Hamilton Niagara Haldimand Brant **LHIN**
**RLISS** de Hamilton Niagara Haldimand Brant

ACTION
A Call To IntegratiOn Now
*Working Together for Better Health Care*

# Communications and Engagement Final Report

December 2012

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

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## ACKNOWLEDGEMENTS

ACTION: A Call to Integration Now is a priority project of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN). Critical to its success is the involvement of the public in sharing their personal experiences, insights and ideas to help shape the future of the health system.

Through ACTION, the LHIN has engaged citizens from all of the HNHB sub-LHIN communities. The HNHB LHIN gratefully thanks them for their time and input to date and looks forward to continuing to work with them through the completion of the ACTION project.

In addition to the citizens who have been involved in ACTION, the HNHB LHIN acknowledges the support of Health Service Providers (HSPs) who have helped to coordinate volunteer participation from priority demographics. Specifically, the LHIN thanks the Aboriginal Health Network (AHN) and the French Language Health Planning Entity (FLHPE) for their involvement and assistance throughout this process.

## EXECUTIVE SUMMARY

As part of its strategic planning process, the HNHB LHIN pioneered new ground in order to put people at the heart of quality health care. The LHIN engaged citizens from across its communities for their insights, experiences and ideas to help transform a local health system where individuals will experience care that is coordinated, of the highest quality, is fiscally responsible, and results in better outcomes for the populations.

By leveraging the knowledge and experiences of the HNHB LHIN population over a six-month period, the LHIN better understood the current state of health service delivery. Throughout this process, the LHIN's goals were to understand what is working well, what can be improved upon and what integration opportunities exist with health service providers.

Communications and engagement initiatives supporting this strategic planning process began in March 2012 and continued through November 2012. During this time, the HNHB LHIN broadly reached citizens through website postings and forums, proactive media relations, social media activities, and other communication tactics.

Aside from the activities and tactics listed above, a large component of the HNHB LHIN's efforts centered on engaging citizens for their input and feedback. This was achieved through consultation and working sessions with volunteer representatives from across all communities. Though the health care needs within the LHIN vary, the dialogue the HNHB LHIN had with citizens uncovered several improvement themes, including:

- **Focus on the person** - respectful communication; appropriate and accessible information to suit all populations.
- **Focus on prevention and education** - increase health promotion, prevention and education programs.
- **Shift services and resources (as appropriate)** - out of the hospital and into the community, closer to home.
- **Demonstrate specialized community** - based care for highest risk populations using a "health coordinator", "care navigator" or "pivot person".
- **Improve value for money** - address inefficiencies leading to increased wait times, evaluate ongoing treatments/tests/procedures (e.g. is everything necessary?), access general care at the least expensive provider level (e.g. Nurse Practitioner (NP) then General Practitioner (GP) then Specialist), optimize administration and decrease administrative costs, review salaries of top administrators, and make funding (and salaries) contingent on outcomes (even on the front lines).

These themes were reviewed and assessed, along with input and feedback received from other stakeholders – all of which have helped form the framework for the future health system.

This framework was approved by the HNHB LHIN Board of Directors (Board) in the Fall of 2012, and the plan will be implemented over the next five years.

This is an exciting time for the communities within the HNHB LHIN. By using a collaborative approach, over the next five years the LHIN will achieve its goals of creating a health system that provides high quality, accessible, patient-focused care. This system will be sustainable, will keep people healthy, and will be there for our children and grandchildren.

## INTRODUCTION

Established in 2006, the HNHB LHIN is one of 14 LHINs in Ontario that plans, coordinates, integrates and funds local health services. The HNHB LHIN covers a large and geographically dispersed area of more than 7,000 square kilometers and serves the health care needs of more than 1.4 million diverse people. This is accomplished through the allocation of $2.6 billion to programs and services offered through more than 230 health service providers.

The HNHB LHIN population has more than 230,000 seniors, which is the largest number of seniors of all Ontario LHINs. It also has the largest on-reserve[1] Aboriginal population and a significant off-reserve[2] population. More than two percent of the population is Francophone. From a health perspective, one in seven residents live below the poverty line, and there are large numbers of residents with low income and low education levels (which are associated with higher rates of illness, use of health care services, and premature death). Relative to the province, there is a higher prevalence of daily or occasional smoking, heavy drinking, and obesity, as well as higher rates of arthritis, high blood pressure and asthma.

Top the above off with the fact that new money for health care is unlikely and the conclusion that can be drawn is the future demand for health services will exceed current capacity. **Therefore, for the system to be sustainable, significant transformation is required.**

People must be at the heart of health care. To ensure this happens, we must have a local health system where people experience care that is coordinated, is of the highest quality, is fiscally responsible and results in better health outcomes. Action must be taken and plans to achieve this are well underway.

Early on in the planning process, there was resounding emphasis from the HNHB LHIN Board regarding the pressing need to change the focus of health care from the provider to the consumer. By focusing on a person-centric delivery model, changes to the health system would need to be significant and bold.

In response to this direction, the HNHB LHIN pioneered new ground by engaging citizens for their input and ideas regarding how to effectively put people at the heart of health care. This was achieved through a variety of ways, including consultation with informed Citizens' Reference

[1] On-reserve population – Canadian Indians located or living within a designated Indian reserve. Within the HNHB LHIN area this means any Aboriginal population living within one of the two Indian reserves (Six Nations and Mississaugas of the New Credit First Nation).

[2] Off-reserve population - Canadian Indians located on or living in a place that is not part of a designated Indian reserve. Within the HNHB LHIN area this means any Aboriginal population living outside of the two Indian reserves (Six Nations and Mississaugas of the New Credit First Nation).

Panels (CRPs), media and website communications, and other activities that maximized the project's reach.

The HNHB LHIN recognizes the role of First Nations and Aboriginal peoples in the planning and delivery of health services in their communities. The LHIN, therefore, engaged with Francophone and Aboriginal partners and populations in order to identify needs and promote culturally appropriate programs and services, and to receive input into the LHIN's priorities.

Engagement of numerous citizens and stakeholders resulted in the HNHB LHIN's continued education and understanding of the barriers to better health care, as well as the development of ideas for improvement.

This final report outlines the strategy, objectives, tactics and outcomes of the communications and engagement activities related to the ACTION process conducted from March 2012 through November 2012.

## HNHB LHIN Strategic Planning

Provincially, the Ministry of Health and Long-Term Care (ministry) has developed Ontario's Action Plan for Health Care. This plan supports improved patient care through better value from health care dollars, with a focus on:

- keeping Ontario healthy
- faster access and a stronger link to family health care
- right care, right time, right place.

Linked to this, every three years all 14 LHINs are mandated by the ministry to develop an Integrated Health Service Plan (IHSP). This plan is a roadmap each LHIN will follow as it makes changes to transform our health system. The HNHB LHIN will implement its IHSP through 2013-16.

Supporting the IHSP, the HNHB LHIN developed a five-year ACTION report which was presented to its Board in Fall 2012. The ACTION report informed the third IHSP in terms of key components that will drive health system reform.

The IHSP is not a *plan to plan*. The IHSP will be **ACTIONED** to put people at the heart of health care.

## ACTION: A Call To IntegratiOn Now

Driving the IHSP planning process was the word "ACTION". Early-on, the HNHB LHIN adopted this as an acronym which stood for "**A C**all **T**o **I**ntegrati**O**n **N**ow". It was simply that – a planning process that declared that significant, timely action would be taken to ensure measurable outcomes were delivered.

Using a four-phased approach, ACTION work began in March 2012 and continued until November 2012. The key tenets of this transformational ACTION work were to:

- improve the health of the population
- enhance the patient care experience (including quality and access)
- reduce the per capita cost of care.

### Phase One

During Phase One, the project was initialized and the approach, scope, deliverables and roles and responsibilities were confirmed.

### Phase Two

Through Phase Two, extensive quantitative and qualitative analyses were conducted to research and document baseline health system data and forecast future demand. As well, leading practices of other jurisdictions were examined, and working sessions were held with the various engagement groups.

### Phase Three

In Phase Three, ACTION continued to draw upon the input and expertise of the HNHB LHIN Board and Staff, ACTION Steering Committee and Provider Working Group, as well as numerous collaboratives and health consumers (citizens). At this stage, an evaluation of integration models and high level impacts was conducted, as well as an in-depth exploration of quantitative analysis which identified projected impacts on areas such as health services demand, utilization and human resources.

### Phase Four

In this final phase, an integrated plan for health system transformation was completed and presented to the HNHB LHIN Board for approval. This final report included identified integration opportunities, an implementation plan, a communications and engagement strategy, an evaluation framework, and the identification of risks and mitigation strategies.

To help introduce the ACTION process to the public, the HNHB LHIN issued a media release[3] and fact sheet[4] on April 30, 2012, to all local media. In addition, the LHIN sent these documents proactively to Health Service Providers (HSPs) and other stakeholders. It was also posted on the HNHB LHIN website and was the focus of the LHIN's Twitter postings, electronic newsletters, and the CEO's blog each month during the ACTION process.

[3] Appendix A - Media Release: HNHB LHIN Launches ACTION: A Call To IntegratiOn Now (April 30, 2012)

[4] Appendix B - Fact Sheet: ACTION (April 30, 2012)

## ACTION CITIZENS' REFERENCE PANEL

***Tell me and I'll forget; show me and I may remember; involve me and I'll understand.***
***- Chinese proverb***

Based on the pressing need to transform the health system within the HNHB LHIN to focus on the person versus the provider, input from the broader public was necessary. The LHIN therefore, worked through a strategy that tapped into the overwhelming interest and ability of members of the public to play a greater role in shaping health care. By involving individuals in ACTION, they became better informed and participated as ambassadors of their communities.

### Citizens' Reference Panel

Following a provincial model[5] that was used by PricewaterhouseCoopers in 2011, the HNHB LHIN invited citizens to volunteer for sessions that would both educate them about the current health system and solicit their feedback and ideas regarding health system reform. The group was called the Citizens' Reference Panel (CRP).

To recruit panelists, a media release[6] and fact sheet[7] were issued on April 30, 2012, to media, HSPs and other key stakeholders. As a follow-up, a Public Service Announcement (PSA)[8] was issued to all radio outlets on May 2, 2012. Each media document was also posted on the HNHB LHIN website and email alerts were sent to the LHIN's website subscribers. Media coverage[9] is included in Appendix F of this report.

Through these communication vehicles, citizens were encouraged to apply to be a member of the CRP. More than 100 applications were received. Applications were reviewed and categorized based on the demographics and population numbers of sub-LHIN communities. From this, a total of 50 volunteers were randomly selected and invited to participate in three work sessions.

[5] Pricewaterhouse Coopers Citizens' Reference Panel on Health Services in Ontario (http://www.pwc.com/ca/en/healthcare/citizens-reference-panel.jhtml)

[6] Appendix C – Media Release: HNHB LHIN Seeks Volunteers to Join Citizens' Reference Panel (April 30, 2012)

[7] Appendix D – Fact Sheet: Citizens' Reference Panel (April 30, 2012)

[8] Appendix E – Public Service Announcement: HNHB LHIN Seeks Volunteers to Join Citizens' Reference Panel (May 2, 2012)

[9] Appendix F – ACTION Media Coverage

CRP members participating at the Kick-off Session on May 23, 2012.

A final CRP group, consisting of 36 volunteers from communities across the HNHB LHIN, met on May 23, 2012, from 6:30 pm to 9:00 pm at the Ball's Falls Centre for Conservation (the 14 people who did not attend this first session were removed from the CRP and advised that they would need to provide their input through upcoming website surveys). When participants arrived, some mentioned that they were skeptical of what they were there for and there seemed to be an overall atmosphere of curiosity and perhaps even some anxiety.

The overall intent of this session was to ensure all participants were brought to a common level of understanding of the health system and had any initial questions answered. During the evening, a "Health System 101" presentation was provided by the HNHB LHIN Chief Executive Officer (CEO) and an introduction to the ACTION planning process was presented by the LHIN's Director of Health System Transformation. In addition, a table activity was conducted by the LHIN's Director of Communications and Corporate Services to help participants to get to know others on the panel and better understand how the LHIN allocates its resources.

CRP members participating at the Input Session on June 2, 2012.

Thirty-three CRP members met again on June 2, 2012, from 9:00 am to 4:00 pm at the Grimsby Senior Citizens' Centre (three members were ill and therefore removed from the panel and encouraged to provide input through upcoming website forums). The day consisted of a presentation by the LHIN's Director of Health System Transformation who shared a Current State health system analysis of the HNHB LHIN. This was followed by group and table discussions about the challenges of the health system based on the participants' personal experiences, as well as their ideas and input regarding improvements.

Linking directly back to the three tenets of the ACTION work, the CRP was asked the following three questions:

- How can we help people maintain and improve their health while reducing demand on the health system?
- What do we need to change to be able to improve a person's experience in the health system?
- How can we improve the value for money in the health system?

Common themes emerged from the CRP's Input Session including the need to focus on prevention and education, bring health services closer to home and out of hospitals, reduce duplication and redundancies of tests and procedures, review salaries of top administrators, and improve transitions of care. Detailed outcomes from the CRP are outlined in Appendix G. These outcomes were fed directly into a broader presentation that was given on June 12, 2012, to the Steering Committee, Chief Medical Leaders (CML) and Provider Working Group, which was then updated to the Board on June 26, 2012.

CRP members participating at the Final Session on September 15, 2012.

Twenty-nine members of the CRP met again on September 15, 2012, from 9:00 am to 12:00 pm, to review the progress of the strategic plan to date and provide further input on potential implementation strategies. The morning began with a brief presentation by the LHIN's Engagement Co-ordinator regarding the communications and engagement activities that had been conducted until that point, as well as an overview of the Interim Report which was shared with the group. The Director of Health System Transformation then presented the potential implementation strategies and facilitated table discussions on the participants' reactions and feedback to these strategies. Specifically, participants were asked for their perspective regarding four questions related to the potential implementation strategies. These were:

- Will this get us where we need to go?
- Is there anything missing?

- What advice would you give the LHIN CEO around this plan?
- What role could you and other stakeholders play in implementing this plan?

Robust table discussions ensued and the results uncovered some common themes, including, but not limited to:

- The plan is a good start and is heading in the right direction, but it is too vague and will require focus on set goals, bold, rapid and diligent execution, as well as strong, skilled leadership.
- The political landscape may influence the plan, and there may be a need to adjust to changing political climates.
- Be mindful of cutting costs, yet achieving higher quality and equitable access to care.
- Initiating patient education and having an active discharge plan in place are essential before procedures are performed.
- Consider bringing primary care and emergency services under the LHIN governance.
- Establish eHealth as a priority.
- Increase accountability based on performance, and making audits and reports available to the public.
- Be careful of "zones" of disproportionate size (ie. creating the "haves" and the "have nots").
- Be more proactive in communications and engagement activities to continue to involve the public as a "voice" and keep the focus on the person.

Detailed outcomes from the CRP are outlined in Appendix G.

Participants completed an evaluation form[10] at the conclusion of each session and the results are included in Appendix I. The overall ratings from these evaluation forms were positive, with some commenting that they were looking forward to future sessions but that they would need more information to provide their input. Some participants posted questions that were promptly answered through an email follow-up note to participants, and/or through the opening remarks of the following session.

At the final session, participants completed a Continuing Engagement Form. The purpose of this form was to gauge the participants' interest in continuing community engagement as a member of the CRP on an ongoing or year-round basis. Participants were asked about their interest level, their preferred method of communication, and what they may be willing to commit personally from a time perspective per month.

[10] Appendix I - ACTION CRP Session Evaluation Results (May 23, June 2, and September 15, 2012)

Twenty-three of the 29 participants indicated that they were interested in continuing engagement, while four indicated “maybe” and one participant indicated “no”. The majority of those who indicated that they were interested in continuing engagement prefer to communicate via email, while a few people prefer phone or mail. Four participants indicated that they would be willing to commit “one hour per month” to engagement activities with the HNHB LHIN, while 11 indicated “two to three hours per month” and 15 participants indicated that they could commit “four to five hours per month”.

### Francophone Citizens’ Reference Panel (FCRP)

Similar to the CRP process, the LHIN worked with the FLHPE to engage a group of volunteer participants whose first language is French. There was consensus between the HNHB LHIN and the FLHPE that three evening sessions would suit a smaller representative group (with a target of 10-12 participants) from the French language population.

Similar to the ‘general population’ CRP, a French media release and fact sheet were issued to French media and stakeholders, and were posted on the HNHB LHIN website. As well, members of the FLHPE and the LHIN’s French Language Services Coordinator (FLSC) proactively called community groups and contacts to encourage participation. In all, a total of 15 citizens applied for the Francophone Citizens’ Reference Panel (FCRP) and of these, 14 were selected to participate. Confirmation letters and phone calls were made, however, only six people attended the first and second sessions.

Members of the FCRP at the May 23, 2012 Kick-off Session.

The FCRP met on May 31, 2012, and June 7, 2012, from 6:30 pm to 9:00 pm at the HNHB LHIN office to review the current state of the health system and to provide their input and ideas for improvement based on their personal experiences. Similar to the CRP, this group was presented with a “Health System 101” presentation as well as supplementary data and information to create a common understanding about the health system within the HNHB LHIN. At the second session, the group worked through the same three key questions:

- How can we help people maintain and improve their health while reducing demand on the health system?

- What do we need to change to be able to improve a person's experience in the health system?
- How can we improve the value for money in the health system?

Common themes emerged from the FCRP's Input Session including, but not limited to the need for:

- Proactive health education.
- Improved coordination of services and the option of having a "pivot person" that can help a client navigate the system.
- Improved access to primary care and having alternate choices of services.
- Offering services in the primary language of the patient, particularly when they are in a vulnerable position (e.g. Emergency Department (ED)).
- Having one patient record that reduces redundancies.
- Making health service providers accountable, and fund them according to performance results.

Detailed outcomes from the FCRP Kick off and Input Sessions are outlined in Appendix G. These outcomes were fed directly into a broader presentation that was given on June 12, 2012, to the Steering Committee, Chief Medical Leaders and Provider Working Group. The Board was apprised of the session outcomes on June 26, 2012.

Four members of the FCRP met again at the HNHB LHIN office for a Final Session on September 20, 2012 from 6:30 am to 9:00 pm, to review the progress of the strategic plan to date and provide further input on potential implementation strategies. The evening began with a brief presentation by the LHIN's Engagement Coordinator regarding the communications and engagement activities that had been conducted until that point, as well as an overview of the Interim Report which was shared with the group. The Director of Health System Transformation (HST) then presented the potential implementation strategies and the FLPC facilitated table discussions on the participants' reactions and feedback to these strategies. Specifically, participants were asked for their perspective regarding four questions related to the potential implementation strategies. These were:

- Will this get us where we need to go?
- Is there anything missing?
- What advice would you give the LHIN CEO around this plan?
- What role could you and other stakeholders play in implementing this plan?

A robust table discussion ensued and the result uncovered some common themes, including, but not limited to:

- The group is excited about the new plan, but does see some obstacles.

- The LHIN really needs to sell the idea and this means lots and lots of open, transparent and honest communication.
- The LHIN needs to invest in prevention programs.
- Keep the conversation going with the public, including Francophones – continue to ask for input and advice and involve communities.
- Consider having the FLHPE bringing the FCRP together to have discussions on the health system (in French).

Detailed outcomes from the FCRP Final Session are outlined in Appendix G.

At the final session, participants completed a Continuing Engagement Form. The purpose of this form was to gauge the participants' interest in continuing community engagement as a member of the FCRP on an ongoing or year-round basis. Participants were asked about their interest level, their preferred method of communication, and what they may be willing to commit personally from a time perspective per month. Three of the four participants indicated that they were interested in continuing engagement, while one indicated "maybe". All four participants indicated that they prefer to communicate via email, while three also indicated that they also prefer phone communications. Three participants indicated that they would be willing to commit "two to three hours per month" to engagement activities with the HNHB LHIN, while one person indicated "four to five hours per month".

Participants also completed an evaluation form[11] at the conclusion of each session and the results are included in Appendix J. The overall ratings were very positive, with some commenting that they were looking forward to the next session but that they would need more information to provide their input. Some posted questions that were promptly answered through an email follow-up note to participants, and/or through the opening remarks of the following session.

### Aboriginal Citizens' Reference Panel (ACRP)*

*****_Those peoples involved with Aboriginal Citizens' Reference Panel shared with the HNHB LHIN that their preferred identifier was 'peoples' as opposed to 'citizens'; therefore, in this report we will refer to Aboriginals who took part in the Citizens' Reference Panel discussion process as peoples._

By working with the AHN the LHIN also engaged a group of Aboriginal citizens. This group of six Aboriginal volunteers met for a combined Kick-off and Input Session at the Hamilton Regional Indian Centre (HRIC) on June 8, 2012, from 9:00 am to 12:00 pm.

[11] Appendix J - ACTION FCRP Session Evaluation Results (May 31, June 7 and September 20, 2012)

The goal of this consumer feedback session was to discuss the challenges participants have faced in the health system, as well as their ideas for improvement. The HNHB LHIN's approach at this session was casual and conversational to minimize any apprehension the participants may have and to encourage candid input.

Through this session, several common themes emerged, including but not limited to, the need for:

- Education and prevention for the whole family.
- Respectful communication with HSPs.
- More equitable quality in service between regions.
- Better understanding of traditions and cultural considerations.
- Affordability and/or lack of accessible transportation to health appointments.

Detailed outcomes from the ACRP are outlined in Appendix G. This input was fed directly into a broader presentation that was given on June 12, 2012, to the Steering Committee, CML and Provider Working Group. The Board was then updated on June 26, 2012.

Three members of the ACRP met again for a Final Session at the South Ontario Aboriginal Diabetes Initiative (SOADI) office in Thorold on September 24, 2012, from 1:00 pm to 3:00 pm. The group reviewed the progress of the strategic plan to date and provided further input on potential implementation strategies. The afternoon began with a brief presentation by the LHIN's Engagement Coordinator regarding the communications and engagement activities that had been conducted until that point, as well as an overview of the Interim Report which was shared with the group. The Advisor of HST then presented the potential implementation strategies and facilitated table discussions on the participants' reactions and feedback to these strategies. Specifically, participants were asked for their perspective regarding four questions related to the potential implementation strategies. These were:

- Will this get us where we need to go?
- Is there anything missing?
- What advice would you give the LHIN CEO around this plan?
- What role could you and other stakeholders play in implementing this plan?

A table discussion ensued and the result uncovered some common themes, including, but not limited to the need to:

- More clearly define children and youth and include strategy(ies) specific to this demographic (e.g. youth who no longer live in their homes).

- Add more services to suit the person.
- Incorporate eHealth records to eliminate redundancies.
- Coordinate better care.
- Improve access to care, as well as affordable transportation.

Detailed outcomes from the ACRP are outlined in Appendix G.

At the final session, participants completed a Continuing Engagement Form. The purpose of this form was to gauge the participants' interest in continuing community engagement as a member of the ACRP on an ongoing or year-round basis. Participants were asked about their interest level, their preferred method of communication, and what they may be willing to commit personally from a time perspective per month. All three participants indicated that they were interested in continuing engagement. One participant indicated that she prefers to communicate via telephone, while the other two participants prefer mail communication. One participant indicated that she would be willing to commit "1 hour per month" to engagement activities with the HNHB LHIN, while two people indicated "four to five hours per month".

Participants were asked for their verbal feedback at the conclusion of each session and all agreed that the session was valuable to them and that they would like to see their ideas for health system reform come to fruition.

### Other 'Consumer' Population Input

In addition to engagement with the various CRP's, the HNHB LHIN drew input and feedback from other priority consumer populations using a variety of mechanisms, including:

- A focus group of recent immigrants organized through the St. Joseph's Immigrant Women's Centre.
- Input for mental health consumer/survivor groups who engaged their local members and families.
- Results of a series of community discussion groups undertaken by the Hamilton Urban Core (HUC) Community Health Centre (CHC).

### Recent Immigrants

Common barriers and challenges noted include:

- **Housing** – challenges with bed bugs and other infestations as well as unsympathetic landlords leading to significant health concerns (physical and mental)
- **Employment** - internationally-trained professionals are unable to practice in Canada and often wind up in low paying jobs; minimum and low wage jobs don't properly support families and negatively impact health
- **Language** - need for improved communication and education in native language and/or with translation services

- **Navigation** - inability to navigate and understand the health system
- **Doctor shortage/wait times** - lack of doctors, specifically female doctors which are preferred with this particular group; doctors "screening" patients and not taking new patients that have health problems/multiple conditions, long wait times at ED, doctor and specialist appointments, surgery, etc.
- **Affordability** – transportation to health appointments, over-the-counter medications, services that are note covered (e.g. dental, eye care)
- **Other** - Cultural and general concerns/sensitivities re: hygiene (e.g. pets in shared spaces such as elevators in housing complexes, health care professionals who wear their uniforms outside of work)

### Mental Health Consumers

Common barriers and challenges noted include:

- long wait lists for services
- lack of choice regarding participants and family doctors
- transportation
- limited 24/7 access other than EDs
- lack of discharge planning
- attitudes, disrespect and stigma.

### CHC Consumers

Common barriers and challenges noted include:

- lack of funding for prevention and education programs
- long wait times when visiting family doctor or EDs
- lack of mental health and addiction services
- need to respect patients as people.

## Citizens' Online Community

To encourage input beyond the CRPs, early-on in the ACTION process, the same three questions were posted on the HNHB LHIN website for the general public to provide input. They were:

- How can we help people maintain and improve their health while reducing demand on the health system?
- What do we need to change to be able to improve a person's experience in the health system?
- How can we improve the value for money in the health system?

These questions were also the focus of the CEO's June 2012 blog – a monthly posting on the HNHB LHIN website.

To encourage public participation, the HNHB LHIN issued a media release[12] and sent the release to all stakeholders including HSPs. In addition, an article outlining the questions and inviting public input was included in the June issue of LHINsight – the HNHB LHIN's electronic newsletter which is broadly distributed to government officials, Members of Provincial Parliament (MPPs), Mayors and LHIN-funded HSPs.

Regular reminders to provide feedback via the LHIN website were also posted to the HNHB LHIN's Twitter account (@HNHB_LHINgage). These posts were often 're-tweeted' by HNHB_LHINgage followers.

A total of 75 people provided input via the HNHB LHIN Website. The comments that were received through this online tool included multiple responses about shifting focus to prevention and education, improving access to care, making health care services and programs more affordable, improving navigation of the health system, and being more accountable and fiscally responsible when it comes to health system dollars. A full report of online comments can be reviewed in Key Outcomes and in Appendix G.

On October 30, 2012 the HNHB LHIN Board received the draft Strategic Health System Plan (SHSP) and LHIN staff committed to continued engagement with the community and elected officials during early November.

To support this engagement work the draft Plan and presentation were posted on the LHIN website along with four survey questions and a media release regarding the new survey was sent to all print, TV and radio outlets in the LHIN. While the published deadline for feedback was November 16, the LHIN continued to accept feedback through the end of November. Approximately 160 comments to the questions were received and longer submissions were received from some health service providers.

[12] Appendix H – Media Release: HNHB LHIN Seeks Input From Citizens (June 14, 2012)

The draft SHSP survey questions posed to citizens via the website and stakeholders were:

- Will this get us where we need to go?
- Is there anything missing?
- What advice would you give the LHIN CEO?
- What role could you and other stakeholders play in implementing this plan?

In addition to the online feedback mechanism, LHIN staff also hosted two webinars for MPPs, their constituency staff and municipal elected officials and staff. The webinar was recorded for those who were unable to attend and a link to the session was provided following the sessions.

Overall the feedback received, while certainly thoughtful and valuable, did not alter the content or the directions within the draft Strategic Health System Plan. While there was no report altering information received through the website survey or submissions received, there were certainly numerous comments, suggestions, cautions and offers of support regarding the execution, rollout and evaluation of the Plan going forward.

## KEY OUTCOMES

Through the various CRPs and the online community, the HNHB LHIN engaged its communities by creating dialogue with citizens to uncover what the barriers to good health are, and what is needed to transform the health system. The results of these discussions uncovered key themes in terms of health system improvements. A summary of the key themes and outcomes of each population group is outlined below. For a detailed overview of outcomes, please refer to Appendix G.

### General CRP

***How can we help people maintain and improve their health, while reducing demand on the health system?***

- Access:
    - Provide care as close as possible to home with transportation to and from community programs.
    - Increase funding for home–based care.
    - Ensure specialized care for individuals with chronic conditions and mental health and addictions, to relieve acute hospital emergency departments.
- Education/Prevention:
    - Increase health promotion, prevention and education programs.
    - Enable affordable community-based centres to provide nutrition, physical activity and health. Education programs (e.g. schools, employers, etc.).
- Accountability:
    - Have patients take responsibility for care (e.g. patient contract in British Columbia (BC)).

***What do we need to change to be able to improve a person's experience in the health system?***

- Access:
  - Eliminate inefficiencies that cause prolonged wait times (ED, specialist, surgery).
  - Improve transitional care (e.g. between hospital and long-term care home (LTCH)).
- Quality:
  - Focus on the person; improve ongoing communication between patient and caregivers (e.g. patient advocates.)
  - Ensure consistent service and improvement based on system evaluation (patient-family surveys).
  - Enable electronic health records and pilot Smartphone health portal.
- Navigation:
  - Coordinate case management to improve system navigation (one agency follows person start to finish).
  - Use "health coordinator" for the highest risk population.

***How can we improve the value for money in the health system?***

- Access:
  - Access the system at the preliminary level (nurse practitioner before general practitioner before specialist).
- Integration:
  - Integrate services and have a single file carried by patient to prevent duplication of services and tests.
  - Increase use of technology.
  - Increase partnerships with public sector.
- Accountability:
  - Evaluate ongoing treatment/procedures – is everything necessary?
  - Optimize the levels of administration and decrease administrative costs.
  - Have funding contingent on outcome-based performance (e.g. pay for performance for frontline workers).
  - Review role of Community Care Access Centres (CCACs) to determine what can be done more efficiently.
  - Review and cap salaries of top administration.
- Education:
  - educate both providers and the public re: costs of health services.

**French CRP**

***How can we help people maintain and improve their health, while reducing demand on the health system?***

- Education:
  - Throughout all life stages (e.g. hygiene, exercise, nutrition).
  - Navigation: better coordination of services through a "pivot person" who can assist and advocate for citizens throughout their care path
  - Integration: break down silos (e.g. ministry, Ministry of Community and Social Services (MCSS), Ministry of Children and Youth Services (MCYS), etc.) to better educate the public and deliver services.

***What do we need to change to be able to improve a person's experience in the health system?***

- Access:
  - Improve access to primary care to keep people out of EDs.
  - Provide alternatives to EDs.
- Language:
  - Provide care/translation services in the patients' primary language, particularly if they are in a vulnerable position (e.g. EDs).

***How can we improve the value for money in the health system?***

- Records:
  - Have one per patient to reduce redundancies and unnecessary tests.
- Build healthy communities:
  - Not just health services, but those that address other determinants of health.
- Accountability:
  - Make health providers responsible for results and fund accordingly.

**Aboriginal CRP**

***Based on your experience with the Health Care System in your community, what are some things that made this a positive experience for you?***

- Education/prevention:
  - For the whole family (e.g. social events, workshops, camps, SOADI.
- Respectful communication:
  - When it was present it made a huge difference.

- Quality:
    - Variable - consumers feel it is higher in Hamilton.

***What are some of the barriers and challenges that you have experienced?***

- Traditions/beliefs:
    - Stereotyping and judgmental attitudes; lack of understanding and honoring of native customs/traditions; push of Western medicine.
- Access:
    - Lack of and/or costs of transportation.
    - Lack of specialists outside of Hamilton.
    - Affordability of medicines and equipment that are not covered.
    - Age restrictions that limit access to care (e.g. Aboriginal Early On-set Aging).
- Education:
    - Lack of awareness of what services are available (both consumers and service providers) and what Aboriginal peoples are entitled to in terms of coverage (who does what).

***Based on your experience – what would have made this experience better?***

- Education:
    - Having more opportunities for engagement and input from multicultural perspectives (e.g. consumer forums, multicultural clubs).
- Communication:
    - Aboriginal patient advocates throughout care path (e.g. seeking advice from experts who are familiar with them).
    - Staff more friendly, helpful, empathetic, tactful and non-judgmental.
- Access:
    - Shorten wait times (ED and specialists); offer volunteer driver programs, improve cultural awareness, sensitivity and competencies within off-reserve facilities.

**Online Community Feedback**

***How can we help people maintain and improve their health while reducing demand on the health system?***

- Prevention/Education:
    - Re-orient the health system from treatment-based to prevention-based with a holistic approach; fund and promote healthy living through education, brochures, advertising, workshops (nutrition, exercise, smoking cessation, vaccinations, safety programs, relaxation, social policy legislation such as helmet laws and penalties, etc.); offer programs at reduced prices and at convenient

times; increase promotion of the effects of abusive activities (drugs, excessive alcohol, risk-taking, etc.); and put physical education back into school curriculums and add cooking programs.

Affordability:

- Lobby the government for a "living wage" so that people can afford to eat healthy foods and participate in community activities; make public health policy a priority and offer more OHIP-provided programs and coverage (eg. Physiotherapy, chronic disease management, chiropractic, etc.); offer government incentives/reward systems for healthy living (eg. tax reductions for gym memberships); raise taxes on fast food; and provide seniors with tax breaks for exercise programs, etc. as they do with children.

- Access:
  - Make more effective and efficient use of all health care providers to their full scope of practice (eg. nurses, nurse practitioners, pharmacists, physiotherapists); increase staff (doctors, nurse practitioners) to provide diagnosis and treatment including health teaching using a health team/practice group model involving groups of health care practitioners; and provide more funding and support for mental health, home care, palliative and hospice services for the elderly and those with special needs to maintain healthy, independent people (eg. rehab, psychiatry, social work, counseling, physiotherapy, household duties, shopping, etc.).
- Patient Accountability:
  - Track GP, Urgent Care, ED visits and Ambulance use and have patients pay for unnecessary appointments/trips; and educate the public on the costs involved for treatments and programs.
- Navigation/Service
  - Put the patient first (demonstrate listening, compassion, empathy, politeness, caring and patience); and educate the public about community resources, illnesses including the cause, options for testing, treatment pros/cons.

***What do we need to change to be able to improve a person's experience in the health system?***

- Prevention/Education:
  - Treat the cause/disease and not just the symptoms (people are generally unhealthy due to diet, sleep patterns, stress, smoking, and work habits); prescribe exercise; and use alternative forms of medicating people (e.g. natural products sold at health food stores and traditional herbal remedies).
- Access:
  - Ensure everyone can find a family doctor; Have family doctors work more hours (eg. one evening per week, more after hours clinics); and offer a one-stop shop for people who experience barriers to health care (eg. community centre, food hub, counseling and primary health) where a person can get all of their tests done in one day instead of multiple visits to different facilities.

- Navigation/Service:
    - Have a patient advocate/client treatment co-ordinator accompany patients and have all of the results go to that advocate; increase communication between doctors, patients, families and other community services to ensure individuals understand what is occurring and what are the next steps to minimize hospital re-admission; and implement better discharge planning.

***How can we improve the value for money in the health system?***

- Access:
    - Offer specialized, affordable transportation to health services as well as cheaper, more accessible parking at health facilities; shorten wait times for diagnosis and treatment; integrate care teams and systems to ensure everyone has access to best practice services and to reduce repetition of services; co-locate various health care services to reduce infrastructure and operating costs (eg. in under-utilized hospitals); and maximize scope of practice for NPs, registered nurses (RNs), health care aides (HCAs), personal support workers (PSWs), and Pharmacists.
- Navigation/Service:
    - Implement electronic health records to identify the patient's medications, appointment history, etc. to eliminate the duplication of tests and streamline the specialists and GPs to work together; implement more stringent performance evaluations for staff and elevate standards of patient service; provide better patient care, ensuring patients feel that they "matter"; heighten staff's sense of responsibility so they work "smarter" and get sick less often; transparency – post wait times publicly for all Emergency and Community Care Access Centre (CCAC) services; make hospitals and care facilities cleaner; and offer translation services for people who do not speak English.
- Accountability:
    - Review administrative costs; check for duplication and eliminate redundancies of tests, services and questionnaires; reduce steps that don't add value; reduce errors; understand the value of money; constantly review and have open accountability to taxpayers; cut wasteful bureaucracy; examine LHINs for efficiency versus outcomes; eliminate the LHINs/Boards and put that money into frontline healthcare; review Sunshine list; reduce management positions, drastically cut CEO salaries, bonuses, perks and administrative costs; mandate a wage freeze on public salaries; and implement some level of integration of public and private systems for sustainability.

## MEDIA RELATIONS, WEBSITE AND SOCIAL MEDIA

### Media Relations

To promote the public's awareness and participation throughout the ACTION planning process, the HNHB LHIN used a variety of proactive media relations tactics.

During the ACTION process, the LHIN issued a total of three media releases, two fact sheets, and a Radio PSA to more than 70 print, electronic, and broadcast media. These documents were emailed directly to media, as well as other stakeholders such as HSPs, with a note of encouragement to publish for their public audiences.

A media interview was coordinated on June 11, 2012, with "French Toast", a French radio outlet based out of Hamilton. This was conducted by FLSC of the HNHB LHIN.

Aside from this interview, stories were picked up through a number of other print and online media outlets. An outline of media coverage is included in Appendix F.

### Website

The HNHB LHIN website served as a functional tool to proactively share information with the general public through news releases and fact sheet postings, as well as videos, presentations and blogs. The website also proved very useful in engaging citizens by having applications for the CRP managed through the website, as well as gathering input and feedback throughout the ACTION process.

Beginning June 14, 2012, the HNHB LHIN website enabled input and feedback from the public through a feedback forum. This forum consisted of a page dedicated to ACTION whereby people could answer the three questions posed to each CRP group. By its conclusion on July 27, 2012, the forum generated 75 submissions from the public.

In April 2012, the ACTION page on the HNHB LHIN website was the third most-visited page, with a total of 561 page views. In May, that number grew to 827 page views and it was the second most visited page on the website. This spike can be primarily attributed to the timing of our media relations and website posting efforts. In June, the number decreased to 420 page views and it was the fourth most visited page on the website.

From March 2012 through October 12, 2012, there were a total of 3,210 ACTION page views and the average time spent on this page was 1 minute 55 seconds.

## Twitter

The HNHB LHIN has utilized its Twitter account throughout the ACTION process to date. Tweets were posted to encourage the public to apply for the CRP and multiple "tweets" were issued during the general CRP sessions on May 23, 2012 and June 2, 2012. Many of these have been "re-tweeted" through HNHB LHIN Twitter followers. Tweets were also posted on an ongoing basis to encourage the public's input regarding the three questions (June 14, 2012 – present).

As of October 12, 2012, a total of 62 tweets regarding ACTION have been posted by HNHB LHIN staff. Of these, more than 30 were re-tweeted to approximately 4,000 Twitter followers. There were more than 20 referrals from Twitter to the ACTION page on the HNHB LHIN website during the month of June (11 of those were to the Community Feedback Form) and six to the ACTION story in LHINsight.

## SUMMARY AND ONGOING ENGAGEMENT

Although the communications and engagement strategy the HNHB LHIN has used regarding ACTION is "new" to the LHIN, and the results are still preliminary, the benefits are already being realized. The engagement of citizens in the HNHB LHIN's ACTION process has provided the LHIN with the many "voices" of its communities. This approach has enabled the public to become community ambassadors who have gone to their family, neighbours and friends to talk about what the LHIN is working on and why. This engagement strategy supports the pressing need to transform the LHIN's health system to create a health system where individuals will experience care that is coordinated, of the highest quality, is fiscally responsible and results in better outcomes for the populations.

The success of this new approach to planning has also triggered ideas of continuing engagement on a year-round basis in the form of an ambassadorship program. These ideas will be explored in the months ahead.

Given the magnitude of the potential health system change, the HNHB LHIN and its Board will require a very deliberate approach to communications and engagement moving forward before and during the implementation phase.

This report will serve as a companion to the ACTION final report.

## Appendix A – ACTION Media Release

**April 30, 2012**

### HNHB LHIN Launches *ACTION*: A Call To IntegratiOn Now
### *Collaborative process will create an integrated system that puts people at the heart of high quality health care*

**NEWS**

Ensuring people experience care that is better coordinated, more timely, and of the highest quality, will soon be realized through *ACTION*. Launched by the HNHB LHIN in early 2012, *ACTION* will lead to the development of a five-year strategic health system plan that serves patients, clients and families best.

*ACTION* – **A C**all **T**o **I**ntegrati**O**n **N**ow – involves the expertise and involvement of key stakeholders working together to design a system that focuses on the person through quality outcomes, enhanced transitions of care, greater access, accountability, sustainability and value for money.

Using a four-phased approach, *ACTION* work will continue until mid-November 2012 and in its final phase, an integrated plan for health system transformation will be completed and presented to the HNHB LHIN Board for approval. This final report will include identified integration opportunities, an implementation plan, a communications and engagement strategy, an evaluation framework, and the identification of risks and mitigation strategies.

HNHB LHIN's *ACTION* project supports Ontario's Action Plan for Health Care to make immediate reforms to our health system. Provincially, this call to action is based on the principles of transforming Ontario's health system to keep Ontarians healthy, provide faster access and a stronger link to family health care, and provide the right care at the right time, at the right place.

**QUOTES**

"We know people want health care that is coordinated, is of the highest quality and results in better outcomes. I think most people would say what we have now is a *good* health system. What we want to have is a GREAT health system. Our current system is not sustainable. The way health care is delivered must change and together we must do it now."

**- Donna Cripps, Chief Executive Officer, HNHB LHIN**

"Fundamental to ACTION's success is ensuring our health system keeps people healthy, gets them high quality care when they are sick, and is sustainable so that future generations including our children and grandchildren will be looked after. To get there, we've engaged leaders from within our health system and communities to examine best practices, identify gaps, and develop solutions that are in the best interest of the people and communities we serve."

**- Michael Shea, Chair, Board of Directors, HNHB LHIN**

## QUICK FACTS:

- The HNHB LHIN key deliverables of ACTION are to achieve, through integration, a local health system where individuals will experience care that is coordinated, of the highest quality, and results in better outcomes for the population.
- ACTION is being led by the HNHB LHIN through a Steering Committee comprised of health system representatives and partners, as well as HNHB LHIN Staff.
- Engagement opportunities with multiple working groups, networks, health care providers and residents will occur at various stages.
- ACTION will inform the HNHB LHIN's 2013-2016 IHSP.
- The HNHB LHIN has partnered with PricewaterhouseCoopers (PwC) to assist in the research, design and evaluation of ACTION. PwC was selected for their international expertise through a rigorous evaluation and selection process, in accordance with current procurement guidelines set by the Ontario government.
- Ontario's Action Plan for Health Care was released by Minister Matthews in January, 2012 and has three priorities:
    - Keeping Ontario Healthy
    - Faster Access to Stronger Family Health Care
    - Right Care, Right Time, Right Place

## LEARN MORE

To learn more about *ACTION*, please visit www.hnhblhin.on.ca.

## CONTACT

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## Appendix B – ACTION Fact Sheet

### ACTION FACT SHEET (As of April 30, 2012):

- People want health care that is coordinated, of the highest quality and results in better outcomes.
- The HNHB LHIN is pursuing an integrated quality health system that supports a person-centred care delivery model.
- We owe it to ourselves to compare our health system to excellent systems around the world and make fundamental improvements. This means **CHANGE** and to create the sustainable health system we all expect, **ACTION** is needed **NOW**. **ACTION** is **A C**all **T**o **I**ntegrati**O**n **N**ow.
- The key deliverables of **ACTION** are to achieve, through integration, a sustainable health system where individuals will experience care that is coordinated, of the highest quality, and results in better outcomes for the population.
- **ACTION** is aligned with the Institute for Healthcare Information's (IHI) Triple Aim Framework which balances three health system goals: improving the health of the population, enhancing the experience of care, and fiscal sustainability.
- **ACTION** is being led by the HNHB LHIN through a Steering Committee comprised of health system representatives and partners, community leaders as well as HNHB LHIN Staff.
- Engagement with multiple working groups, networks, residents, and health care providers will occur at various stages of the **ACTION** work.
- The HNHB LHIN will be striking a Citizens' Reference Panel (CRP) to solicit input from residents.
- The HNHB LHIN has partnered with PricewaterhouseCoopers (PwC) to assist in the research, design and evaluation of ACTION. PwC was selected for their international expertise through a rigorous evaluation and selection process, in accordance with current procurement guidelines set by the Ontario government.
- **ACTION** is being conducted between now and mid-November 2012 using a four phased approach: 1) Project Initiation; 2) Current State Assessment; 3) Future State Design; and, 4) Reporting and Implementation Planning.
- **ACTION** will inform the HNHB LHIN's third iteration of its three-year Integrated Health Strategic Plan (IHSP).
- To learn more about **ACTION** visit www.hnhblhin.on.ca.

## Appendix C – ACTION CRP Media Release April 30, 2012

### HNHB LHIN Seeks Volunteers to Join Citizens' Reference Panel
### *Volunteers will be part of a collaborative process that puts people at the heart of high quality health care*

**NEWS**

The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is seeking volunteers who are passionate about high quality health care to join a Citizens' Reference Panel in support of *ACTION*: **A C**all **T**o **I**ntegrati**O**n **N**ow. Community input is integral to ensuring that the voices of people who use the health system are heard.

Launched in early 2012, *ACTION* will lead to the development of a five-year strategic health system plan that serves patients, clients and their families best. *ACTION* involves the expertise and involvement of key stakeholders working collaboratively to design a system that focuses on the person through quality outcomes, enhanced transitions of care, greater access, accountability, sustainability, and value for money.

Volunteers from communities across the HNHB LHIN will be required to attend three work sessions to discuss the current state of the health system and work collaboratively to develop recommendations for reform.

This call for volunteers is the first step in creating the *ACTION* Citizens' Reference Panel. From all volunteer applications received, a random sample of individuals will be selected to fill specific parameters and ensure representation that is reflective of the HNHB LHIN population.

Interested residents are encouraged to visit www.hnhblhin.on.ca or call 1-866-363-5446 ext. 4205 for more information and/or to apply. The deadline to apply for the *ACTION* Citizens' Reference Panel is midnight Thursday, May 10, 2012.

All three sessions will be held within the HNHB LHIN and volunteers will be reimbursed for travel (mileage) expenses. Volunteers will be required to attend all three sessions as follows:

Kick-off session: Wednesday, May 23 -- 6:30 pm - 9:00 pm
Working session: Saturday, June 2 -- 9:00 am - 4:00 pm
Planning session: Saturday, September 15 -- 9:00 am - 4:00 pm

**QUOTES**

"We know people want a health system that is coordinated, of the highest quality and results in better outcomes for everyone. Through the Citizens' Reference Panel, a diverse cross-section of volunteers from the HNHB LHIN will be the community's voice throughout this transformation process."

**- Donna Cripps, Chief Executive Officer, HNHB LHIN**

"The involvement of people who live in the HNHB LHIN community and who use or are familiar with the current health system is critical to the success of ACTION. Together, we will examine best practices that have been successful in other countries, identify gaps, and develop solutions to ensure a future health system that serves people best."

**- Michael Shea, Chair, Board of Directors, HNHB LHIN**

## QUICK FACTS

- The goal of the Citizens' Reference Panel (CRP) is to provide recommendations for health system reform.
- The CRP is comprised of three work sessions.
- The key deliverables of ACTION are to achieve, through integration, a local health system where individuals will experience care that is coordinated, of the highest quality, and results in better outcomes for the population.
- ACTION is being led by a Steering Committee comprised of health system representatives and partners, as well as HNHB LHIN Staff; engagement with multiple working groups, residents, and health care providers will occur at various stages.
- ACTION will inform the HNHB LHIN's third iteration of its IHSP.

## LEARN MORE

To learn more about the Citizens' Reference Panel and *ACTIO*N, please visit www.hnhblhin.on.ca.

## CONTACT

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## Appendix D – ACTION CRP Fact Sheet

### CRP FACT SHEET
### (as of April 30, 2012)

- HNHB LHIN will work with the ***ACTION*** Citizens' Reference Panel (CRP) comprised of representatives from each of the sub-LHIN communities.
- From all applications received, a random sample of panelists will be selected to fill specific parameters and ensure representation on the CRP that is reflective of the HNHB LHIN population.
- Representation on the CRP from the Francophone and Aboriginal communities within the HNHB LHIN is imperative.
- The CRP will provide a channel for health system consumers to have a voice throughout the ***ACTION*** process and work.
- Panelists will provide insights and feedback over three working sessions which will be held in May, June and September.
- Outcomes of the ***ACTION*** CRP's work will inform the Board and Steering Committee of the public's perspective for health system change within the HNHB LHIN.
- To learn more about the Citizens' Reference Panel visit www.hnhblhin.on.ca

## Appendix E – Public Service Announcement May 2, 2012

### Public Service Announcement – Radio Scripts
### (Air dates: May 2 – May 10, 2012)

### HNHB LHIN Seeks Volunteers to Join Citizens' Reference Panel

**60 Second Script**

TO BEST SERVE PEOPLE, WE MUST CHANGE THE WAY HEALTH CARE IS DELIVERED AND WE MUST CHANGE IT NOW! YOUR LOCAL HEALTH INTEGRATION NETWORK IS SEEKING VOLUNTEERS WHO ARE PASSIONATE ABOUT HIGH QUALITY HEALTH CARE TO JOIN A CITIZENS' REFERENCE PANEL. VOLUNTEERS WILL BE REQUIRED TO ATTEND THREE SESSIONS TO DISCUSS THE CURRENT STATE OF THE HEALTH SYSTEM AND WORK COLLABORATIVELY TO DEVELOP RECOMMENDATIONS FOR CHANGE.VOLUNTEERS WILL BE REIMBURSED FOR THEIR TRAVEL EXPENSES FOR EACH SESSION.
HELP PUT PEOPLE AT THE HEART OF HIGH QUALITY HEALTH CARE!
PLEASE VISIT WWW.HNHBLHIN.ON.CA OR CALL 1-866-363-5446, EXT. 4205 FOR MORE INFORMATION, OR TO APPLY. THE DEADLINE FOR APPLICATIONS IS MIDNIGHT MAY 10TH.

**30 Second Script**

HELP PUT PEOPLE AT THE HEART OF HIGH QUALITY HEALTH CARE! YOUR LOCAL HEALTH INTEGRATION NETWORK IS SEEKING VOLUNTEERS TO ATTEND THREE SESSIONS TO DISCUSS THE CURRENT STATE OF THE HEALTH SYSTEM AND DEVELOP RECOMMENDATIONS FOR CHANGE.
PLEASE VISIT WWW.HNHBLHIN.ON.CA OR CALL 1-866-363-5446 EXT. 4205 FOR MORE INFORMATION.

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## Appendix F – ACTION Media Coverage

**April 30, 2012 – Media Release and Fact Sheet**
*HNHB LHIN Launches ACTION: A Call To IntegratiOn Now*

Distribution: LHIN-wide
Media Coverage: none

**April 30, 2012 – Media Release, Fact Sheet, Public Service Announcement* (PSA) and Email Blast to HSPs****
*HNHB LHIN Seeks Volunteers to Join Citizens' Reference Panel*
**PSA distributed May 1, 2012, **Email blast to HSPs sent May 2, 2012*

Distribution: LHIN-wide:

- Media Coverage:
    - May 2 and 4, 2012: Story featured twice in online newspaper, 'Retirement Home/Community News.' ACTION logo was included in story and story linked to ACTION CRP page on HNHB LHIN website. See above notes under Twitter section.
    - May 3, 2012: Story featured in the Brantford Expositor and the Welland Tribune.
    - May 3, 2012: Radio public service announcement (PSA) included as text on three Hamilton radio station websites under the Community section: 102.9 K-Lite FM, Oldies 1150, and 820CHAM.
    - May 4, 2012: Story featured in Hamilton Spectator.

**June 14, 2012 – Media Release and Email Blast to HSPs**
*HNHB LHIN Seeks Input from Citizens*

Distribution: LHIN-wide:

- Media Coverage:
    - June 15, 2012: Story featured in Hamilton Spectator.
    - July 18, 2012: Article appeared in the Welland Tribune: NHS critic appointed to LHIN group. Article talks about Pat Scholfield and her involvement in the HNHB LHIN ACTION Citizens' Reference Panel. Article also encourages citizens to visit HNHB LHIN website to answer three key questions for health system improvement.

**In addition to the above media coverage:**

- The HNHB LHIN CEO made 30 second video to thank ACTION participants (released in the August 2012 blog)
- ACTION was the focus of the CEO's monthly blogs from April to August, as well as October 2012.
- ACTION was featured and/or referenced in every newsletter from April to October 2012 (8 issues).

## APPENDIX G – ACTION CRP Detailed Outcomes

## CRP – June 2, 2012 Input Session
## Table Input on Easels

The following content was entered verbatim, based on the input that was written on tabletop easels by CRP participants at the June 2, 2012 CRP Input Session held at the Grimsby Senior Citizens' Centre.
Input was gathered based on answering the following three questions:

1. How can we help people maintain and improve their health, while reducing demand on the health system?
2. What do we need to change to be able to improve a person's experience in the health system?
3. How can we improve the value for money in the health system?

### Table #1

**Question #1:**

- Increase taxes in cigarettes
- Preventative health coordinated with Public Health
- Free or subsidized fitness program for seniors and memberships
- Provide care as close to home as possible
- Increase funding for Home Care (Aging at Home)
- Alternate health procedures (chiropractic, acupuncture, naturopathic, Ayurvedic diet
- CHC should be located in hospitals where possible

**Question #2:**

- Take "I" out of LHIN
- Give community hospitals back
- Local hospital boards
- Reduce CEOs pay
- Reduce waiting time
- We need electronic medical records NOW! Where are they?

**Question #3:**

- No duplication of tests
- Establish criteria of how many beds are required & under what circumstances can they close them
- Discharge of patient should be based on seriousness of patient condition & not on discharge funding
- Reduce parking fees for seniors

## Table #2:

**Question #1**

- Affordable, local, community based centres to provide nutrition, physical activity & health education programs
- Transportation to & from community programs
- Mobile programs & services
- Preventative education
- Better communication

**Question #2:**

- Consistent service across the LHIN area
- Understandable doctors
- Promotion of personalized home care (eg. seniors, low income people, people with disabilities)
- Lower wait times
- Medications not covered
- Procedures not covered
- Sharing of medical records
- Lower ED wait by allowing triage nurse to follow standing order to have tests done prior to doctor seeing patients – for walk-ins

**Question #3:**

- Start at the bottom and work up
- Communication between doctors
- Do not resuscitate (DNR)
- Doctors need to work with their patients and caregivers
- Duplication of services
- Less reliance on doctors & more reliance on other medical professionals
- Nurse practitioner
- More specialized clinic
- More after hour clinics and urgent care centre
- Levels of administration should be reduced

## Table #3

**Question #1:**

- Educate:
  - Family, patient, individual level.
- Reduce barriers to service
  - Integration, navigation
- Incentives and disincentives to promote healthy behavior
- Holistic approach:
  - Breakdown silos – more CHCs, person not viewed as “symptom”, but a person
- Advocates:
  - Communications, collaboration

**Question #2:**

- System navigator/social determinants including advocate:
  - "Health coordinator" – decrease the re-admit numbers but one person you can call for highest risk
- Systems level:
  - Transitional housing – costs – schools- bottom up education
  - CCAC must assess before LHIN discharge, not after
  - More driven to force organizations to deliver together
  - Interdisciplinary – Team-based global budget for patient
  - Quality improvement on system integration
  - Education – services – navigate the system
  - Accountability – client – service provider
  - Need something between alternate level of care (ALC) and hospital
  - Transparency
  - More educational support for case management
  - Integration caregivers
  - Eliminate duplication of services
  - Communication
  - Full quality of service survey

**Question #3:**

- Greater integration/less duplication
- Better oversight of all areas, including best practices
- Go through greater quality assurance/system audit especially for patients with high $
- More holistic
- Evidence-based procedure testing
- Get in a more appropriate level needed (e.g. nurse practitioner) and expand scope of practice
- Co-location with hospitals & other health providers
- Evidence-based care
- Eliminate process/procedure without outcomes
- Homecare for wounds, but then to wound care clinic if ambulatory
- Co-locate clinics in "hotspots" especially in building
- Focus care facility
- Incentives for groups that innovate, implement, collaborate and foster healthy inclusive communities

## Table #4

**Question #1:**

- Health promotion/prevention campaign – healthy lifestyle – focus on education where to access services/what can be accessed:
  - Part of comprehensive/integrated health services – continuum of care
  - Is there promotion/prevention on the LHIN website
  - What options do LHINs have to play in health promotion/prevention
  - How does LHIN communicate? Newsletters?
  - Is there a link between LHIN and Public Health? If not, should there be?
- Impact – reduce the "sick" factor:
  - Neighbourhood investments – low income areas (e.g. Niagara Prosperity Initiative)
- Community agencies – go into schools to educate:
  - Integrate Public Health under the LHIN arm – seamless delivery?

**Question #2:**

- Pilot the Smartphone health portal (rates health care services used, maintain own health record, set medication/appointment reminders) – focus on the individual – once pilot is complete, offer as a service in the future
- Checklist between the physician and client:
  - Impact – self-management/on same page as physician
- Physicians to share results with client and health care providers – Patient Rights:
  - Impact – reduce duplication, increase openness/transparency between provider and patient
- Link to funding mechanism – if duplication of tests – physician/provider is marked against indicator
- Communication amongst providers is crucial to putting the patient at the centre:
  - Impact – seamless, accountability to the patient

**Question #3:**

- An integrated/seamless system:
  - e-health record
  - Creating a hub for system navigation – e.g. community health centres (CHCs)
- Reduce cost of administration:
  - Pay for performance for "front-line" workers not administration
  - Re-look at role of CCACs (audit CCACs - value for money (VFM)); can what they do be done more efficiently elsewhere?
- Partnerships with public sector should be increased
  - LTCH/retirement homes – look at public, private, partnerships (P3s) – private building portion/running of it
  - ministry sets level of care
  - Partnerships with universities for building (engineering), students – physicians, research – geriatric care

## Table #5

**Question #1:**

- Educational programs
  - Community centres
  - Hospitals
  - Social services
  - Churches
  - Schools
- Shared accountability for your own health care
- Ensure that chronically ill and mental health & addiction patients have specialized centres

**Question #2:**

- Remind health care workers they are dealing with human beings
- Thorough critique of your experience
- Good communication between (doctors) health care givers and patient
- Patient advocates

**Question #3:**

- Review salaries of top administrators - cap them.
- Educate physicians to costs
- Educate public as to what the ED and Urgent Care Centres (UCC) are to be used for
- Improve the attitude of all staff
- Integrate services within the hospitals

## Table #6

**Question #1:**

- Regional education:
  - Attention, focus issue
  - Access, maintain
  - Call 211 – community access
  - Better ads re: where access
  - Educate service providers
  - Start early in children re: preventative
  - Nurse into schools or other services, phys. ed. re: weight, exercise
  - Go into schools and educate re: helmets, drinking, seizures, texting and driving (could partner with community organization)
  - Nutrition
- Food "stamps" healthy food, not dollars
- Food programs in schools
- Family practitioners available? Discontinue global funding for go to other process to increase access to doctors
- Identified area to call and find out how to access
- New doctors to underserviced areas first
- Patient sign contracts re: their compliance within reason

**Question #2:**

- Coordinate case management through 1 agency, try to keep all in view
- File stays with patient (including test, x-rays, consults, or note) – electronic so all info available – health vault?
- Care pathways for different procedure given to patients – pre-op clinic for education
- Education ++ re: availability
- Parking costs lowered for frequent users, low income
- Reduced wait times, lists for cancellations
- Inefficiencies of booking, if cancellation must be put 1st in line
- Must meet patient's needs, not system's best needs wherever can
- Transportation elderly 0- bus service pay transportation costs, Disabled and Aged Regional Transportation System (DARTS)
- Reminder re: drugs & appointments
- High school students help or increase volunteers drive
- Teams to senior centre or appointments or retirement homes so that they do not need to go out

**Question #3:**

- Look at ways hospital to self-fund rent office, food areas
- Pharmacists, physiotherapists, doctors, nurses, CCAC, etc. to do discharge care conf. on everyone
- Increase cleanliness of health facilities, better cleaning staff
- Decrease administrative costs – amalgamate departments under one administration – decrease CEO costs – cut management
- Use more technology – dragon dictation
- Transparency of groups & accountability
- Evaluation of effectiveness of – procedures/test/operating rooms (ORs) – satisfaction new procedures
- Create shared services models

## CRP
## Table Discussion – September 15, 2012

The following input was entered verbatim, based on the forms that each table group completed at the September 15, 2012, CRP Final Session held at the Grimsby Senior Citizens' Centre. After being presented with potential implementation strategies, the input received was based on these four questions:

- Will this get us where we need to go?
- Is there anything missing?
- What advice would you give the LHIN CEO around this plan?
- What role could you and other stakeholders plan in implementing this plan?

| Will this get us where we need to go? | Is there anything missing? | What advice would you give the LHIN CO around this plan? | What role could you & other stakeholders play in implementing this plan? |
|---|---|---|---|
| TABLE #1:<br>• Plan is too vague<br>• They need to come down from the tier planning to a practical level<br>• Artificial mandates can be a problem | • Before EDs are closed, Canadian Emergency Physicians Association (CEPA) should set up a template recommending distances from hospitals<br>• Stop firing nurses – hire more<br>• Too much cost cutting affects quality of care<br>• Equitable access of care is lacking<br>• We need to look at other health care systems (e.g. Sweden, United Kingdom (UK), Europe)<br>• We need to look at controlled & limited privatization<br>• More resources & funding for a palliative care hospice – HNHB LHIN has high elderly population | • Concerned over ministry-LHINs mantra to take services out of hospitals and move them into the community – hospitals are in the community and need revenue rather than pay a private landlord | • Help educate our communities as to health care costs |
| TABLE #2:<br>• Good start<br>• Regular accountability set goals first<br>• Priority should be accountability, not restructuring | • Active discharge planning should be done initially so that services are in place before procedure is done<br>• Assess the ability to meet these goals<br>• Initiate patient education and what is expected in recovery and include the family in this<br>• Identify social issues that impact the life expectancy in priority areas<br>• Evaluation of costs factor of specialized treatment not covered by Ontario Health Insurance Program (OHIP) | • Accountability of providers<br>• Change priorities to focus on meeting client goal outcomes<br>• Services that are specialized will be available in a timely manner outside the local LHIN if not available in the LHIN | • More proactive in our own health<br>• Provide more preventive care<br>• More use of specialized clinics<br>• Electronic health care records which will be current and easily available<br>• Continue to use the CRP group |

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| TABLE #3:<br>• Great plan, but requires bold-diligent execution. Must keep an eye open on best practices to ensure improvement throughout the health system. Must keep focused on the goal of integrating service delivery. Must align strategies at the provider level with the LHIN to achieve integration.<br>• Quality improvement over tradition (evidence-based)<br>• Unsure if this will achieve desired system goals – need more info to comment further | • See prior comments<br>• Need more info to assess<br>• Bring public health and emergency medical services (EMS) under LHIN governance | • Need to further define – what does this mean?<br>• Needs more communication – more events, information, website, twitter, meeting with constituents and community groups. Need to build care for urgent and bold change<br>• Start with a compelling story – Bernice – to explain required change for integration – efficiencies to be found. Learn from others around the world.<br>• CRP group input really helps with a client view (due weight with other stakeholders) | • Assist in communication ("Ambassadors") of the plan, role in the plan<br>• Continue CRP for the implementation period with updates on progress and input to plan execution<br>• Assist in data analysis – anecdotal/statistical<br>• To enable integration, CRP meet with other stakeholders to enhance data/information/ plan so they can hear the voice of the citizen (CRP) and we can hear the voice of the provider |
| TABLE #4:<br>• Set the goals & keep focusing on the goals and get "buy in"<br>• Focus on quality & integrated services – is in the right direction<br>• Need for strong, skilled leadership | • Focus on the outcome (illustrate & define the benefits for all parties with a win/win strategy). Show what the benefits will be for all parties/ clients<br>• E-Health needs to be established as a priority<br>• Need for strong, skilled leadership<br>• Random audits by the ministry (appointed by Minister or other governing body) and not conducted only when complaints are presented. Reports should be publicized in community publications | • Public awareness – use the "keep it simple" principle<br>• Don't lose sight of the "person" and the focus on "quality"<br>• If it means change & change for the better then "do it and show it"<br>• Outcomes need to be measured realistically and reported | • Follow-up & future consultation<br>• Invitation to attend Board meetings |

| | | | |
|---|---|---|---|
| TABLE #5:<br>• Only if there is cooperation at all levels<br>• If the proper funding becomes available<br>• If there is the political will to do this | • Incentives should be found to encourage the criteria to be met (other than financial)<br>• Lack of confidence in health care system<br>• Lack of knowledge/responsibility of LHIN | • Be persistent<br>• More general information to public (use of media)<br>• More citizen discussion groups | • Communicating what we have learned<br>• Encourage service groups to invite speakers from LHIN to promote & explain the plan<br>• Be a better patient |
| TABLE #6:<br>• If it will get us there?<br>• Political conditions major dependency on plan execution. Considerations needed to adapt to changing political circumstances<br>• Dependency on participation from service providers and practitioners – incentives for participation?<br>• What are best practices from Niagara Health System (NHS) & other jurisdictions (re-inventing the wheel) | • Zones of disproportional resources and size (have/have nots). Need one CEO and one management team across three zones.<br>• Urgency for rapid implementation | • Outcome is based on patient and provider – outcomes evaluation should be thus directed<br>• Short of dollars, resources, time – need to work on implementation rapidly and then adapt as go along – never will get perfect formula | • Thinking and talking about it<br>• Improve technology to engage citizens' input and feedback<br>• Educate politicians re: plans and needs so might buy into it later<br>• Give new plans a fair try and give feedback |

## Francophone Citizens' Reference Panel – June 7, 2012, Input Session
## Table Input

The following content was entered verbatim, based on the input that was written on the easel by the facilitator at the June 7, 2012, FCRP Input Session held at the HNHB LHIN. Input was gathered based on answering the following three questions:

1. **How can we help people maintain and improve their health, while reducing demand on the health system?**
   - Education, education, education…starting from a very young age, through school years with education system (from basic hygiene and exercise as part of school curriculum) , to nutrition workshops and information for newcomers, right up to old age with information and programs to keep seniors healthy and out of hospital. More education to help understand the health system will also help citizen's use system wisely.
   - Better coordination of services especially a "pivot" described as a single individual that would help a client navigate through system, helping with follow up, ensuring client is safe and looked after, making appointments and ensuring client gets to them etc.
   - Break down silos between ministries (ministry, MCSS/MCYS, Ministry Emergency Operations Centre (MEOC), labour, housing etc.)-better integration of programs to educate and deliver services (for example within the workplace). Health and well-being is more than absence of illness and it is unrealistic to suppose that the miistry can solve all the problems.

2. **What do we need to change to be able to improve a person's experience in the health system?**
   - That system navigator that will accompany client through client's journey (see 2 at Q1).
   - Improve access to primary care to keep people out of EDs because being in ED is not a pleasant experience. Better use of nurse practitioners; a few members talked about being rostered and being directed to go to ED after hours and NOT a walk-in clinic or another physician or they will be billed - if service is not available 24/7, clients must have choices and alternatives to ED.
   - Provide services to clients and patients in their mother tongue especially when they are in a vulnerable position (being in the ED). Explore use of interpretation services available through telephone like Global Medical Assist available 24/7 and in every language of the world.

3. **How can we improve the value for money in the health system?**
   - One patient record that everyone i.e. professional /service dealing with patient can access so that the patient is not going through the same battery of tests over and over again, or not having to repeat his medical history over and over again.
   - General Acknowledgment that we have to keep people out of hospitals so: Build "healthy communities" - not just health services but services to address other determinants of health to keep individuals out of the health system as well as networks of health services in the community so that client gets the right service, at the right time, by the right person.
   - Make health service providers accountable- responsible for results and funded accordingly.

## Francophone Citizens' Reference Panel
## Table Discussion – September 20, 2012

The following input was entered verbatim, based on the form that was completed by the facilitator of the table discussion completed at the September 20, 2012 FCRP Final Session held at the HNHB LHIN. After being presented with potential implementation strategies, the input received was based on these four questions:

**1. Will this get us where we need to go?**

- If the will is there, we can see this working yes.
- We are excited, but see obstacles.
- The LHIN really needs to sell the idea and this means lots and lots of open, transparent, and honest communication with the public.

**2. Is there anything missing?**

- Linking with other ministries to achieve positive outcomes. Maybe not only health dollars that need to be spent to improve the health of the population…look at other determinants of health and work towards making those service delivery zones into healthy communities.
- Invest in prevention programs.

**3. What advice would you give the LHIN CEO around this plan?**

- Members of the public are capable of understanding, buying into the vision and then helping the LHIN- they will be your champions, they WILL do the work- they are the ones that would and could exert pressure on health service providers who may be resisting change. Tax payers have the right to demand that their taxes be well spent and that health service providers be accountable and responsible to achieve positive outcomes.
- SO: Keep that conversation going with the population! Make a tremendous effort to sell the vision to them not just the service providers. Keep the conversation open and honest and on-going!
- Francophones want to be involved down the road when serious discussions about governance will occur.
- Be a leader LHIN!

**4. What role could you and other stakeholders play in implementing this plan?**

- The LHIN needs to keep asking for advice from the population, needs to keep going to the various communities within the LHIN for input.
- It was suggested that the FLHPE could continue to bring this FCRP together so that they can have discussions on the health system in French.

## Aboriginal Citizens' Reference Panel (ACRP) – June 8, 2012, Input Session Discussion Responses

The following content was entered verbatim, based on the input that was written on the easel by the facilitator at the June 8, 2012 ACRP Input Session held at the Hamilton Regional Indian Centre. Input was gathered based on answering the following three questions:

1. **Based on your experience with the Health Care System in your community what are some things that made this a positive experience for you?**
   - Education/prevention: for the whole family (eg. social events, workshops, camps, SOADI).
   - Respectful communication: when it was present it made a huge difference.
   - Quality: variable - consumers feel it is higher in Hamilton.

2. **What are some of the barriers and challenges that you have experienced?**
   - Traditions/Beliefs: stereotyping and judgmental attitudes; lack of understanding and honoring of native customs/traditions; push of Western medicine.
   - Access: lack of and/or costs of transportation; lack of specialists outside of Hamilton; affordability of medicines and equipment that are not covered; age restrictions that limit access to care (e.g. Aboriginal Early On-set Aging).
   - Education: lack of awareness of what services are available (both consumers and HSPs) and what Aboriginal peoples are entitled to in terms of coverage (who does what).

3. **Based on your experience – what would have made this experience better?**
   - Education: having more opportunities for engagement and input from multicultural perspectives (eg. consumer forums, multicultural clubs).
   - Communication: Aboriginal patient advocates throughout care path (e.g. seeking advice from experts who are familiar with them); staff more friendly, helpful, empathetic, tactful and non-judgmental.
   - Access: shorten wait times (ED and specialists); offer volunteer driver programs, improve cultural awareness, sensitivity and competencies within off-reserve facilities.

## ACRP
## Group Discussion – September 24, 2012

The following input was entered verbatim, based on the form that was completed by the facilitator of the table discussion completed at the September 24, 2012 ACRP Final Session held at the SOADI office in Thorold. After being presented with potential implementation strategies, the input received was:

- We see an improvement.

- Need to more clearly define children and youth and include strategy specific to this demographic, including youth who no longer live at home/live on the streets (prevalent in Aboriginal communities).
- Need to ensure CCAC and other services are re-deployed and not cancelled after breaks such as extensive travel, etc. (e.g. "snowbirds").
- Need to add more services to suit the person (e.g. CCAC).
- Need e-health records to reduce redundancies, errors, etc. to follow patient from organization to organization.
- Need to coordinate care better (e.g. through Family Health Teams (FHTs).
- Access – need affordable transportation to appointments and care services and it needs to be expanded throughout rural areas; need to reduce costs of parking, etc. at health providers.
- Need services and support groups that provide more education (e.g. how to eat properly and affordably, and when to get tested).
- Offering a "one-stop shop" clinic for all health services is ideal.
- Annual eye and dental exams for Diabetic and other patients are not affordable – reduce or eliminate these costs.
- Aboriginal approach is different than mainstream (e.g. cultures, beliefs) and traditional approaches to care need to be incorporated and integrated into the plan.

## Immigrant Consumer Session – August 28, 2012, Input Session Discussion Responses

The following content was entered verbatim, based on the input that was written on the easel by the facilitator at the August 28, 2012, Immigrant Consumer Session held at the St. Joseph's Immigrant Women's Centre in Hamilton. Input was gathered based on answering the following three questions:

**1. What were some things that made this a positive experience for you?**

- Doctors offer appointments after school for children – very accommodating.
- There are good programs available for children and youth (e.g. prevention).
- Lab tests, ultrasounds, X-rays, Magnetic Resonance Imaging (MRI) and Computerized Axial Tomography (CAT) scans are free.
- The Immigrant Centre helps to connect people to care.
- There are good programs in health protection and in specialized care (e.g. cancer).
- There are health care workers and support within schools.

**2. What were some of the barriers and challenges that you experienced?**

- Community centres/services recommend housing options that are often unsafe and inadequate due to bed bug, mice, infestations, etc. Landlords are unsympathetic and do not properly eradicate infestations. One year leases prevent families from moving to safer environments.

- There is a lack of hospital beds, ED doctors, family doctors and specialists and long ED, surgery and appointment wait times.
- Health information and care are not provided in a language that is understood. Patients are challenged to explain their health concerns, get a proper diagnosis, and follow through with effective treatment.
- There is a lack of female doctors. Female patients are often afraid and/or intimidated to explain health concerns to male doctors.
- Doctors are "screening" patients and some are only accepting new patients if they are "healthy" (do not have chronic conditions, etc.).
- Patients are not sure how to navigate the health system and do not know about the various avenues of care (e.g. UCCs).
- There is a lack of health and dental coverage after one year for immigrants and refugees, and there is no coverage for skilled workers.
- Seniors and single people do not get enough health care.
- There are barriers based on colour.
- There are highly skilled, internationally trained professionals, who come to Canada and are not legally permitted to practice their profession. Some are offered academic bridging programs, however, many end up in menial jobs (e.g. dentists and pharmacists become packaging assemblers). General labourers have difficulty finding jobs and volunteer for lengthy periods of time without pay. If they find jobs, they are minimum or low-paying, which makes it difficult to support a family.
- Transportation to health appointments is costly and often difficult to coordinate. The fee for ambulance services is unaffordable ($45).
- There are significant cultural and general concerns about germs, hygiene and sanitation – particularly with keeping pets and utilizing public spaces (e.g. elevators in housing complexes), as well as seeing doctors and nurses wearing their scrubs/uniforms outside of health care facilities.
- There is no coverage for over-the-counter medicine or eye exams.
- There is a lack of dental care coverage, especially for medically-needed orthodontics, etc.

**3. What would have made this experience better?**

- Provide more health care education and communication, and in native language and/or offer translation services.
- Provide more information to immigrants to empower them to make informed decisions about housing, health care, etc. and how they can advocate for themselves and for system change.
- Provide a list of doctors who are accepting patients.
- Provide more doctors in general (family, ED, etc.) and increase number of female doctors.
- Provide pet-free housing and/or regulations about where pets are allowed (e.g. designated elevators, first floor of buildings only, etc.).
- Health care professionals need to demonstrate more compassion, take the time to understand the problem and explain things to patients so they understand.

- Improve recognition and bridging of designations/accreditations from other countries to allow skilled professionals to work more meaningful jobs in their chosen profession and with higher income.
- Offer free or more affordable transportation to and from health appointments and eliminate the fee for ambulance services or communicate how decisions are made regarding fees for ambulance services.
- Health system needs to address key issue of smoking prevention.
- Provide more opportunities and support to learn English as a second language.
- Provide more volunteer interpreters and peer support workers.
- Lower the English proficiency requirements for professional jobs (e.g. Level seven is too difficult to achieve).

## Citizens' Online Community Feedback
## Common Themes

***How can we help people maintain and improve their health while reducing demand on the health system?***

- **Prevention/Education:** Re-orient the health system from treatment-based to prevention-based with a holistic approach; fund and promote healthy living through education, brochures, advertising, workshops (nutrition, exercise, smoking cessation, vaccinations, safety programs, relaxation, social policy legislation such as helmet laws and penalties, etc.); offer programs at reduced prices and at convenient times; increase promotion of the effects of abusive activities (drugs, excessive alcohol, risk-taking, etc.); and put physical education back into school curriculums and add cooking programs.
- **Affordability:** Lobby the government for a "living wage" so that people can afford to eat healthy foods and participate in community activities; make public health policy a priority and offer more OHIP-provided programs and coverage (e.g. physiotherapy, chronic disease prevention management (CDPM), chiropractic, etc.); offer government incentives/reward systems for healthy living (e.g. tax reductions for gym memberships); raise taxes on fast food; and provide seniors with tax breaks for exercise programs, etc. as they do with children.
- **Access:** Make more effective and efficient use of all health care providers to their full scope of practice (e.g. nurses, NPs, pharmacists, physiotherapists); increase staff (doctors, NPs) to provide diagnosis and treatment including health teaching using a health team/practice group model involving groups of health care practitioners; and provide more funding and support for mental health, home care, palliative and hospice services for the elderly and those with special needs to maintain healthy, independent people (e.g. rehabilitation, psychiatry, social work, counseling, physiotherapy, household duties, shopping, etc.).
- **Patient Accountability:** Track GP, UCC, ED visits and Ambulance use and have patients pay for unnecessary appointments/trips; and educate the public on the costs involved for treatments and programs.

- **Navigation/Service:** Put the patient first (demonstrate listening, compassion, empathy, politeness, caring and patience); and educate the public about community resources, illnesses including the cause, options for testing, treatment pros/cons.

***What do we need to change to be able to improve a person's experience in the health system?***

- **Prevention/Education:** Treat the cause/disease and not just the symptoms (people are generally unhealthy due to diet, sleep patterns, stress, smoking, and work habits); prescribe exercise; and use alternative forms of medicating people (e.g. natural products sold at health food stores and traditional herbal remedies).
- **Access:** Ensure everyone can find a family doctor; Have family doctors work more hours (e.g. one evening per week, more after hours clinics); and offer a one-stop shop for people who experience barriers to health care (e.g. community centre, food hub, counseling and primary health) where a person can get all of their tests done in one day instead of multiple visits to different facilities.
- **Navigation/Service:** Have a patient advocate/client treatment coordinator accompany patients and have all of the results go to that advocate; increase communication between doctors, patients, families and other community services to ensure individuals understand what is occurring and what are the next steps to minimize hospital re-admission; and implement better discharge planning.

***How can we improve the value for money in the health system?***

- **Access:** Offer specialized, affordable transportation to health services as well as cheaper, more accessible parking at health facilities; shorten wait times for diagnosis and treatment; integrate care teams and systems to ensure everyone has access to best practice services and to reduce repetition of services; co-locate various health care services to reduce infrastructure and operating costs (e.g. in under-utilized hospitals); and maximize scope of practice for NPs, RNs, HCAs, PSW, RHPAs, Pharmacists.
- **Navigation/Service:** Implement electronic health records to identify the patient's medications, appointment history, etc. to eliminate the duplication of tests and streamline the specialists and GPs to work together; implement more stringent performance evaluations for staff and elevate standards of patient service; provide better patient care, ensuring patients feel that they "matter"; heighten staff's sense of responsibility so they work "smarter" and get sick less often; transparency – post wait times publicly for all Emergency and CCAC services; make hospitals and care facilities cleaner; and offer translation services for people who do not speak English.
- **Accountability:** Review administrative costs; check for duplication and eliminate redundancies of tests, services and questionnaires; reduce steps that don't add value; reduce errors; understand the value of money; constantly review and have open accountability to taxpayers; cut wasteful bureaucracy; examine LHINs for efficiency versus outcomes; eliminate the LHINs/Boards and put that money into frontline healthcare; review Sunshine list; reduce management positions, drastically cut CEO salaries, bonuses, perks and administrative costs; mandate a wage freeze on public salaries; and implement some level of integration of public and private systems for sustainability.

## OTHER INPUT

***How can we help people maintain and improve their health while reducing demand on the health system?***

- High volume of patients with low income/on welfare that abuse health system by making regular and unnecessary visits to emergency department.
- High volume of unnecessary ambulance trips due to lack of transportation options.
- Long wait times; difficulty in getting appointments and limited walk-in clinic options, forcing people to go to the ED out of frustration.
- Current CCAC services that are sub-contracted results in less than desirable service (e.g. lateness, absenteeism, poor business practice, etc.).
- Services are very expensive.
- Medication is over-prescribed.
- Individuals on benefits (e.g. Ontario Disability Support Program (ODSP)) do not have financial support to access services (eg. physiotherapy) and end up reliant on pain medications or are left in pain which causes them to access their GP or the ED more often.
- Increase role of medical schools and create new schools.
- Increase number of walk-in clinic, medical centres, and health care centres, as well as offer better/longer hours of operation.
- Provide more day programs for caregivers to reduce strain.
- Look at other countries that have great health care systems (eg. health policies that you buy).
- Have GPs better educate their patients on use of health system as well as conditions the patients has to empower them to be responsible and in control of their own health, as well as in partnership with their health team.
- Take the time to focus on low income populations.
- Assess the needs of the community first, then offer a central source for consumer as a point of contact and assessment to see what resources./services are needed, then provide follow-up.
- Hold collaborative discussions between health care providers so patients can actively take part in the decision-making of their own care; Have patients become more responsible for their own health.
- Set-up an out-bound reminder calling system within primary care providers to ensure annual physicals, immunizations, blood work, etc. is carried out.
- Consider homeopathic treatments before medicinal (e.g. naturopathy) and have OHIP coverage for these.
- Ban unhealthy food in stores, schools and work places; support local co-op organic farms; have government be more strict on polluters.
- Increase LTCH beds.
- Examine CCAC for efficiencies of staffing versus outcomes.
- Incorporate existing hospitals; update old hospitals.

- People who must care for family members who are sick and, therefore, cannot work, should be compensated.
- Introduce deductibles.
- Compensate physicians for keeping people healthy (e.g. routine prevention check-ups), and pay them less for treating people when they are sick.
- Focus on children as the priority to reduce the demand in the long run.
- Focus on seniors to help them eat better, stay active; Offer more resources for diabetes, dementia, stroke, rehabilitation.
- Use social media to advertise what services are available in the area.
- Use Tele-health to help patients triage to the most appropriate care.
- Allow people to change their family doctor, if they wish.
- Apply funding to smoking cessation and other Nicotine Replacement Therapy (NRT) programs.
- Take a stand on the government's decision to cut refugee medical care.
- Look to under-utilized community centres, pools, recreation centres, to increase access to programs and services that improve physical fitness and health; these sites can also be used for health screenings, immunizations, etc.
- Getting access to care in the United States of America (USA) - e.g. Buffalo for cancer and heart care).

***What do we need to change to be able to improve a person's experience in the health system?***

- Little co-ordination among different providers.
- Bad attitudes of health care workers and poor treatment of patients.
- Poor cleaning in hospitals.
- Difficulty navigating the current health system.
- Offer free wireless internet in hospitals.
- Better hospital food.
- Ensure clinic are close to home.
- Offer transportation to medical appointments.
- One contact to oversee and co-ordinate the system.
- If a person's experience starts in the hospital with surgery or an acute episode, then follow-up in the home to reduce the possibility of readmission.
- Offer immediate, specialized palliative resources and support for people with family members in hospital so they understand when it is the right time to "let them die", versus doing inappropriate treatment to prolong life.
- Provide fundamental drugs and benefits for all, including dental coverage through OHIP.
- Urgent care and Hospitals should maintain 24/7 laboratory services to diagnose and treat individuals at those centres (patients not reliant on Lifelabs).

- Restructure Ontario health care system to involve other health service professionals/providers with the Ontario Hospital Association (OHA) and Ontario Medical Association (OMA) in negotiations of the Ontario health care budget.
- Have service, like CCAC or volunteers, assist a patient through their health journey.
- Have brochures available for each type of care.
- Have physicians provide patients with a flash drive that contains their medical history, etc. that would travel with the patient to all appointments.
- Ensure patients have access to a hospital-based emergency department within 30-60 minutes from their home (using CAEP policies and recommendations).
- Staff retirement homes to reflect the level of care required by the residents.
- Make it person-centric – focus on the whole person, rather than an isolated symptom/condition they are experiencing.
- Ensure doctors are trained to deal with an aging population.
- Offer choices to patients, instead of ordering people/being pushy and unwilling to be open to other methods of treatment.
- Make sure services are available offline – not only online, as some people do not have computers.
- Open up the synergy of the LHIN – allow people to move from LHIN to LHIN to take advantage of what is available at other locations within Ontario.

***How can we improve the value for money in the health system?***

- There is a lot of waste in hospitals; lots of food is wasted at hospitals.
- Many unethical "fly by night" health care businesses are not monitored.
- Frontline workers are ill-equipped, over-worked, under-trained, and under-appreciated.
- The disparity in job pay levels is unacceptable (e.g. $22-30/hour for mail room clerk at McMaster and $11-14/hour for working with children at Chedoke).
- Audit all aspects of health care, including family doctor's offices, specialist offices, and testing facilities whether private or not.
- Innovate.
- Show willingness to change when a program is clearly not satisfying the needs of those using it.
- Allow patient self-referrals.
- Engage management and stakeholders.
- Change mentality of GPs around testing and have them only order those that are necessary.
- Improve communication using LEAN methods.
- Eliminate unnecessary billing, or use of services that can be provided more efficiently.
- Review inventories and sell obsolete or items that are no longer used.
- Verify employee/student/volunteer theft.

- Conduct surprise spot checks to verify that employees are working.
- Reduce welfare payouts after reasonable amount of visits/use.
- Minimize food and other waste in hospitals.
- Make it mandatory for graduating doctors to practice where they are needed most in Canada.
- Increase OHIPs coverage of things people need to maintain good health (e.g. orthotics).
- Provide a health care budget to people annually (those without serious health issues).
- Promote interactive options for patients (e.g. complete their own paper work online).
- Investment into computer technology to assist people with chronic conditions remotely (from home).
- Increase competition for pharmaceutical and medical suppliers.
- Use research evidence to demonstrate cost effectiveness of health care and treatments (e.g. examine best practices in all areas of health care, look at countries other than the USA– e.g. Holland, France and the UK).
- Do not employ fee-for-service – research show this is not an effective approach.
- Encourage public investment in health care services (bonds?).
- Continue to provide insured health services.
- Look to companies that can support outcome based measurement, promote evidence-based practices and reduce costs (e.g. wound care).
- Have ambulances take patients to UCCs, not EDs, where possible.
- Keep UCCs in Port Colborne and Fort Erie to enable less travel time.
- Stop siphoning PSWs from Home Care providers to staff Retirement Homes at peak care hours.
- Improve LTCH staffing to reduce falls and improve quality of life.
- Provide after hour clinics staffed by RNs and NPs to reduce ER demand for non-ED issues.
- Make is easier for foreign-trained doctors to practice in Canada.
- Offer burnout/vicarious trauma seminars and make it mandatory for employees who have worked a certain amount of time.
- Be thorough – the focus on efficiency can sometimes push someone out of care too soon and then they will come back, sometimes with worse conditions.
- Stop wasting money on health studies that are useless and vaccine advertisements.
- Source realistic suppliers who do not over-charge for equipment (e.g. wheelchairs, beds).
- Monitor the prescribing habits of physicians and pull the offenders back.

## APPENDIX H –Media Release: HNHB LHIN Seeks Input From Citizens (June 14, 2012)

### HNHB LHIN Seeks Input from Citizens
### *Input will help put people at the heart of high quality health care*

**NEWS**

The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is inviting citizens to provide their input in support of ***ACTION*: A C**all **T**o **I**ntegrati**O**n **N**ow. Citizens are invited to respond three questions that are posted on the HNHB LHIN website – www.hnhblhin.on.ca or click here to access the questions online:

1. ***How can we help people maintain and improve their health, while reducing demand on the health system?***
2. ***What do we need to change to be able to improve a person's experience in the health system?***
3. ***How can we improve the value for money in the health system?***

A variety of tools and reference materials have been posted on the HNHB LHIN website to assist the public in understanding the current state of our complex health system. These can be accessed by clicking here. Responses to the three questions will be accepted until midnight Friday, July 27, 2012.

For those citizens without computer access, responses to the questions can be mailed to the HNHB LHIN office at 264 Main Street East, Grimsby, Ontario, L3M 1P8. **Responses will be accepted until midnight Friday, July 27, 2012.**

**QUOTES**

"We know people want a health system that is coordinated, of the highest quality and results in better outcomes for everyone. Through this feedback forum, citizens from across the HNHB LHIN community can have a voice throughout this transformation process."
**- Donna Cripps, Chief Executive Officer, HNHB LHIN**

**QUICK FACTS**

- Launched in early 2012, *ACTION* involves the expertise and involvement of key stakeholders working collaboratively to design a system that focuses on the person through quality outcomes, enhanced transitions of care, greater access, accountability, sustainability, and value for money.
- ACTION is being led by a Steering Committee comprised of health system representatives and partners, as well as HNHB LHIN Staff; engagement with multiple working groups, residents, and health care providers has occurred at various stages
- ACTION will inform the HNHB LHIN's third iteration of its IHSP

**LEARN MORE**

To learn more about *ACTIO*N, please visit www.hnhblhin.on.ca.

**CONTACT**

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## Appendix I – ACTION CRP Session Evaluation Results

### CRP Kick-off Session Evaluation RESULTS (May 23, 2012)

**Session Goals:**

**1.** To provide participants with an overview of the LHIN's structure and role.

**2.** To provide participants with an overview of the ACTION project and the role of the CRP.

***A total of 33 surveys were completed, out of 36 participants***

| | | | | | | |
|---|---|---|---|---|---|---|
| **1.** | Did you find the session informative? | 30 | Yes | 3 | Somewhat | 0 No |
| **2.** | Were you satisfied with the materials that were provided? | 25 | Yes | 7 | Somewhat | 1 No |
| **3.** | Were you satisfied with the process used by facilitators? | 31 | Yes | 2 | Somewhat | 0 No |
| **4.** | In your opinion were the session goals achieved? (2 unanswered) | 26 | Yes | 5 | Somewhat | 0 No |
| **5.** | Did you have ample opportunity to share your ideas? | 18 | Yes | 12 | Somewhat | 3 No |
| **6**. | Did we answer questions to your satisfaction? (1 unanswered) | 21 | Yes | 11 | Somewhat | 0 No |

**Questions/Comments:**

- Are LHINs accountable as others and are their funds altered as a result?
- We had many questions about funding.
- Can we get an electronic copy of the presentation?
- Has there been any thought given to setting up a collaborative website or workspace to publish slides and reference material? A website would also encourage the groups to offer more opinions and comment as well as to enable LHIN leadership to survey the CRP on more topics.
- Is accountability and sustainability an issue for the LHINs or for the non-LHIN funded areas?
- How do you measure sustainability, quality care and community access in the "Community Care Centres" or Health Centres?
- If the LHIN and hospitals are accountable for $2.26 Billion – how do you "render" accountable via "mandatory surveys" for common access care personnel?

**Presentations:**

- Presentations were informative and easy to understand.
- I feel I need more information, but I'm sure more is coming my way.
- Will have time to share ideas at next meeting.
- Criteria requirements not presented (Community Services).
- Great presentation.
- I would recommend that more detail be given about the CCAC, how they are funded, the role they play and their effectiveness and/or ineffectiveness. In addition, how many CCACs are funded throughout Ontario?
- Having reference material on CHCs and CCAC that explains their senior services as well as how they are funded would be helpful.
- A little more explanation about the different community organizations (e.g. role of CCAC).
- Since time was a factor, obviously all information wouldn't be available, maybe some additional prior reading materials could be included next time.
- Someone will need to clarify, monitor, supervise, and regulate the transfer from Hospital care to Community Access Care, such as Victorian Order or Nurses (VON), etc.

**Venue/Food:**

- Facility was suitable.
- Will tables be near wall outlets to plug in a computer?
- Please ensure the sound system is more audible.
- I was not satisfied with the materials provided for the common (table) task.
- Food was very good.

**Overall:**

- Well done!
- Looking forward to June 2, 2012 – thanks.
- The most important committee work I have participated in.
- Well done.
- Excellent start.
- Ideas started to percolate – perfect!
- Well planned.

## CRP - Input Session Evaluation RESULTS – June 2, 2012

**Session Goals:**

**1.** To review the outcomes of the May 23, 2012, kick-off session and answer any outstanding questions from that session.

**2.** To provide an understanding of the current state of our health system.

**3.** To discuss suggestions to improve the quality and experience of people as they move through the health system, as well as identify ways of increasing value for money.

***33 out of 33 participants completed this survey***

| | | | | |
|---|---|---|---|---|
| **1.** | Did you find the session informative? | 30 Yes | 3 Somewhat | 0 No |
| **2**. | Were you satisfied with the materials that were provided? | 29 Yes | 4 Somewhat | 0 No |
| **3.** | Were you satisfied with the process used by facilitators? | 25 Yes | 8 Somewhat | 0 No |
| **4.** | In your opinion were the session goals achieved? | 22 Yes | 11 Somewhat | 0 No |
| **5.** | Did you have ample opportunity to share your ideas? | 25 Yes | 8 Somewhat | 0 No |
| **6.** | Did we answer questions to your satisfaction? | 25 Yes | 8 Somewhat | 0 No |

**Positive Comments:**

- There is so much apathy in the health care community. I was part of it. I was critical of the LHIN and their decisions. I have learned more. I appreciate the enormity of the issues. This "spreading the word" WILL help in this apathy. We had good discussion at our table. Overall, this has been a highly valuable dialogue. A great deal of discussion occurred and hopefully something useful will come from this.
- It is good to know that the LHIN is trying to achieve their goals through sessions of this magnitude. As an individual, I am truly interested in improving our health system as I age. Working with seniors as I do has opened up my mind as to how the system can improve our aging population.
- Was extremely informative session. Educated us much more on our health care services. It really gives us insight on just how difficult the LHIN's job really is. You are doing a great job – thanks.
- This has given me the impetus to go out and get the opinions of my friends and other seniors. Also, it gave me answers to what the LHIN was.
- I believe that this was a very helpful and satisfactory use of my time.
- Very well run. Good venue. Informative. Thank you for putting table number one near an electrical extension cord.
- Although many seem to have a bias based on their own experiences, it has been very interesting. I look forward to more.

- The actual session today was better than the first time.
- Good session which I hope provided you with valuable details to go forward.
- Good learning session - thanks.
- Great session – looking forward to the next.
- Great session.

**Ideas/Other Comments:**

- "Ambassador program" where members of the CRP go out with the LHIN team and support/promote the strategic plan – put a "community face" on the report and help provide some "buy in" from the community.
- The HNHB LHIN needs to engage this group on more dialogue around opportunities for consolidation and shared common services with the goal of reducing administrative costs and redundancy. Our table sees huge opportunity to discuss this.
- The HNHB LHIN strongly needs to consider a partnership with Public Health to proactively promote regional HNHB wellness and education on how to effectively and efficiently access healthcare services.
- There should be more community dialogue on consolidation of CCAC with CHC and Community Support Services (CSS). As a cost-cutting measure and to employ more focus this needs to be discussed.
- GPs should be responsible to the CCAC as they are specifically community-based (GPs are extremely swamped by paperwork).
- It is often difficult to reach the wisest recommendation without having more details about specific costs and the different consumer types and problems.
- Integration of health care services should not be a cookie cutter approach. The uniqueness of each area should be considered. Local is not just a word – but an area. Drastic changes in areas should be announced in person to the location at a public meeting.
- It is important not to eliminate the professional health care providers, by making drastic changes without input from those affected.
- I felt that participants shouldn't be allowed to dominate discussions regarding beds in their community. This is a LHIN-wide exercise, not a chance to continually revisit things that have happened. Also leads to skewed/misinformation.
- If we bring our "friends" you will not have a "representative sample". You will have a "select" sample (friends of friends). Need a more representative sample – more lower socio-economic people. You started with a non-representative sample with people who read newspapers.
- Not sure goals were communicated at the beginning.

**Requests/Questions:**

- Need percentage of costs of administration of services offered by the HNHB LHIN.
- Would like dollar numbers of CEO.
- Does the government ever review the size of the LHIN? Perhaps area is too big and too many diverse problems (i.e. urban, rural).
- Copies of summary of comments from each table.
- More time to discuss and bring our ideas to the table. Copies of answers to three discussion questions.
- Summary of comments from each table would be appreciated. If they can be sent that would be great.
- Some provinces have regional health authorities – what's the difference between them and LHINs?

## CRP - Final Session Evaluation RESULTS – September 15, 2012

**Session Goals:**

1. To review the timelines of ACTION.
2. To review the highlights of the ACTION Communications and Engagement Interim Report.
3. To review and discuss the draft framework of the health system options.

***27 out of 29 participants completed this survey***

| | | | | |
|---|---|---|---|---|
| **1.** | Did you find the session informative? | 22 Yes | 5 Somewhat | 0 No |
| **2.** | Were you satisfied with the materials that were provided? | 20 Yes | 7 Somewhat | 0 No |
| **3**. | Were you satisfied with the process used by facilitators? | 23 Yes | 4 Somewhat | 0 No |
| **4.** | In your opinion were the session goals achieved? | 12 Yes | 14 Somewhat | 1 No |
| **5.** | Did you have ample opportunity to share your ideas? | 23 Yes | 4 Somewhat | 0 No |
| **6.** | Did we answer questions to your satisfaction? | 22 Yes | 5 Somewhat | 0 No |

**Positive Comments:**

- This has been an amazing opportunity to actually become aware of what the LHIN's role in health care really is and I now have a real appreciation of their role. Keep up the good work!
- Found the sessions informative and (by and large) enjoyable. Would be pleased to participate in other groups.
- Was done very well.
- I appreciated having the opportunity to have a 'voice" in the process.
- A great learning experience and a worthwhile use of time. Appreciated the interaction of the group.
- Without the information from my diabetic nurse at McMaster, I would have not found the opportunity to come to these sessions and would not have learned about it. I have never heard about the LHIN and now know I will try to be proactive in promoting the LHIN.
- Was interesting to see a summary of last session. Important to keep people on a general path, not bogged in specifics.
- These sessions have given me an insight into the health care system. The choice of the group was a good representation of the population.
- Great job by Kelly & Steve!
- Thank you!

**Ideas/Other Comments:**

- Listen to comments given.
- Much of the dependency on execution is dependent on the provincial government giving the LHINs an increased mandate to bring these plans to bear and to bring primary care under their wing. With a minority liberal government in power, I worry about the ability to execute. The content and exercise has been very valuable yet despite the political outcome in the province, I would hope that these recommendations and insights will be properly captured and executed as the mandate allows.
- While there was a desire to keep this short, there needed to be more time given for discussion and a chance to formulate ideas, questions, etc. Felt that there was a great deal of time allocated to giving the CRP information. More time should have been dedicated to actually developing our feedback and positions. Finally, there should have been greater integration between all of the groups (e.g. service providers, CEOs, LHIN Staff, physician groups, etc.).
- Write a Mission Statement for LHIN regarding the health care that will be provided. Ensure implementation of this Mission Statement isn't arbitrary. Get each of the political parties to provide their own individual Mission Statement on health care provision in the Province.
- It would have been helpful to review the goals set out in our initial session to see how closely we met them.
- When someone uses the health care system, would it be possible to tell them the approximate cost of the treatment they received?
- My concern is that the HNHB LHIN prior to these meetings has a plan they would like to follow and is attempting to make it look like they are receiving lots of public consultation – but I doubt if it will change their original direction.
- Set goals for every client before care is given – see what service will be needed and have them available – include family and education. You can then evaluate if you are meeting your objectives.
- Update goals as needed.
- More informative information with illustrated next steps.
- Keep me informed about what is happening with the LHIN and share what is discussed.
- Keep this working group alive and meeting if possible.
- Nice to keep this group, if possible.
- I hope I can remain informed to the plans progress.

## Appendix J – ACTION French CRP Evaluation Results

### Francophone Citizens' Reference Panel (FCRP)
### Kick-off Session Evaluation RESULTS - May 31, 2012

**Session Goals:**

1. To provide participants with an overview of the LHIN's structure and role.
2. To provide participants with an overview of the ACTION project and the role of the CRP.

***A total of 5 surveys were completed, out of 6 participants***

| | | | | |
|---|---|---|---|---|
| **1.** | Did you find the session informative? | 3 Yes | 2 Somewhat | 0 No |
| **2.** | Were you satisfied with the materials that were provided? | 1 Yes | 2 Somewhat | 2 No |
| **3.** | Were you satisfied with the process used by facilitators? | 3 Yes | 1 Somewhat | 1 No |
| **4.** | In your opinion were the session goals achieved? | 1 Yes | 3 Somewhat | 1 No |
| **5.** | Did you have ample opportunity to share your ideas? | 4 Yes | 1 Somewhat | 0 No |
| **6.** | Did we answer questions to your satisfaction? | 3 Yes | 2 Somewhat | 0 No |

**Additional comments:**

- We're missing data on the Francophones of the Region.
- Bringing data (quantitative) would have been a plus for our understanding of the answers you are expecting us to give you.
- Short time allowed to consult/analyze/research the information for us to transmit our opinions and suggestions.

## Francophone Citizens' Reference Panel (FCRP)

## Input Session Evaluation RESULTS - June 7, 2012

**Session Goals:**

**1.** To review the outcomes of the May 31, 2012, kick-off session and answer any outstanding questions from that session.

**2.** To review the current state of our health system.

**3.** To discuss suggestions to improve the quality and experience of people as they move through the health system, as well as identify ways of increasing value for money.

***A total of 6 surveys were completed, out of 6 participants***

| | | | | |
|---|---|---|---|---|
| **1**. | Did you find the session informative? | 6 Yes | 0 Somewhat | 0 No |
| **2.** | Were you satisfied with the materials that were provided? | 3 Yes | 3 Somewhat | 0 No |
| **3**. | Were you satisfied with the process used by facilitators? | 6 Yes | 0 Somewhat | 0 No |
| **4.** | In your opinion were the session goals achieved? | 4 Yes | 2 Somewhat | 0 No |
| **5**. | Did you have ample opportunity to share your ideas? | 5 Yes | 1 Somewhat | 0 No |
| **6**. | Did we answer questions to your satisfaction? | 4 Yes | 2 Somewhat | 0 No |

**Additional comments:**

- Goals reached with respect to general population. We were not able to make recommendations targeting francophone population.
- A lot of the information and pieces of information in the draft report worry me especially as it relates to Francophones.
- The data do not contain information on francophone population – leading practices (?). Need data about francophone designated communities.
- Would have liked more time to share.
- Thank you.

## Francophone Citizens' Reference Panel (FCRP)

## Final Session Evaluation RESULTS – September 20, 2012

**Session Goals:**

1. To review the timelines of ACTION.
2. To review the highlights of the ACTION Communications and Engagement Interim Report.
3. To review and discuss the draft framework of the health system options.

***4 out of 4 participants completed this survey***

| | | | | |
|---|---|---|---|---|
| **1.** | Did you find the session informative? | 4 Yes | 0 Somewhat | 0 No |
| **2.** | Were you satisfied with the materials that were provided? | 4 Yes | 0 Somewhat | 0 No |
| **3.** | Were you satisfied with the process used by facilitators? | 4 Yes | 0 Somewhat | 0 No |
| **4.** | In your opinion were the session goals achieved? | 4 Yes | 0 Somewhat | 0 No |
| **5.** | Did you have ample opportunity to share your ideas? | 4 Yes | 0 Somewhat | 0 No |
| **6.** | Did we answer questions to your satisfaction? | 4 Yes | 0 Somewhat | 0 No |

**Additional Comments:**

- I can possibly see a light at the end of the tunnel. However, how long that tunnel is – is still to be determined.
- I really appreciated the interaction of LHIN staff with FCRP members for all questions.

## Appendix K – ACTION CRP Budget Overview

**General Population CRP: Kick-off Session (May 23, 2012):**

- 36 attendees plus five HNHB LHIN staff

| Item/Activity | Costs |
|---|---|
| Venue – Ball's Falls Centre for Conservation | $360 |
| Catering – Antipasto's | $383 |
| Supplies – Resource Allocation Table Activity | $33 |

**General Population CRP: Input Session (June 2, 2012)**

- 33 attendees plus three HNHB LHIN staff and two HCP representatives

| Item/Activity | Costs |
|---|---|
| Venue – Grimsby Seniors Citizens' Centre | $197 |
| Catering – Antipasto's | $648 |

**French CRP: Kick-off Session (May 31, 2012)**

- Six attendees plus three HNHB LHIN staff, two FLHPE staff, and two translators/interpreters

| Item/Activity | Costs |
|---|---|
| Venue – HNHB LHIN | 0 |
| Catering – August Restaurant | $147 |
| Interpretation – Laurier Translations | $1,164 |
| Translation – C. Bourbonnais | $918 |

**French CRP: Input Session (June 7, 2012)**

- Six attendees plus three HNHB LHIN staff and two FLHPE staff

| Item/Activity | Costs |
|---|---|
| Venue – HNHB LHIN | 0 |
| Catering – August Restaurant | $98 |

**Aboriginal CRP: Input Session (June 8, 2012)**

- Six attendees plus two HNHB LHIN staff

| Item/Activity | Costs |
|---|---|
| Venue and catering – Hamilton Regional Native Centre | $360.00 |

## Appendix L – Commonly Used Acronyms

| | |
|---|---|
| ACRP | Aboriginal Citizens' Reference Panel |
| ACTION | A Call To IntegratiOn Now |
| AHN | Aboriginal Health Network |
| ALC | Alternate Level of Care |
| CAT | Computerized Axial Tomography |
| CCAC | Community Care Access Centre |
| CEO | Chief Executive Officer |
| CEPA | Canadian Emergency Physicians Association |
| CHC | Community Health Centre |
| CRP | Citizens' Reference Panel |
| CSS | Community Support Services |
| DARTS | Disabled and Aged Regional Transportation System |
| DNR | Do Not Resuscitate |
| ED | Emergency Department |
| EMS | Emergency Medical Services |
| FCRP | Francophone Citizens' Reference Panel |
| FHT | Family Health Teams |
| FLHPE | French Language Health Planning Entity |
| GP | General Practitioner |
| HCA | Health Care Aide |
| HSP | Health Service Provider |
| HNHB | Hamilton Niagara Haldimand Brant |
| HST | Health System Transformation |
| HUC | Hamilton Urban Core |
| IHSP | Integrated Health Service Plan |
| LHIN | Local Health Integration Network |
| LTCH | Long-Term Care Home |
| MINISTRY | Ministry of Health and Long-Term Care |

| | |
|---|---|
| MCSS | Ministry of Community and Social Services |
| MCYS | Ministry of Children and Youth Services |
| MPP | Member of Provincial Parliament |
| MRI | Magnetic Resonance Imaging |
| NHS | Niagara Health System |
| NP | Nurse Practitioner |
| NRT | Nicotine Replacement Therapy |
| ODSP | Ontario Disability Support Program |
| OHA | Ontario Hospital Association |
| OHIP | Ontario Health Insurance Program |
| OMA | Ontario Medical Association |
| OR | Operating Room |
| P3s | Public/Private/Partnerships |
| PSA | Public Service Announcement |
| PSW | Personal Support Worker |
| RHPA | Regulated Health Professions Act |
| RN | Registered Nurse |
| SOADI | Southern Ontario Aboriginal Diabetes Initiative |
| UCC | Urgent Care Centre |
| VFM | Value For Money |