

Healthier people,
a strong health system
- our future.



North West LHIN Board of Directors Dryden Community Engagement

June 19, 2014

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



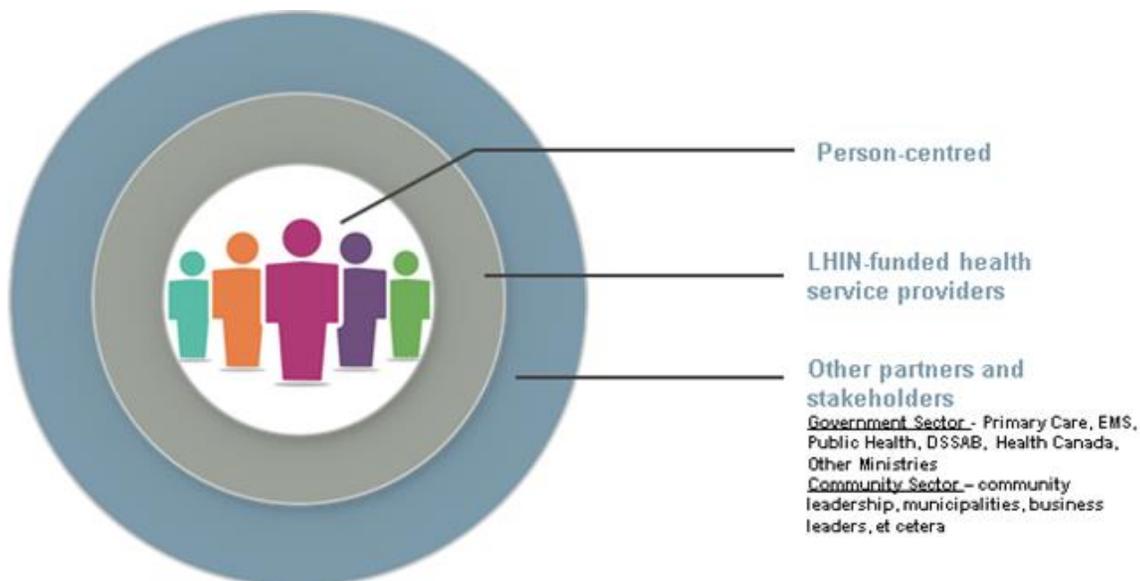
Ontario

Local Health Integration
Network
Réseau local d'intégration
des services de santé

Introduction

In 2012/13, the focus of North West LHIN Board-led community engagement sessions was with funded health service providers (HSPs). Over the course of 2013/2014, North West LHIN Board community engagement sessions set out to introduce organizations and community leaders outside of the LHIN's funding purview to the Health Services Blueprint and Health Links initiatives. These events also sought to explore opportunities to leverage partnerships and resources that would help drive health system planning, integration, and transformation activities forward in their communities.

While the North West LHIN Board of Directors will continue to engage with HSPs and at the Board-to-Board level throughout 2014/2015, plans are also underway to bring non-funded stakeholders (as noted in the diagram below) to the same table alongside HSPs to collaborate and exchange ideas about how they can work together to bring the desired outcomes of the Health Services Blueprint and Health Links to fruition.



Person-Centred Circle of Care

On June 19, 2014, the North West LHIN Board of Directors invited primarily non-LHIN funded health professionals, business leaders, representatives from social service organizations, and other community partners to attend an engagement session in Dryden, Ontario. The purpose of the meeting was threefold: 1) to increase awareness of the North West LHIN, 2) to provide information about the Health Services Blueprint and Health Links, and 3) to encourage

community members to discuss how they could collaborate better to improve patient care and help drive health system transformation forward to best meet the needs of their own community.

The roundtable discussion was the ninth of a series of sessions scheduled to take place with non-LHIN funded key stakeholders in each of the 14 Local Health Hubs between May 2013 and June 2014.

The objectives of the meeting were:

1. To share information about:
 - The Provincial Health Care Context
 - Health Care in the North West LHIN
 - Health System Transformation:
 - Health Services Blueprint Recommendations
 - Health Links
2. To discuss opportunities to work together to address the health care needs of people in the Dryden area.

Meeting Details

Logistics

Joy Warkentin, Chair of the North West LHIN Board of Directors, commenced the afternoon by welcoming attendees and explaining the purpose of the event, and by introducing Susan Pilatzke – Senior Director of Health System Performance, as well as Tina Copenace and Dennis Gushulak, both of whom are members of the North West LHIN Board of Directors. Ms. Warkentin then proceeded with a presentation that outlined the following:

- Role and mandate of LHINs
- Provincial health care spending context
- Responsibilities of the North West LHIN
- Case for health system transformation
- Health Services Blueprint and Health Links
- How participants could collaborate to help shape local health care systems



Following the presentation, the 23 attendees participated in small group discussions to brainstorm responses to four prepared questions.

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

Main Themes Arising from the Discussion Period

Participants were asked to respond to four discussion questions with their tablemates:

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

Barriers

- To access physicians, there is a “phone lottery” likened to a radio station contest. Only those who get through early, if at all, will get an appointment. The rest “give up” and go to the emergency room.
- There is no mechanism to connect people to existing services, and gaps in knowledge of what the other providers do.
- Providers are competing for the same funding, and also for the same clients – the number of clients impacts allotments.
- There are jurisdictional or boundary issues that impede transitions in care, require consents with multiple agencies, people have to tell their story over and over again. These issues lead to silos. An example of consent issue is school making a referral will obtain consent, then the CCAC requires consent, and then the contracted provider requires consent – parents are overwhelmed by this.
- Lack of mental health and addictions after hours care, as well as access to care in terms of receiving facility with available space as well as a doctor to receive the client. Particular impact on OPP resources, especially when the receiving facility is hundreds of kilometers away (eg: 353km from Dryden to Thunder Bay, or 1034km from Dryden to Sault Ste. Marie – notwithstanding the return trip).
- Distance to care settings, coupled with lack of local specialized services.
- No common mechanism to follow a client as she or he accesses the various service providers.
- Satellite providers are receiving fragmented communications from centralized intake.
- Specialist appointments are often cancelled on short notice, which does not work well when you have to travel to the appointment the night before.
- Transportation, especially after hours, can require 24 hour notice for pick up – if a client is discharged after hours or without a full days’ notice, there is no service available to them.
- Recruitment and retention of health care professionals has been a challenge.



- Dental costs are often not covered, leading to poor or exacerbated health outcomes.
- The public question fundraising within the health sector. They do not understand how the system itself is funded.

Opportunities

- Would like to meet with more partners who are not in health care, but would benefit from the sharing of information, such as the Economic Development Officer.
- The small size of the community lends itself to increased cooperation because “you’re working with your neighbour.”
- The opportunity exists to educate and train health care professionals within the community.
- There are some nurse practitioners and family health teams that are offering after hours services.
- There is the possibility of increased system capacity by focusing on prevention, such as dental care, foot care/wound care for people with diabetes, and so forth.

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

- Sessions like this one reveal information – for instance, some were not aware of after hours services available in the community.
- Better integration can lead to better access to services through efficiencies and cost control/reductions – more resources being made available to other sectors (outside the hospital).
- Protecting existing resources and using resources more effectively will help ensure that the community won’t lose services that currently exist.



- Transformation creates the opportunity to address underserved areas, such as dental care for those without coverage or difficulty accessing the service.
- Pleased to see a *local* focus on *local* needs.
- The new medical school will increase the amount of local graduates.
- Dryden Regional Hospital’s emergency department is found to be very efficient.

3. **How can we work better together?** – Question skipped due to time constraints.

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

- A number of agencies were named including the LHIN, Dryden Regional Health Centre, public health, and the hospital.
- This is a chance to partner with regional hospitals and clinics in other communities.
- The need for a 3rd party person was expressed: someone who understands networks and community needs but “doesn’t have their fingers in the pie” or a vested interest.
- A strong leader because there are going to be “losers” in transformation, and they will resist change.
- Everyone will be a part of transformation, but the *lead* needs resources and partnerships with local health service providers.



Summary & Recommendations

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

- Participation was strong amongst all attendees, and there seemed to be open and honest sharing of both positive and negative experiences amongst and between providers.
- Some participants noted that they learned about services offered by other providers in the community: services they were not aware of, that they would directly access in serving their clients.
- It was noted that there was not enough time for discussion, and that the conclusion of the session felt rushed in order to meet the stated end time for the meeting.
- Most reported that their overall knowledge of the LHIN has increased, and they are looking forward to transformation within the local context.
- Additional sessions were suggested, including sessions that bring the health service providers and community organizations to the table.

Appendices

A. Summary of Attendee Evaluations

A total of eight evaluations were received with the following results:

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

Of the 11 attendees who completed evaluations, all indicated the meeting met the stated objectives.

2. What was your overall level of satisfaction with the following:

Please mark one rating per line, either X or ✓	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	No Response
Content of Meeting			4	6	
Group Discussions			3	8	
Use of Your Time			5	6	
Networking Opportunities		1	8	2	
Opportunity to participate			4	7	

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

Please mark one rating only	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	No Response
			7	4	

4. What did you like about this session?

- Informative and well-planned.
- The small size of the group made the meeting comfortable.
- Having the opportunity to talk and participate. (3)
- Collaboration of ideas and information.

5. How could this session have been improved?

- The meeting should have been longer to allow for more questions, conversation, and discussion amongst participants. (5)
- More insight as to how the North West LHIN sees transformation happening.