

Engagement Session Summary: **Patient and Family Advisors** – May 19, 2021

Attendees:

- Session Leads: Jack Christy, Jessica Logozzo,
George Saarinen
1. Dan Pieroz - Fort Frances
 2. Donna Brown - TBRHSC
 3. Linda Ballentine – NOSH
 4. Jules Tupker – TB health coalition
 5. Carol Ann Brumpton – TBRHSC
 6. Wendy Petersen – Kenora
 7. Becky Johnson – Marathon
 8. Katherine Smith – PFA NW LHIN
 9. Diane Clifford – PFA
 10. Mirim – Marathon
 11. Paul Carr – TBRHSC
 12. Jan – TBRHSC PFA and CFP SJCG
 13. Lesley Ryan – Marathon
 14. Rita Boutette – Kenora PFA LWDH
 15. Chantal Chartrand – FLS NW Ontario
 16. Theresa Bowen – Kenora
 17. Marg Arnone – Thunder Bay
 18. Marge Porieir – Kenora
 19. Joan Duke – LHIN PFA
 20. Keith Taylor – Chair PFAC TBRHSC
 21. Dana Lamminmaki – PFA TBRHSC
 22. Jessica Saunders
 23. Heather Woodbeck – PFA TBRHSC PFAC
 24. Maleeha – Red Lake PFAC
 25. Debbie Ruuska – Kenora
 26. Cindy Cole – PFAC Fort Frances
 27. Chief Lorraine Cobiness PFAC in Kenora
 28. Wayne – Kenora
 29. Craig Kozlowski – OH North
 30. Joanna de Graaf Dunlop

Discussion notes:

- Acknowledgement of **great work to date**, and **excitement to be engaged in the process**
 - Appreciate bringing PFAs together across the region.
 - Felt that the example of hospitals working together on a shared leadership role focused on integration is a positive sign.
- Request for **continued patient, resident, client, family and caregiver involvement**
 - It was raised that a **patient declaration of values** from this group to help guide decision makers would be helpful. All agreed. **Agreement that a follow up session will be scheduled to advance this work.**
- Need to **respect the important role of care delivery in smaller communities** – Thunder Bay cannot be seen as the ‘centre of healthcare’ and **care needs to continue to be delivered as close to home as possible.**
- A participant shared that work underway through All Nations Health Partners OHT has led to better collaboration and innovation. Some key learnings include:
 - Common Vision – all partners are on the same page
 - Ability to leverage existing resources, both federal and provincial, allows them to meet the needs of the population
 - Courage – need to honest about what the challenges are
- Challenges/issues that need to be addressed to improve care for people across the region:
 - **Continuity of care and information** – when patients are discharged out of Thunder Bay and back to community, there are challenges with information being shared with providers/family and there is a lack of follow up care in the community.
 - **Integration** – story shared where a patient from a small community in the North West region was scheduled for three tests in Thunder Bay on three separate days. Noted that

there needs to be more integration/coordination so that patient appointments “make sense”.

- **Transportation** – lack of transportation options in the region; can lead to missed appointments. Two specific examples provided:
 - Ambulance services in the North West being look at for “rationalization” which may mean service to some communities is likely to become limited.
 - Closure of Greyhound bus routes with only limited service provided by Casper and Northland means transport to appointments for medical care has may be (or has been) significantly compromised.
- **Mental health and addictions** – access is an ongoing challenge, which has been worsening due to the pandemic. Consider ideas such as: safe drug program; services available through school board.
- Opportunities noted:
 - **Electronic Medical Records (EMR) integration** to support better information sharing. *Presenters noted that this is a priority for the region – all hospitals are currently working together to renew the current Health Information System, and are looking at integration/interoperability with the broader health and human services system.*
 - Consider **mobile models of care** to ensure access to services – for example, mobile MRI for the region.
 - Build on **successful regional programs** to address needs – for example, regional stroke prevention team (look at mobile models for ECG, bone density, etc.)
 - Opportunity to look to best practices (i.e. Registered Nurses Association of Ontario Best Practice guidelines) to learn from other organizations/models to advance our work.
- Questions raised:
 - Will hospitals that currently deliver babies still do so in an integrated model?

Key take-aways:

1. Participating patient, resident, client, family and caregiver Advisors want to continue to be involved in this important work. As a next step, a follow up session will be scheduled to focus on the development of a *Patient Declaration of Values* to guide this work.
2. Need to respect the important role of care delivery in smaller communities, and ensure that care is delivered as close to home as possible.
3. Key areas for improvement include: better continuity of care between regional and local services (including better information sharing); improved transportation system/services; and, better access to mental health and addictions services. Opportunities to support this may include: EMR integration; exploring mobile models of care; and, expansion of regional programs/services to meet the needs of the population as close to home as possible.