

OUTCOMES OF THE COMMUNITY ENGAGEMENT CONSULTATIONS

APPENDIX D

APPENDIX D: OUTCOMES OF THE COMMUNITY ENGAGEMENT CONSULTATIONS



OUTCOMES OF THE COMMUNITY ENGAGEMENT CONSULTATIONS

APPENDIX D

Background on Community Engagement

Community Engagement for the Erie St. Clair LHIN is guided by the framework document “Healthcare Matters.” Healthcare Matters, a document distributed and subjected to public and stakeholder feedback, provided the strategic backdrop for how the LHIN would proceed with its community engagement activities.

Preliminary Experiences

Since the inception of the Erie St. Clair Local Health Integration Network (LHIN), the LHIN Leadership team participated in over 200 meetings, forums and provider board meetings over a seven month period. Stakeholders have been engaged in this process in order to create awareness and to introduce the Erie St. Clair LHIN mandate.

In the fall of 2004, the Ministry of Health and Long-Term Care asked a committee of local health and community leaders to report on local health care “priority issues.” The preliminary priority issues that were identified in this are listed in the table below.

Priorities

Patient Care/Services

1. Improving Health Care and the Quality of Life for Seniors – through improved service provider integration
2. Health Sector Information and Referral Services
3. Integration of Children’s Mental Health with Adult Mental Health
4. Cancer Integration Across the Continuum (Regional Cancer Plan)
5. Enhancing Integrated Pathways Across the Health Care Continuum
6. Improving Access to Primary Care through an Integrated Delivery System
7. Development of an Erie St. Clair Women’s Health Network

Administrative Support Services

1. Integrated Back Office, including IT

2. Integrated Health Record
3. Local Governance Model
4. Integration of Mental Health and Addictions across the Continuum of Care, including Primary Care, Long Term Care and Chronic Disease Management

Feedback regarding the above priorities was solicited during Erie St. Clair LHIN round table meetings with community members, in order to shape the final integration directions established by the LHIN.

Community Engagement Forums (Round Tables)

A major phase of the community engagement process was the development of the community engagement forums (Round Table meetings) with the objectives of:

- Engaging with the public in their locale
- Informing and educating the community about the IHSP process
- Providing an overview of the overall population health of Erie St Clair residents
- Review the previously mentioned priorities report in order to determine if the previously articulated priorities (from 2004) were still valid
- Discuss issues and priorities from a community perspective

The open Round Table engagement sessions were also attended by health service providers, media, and in some cases Family Health Team and Community Health Centre leaders. LHIN staff were available to answer questions one-to-one. The sessions were held in advertised locations throughout the LHIN territory. To summarize:

- Four sessions were held in Lambton County with total attendance of 139
- Four sessions were held in Chatham-Kent with total attendance of 106
- Five sessions were held in Essex County with a total attendance of 147
- Two French language sessions were also held, one in Windsor and one in Pain Court with total attendance of 54 between the two sites
- One session was held at the Windsor Downtown Mission with a total attendance of 25
- One session was held at the Windsor Teen Health Centre with a total attendance of 14

The total attendance for all round table community engagements was 485 participants.

Further round table sessions are planned for local aboriginal communities, the hearing impaired community, and other targeted communities.

The following sections capture general comments and feedback from the community engagement efforts.



Results of the Round Table Community Engagement Forums

Exhibit I

Changing the Health care System (Top Priorities) – Chatham/Kent

(Includes priorities identified at Chatham, Ridgetown, Tilbury and Wallaceburg round table meetings)

What are the top health care priorities for your community?

- Recruitment and retention of professionals, including family physicians, specialists, nurses, nurse practitioners
- Improved working conditions for nurses (e.g. full-time positions and safer environments)
- Incentives for professionals to come here vs. the U.S.
- Need more simplified access to care (e.g. Better referrals and possibility of allowing discussion of more than one presenting health problem per visit to area physicians)
- Increase the number of Family Health Teams and integration of services and resources (eg. By building teams)
- Improved continuity of care
- Community Distress Line to provide information to people in the community
- Shift from system-focus to patient-focus
- Transportation
- Equal access to care in the catchment area (e.g. Doctors rotate to each town in the municipality)
- Ensure that there are no boundaries for referrals (e.g. to London)
- Decrease wait times (Emergency Room, primary care physicians, referrals to specialists, diagnostic tests, Long Term Care (LTC) homes)
- Increase in preventative medicine
- More research with respect to the condition of the environment and whether pollutants are causing health care concerns
- Cancer rates are a concern
- Improvement of mental health support and services in the community
- Increased community and health care provider education regarding mental health issues
- Long-term (3-5 year) transparent financial plan which is sustainable (increase efficiency and ensure Chatham/Kent is not under-funded, per capita)
- Ensure patient awareness of cost of services
- Integration of health records (Among other goals to ensure faster turn-around of results and consistency in paperwork)
- More comprehensive palliative care programs

- Improved accessibility to care in LTC homes
- Increased focus on Complex Continuing Care
- Maintenance of senior services
- Improved emergency services
- MRI and CT scan with sufficient staff to run 24 hours a day

Exhibit II

Changing the Health care System (Top Priorities) – Sarnia-Lambton

(Includes priorities identified at Forest, Grand Bend, Petrolia and Sarnia round table meetings)

What are the top health care priorities for your community?

- Reduce wait times (ER, primary care physicians, referrals to specialists, diagnostic tests, LTC)
- Recruit and retain health care professionals, including family physicians, specialists, nurse practitioners, and family health teams (perhaps offering incentives would be a method of doing so)
- Increased focus on preventative medicine
- Improved access to care (e.g. longer office hours, greater availability of equipment, etc.)
- Establishment of a central information office that can direct the public in accessing care
- Transportation and rural accessibility
- “Rural” must be identified as a specific area just as “Aboriginal” and “Francophone” needs have been identified
- Keep full-serviced hospital in rural area
- Improved integration and coordination of services
- Improved continuity of care
- Increased support for mental health services
- Ability to attend hospital of choice
- Increase in funding for LTC homes and home care
- Improved senior and homeless/low-income services
- Integrated health records information
- Reduce number of “non-emergency” visitors to Emergency Room
- Increase availability and support for latest cancer treatment drugs
- Infection control in hospitals
- Improved availability of palliative care
- Private hospital funding



Exhibit III

Changing the Health care System (Top Priorities) – Windsor-Essex

(Includes priorities identified at Amherstburg, Essex, Leamington and Windsor round table meetings)

What are the top health care priorities for your community?

- More access to specialists in all areas, including: cardiology, psychiatry (particularly important), oncology, neurology, paediatrics
- Recruitment and retention of family physicians, nurses, nurse practitioners
- Improved working conditions for nurses (e.g. full-time positions) and increased education for nurse practitioners
- Incentives for professionals to come here vs. the U.S.
- Increase the number of physician training spaces available
- Transportation
- Decrease wait times (E.R., Urgent Care Clinics, primary care physicians, Cancer Clinic, referrals to specialists, diagnostic tests, LTC)
- Greater accessibility to diagnostic services and tests
- Develop a funding model and acquire an equal share of health care funding based on population
- Accountability
- Decrease waste in the health care system (e.g. use existing funds more efficiently, do not provide home care services that are not currently needed, do not provide excess medication)
- Develop best practice guidelines
- Pandemic planning
- Focus on preventative health care
- More research required on pollution and its effects on health care (and improving condition of the environment)
- Provide information sessions locally regarding disease prevention, system navigation, etc.
- Central number to call to speak to a person (not voicemail or web-based) in order to determine where to access the type of care that is needed (Educate the public on how to use the system as it is intended to be used)
- Education of the public with respect to the cost of services, and the status of health and health care
- Standardized health record that is transferable between different providers
- More holistic approach to care; create care paths across sectors
- Care should be patient-focused (More autonomy for staff to make individual care plans)
- Improved integration of follow-up care (e.g. develop standard procedures)

- Additional support for home care (including for families with children with complex health care needs)
- Increase palliative care resources and educate workers with respect to pain management
- More LTC and respite beds
- Supportive housing as alternative to LTC
- Increase the number of specialized residences for the needs of the community (e.g. for the mentally ill and disabled persons)
- Improve Alternate Level of Care numbers
- Attach urgent care clinics to Emergency Rooms in order for triage to send less-urgent cases there
- Improved cardiac services
- Acquired brain injury for paediatrics non-existent, and for adults, minimal
- Mental health training for Long Term Care homes and Emergency Rooms.
- Better integration of mental health services
- Improved integration of mental health patients into the community (coordinate hospital with CHAN and local out-patient services)
- Improved child/adolescent mental health services
- Improved mental health geriatric assessment program
- Increased involvement of families in mental health care
- Access and continuum of care in area of problem gambling and other addictions (e.g. pilot residential program gambling – will it be sustained?)
- Services to homeless population
- Mandate changes in OHIP (optometry, physiotherapy, chiropractic and massage therapy)
- Improved services for newcomers to Canada
- Re-evaluation of the “Interim Federal Health Program”

Exhibit IV

Changing the Health care System (Top Priorities) – French Language

(Includes priorities identified at Pain Court and Windsor)

The French language sessions were facilitated by a French Language facilitator and were delivered in French.

Note: The translated bullet points and narrative are provided directly from the facilitator.

What were the top Health Care Priorities for your community?

- Improved coordination of efforts and strategies targeting the overall Francophone community
- Plan, develop and implement (integrated delivery) services in French across the system
- Establish a continuum of mental health services in French (including addictions, promotion and prevention)



for children and youth. This priority also referred to the need to provide services for parents of children and youth who are using drugs and alcohol

- Services for the elderly across all settings – particular challenges were identified in long term care, home care and acute care
- Residential services for youth
- Target children and youth in schools – i.e. health promotion, prevention in French. Participants also identified this intervention as a strategy for encouraging youth to consider a career as a health professional in French
- Ensure that printed matter is available in both French and English including information pamphlets, forms, and consent forms
- Awareness campaign regarding the health needs of Francophones in Ontario
- Reduce wait times to improve access to critical services and the Emergency Room
- Increase the availability and access to diagnostic equipment
- Transportation

The narrative below was provided by the French language facilitator in order to provide the LHIN with the context and the depth of the feedback from the sessions.

Human Resources

- Recruit and retain health professionals able to provide services in French. Participants acknowledged the lack of francophone health professionals as an issue throughout the province, but felt the issue was exacerbated in southern Ontario. As a result, it is not uncommon for services to be offered in English in Francophone environments such as schools
- Suggestions for action included the use of incentives, the use of broad and intensive recruitment strategies (across the province, nationally, and internationally), and increased training opportunities in French
- Need for allied health professionals able to offer services in French – OT, PT, social workers and speech therapists to work across the continuum and more specifically in schools with children and youth
- Increase the number of family physicians
- Provide learning opportunities for health professionals regarding the importance of providing health services in French (regardless of the bilingual capacity of the client) and the health status of the Francophone community of the Erie St. Clair LHIN catchment area

Improved Access

- The lack of access is compounded by the absence of French language health services across the continuum. As a starting point, participants proposed that a French language referral centre be established. The centre would also play a role in system navigation

- Building on the aforementioned priority was the need to establish a Francophone community health centre that would offer services in French to the entire community. It would also provide collaboration and interdisciplinary opportunities within a patient centred model of care. Furthermore, this health centre could serve as a potential model for the delivery of French language services in other health and social service areas
- Develop and implement a media campaign and other strategies (signage, pamphlets, radio/television public service announcements) designed to increase the awareness and use of existing French language health services
- Increased access to Francophone health professionals, 24 hours per day, by looking at improved deployment strategies

Increased focus on health promotion and disease prevention

- Develop prevention strategies targeting specific health problems in the Francophone community (i.e. excess weight and obesity). Strategies would be developed and implemented using francophone cultural terms of reference

Improved information and data – a focus on quality and accountability

- Provide improved access to information about the health system overall to the general population (this was identified as a strategy that would not only improve the publics understanding of system issues but also engage them in developing appropriate solutions)
- Develop a profile of the health status of Francophones across the Erie St. Clair catchment area that could be disseminated widely as an information/engagement strategy and used as a planning tool
- Provide relevant data and outcome information on the effectiveness of French language strategies

Electronic Health Records

- Ensure safe, detailed, consistent and rapid exchange of information between the health professionals
- Participants underscored the burden placed on families and those Francophone health professionals who regularly have to translate charts and information in English for professionals and specialists who do not have the capacity to work in both languages

Increase the participation of Francophones throughout the health system

- Ensure the participation of Francophones at all levels throughout the system - from governance, to planning, to implementation and delivery of integrated health services in French



Focus on Primary Care

- Increase the number of community clinics and/or use Francophone schools as an appropriate setting for primary care interventions for the community
- Establish a Family Health Team that would serve the Francophone community

Exhibit V

Downtown Mission Consultation Forum - Windsor

What do you need from the health care system/LHINs?

- Need faster services: CAT Scan, OHIP card processing, doctor consultation
- Need of more professionals: doctors, physiotherapists, chiropractors, nurses, doctors and nurses to handle hearing impaired patients
- Need to reduce: waiting times, the cost for diabetic treatment (foot care)
- Improve: nurses retention, transportation to and from hospitals, after care, first interface with homeless (i.e. ER, between patient and clinicians, etc.), communication between patients and doctors, waiting times, in home care
- Need to eliminate: cost for ambulance service, cost of transportation to hospitals
- Need to create: OHIP coverage outside of the province/country, cardiac assistance program, subsidized housing, funding for personal care

Other comments

1. Closing hospitals causes problems
2. Doctors need more schooling and are not compassionate
3. Don't want more pills, want more care
4. Becoming a drain on the health system
5. Bad advice from home care workers

What obstacles do you deal with when you try to access health care?

- Money for prescription drugs
- Money for health care services
- Transportation
- Home care assistance
- Housekeeping assistance (Can't get a homemaker)
- Assumption of addiction
- Lack of examinations, just script
- Care for elderly

- People without OHIP coverage, should have a reduction on taxes
- Can't get information on home care
- Transportation to get to treatment
- Better home care for heart disease
- If no OHIP card, i.e. moved, lost or stolen, no service (need to improve OHIP cards system)
- Doctor sees you for only one issue at a time
- More time with doctors to explain medication, disease, more drug information
- A better understanding by caregivers that an impairment affects the whole body
- Not enough X-Ray facilities
- Psychologist not covered by OHIP
- Subsidy for dental care
- Informed consent vs the doctor consequences
- Patient rights
- Patient presenting with symptoms vs cost of exploration
- Cost of procedures (i.e. hearing, blood test)
- Long distance to hospitals
- Lack of access for hearing impaired
- Cuts to disability cheques affect their ability to pay for health care

Exhibit VI

Teen Health Centre Consultation Forum - Windsor

Summary of Top Health Care Needs

- Easier access to health care specialists: family doctors, dentists, chiropractors, counsellors for teens (see below)
- Shorter waiting times for serious problems/injuries
- Easier access to services for: prescriptions (birth control, asthma puffers), vaccinations, elderly
- More teen/public information/education for: general personal health care, sexually transmitted diseases, personal fitness
- Easier access to counselling for: alcoholism, controlling obesity, anger management
- Better system access to patient records for health care providers
- Improved standards of medical practices and sensitivity towards teens



Top Health Priorities

The teen session participants were broken into groups in order to identify top health priorities.

The comments are summarized in the below table.

Group One	Group Two	Group Three
Taxes might go up	More health-related information	Easy access to health information
More clinics, hospitals, ERs, splitting 'urgent' vs. 'ER' care	Cut down ER wait times	Confidentiality for teens
More doctors (residents and transfers)	More facilities for teens	Sympathy towards teens
Better technology, more equipment	Put patient medical profiles on their OHIP cards	Easier access to fill prescriptions
Integration of networks	More family doctors	Increase awareness of health programs for teens
Faster ambulance service	Teen financial support for health care prescriptions	Provide financial assistance for low-income homes
More counselling services for youth	Expand family doctor practices to include other services (counselling)	Better/more technology
Better mental health care system	More counsellors	Reduce waiting times
Have doctors, nurses remove stereotypes about teens		More doctors/nurses
More privacy for patients		Improved transportation to hospitals

Health Care Challenges that Teens Face

The teen participants were asked to identify the key health care challenges that they experience. The below list summarizes the findings.

- Finding a doctor who knows them and their medical histories and is as supportive about their good health as treating their illnesses
- Finding health care providers who do not prejudice, or have stereotypical views of teens
- Keeping medical care confidential, even from parents
- Finding a family doctor
- Getting ready access to health care providers for general check-ups
- Getting accessible, low-/no-cost transportation to health services

Finding information about

1. The health care system – what’s available for teens, who to contact
 2. Sexually transmitted diseases
 3. My own health, and why/when I would need to see a doctor
 4. Prenatal care
- Long waiting times
 - The high cost of prescription medications
 - Receiving a consistent level of care by specialists
 - Limited number of counsellors who understand teens
 - Receiving care quickly when you need it
 - Finding mental health therapy

Feet on the Street Poll

A further major phase of the community engagement process was the “Feet on the Street” initiative. An individualized survey instrument was developed based on key themes from the round table engagement sessions. Ten surveyors were assigned throughout the LHIN over the summer months and used the survey instruments in order to engage citizens on health care issues in an open environment. The project reached over 7,400 citizens of the LHIN through this process.

As the program is now completed, the findings are being tabulated, grouped and analyzed in a more comprehensive fashion. Further analysis of results will assist in the development of LHIN future initiatives.



Public Poll Results: Health Care Priorities (Summer 2006)

Preliminary Responses (from 5,477 surveys)	ESC (%)
Decrease wait times for health care	84
Keep family physicians, specialists and other health care providers	75
Get access to care in your local community	44
Improving the mental health care system	24
Health record accessible by all health care providers	22
Transportation to health care services	21
Increased attention to health promotion/prevention	20
Help with information/navigation through the system	12

Lessons Learned

The IHSP community engagement process was an enlightening experience for all those involved. Ongoing consultation with stakeholders and providers has provided insight and clarity about the current activities and unique aspects of the local health care system. Below is a brief list of some of the key learnings to this point in the process.

Focus primarily on key data areas as stimulus for improvements

As the IHSP process evolved, the LHIN and its planning process was overwhelmed with descriptive data. The LHIN planning team noted that as it focused on selected key data points (e.g. ER non-urgent visits) and engaged community and stakeholders on the interpretation of the data point, comprehensive understanding and action-orientated priorities evolved.

Community Engagement Round Table Processes

Community participants were asked to record and refine the key priorities for health care. This facilitated process enabled participants to focus on key processes at the session and also provided the basis for thoughtful rationale to support claims. Further, afternoon community engagement sessions did not work well in the rural Erie St. Clair communities. Attendance was better at evening sessions.

Rural focus

For many of the participants, this form of engagement was the first time that they had an opportunity to participate in a local health care planning process. Great suggestions came from rural area sessions that highlighted how an integrated system could evolve.

Community Health Centre Scope

CHC's are an excellent source of primary care level information and an example of a synergistic system. An example of a synergistic partnership was found at the Kettle Point and Stony Point aboriginal reserve and the Community Health Centre satellite location on the reserve.

Board member involvement

The presence of board members at community engagement sessions added legitimacy to the process. The presence gave the public opportunities to interact with the Board and reinforced for the public the fact that the board heard the comments directly.



