Aboriginal peoples
- Better coordination across our local health care system

Now we’re starting to design a new Plan and want to hear your views.

It’s about choosing the right path for our region...

Review what a “health services plan” is and why it’s important

Facts



To develop our 1st Integrated Health Services Plan (IHSP) we spoke to over **1700** people and drove over 15,000 km.

The “Integrated Health Services Plan” (IHSP) sets out priorities for planning and funding for the next 3 years.



Access to health care

We have heard from both local residents and health care providers that **access** is a key issue for our region.

People have told us that they want to be able to access the *right* health care, from the *right* health workers, at the *right* time.

Over the next few pages, you'll look at each of the following issues.

1. **Primary care** (like nurses and doctors in local clinics).
2. **Specialty care** (blood specialists or diagnostics).
3. **Mental health and addiction** (depression and alcoholism).
4. **Long-term care** (help for seniors or people with disabilities).
5. **Chronic disease prevention and management** (learning how to live with diabetes, heart disease, etc.).

We have been thinking about these issues as well and have some plans to improve access to each of these services.

We'd like to know whether our plans will have a big impact "on the ground" and improve access to health care services.

Review the introductory text and "facts" before moving onto the next page.

Facts



Access is a big issue in Northwestern Ontario.

People who live in our region report the **lowest rates in Ontario** for access to a medical doctor (85%) and consultation with a medical doctor (77%)



Primary care

Primary care is the first line of health care that we access and might include family doctors, nurse practitioners, midwives and others.

Here in Northwestern Ontario, people are having trouble accessing the primary care they need.

Here's a fictional scenario to help explain the problem...

Kirk lives in Thunder Bay and thinks he has the flu – or something more serious. He doesn't have a family doctor so waits hours in the local ER to get treatment.

At the North West LHIN, we have some ideas for improving access to primary care. We'd like to know how much these possible steps would make a difference "on the ground".

1. More health care teams (such as Nurse Practitioner-led clinics, Family Health Teams, and others).
2. Re-design the way clinics and other parts of the health care system work to increase access to family doctors (like making sure people can talk about more than 1 health problem at each appointment with a doctor).

Review the introductory text and "facts" before moving onto the questions on the next page.

Facts



Primary care includes:

- Health promotion
- Disease prevention
- Treatment of common injuries & diseases
- Primary mental health care
- Healthy child development
- Maternity care
- Basic emergency services
- Referrals
- Palliative and end-of-life care
- Rehab services

Facilitator Questions: Primary care

| How much of an impact would these plans have on improving access to primary care? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>More health care teams (such as Nurse Practitioner-led clinics, Family Health Teams, and others)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Re-design the way clinics and other parts of the health care system work to increase access to family doctors (like making sure people can talk about more than 1 health problem at each appointment with a doctor)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for improving access to primary care?
(Facilitator notes here)



Specialty care

Sometimes your nurse practitioner or family doctor will decide to refer you to a “specialist” when they need a 2nd opinion or advice. This is specialty care.

In our communities, people sometimes need to wait a long time or travel long distance to see medical specialists.

Here’s a fictional scenario to help explain the problem...

Kate is a cardiologist at a Winnipeg hospital. Some of her patients travel all the way from Northwestern Ontario because there isn’t advanced heart surgery there. She thinks it can sometimes be hard on patients to travel all that way.

At the North West LHIN, we have some ideas for improving access to specialty care. How much do you think each of these possible steps would make a difference “on the ground” in improving specialty care?

1. Better manage wait lists to make sure “urgent” patients always get seen right away.
2. Set standards so that patients only get referrals to specialists when necessary.
3. Increasing access to specialist doctors using “telemedicine”.

Review the introductory text and “facts” before moving onto the questions on the next page.

Facts



“Specialty care” is advanced health care.

Examples of medical specialties include:

- Cardiology
- Dermatology
- Endocrinology
- Intensive care medicine
- Radiology
- Pathology
- Psychiatry

Facilitator Questions: Specialty care

| How much of an impact would these plans have on improving access to specialty care? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Better manage wait lists to make sure "urgent" patients always get seen right away</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Set standards so that patients only get referrals to specialists when necessary</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Increasing access to specialist doctors using "telemedicine"</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for improving access to specialty care?
(Facilitator notes here)



Mental health and addictions services

Our health system provides important medical and support services to people with depression, substance abuse and other mental health and addictions problems. But, some people report having trouble accessing this help when they need it.

Here's a fictional scenario to help explain the problem...

Abby works at a substance abuse clinic in Kenora. Some of her patients have to wait a long time to see her after getting a referral from another health worker. She wishes she could see them sooner – with less wait time.

What difference do you think the options below would make for improving access to mental health & addictions services?

1. Improve the care options available for people – outside the hospital (e.g. early psychosis intervention, eating disorder programs, peer support, supportive housing for people with addictions).
2. Focus services on helping “vulnerable” people who need it the most (such as youth or people who have both mental health disorders and drug/alcohol addictions at the same time).
3. Give health workers more information about places where people with mental health and addictions can get help, so they can refer patients to the best place.

Review the introductory text and “facts” before moving onto the questions on the next page.

Facts



Many people suffer from mental health and addictions problems but often suffer alone and don't seek the help they need.

Mental health and addictions conditions include things like:

- Anxiety disorder
- Depression
- Post-traumatic stress disorder (PTSD)
- Alcoholism
- Drug and substance abuse problems
- *And many more...*

Facilitator Questions Mental health and addictions services

| How much of an impact would these plans have on improving access to mental health & addictions services? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Improve the care options available for people – <u>outside the hospital</u> (e.g. early psychosis intervention, eating disorder programs, peer support, supportive housing for people with addictions)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Focus services on helping “vulnerable” people who need it the most (such as youth or people who have both mental health disorders and drug/alcohol addictions at the same time)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Give health workers more information about places where people with mental health and addictions can get help, so they can refer patients to the best place</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for improving access to mental health and addictions services?

(Facilitator notes here)



Long-term care

Seniors and people with disabilities sometimes need extra help to be able to live at home or may require space in another setting (e.g. supportive housing, assisted living, long-term care home).

Here's a fictional scenario to help explain the problem...

Joyce is a senior and is just recovering from a stroke. She wants help to live at home or in a space at a seniors' residence, not a hospital ward, but can't manage by herself at home for much longer.

We are committed to improving access to long-term care services. How much do you think each of these possible steps would make a difference “on the ground”?

1. Help seniors to stay in their homes and stay healthy (e.g. homemaking, home maintenance, nursing).
2. Expand alternatives to long-term care (e.g. supportive housing).

Review the introductory text and “facts” before moving onto the questions on the next page.

Facts



Many seniors live in our region.

13% of the population of Northwestern Ontario are over age 65. That's over **31,700** people!

Long-term care services include:

- Long-term care homes
- Supportive housing
- Home care
- Continuing care hospitals and units

Facilitator Questions: Long-term care

| How much of an impact would these plans have on improving access to long-term care? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Help seniors to stay in their homes and stay healthy (e.g. homemaking, home maintenance, nursing)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Expand alternatives to long-term care services (e.g. supportive housing)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for improving access to long-term care services?
(Facilitator notes here)



Chronic disease prevention & management

Chronic disease prevention and management includes health promotion activities and helps people live with illnesses like diabetes or heart disease. It's a growing problem for our health care system because more and more of us are developing these illnesses.

Here's a fictional scenario to help explain the problem...

Mike lives in Marathon and has just found out he has diabetes. Now he needs to take medication and be very careful about his health to avoid "complications" like blindness. Mike needs help learning how to live with his diabetes.

Tell us how we can improve access to chronic disease prevention and management by rating our proposed measures and sharing your priorities.

1. Create peer support groups to learn to take care of their own chronic disease.
2. Do more health promotion activities.
3. Increase the number of visits with a health care team (where a dietitian, nurse practitioner, social worker, and/or doctor work together).

Review the introductory text and "facts" before moving onto the questions on the next page.

Facts

In Northwestern Ontario:

- 21% of people have arthritis / rheumatism
- 15% have high blood pressure
- 9% have asthma
- 5% have diabetes
- 8% of people over 30 have heart disease

What are complications?

Diabetes and other chronic illnesses sometimes cause other health problems called "complications". For example, people with diabetes can develop complications like heart disease and stroke, kidney damage and blindness.

Facilitator Questions: Chronic disease prevention & management

| How much of an impact would these plans have on improving chronic disease prevention & management? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Create peer support groups to learn to take care of their chronic disease</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Doing more health promotion activities</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Increase the number of visits with a health care team (where a dietitian, nurse practitioner, social worker, doctor work together)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for improving access to chronic disease prevention & management?

(Facilitator notes here)



Overcoming “barriers” to care

Here at the North West LHIN, we know that some people in our region face barriers to accessing the care they need.

Some of these “*barriers*” are physical – like travelling long distances to get to clinics or hospitals for health care.

But other barriers can involve culture or language – like those faced by French-speaking people who live in the region, or by Aboriginal peoples.

In this section of the choicebook, we want to hear **your ideas and priorities** for overcoming these barriers to care:

- Geography and transportation
- Troubles in our economy
- Lack of access to services for Aboriginal people
- An “uncoordinated” system
- Computerized health records for less barriers to communication
- Making the best use of our health workers and their skills

Review and discuss the idea of “barriers” to accessing health care, and why they are important



“Barriers”
are like
steep hills!

“Barriers” are like steep hills because they make it much more difficult – or impossible – for some people to “reach the top” and get the health care they need.

Some of us face bigger “barriers” than others.



Geography and transportation

The vast geography in Northwestern Ontario is an important part of our identity!

For some of us, though, geography makes it hard to get health care easily or quickly. Some people have to drive long distances to see specialists or get to clinics for appointments. Others in more remote communities need to fly to get any health care.

However, there are ways to help people with transportation to and from health care visits. We'd like to hear what you think about these possible steps.

How much of an impact do you think the following would have 'in the real world' to improve transportation?

1. Mobile vans (like the "breast screening van") that can travel to different towns and provide health care.
2. More "telemedicine" so health workers can treat patients via video link, so patients don't need to travel too far.

Review the introductory text and "facts" before moving onto the questions on the next page.

Facts



Our region makes up **47%** of the total land in Ontario...

...but, with **2%** of the population.



Facilitator Questions: Geography and transportation

| How much of an impact would these plans on improving geography and transportation barriers? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Mobile vans (like the “breast screening van”) that can travel to different towns and provide health care</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>More “telemedicine” so health workers can treat patients via video link, so patients don’t need to travel too far</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for overcoming geography and transportation barriers?

(Facilitator notes here)



Troubles in our economy

Nowadays, we're all worried about the economy. But, there have been problems in our local economy for the past few years: mines, forestry operations and mills have shut down, putting people out of work.

Our research has shown that these economic problems are affecting people's health as well.

Here's a fictional scenario to help explain...

Pat was a logger until he got laid off 6 months ago. He's been looking for work but is frustrated because there's not much out there. He spends a lot of time at home and finds himself more angry and impatient with his wife and kids.

Review the introductory text and "facts" before moving onto the questions on the next page.

(Please note different questions for this issue, on next page...)

Facts



Health workers have noted an increase in physical and mental health issues related to the "downsizing" in forestry that our region has experienced over the last 3 years.

These include:

- High blood pressure
- Worsening of chronic illnesses (like diabetes),
- Increased stress
- Depression and anxiety
- Substance abuse

Facilitator Questions: Troubles in our economy

How have economic troubles affected **you or people in your region?**

Inability to fill prescriptions

Divorce

Hard time affording healthy foods

Violence in the home

Suffering from anxiety

Alcohol or drug abuse

More depression

Notes on stories about troubles in our economy and how it's affecting people's health:
(Facilitator Notes)



Engaging Aboriginal peoples

Aboriginal residents make up a large and important part of our community. Their unique culture makes Northwestern Ontario a great place to live.

But, many Aboriginal people have trouble getting the health care they need. Distance is a problem for some. For others, culture is a barrier to health care because it's not provided in an Aboriginal language. The lack of traditional healing or wellness approaches can also be a barrier.

We need your help to tell us what you think about our plans for working with Aboriginal peoples and communities to improve their health.

1. Create a “protocol” or guide on how to work with Aboriginal people to improve their health and health care.
2. “Reach out” to work more closely with Aboriginal organizations on health issues.

Review the introductory text and “facts” before moving onto the questions on the next page.

Facts



About 15% of our population in Northwestern Ontario are Aboriginal people.

That's over 37,500 people!

Facilitator Questions: Engaging Aboriginal peoples

| How much of an impact would these plans have on improving Aboriginal care? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Create a "protocol" or guide on how to work with Aboriginal people to improve their health and health care</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>"Reach out" to work more closely with Aboriginal organizations on health issues</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for engaging Aboriginal peoples?

(Facilitator notes here)



A more coordinated or “integrated” system

Our health care system can be complex and hard for a person to use without feeling lost or “on their own”.

Here’s a fictional scenario to help explain the problem...

Jim is a 70 year-old man living in Sioux Lookout and is caring for his wife who has dementia. Jim feels overwhelmed, trying to find services to support him and his wife. It seems that there are multiple places to receive similar services, but “gaps” where no service is provided. The stress of caring for his wife and trying to find his way into and around the health care system is making him feel ‘burned out.’

People have told the North West LHIN that it’s hard to understand what health care services are available. It’s reported that even knowing the service is available, it’s difficult to find a way to access the service and to find a way through the health care system. We’d like to know whether you think our ideas will make a difference to patients.

1. A “one-stop” place to learn more about health services available in Northwestern Ontario (like an easy-to-use website or brochure).
2. All health service providers (e.g. nurses, doctors, dietitians) will share information necessary to access and move between services.
3. Decrease “duplication” of services so that new services can be provided where, right now, there are “gaps”.

Review the introductory text before moving onto the questions on the next page.

Facilitator Questions: A more coordinated or “integrated” system

How much of an impact would these plans have on a patient and family’s experience?

A “one-stop” place to learn more about health services available in Northwestern Ontario (like an easy-to-use website or brochure)

All health service providers (e.g. nurses, doctors, dietitians) will share information necessary to access and move between services

Decrease “duplication” of services so that new services can be provided where, right now, there are “gaps”

| | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | I <u>Don't</u> Know |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>A “one-stop” place to learn more about health services available in Northwestern Ontario (like an easy-to-use website or brochure)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>All health service providers (e.g. nurses, doctors, dietitians) will share information necessary to access and move between services</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Decrease “duplication” of services so that new services can be provided where, right now, there are “gaps”</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for creating a more coordinated or “integrated” system?

(Facilitator notes here)



Electronic health records

Health care works better when nurses, doctors, and other health professionals share patient records with each other.

An electronic health record can allow a patient's medical history and test results to be updated instantly and shared between health workers.

Here's a fictional scenario to help explain...

Maggie is a family doctor in Manitouwadge. She wishes she had access to electronic records to get patient test results more quickly and see what other health workers have written on her patients' files.

We have some plans for using more electronic health records. *Will these work and lead to better health care?*

1. Develop an e-Referral system so referrals to specialists include a patient's health information
2. Build a full electronic health record system so all health professionals can share patients' health records

Review the introductory text and "facts" before moving onto the questions on the next page.

Facts



Computer technology can allow a nurse or doctor to view a patient's whole health history, including updates only a few hours or minutes old!

- Current health problems
- Past illnesses and treatments
- Allergies
- New test results and x-rays
- Specialist advice or 2nd opinions

Facilitator Questions: Electronic health records

| How much of an impact would these plans have on improving people's health? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Develop an e-Referral system so referrals to specialists include a patient's health information</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Build a full electronic health record system so all health professionals can share patients' health records</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for using electronic health records?

(Facilitator notes here)



Using our existing health human resources

We know that our region has shortages of health care workers, including nurses, doctors, and other health professionals. We also know that being in Northwestern Ontario makes it difficult to attract all the extra health workers that we need.

So, we believe that we need to focus more on making the **best use** of the health workers who *do* live here. This means allowing health professionals to put all their skills to use and work in teams.

We have some plans for using our health care workers better. *Will these work and lead to better health care?*

1. Fund “creative” ways of organizing health care so nurses, nurse practitioners, pharmacists and other health workers can use all their skills.
2. Look into education and training so health workers keep building new skills to help patients.

Review the introductory text and “facts” before moving onto the questions on the next page.

Facts



There are about 240,000 people living here in Northwestern Ontario.

To provide health care, we have around:

- 210 family doctors
- 115 specialist doctors
- 2,600 registered nurses
- 40 nurse practitioners

But, we also have important “allied” health workers...

Facilitator Questions: Using our existing health human resources

| How much of an impact would these plans have on improving health human resource strategies? | Will have <u>no</u> impact 1 | 2 | 3 | 4 | Will have a <u>big</u> impact. 5 | <i>I Don't Know</i> |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <i>Fund “creative” ways of organizing health care so nurses, nurse practitioners, pharmacists and other health workers can use all their skills</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Look into education and training so health workers keep building new skills to help patients</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Level of agreement within the group about the level of impact

- Consensus
- Most people agreed
- Some people agreed
- Wide disagreement

Do you have any other ideas for how to better use the health workers we already have?

(Facilitator notes here)



Are any priorities missing?

So, on the previous page you told us how concerned you are about each of the priorities in our last Integrated Health Services Plan.

- **Access to primary care** (like nurses and doctors in local clinics).
- **Access to specialty care** (specialists, surgeons or diagnostics e.g. labs, MRI).
- **Chronic disease prevention and management** (learning how to live with diabetes, etc.).
- **Long-term care** (help for seniors or people with disabilities).
- **Access to mental health and addiction services** (for people with things like depression).
- **Aboriginal engagement** (doing more to help Aboriginal people be healthier).
- **Integration of services** (to stop people “falling through the cracks”).
- **Electronic health record** (using technologies like computers and video-links).
- **Regional health human resources plan** (having enough nurses, etc.).

Review the priorities listed on this page. The ask “Are there any priorities missing from here?”

Notes on missing priorities:
(Facilitator Notes)



Your integration stories and ideas

It's the role of the health care system in Northwestern Ontario to provide us with the care we need. But, we know there are problems... and want to build a better, more coordinated and more "integrated" health care system for the future.

Here's a fictional scenario to help explain how an "integrated" health system should work... Walt has had diabetes for a few years. He gets great care. Walt goes for regular dialysis, sees his doctor for regular check-ups and specialists when he needs to. When he goes for his clinic appointments, he sees everybody at the same time as a "team" – a nurse for blood tests and a dietitian to give him advice on what to eat to control his blood sugar. Walt's next clinic appointment is scheduled even before he leaves, and he gets a reminder call for appointments to make sure he hasn't forgotten about them.

So, an "integrated" system is about giving every patient the right "**journey**" – so they get the treatment and care they need without "falling through the cracks".

The next 3 pages are for taking notes on people's stories/ideas:

1. **Stories** about a time when your care was **well integrated** and the health system worked well for you (*as a citizen*) or one of your patients (*if you're a health professional*).
2. **Stories** about a time when care was **not well "coordinated"** and the health system did not provide you or your patient with integrated care.
3. **Ideas** for making our local health care system more integrated or coordinated in the future and we'd like to hear your ideas!

"Liz's Story"

Here's a fictional scenario to show what an "uncoordinated" system looks like...

About 6 months ago, Liz noticed an itchy, painful rash on her back. She went to walk-in clinic and saw a family doctor.

She referred Liz to a skin specialist for a 2nd opinion. But, since then, Liz has heard nothing. The specialist's office hasn't called to book an appointment – and it's been 6 months.

Liz feels as though she's "fallen through the cracks" and that she's left on her own to find help.

1. **Stories** about a time when your care was **well integrated** and the health system worked well for you (*as a citizen*) or one of your patients (*if you're a health professional*).

Facilitator notes...

2. **Stories** about a time when care was not well “**coordinated**” and the health system did not provide you or your patient with integrated care

Facilitator notes...

3. Ideas for making our local health care system more integrated or coordinated in the future and we'd like to hear your ideas

Facilitator notes...

Evaluation (Pose the following 3 questions to participants and record their responses)

1. What did you **like** about this conversation?

2. What did you **not like** about this conversation?

3. What did you **learn** from this discussion?



Surveys

At the end of the conversation, please distribute 1 copy of the survey to each participant. It should take them 5-10 minutes to complete.

Afterwards, collect the completed surveys before people leave!

Please send your surveys and facilitator guide to the North West LHIN to be included in analysis:

"Share Your Story, Shape Your Care" Project

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