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a strong health system
- our future.



North West LHIN Board of Directors Marathon Community Engagement

November 14, 2013

Report submitted: January 10, 2014



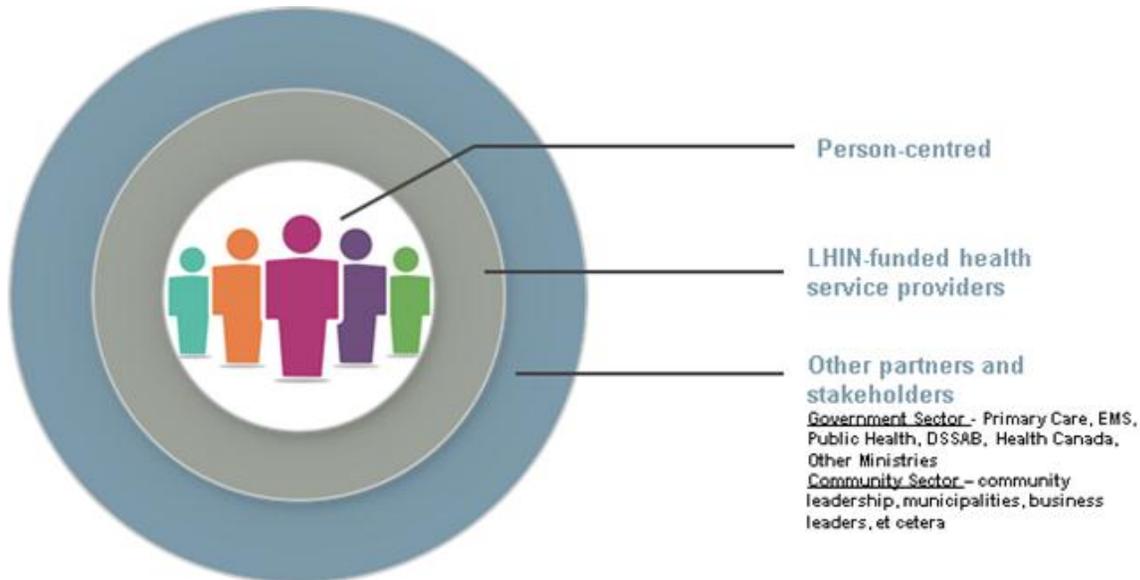
Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

Introduction

In 2012/13, the focus of community engagement sessions was with North West LHIN-funded health service providers. Community engagement sessions for 2013/14 and 2014/15 will continue to advance with LHIN health service providers and will include participation among non-LHIN funded key stakeholders as noted in the diagram below.



Person-Centred Circle of Care

On November 14, 2013, 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 Marathon, 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 sixth of a series of sessions scheduled to take place with non-LHIN funded key stakeholders in each of the 14 Local Health Hubs (LHH) 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 Marathon area

Meeting Details

Logistics

Laura Kokocinski, CEO of the North West LHIN, commenced the morning by welcoming attendees and explaining the purpose of the event. Subsequently, Reg Jones, North West LHIN Board Secretary/Treasurer, delivered a presentation with support from North West LHIN Board Member Dan Levesque, 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 Marathon's health care system

Following the presentation, the 11 participants worked in small groups to brainstorm responses to four prepared discussion questions.

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



Main Themes Arising from the Discussion Period

Attendees 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

- There is a consistent lack of funding in that insufficient resources are allocated to education (about healthy lifestyles) or prevention (procedures for early diagnosis or to stop conditions from worsening). In addition, it is difficult to secure capital funding for “bricks & mortar,” as well as funding to maintain operations.

- Distance and adverse conditions throughout most of the year pose challenges for people who need to travel outside the community to access care.
- There is a lot of uncertainty with regards to maintaining services. Agencies may begin to offer a service, but it eventually is reduced or terminated possibly due to few clients accessing because many are unaware it exists. In addition, recruitment and retention of health care professionals is difficult; though there is currently a full complement in Marathon, the town has been in tight spots in the past. In a similar vein, many services are not offered until a crisis occurs.
- There is a lack of communication among health care providers, which impedes high quality care and results in costly duplication of services.
- In the same vein, the lack of awareness among the public and agencies themselves regarding available services – who does what – results in duplication. The same person accesses the same services from different agencies, or he/she ends up defaulting to the Emergency Department (ED) because he/she is not sure where to go.
- Lack of health literacy and knowledge about prevention among general public, which can result in issues such as increased admissions to hospitals or further deterioration among those with chronic diseases.
- Lack of staff for First Nation organizations.
- The mammography van currently offers services to females only, which excludes the male population. However, this service gap also points to an opportunity for expansion. For example, the mobile unit could function as a “co-ed van,” which on specific days would focus on male health issues, such as prostate and colonoscopy screening, and on others would address female concerns such as pap smears and mammograms.
- None of the current part-time EMS staff reside in Marathon.
- High users with a long history of mental health and/or addictions issues fall through the cracks, which becomes a cyclical process across generations.
- Ontario Provincial Police are frequently called in to address and monitor mental health cases in hospital.
- One of the key issues Marathon faces includes a lack of affordable housing.
- The way the ministry funds health care is complicated and all health care organizations should be under the same funding umbrella (ex. First Nations, Thunder Bay District Health Unit).
- Pic River and Pic Moberg feel they are excluded from health planning in the Marathon area. For example, Pic Moberg requires a mammography van, but has been told the road is too rough; the community also requires addictions services but is frequently instructed to bring clients to Thunder Bay instead. A diabetes educator visits Pic River, however



the community is not included in this type of planning. In addition, the poor health outcomes for people from Pic River and Pic Moberg contribute to high health care costs.

- When health care data is collected, the “human element” is often forgotten in that people become numbers. Health care data frequently comes down to a dollar number or a statistical number.
- LHINs seem to be somewhat of an unknown entity, difficult to access.

Opportunities

- Marathon is well-staffed medically (i.e. full complement of doctors, Wilson Memorial is a great facility that could be expanded upon, and both the hospital, and Family Health Team (FHT) provide high quality care).
- Chemotherapy services offered at a local level.
- The new LHH and District Health Campus (DHC) model makes sense and will address issues created by distance, which will benefit the entire region.
- Marathon is at a geographical advantage because it is centrally located in the district.
- The FHT Model has been a success.
- Increased resources and attention directed toward wellness and prevention *before* conditions develop or worsen (i.e. incorporate healthy lifestyle education into school curriculum).
- Future and regular engagement sessions to discuss issues affecting the local health care system (ex. issues at the hospital, issues in Pic River, etc.).
- Raising awareness about the importance of male health has been a recent focus among workplaces in Marathon.



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

- Offering more services locally such as surgeries or follow-up appointments will eliminate the need for travel, which will be safer for both patients and EMS staff since they will be on the road during winter less often.
- Possible expansion of EMS role through community paramedicine.
- Increased funding for supportive care, housing, and aging at home programs.
- Less reliance on Thunder Bay for health care services.
- Additional meetings among providers to identify the services each offers and opportunities to assist each other through shared services or resources.
- The LHH model is a promising idea since it may lead to the inclusion of more communities, however, it does not clearly indicate how service delivery will be different from the current structure.

- Some participants had difficulty answering this question because they were uncertain as to what changes were going to occur and what the results would be. They felt that if the breakdown of silos, increased access to seamless service, and improved health outcomes occur due to proposed changes, they will be more inclined to get excited about further transformation. For now, they remain unconvinced.

3. How can we work better together?

- While this session is a good start, more engagement sessions should be hosted regularly with a diverse cross-section of organizations and delegates to ensure broad representation of interests. In addition, organizers should ensure that both LHIN-funded and non-funded representatives are invited to participate.
- Some participants noted that key players with valuable insight as to the day-to-day challenges they encounter should be invited to contribute to the discussion (i.e. CCAC, PACE, OPP, MH&A, hospital, etc.).
- Better communication and coordination, identification of common and unique needs, and combined provincial lobby efforts among local providers.
- Improved communication among agencies could be incorporated as a component of their funding agreements. That is, providers could be offered incentives to work together with other agencies to coordinate care plans for clients; they could also be required to demonstrate they have made efforts to integrate and “de-silo” and if not, their funding could be affected as a result.
- The North West LHIN should promote more “LHIN 101” information to clarify its role and educate the public (i.e. what is the LHIN, who works for the LHIN, what are the LHIN’s responsibilities, how to contact the LHIN, etc.).



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

- Some participants questioned who, if anyone, currently occupied this role, and whether the process has been successful or needs to be clarified further.
- Others suggested that community members need to form mutually agreeable partnerships on their own and bring forward their specific issues to the North West LHIN, rather than the North West LHIN pushing them to do so.
- Participants asserted that change would be the result of a combined effort among a diverse group of stakeholders across different sectors of the community. They suggested some possible representatives to be part of this multi-sector team, such as:
 - Health care providers in the LHH and DHC
 - The hospital
 - Education sector
 - Marathon Family Health Team
 - First Nations communities
 - Housing organizations
 - Municipal leaders

- Seniors care agencies
- Mining companies (Barrick, Stillwater)
- There was general consensus among participants that changes could only proceed based on input from local community members.
- Follow-up roundtables driven by the North West LHIN should be held to focus on specific issues and concerns with the goal of devising potential solutions and strategies.

Summary & Recommendations

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

- There was open and strong participation among all attendees. They established rapport with each other and seemed comfortable sharing both positive and negative experiences with health care delivery in the Marathon area.
- Participants valued the opportunity to share experiences, challenges, ideas, and opinions with a diverse group of stakeholders, including LHIN staff.
- Participants were pleased with the amount and quality of information presented, as it offered a clear understanding of the North West LHIN and future directions for the health care system.
- Participants indicated that additional roundtable sessions should be hosted to educate more community members more often about LHIN-101 basics, and to discuss operational solutions and progress made as changes move ahead.
- Some attendees felt they would have benefitted from a longer Q&A period and larger group discussion with more participants.
- Although the venue posed some difficult challenges (i.e. no wireless access, no phone connection in the room), the North West LHIN arranged for remote, real-time captioning services for a participant with a hearing impairment. Organizers were able to use a mobile hot spot on a cell phone for internet access. The CART writer dialed in to a second cell phone number to hear the discussion, and presenters wore a Bluetooth microphone to amplify the sound. The participant appreciated the accommodation but also offered some suggestions for improvement at future sessions:
 - Presenters should be advised to speak slowly or stop entirely in order for the transcriptionist to keep up with the discussion.
 - Audience members should ask questions directly into the microphone, or presenters should repeat the question prior to answering to allow the CART writer to capture both the question and response.
 - Ideally, there should be a stand-up microphone placed in a central spot for audience members to ask questions.
 - At larger sessions, there should be at least two microphones in the gallery area where the audience is located.
 - Any video clips (including the Blueprint video) should include closed captioning.
- Some participants were skeptical about the promised progress of the Blueprint and Health Links. They indicated that they had heard a lot of this type of “transformation”



discussion before, especially when LHINs were first introduced. They did not understand how a new model of service delivery differed from what was currently in place, and they feared that health care providers would continue to operate in a “business as usual” fashion. They wanted to see the North West LHIN continue to demonstrate interest in their community and they sought actual results from the proposed decision-making framework, which points to a need for future communication with the community to keep them abreast of the progress and developments that are making a difference for their population.

- Some attendees pointed out that they would have appreciated specific information outlining concrete next steps and examples of what proposed progress might look like.
- Community pride was clearly evident among the participants. They were proud of the health care providers located in Marathon and were excited about the possibility of establishing new and additional services, staff, and resources in their community.
- At the same time, it was clear that participants anticipated the opportunity to set common goals for their community, as well as autonomy over local decision-making as to how the LHH and Health Link would evolve and operate.
- Overall, it is fair to state that the goal of the session was achieved: non-health service provider stakeholders embraced the need for change and began to envision their roles in transformation and integration to improve the patient health care experience.



Appendices

A. Summary of Attendee Evaluations

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

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

All nine evaluation forms indicated that the meeting met the 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
Content of Meeting			8	1
Group Discussions			7	2
Use of Your Time			7	2
Networking Opportunities			7	2
Opportunity to participate			6	3

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

	Highly Dissatisfied	Dissatisfied	Satisfied	Highly Satisfied
Please mark one rating only			7	2