North West **LHIN**

LHINkages

Sharing Health Care News, Stories and Developments in Northwestern Ontario

SPRING 2018

North West LHIN Quarterly Newsletter

Ontario

North West Local Health Integration Network

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Vision, Mission and Values

Vision
Healthier people, a strong health system - our future.

Mission
Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN.

Values
1. Person-centred
2. Culturally Sensitive
3. Sustainable
4. Accountable
5. Collaborative
6. Innovative

The 2016-2017 **Accomplishments Publication** is now available online. If you would like to receive a print copy, please send your request to:

nw.communications@lhins.on.ca

The 2016-2017 Accomplishments can be read online here, or visit our website at www.northwestlhin.on.ca.

North West LHIN documents can be made available in alternate formats to meet accessibility needs. Please contact nw.communications@lhins.on.ca or toll-free at 1-866-907-5446.

Message from Laura Kokocinski, North West LHIN CEO

2018 started out to be a busy year with many new and exciting opportunities to improve health care delivery in the North West LHIN. Although we are only three months into the new calendar year, I can already sense that the strategies underway to improve patient access to services and address health equity will make a difference for the people of our region. For instance, the advice we have received from the newly formed Patient and Family Advisory Committee is changing the way we address decision making and information sharing. Much has already been accomplished since the start of the New Year as we continue to build responsive programs and services that are effective, efficient and sustainable.

The North West LHIN has entered into year 7 of the Health Services Blueprint – a 10-year integration plan to strengthen and transform health care in Northwestern Ontario. Many of the 44 recommendations contained in the Blueprint are well on-track to be met by 2021. The LHIN will be conducting a fulsome evaluation of the Blueprint this year, to identify outstanding work to meet the 2021 deliverables and lay out a plan with partners to achieve these outcomes. As we move forward into the latter stages of the Blueprint, the North West LHIN will continue to advance the goal of an integrated and patient-centred service delivery model to better meet the needs of the population.

The North West LHIN is about to begin another engagement campaign in preparation for the Integrated Health Services Plan V (2019-2022). The fifth of its kind, this plan will define the priorities and strategic directions to meet the northwest population needs for the next three years. The campaign reaffirms the North West LHIN's commitment to community and stakeholder engagement in the planning process. The knowledge and experiences of local residents, caregivers and health service providers is crucial to ensure that the North west LHIN's planning and decision-making reflect the needs and priorities of local communities and the people of our region.

This will be my last LHINkages CEO Message, as I retire on May 1, 2018. It is with a measure of sadness, but also great appreciation, that I say goodbye in my role as CEO with the North West LHIN. I would like to thank each and every LHIN partner for your commitment to health care and your dedication to continuous health care improvement. The ground work has been laid for exceptional work and will continue to grow. I look forward to seeing the continued high-quality service delivery and program excellence that I have come to know so well in my 11 years with the LHIN. It has been my privilege to serve the people of the region and I leave knowing that the organization is in very capable hands.

Do You Know?

What is the IHSP?

The Integrated Health Service Plan (IHSP) is a plan that outlines the priorities the North West LHIN uses to guide decisions about health system transformation and service delivery. It also guides the North West LHIN's Board of Directors in decision-making regarding funding allocations and it directs the LHIN's operations in Northwestern Ontario for each three-year span.

IHSP I (2007-2010)

8 Priorities for Change:

- Access to Care
- Long-Term Care Services
- Integration of Services Along the Continuum of Care
- Engagement with Indigenous People
- Ensuring French Language Services
- Integration of e-Health
- Regional Health Human Resources Plan
- LHIN Priorities and MOHLTC Strategic Directions

IHSP II (2010-2013)

11 Priorities for Change:

- ED Wait Times ALC
- Primary Care
- Specialty Care & Diagnostic Services
- Chronic Disease Prevention & Management
- Long-Term Care Services
- Mental Health & Addictions Services
- Indigenous Health Services
- French Language Health Services
- Health Human Resources
- eHealth
- Integration of Services along the Continuum of Care

IHSP III (2013-2016)

4 Priorities for Change:

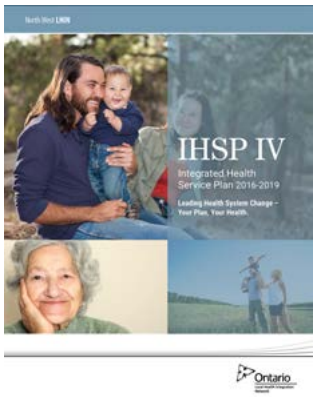
- Building an Integrated Health Care System
- Building an Integrated eHealth Framework
- Improving Access to Care
- Enhancing Chronic Disease Prevention and Management

IHSP IV (2016-2019)

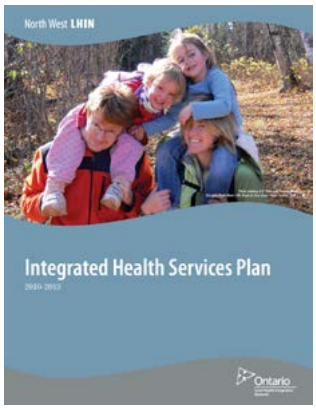
4 Priorities for Change:

- Improving Patient Care Experience
- Improving Access to Care and Reducing Inequalities
- Building an Integrated eHealth Framework
- Ensuring Health System Accountability and Sustainability

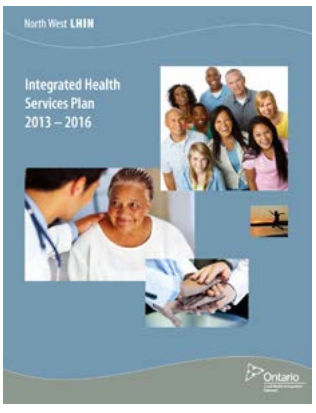
IHSP I



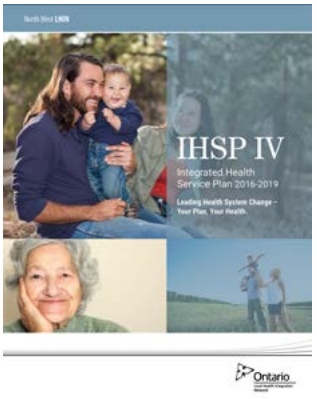
IHSP II



IHSP III



IHSP IV



Highlights and Successes of the IHSP IV

The North West LHIN continues to advance achievements for the IHSP IV 2016-2019, which builds upon the foundational work of the previous IHSPs and the successes achieved to date. To do, the North West LHIN has accomplished a number of achievements that advance the four priority areas of the IHSP IV:

Improving the Patient Care Experience, Improving Access to Care and Reducing Inequities, Building an integrated eHealth Framework, and Ensuring Health System Accountability and Sustainability. Some of these accomplishments include:

Improved access to care through the Regional Critical Care Response Program

Developed a Regional Diabetes Care Plan to support a patient journey that is more integrated, person-centred, accessible, equitable and effective.

Organized an Indigenous Health Forum on health equity with stakeholders from the region.

Implemented a 24-hour support line to enable access to palliative care expertise for health care professionals across the region.

Established a transitional care unit with 32 new spaces at St. Joseph's Care Group to improve patient flow and reduce pressures at the Thunder Bay Regional Health Sciences Centre.

Supported the Centre of Excellence for Integrated Seniors Services at Hogarth Riverview Manor, with an expanded site that opened in Spring 2017, adding 148 new beds to the system.

Expanded virtual fracture clinics in Dryden, Lake of the Woods District Hospital and Meno Ya Win Health Centre, provided care close to home.

Standardized a region-wide pathway for hip and knee replacement surgery which supports improved health outcomes for patients and improved health system efficiency.

Enabled 743 patient appointments for urgent care, casting or routine follow ups through the Virtual Fracture Clinic to reduce travel to Thunder Bay for regional residents. Completed 87.2 per cent of CT scans within the provincial access target, well above the provincial average of 75.9 per cent.

Improved access to care for individuals with responsive behaviors.

Worked with the Thunder Bay Canadian Mental Health Association (CMHA), Thunder Bay Police Service and others to develop an improved crisis response system.

Implemented pilot referrals between primary care and specialist physicians within the North West LHIN.

Streamlined electronic referrals between acute care and home and community care with small hospitals in the region.

Reduced patient wait times for specialist care by rolling out the provincial eConsult Service.

Improved patient outcomes by supporting the Quality Based Procedure Order Set in 12 of the 13 small hospitals in the region.

These accomplishments are a result of continuous collaboration with stakeholders, patients, caregivers, families and the general community. With your help, the North West LHIN has been able to continue advancing an integrated health care system in Northwestern Ontario. Thank you to the people of Northwestern Ontario who have continued to be generous with both their time and insight during discussions about health care with the North West LHIN.

PICTURE YOUR HEALTH YOUR FUTURE

The North West LHIN is currently engaging with stakeholders and members of the community in order to receive input to inform the development of the fifth Integrated Health Service Plan (IHSP V, 2019-2022). The campaign, which launched March 19, encourages participation, dialogue and feedback from the people of Northwestern Ontario. The feedback received from the engagement campaign will feed into the develop of the IHSP V, which outlines strategic priorities for the three year period from April 1, 2019 to March 31, 2022.

The engagement campaign will officially run from Monday March 19 to May 18, 2018. The North West LHIN continuously engages with stakeholders, and all feedback received during the campaign period will be used to inform system planning with the IHSP V.

There are a number of opportunities for interested members of the public, health service providers, and other sector partners to get involved and provide feedback. Feedback channels include community events, surveys, interactive workshops across the region, and online through the North West LHIN's engagement hub and social media.

The North West LHIN will also seek feedback from stakeholders through established forums, meetings, advisory committees, councils, and the newly-established Sub-region Planning Tables, which include cross-sector representation from each of the five sub-regions in Northwestern Ontario.

Participants are encouraged to imagine and express their ideal future state as they respond to the central campaign question: What should health care in the future provide to you and your community? The North West LHIN is looking for feedback in a variety of formats, including story-telling, pictures and videos collected both online and offline.

The campaign begins in Marathon on March 19. For more dates, locations and information visit the Picture Your Health: Your Future online engagement hub.

Share your voice and picture the future of health care in your community!

"Engaging with communities across the region is fundamental to the work of the North West LHIN. 'Picture Your Health: Your Future' is especially important because the feedback shapes the future of health care programs and services across the region to 2022 and beyond. The North West LHIN needs to hear from the people who are directly impacted by the services provided by the health care system."

Laura Kokocinski, CEO, North West LHIN

Success Stories

Improving Access to Care: Regional Critical Care Response Program

Feature story – Laurie Heerema, Chief Nursing Executive, Geraldton District Hospital

Laurie Heerema is many things, but patient champion is undoubtedly at the top of the list. "The reason why I'm in nursing is for that particular reason," said Laurie, Chief Nursing Executive at Geraldton District Hospital. "I love nursing, I love taking care of people, and everything that I do and everything that I decide on behalf of the Geraldton District Hospital is based on patients and how they will be affected."

So when Laurie and the Geraldton District Hospital were asked whether they would like to participate in the Regional Critical Care Response program, she jumped at the opportunity. The RCCR program, devised and developed by the critical care team at the Thunder Bay Regional Health Sciences Centre (TBRHSC), connects physicians in rural hospitals who have a patient in critical care with specialists at TBRHSC.

Geraldton District Hospital, much like other small hospitals in the region, were facing delays in transferring patients requiring immediate care to the trauma centre at the TBRHSC. "I think that when faced with delays in transporting the patient, visualization of the patient by the RCCR Team at the TBRHSC assists in the treatment of these patients. Having an Intensivist, Respiratory Therapist and ICU Nurse's expertise ensures the patient will receive the appropriate treatment in a timely manner."

In essence, the RCCR program allows physicians with patients in critical condition to connect directly with a team in the ICU unit at TBRHSC, who are on-call all hours of the day and night, via OTN. At the same time, OTN connects with an Ornge physician stationed out of Toronto. With three teams on one video call – a team from the small hospital, an Intensivist and a specially trained critical care nurse TBRHSC and a physician from Ornge – they are able to discuss the condition of the patient, make recommendations, initiate treatment and ensure that everything is in place for when Ornge arrives to pick up the patient and transport them to the Thunder Bay Regional site. This process allows physicians and nurses at small hospitals to initiate treatment within the critical "Golden Hour" before Ornge arrives, which reduces the amount of time necessary to stabilize the patient prior to transport.

So is the program useful? "To me, it's invaluable," says Laurie. "It's made a huge difference in reducing the wait time from the initiation of treatment to when Ornge arrives, stabilizes the patient, and actually lifts off." Laurie estimates that the time it takes for Ornge to stabilize a patient has been cut in half as a result of the Regional Critical Care Response program. Thanks to the specialist

Laurie Heerema, Chief Nursing Executive, Geraldton District Hospital

advice from physicians in TBRHSC, Geraldton District Hospital has been able to stabilize their patients at the hospital and occasionally avoid the need for transportation to TBRHSC. "We're preventing having to increase the influx of patients coming to Thunder Bay by using this program," says Laurie. And, since Geraldton District Hospital has the highest amount of transfers in the North West LHIN east of the TBRHSC, anything that can be done to treat patients locally is a huge help to the system.

The statistics for the program speak for themselves – as of April 2017, 163 air transports have been averted resulting in over 3 million dollars in savings. But savings don't compare to the number of lives saved by this program. Laurie recounts one story in which a man experiencing a heart attack during an ice storm which paralyzed the entire NWLHIN was able to be treated with the help of the Regional Critical Care Response program while awaiting transfer to the ICU unit at the TBRHSC. "I really honestly think that without this [program], that the patient may have actually passed away," recalls Laurie.

The program fulfills Laurie's passion for patient-centred care. "I think one of the biggest things [that patients like about the program] is the fact that we are asking what they think and what they know," says Laurie. The patient and/or families are involved in the process from start to finish – they are able to ask questions to the doctors at Thunder Bay Regional Health Sciences Centre and are consulted on important decision-making aspects of their/their loved ones care.

With an additional $2 million in funding allocated, Laurie and the other 11 participating hospitals across the region will be able to continue improving access to care and outcomes for patients.

Improving the Patient Care Experience

North West LHIN Regional Orthopaedic Program

Feature Story – Jim Shearer, Patient of the Regional Orthopaedic Program

When Jim Shearer fell on some ice last winter, he knew knee surgery might follow. Having had multiple surgeries on his knees before, Jim booked an appointment with his doctor. But what Jim didn't know was the level of coordinated care and one-on-one attention he was about to receive.

Jim's experience with the Regional Orthopaedic Program began with some x-rays and a visit from Program Director and Physiotherapist Caroline Fanti. "That was neat for me because I've never had a physiotherapist see me from the very beginning," said Jim.

Together, Jim and Caroline looked at the x-rays that were taken there at the hospital, requiring no wait time. "I think the care, the information that she gave me that day was encouraging and yet I had never received it in all of my surgeries- that care that Caroline was able to offer. She took the time to explain what I needed to do as a patient."

Caroline sat down with Jim and explained his options. From there, Caroline gave Jim homework—exercises that he needed to do to strengthen his knee before surgery – and a follow up appointment was booked. Rather than having to travel long distances to get the care he needed, Jim was able to receive care at his home in Dryden. "Even when I lived in Toronto, I would have to travel so far just to see a specialist. But here, at the [Dryden Regional] Hospital, I was able just to go there. It just made it so much easier not having to drive the distance," says Jim.

Jim's experience with his knee surgery was notably more coordinated than his previous surgeries. "I can remember having to go to my closest hospital and getting my x-ray done there before I went to my specialist, which was three hours the other way," Jim recalls. "Here, everything was done right at the hospital."

"I can see such value of having those specialists right here in Dryden," says Jim. "I can see that Dryden is a hub for many Northern communities, so I think having those options here in Dryden – to see a specialist, to have everything done here – is a good thing."

According to Jim, the Regional Orthopaedic Program is especially important for those more vulnerable populations, particularly seniors. "It's hard for some people to have the same treatment

because they aren't able to travel on their own or without a medical companion." Bringing specialized care to communities like Dryden is one way that the Regional Orthopaedic Program is improving the patient care experience. For Jim, this has meant high-quality and personalized health care without having to travel far to get it.

Mental Health and Addictions Nurses in Schools (MHAN)

Feature Story - Miranda Thibeault, MHAN Nurse, North West LHIN

Care providers in Northwestern Ontario often face unique challenges that come with a large geography and a dispersed population. The most common challenges are often related to access to care, and the barriers faced by the people of the region in accessing their care in a manner that is convenient, timely, and close to home. Recognizing these challenges, particularly when it comes to mental health services for young people, a program was put in place to help ensure youth who need the support of a care provider are able to access the care they need. The Mental Health and Addictions Nurses in Schools (MHAN) program places mental health and addictions nurses in schools to provide on-site support to students in need.

"In terms of how it works, we'll receive a referral – whether from the hospital, the school, a family physician, or another agency," says Miranda Thibeault, a Mental Health and Addictions Nurse (MHAN) who works out of a local school in Thunder Bay. "So once the referral is received, which can be for any suspected issue related to mental health or addictions, the necessary information is gathered, any necessary consents, and then do what we can to provide the support the child needs, on site at school, or direct them to the appropriate services."

Mental Health and Addictions Nurses, like Miranda, work out of schools across the region and help children and young adults face their mental health and addictions challenges in a familiar, safe and accessible environment.

"This really is a nursing role. We have our little nursing bag and all the tools you expect a nurse to have, the only difference is that our focus is on mental health and addictions, and we're working directly in the schools, so we can build trust and relationships with students who might not be as likely to come forward or seek care if we weren't available as an option. And there are definitely walk-ins and self-referrals, which shows us these services are needed, and are playing an important role."

Some of the most common challenges faced by Miranda's student patients are stress and anxiety related, particularly around exam time, but many students are also facing challenges related to suicidal thoughts, self-harm, substance abuse, or even family trauma.

"We were put in the schools to fill gaps in service – it's why we're here," says Miranda. "We don't only provide care, but also help with system navigation, transition to and from school between

hospitals or treatment clinics, medication management, and aim to reduce readmissions and hospital visits."

The work of MHANs, like Miranda, is varied. It requires these dedicated care professionals to work compassionately with children and youth, as well as their families, to help them receive the best care possible while navigating the care system. The work presents unique challenges, but also its own unique rewards.

"The best part is when you get to see that healing take place," says Miranda. "When you get someone into a program, or someone gets stabilized on their medication, that feels great. But there are also just moments where you've made that therapeutic relationship and connection, and for the first time, a child is talking to someone – to you – about their story. Building that trust and showing someone that you are going to look out for them is extremely rewarding."

The Journey to Recovery

Cierra Garrow

Feature Story - Cierra Garrow, Mental Health Champion

If you meet Cierra Garrow, you'll be struck by her warm personality and well-spoken, confident voice. But it wasn't always that way for the Kenora resident. She was diagnosed with a mental illness at the young age of six. Just being on medication was enough to be stigmatized and ostracized by her peers. Her first suicide attempt was in grade 8. In high school, she started missing most of her classes and spending lots of time in bed. "I became very zombie-like…a shell of who I was," says Cierra. "I'd wake up, eat, maybe shower, and then I'd go back to bed and repeat the process every single day." Cierra again attempted suicide in grades 9 and 11.

It took the advocacy of her parents, family doctor, nurse practitioner, school principal and school guidance counselor to finally be admitted into the Thunder Bay Regional Mental Health Centre. It was there that Cierra was given the proper diagnosis, medication and treatment she needed to begin her recovery journey.

During treatment, Cierra had a realization that would change the course of her life: "This in unacceptable. This can't happen. It shouldn't take 3 suicide attempts to be able to get the help that I needed," recalls Cierra. "And so I decided then that I'm going to be the change in my community, I'm going to deliver the resources that weren't there when I was a youth, and I'll be the trailblazer."

At the young age of 23, Cierra has already made significant contributions to mental health advocacy in Kenora and in Northwestern Ontario. She was the Kenora ambassador and champion for Bell Let's Talk ride for Clara Hughes, as well as the ambassador and champion for Ride Don't Hide, a fundraiser for the Canadian Mental Health Association (CMHA). In addition to working as a summer administrative assistant with CMHA Kenora, Cierra is now an active volunteer with the organization, helping them with important initiatives and fundraising activities. "I believe quite strongly in the organization and what they're doing," says Cierra. "Their Executive Director Sara Dias is phenomenal. I can't commend her enough, just her dedication to providing mental health resources in the community and her commitment to the quality that she's bringing." Cierra now works as an SNAP Counsellor at Firefly and serves as a community based psychiatric Rights Adviser with Psychiatric Patient Advocate Office (Ministry of Health and Long-term Care).

For Cierra, story-telling is essential for mental health planning and advocacy. "We can make assumptions about what people need, but unless people are telling you where they come from and what their experience is, how can you make an improvement to the system?" says Cierra. For her, patient-centred stories and planning

should directly intersect: "It's absolutely imperative that we have people with lived experience at the table."

While optimistic about the future, Cierra knows there are a lot of barriers that still need to be overcome. She notes the importance of a focus on prevention, early intervention and education. Wait times and capacity are two barriers to achieving accessible services, according to Cierra. And, she worries that the stigma that kept her from accessing services will deter others from doing the same. "The big barrier to receiving services is stigma, so the simple fact of walking into a counselling office in itself can be incredibly difficult and intimidating. And a lot of people don't do it for the fact of what I experienced – I experienced the push back from my peers."

With much work to be done, Cierra doesn't seem to be slowing down. But she did take a moment to reflect on her past: "Looking back to where I was when I was sixteen, there's hope now. And that's huge."

Health Links

The Health Links approach to care allows for better and more quickly coordinated health care services for patients with complex needs – those with multiple conditions who see many different provider that can result in a lack of coordinated care delivery.

By linking health care providers and patients through patient-centred solutions, community Health Links will improve transitions between primary care providers, specialists, hospitals, home care, long-term care and community agencies.

Over the course of the next two years, Health Links will mature to be part of and aligned with Sub-region planning activities.

If you are a medically complex patient with needs to better coordinate your care and define your goals, please ask your provider for more information and access to Health Links approach to care.

For more information about Health Links in Northwestern Ontario, visit the North West LHIN Health Links webpage.

Health Links has:

- → Developed over 200 Coordinated Care Plans across the North West LHIN.
- → Approximately 6,000 health coach interactions with patients since implementation.

North West **LHIN**
healthy change
Chronic Conditions Self-Management

Chronic Disease Workshops

Among the most studied evidence-based programs, the Chronic Disease Self-Management Program (CDSMP) helps participants improve their health behaviours, health outcomes, and reduce the need to seek further health care. At the heart of each self-management approach is an empowered patient with the skills and confidence to better manage chronic diseases and interact with the primary health care system. Selfmanagement interventions have been shown to increase patient self-efficacy even in culturally diverse populations. CDSMP workshops are designed to help people gain self-confidence in their ability to control their symptoms and learn how their health problems affect their lives. If you are a patient or family member who would like to learn more about chronic disease management, please check out these workshops below! Pre-registration is required in all programs.

Workshops

AVAILABLE WORKSHOPS

HEALTHY FEET AND YOU WORKSHOP
When: March 6th, 2018
Where: Thunder Bay, ON - 55 Plus Centre

DIABETES WORKSHOP
When: February 28 - April 4, 2018 (Every Wednesday)
Where: Kenora, ON - Ne-Chee Friendship Centre

CHRONIC DISEASE WORKSHOP
When: March 26th, April 9th, 16th, 23rd, 30th and May 7th, 2018
Where: Atikokan, ON - Native Friendship Centre

CHRONIC PAIN WORKSHOP
When: May 14th, 28th, and June 4th, 11th, 18th & 25th, 2018
Where: Atikokan, ON - Native Friendship Centre

To Register for a Workshop, please contact Michael McBride via email at michael.mcbride@lhins.on.ca, or visit **www.healthychange.ca** for more details.

Sub-region Planning

On January 25, 2018, the North West LHIN announced the inaugural members of the five Sub-region Planning Tables.

By collaborating with Sub-region Planning Tables, North West LHIN system leaders advance population health planning within each of the five Sub-regions. Sub-region Planning Tables focus on population-based planning, performance/quality improvement, championing of LHIN-wide priorities, service alignment and integration.

This renewed approach brings the real-life perspectives of those who live and work in the system to planning tables, which in turn align the various tables that many system partners currently sit at. This alignment makes better use of resources and shows respect for peoples' time.

Planning Tables include patients, families, caregivers, Indigenous representatives, Francophone representatives, Primary Care (Physicians, Nurse Practitioners), Specialist Physicians, Hospitals, Public Health, Municipal Services, Home and Community Care, Community Support Services, Long-Term Care Homes and Mental Health and Addictions.

Each Planning Table member is responsible to bring the perspectives of their broader stakeholder groups (by sector and by geography) to the table to ensure the broader local perspective is captured. As such, stakeholders, including the general public, can expect to be engaged related to Sub-region planning based on where they live or their connection to the health care system.

North West LHIN Sub-regions map.

Year 7 of the Health Services Blueprint: 2018-2019

The North West LHIN will continue to work with partners to advance the 44 recommendations in the **Health Services Blueprint** with a specific focus on evidence-informed and value-creating implementation. Progress will continue toward a more fully integrated health system by 2021, in alignment with population health planning at the sub-region level.

- → Development of sub-region plans to include 3-5 year integration plan (to advance Local Health Hubs and District Health Campuses by 2021).
- → Continued advancement of regional programs (Mental Health & Addictions and Specialized Independent Living); initiate priority program (i.e. Case Management).
- → Implementation of an evaluation framework.
- → Expansion of population health planning.

Health Services Blueprint
Integration. Transformation.
A North West LHIN Initiative

Engagement with Clinicians

Involvement of Clinicians in Sub-region Planning

Physician engagement was identified as a key success factor in the formalization of sub-regions within the North West LHIN. The approach that was taken by the North West LHIN was to recruit Sub-region Clinical Leads for each of the 5 sub-regions. Sub-region Clinical Leads have been successfully recruited for District of Thunder Bay, City of Thunder Bay, District of Rainy River and District of Kenora with recruitment continuing for the Northern district.

The Sub-region Clinical Leads provide leadership for local clinical engagement within the sub-region, builds coalitions, participates in local planning tables, and works collaboratively to improve care for the population of their respective sub-region and the North West LHIN.

Additionally, they are responsible to lead local quality initiatives to achieve provincially defined performance metrics, and to develop a more integrated network of care at the sub-region level.

"To date, the Clinical Leads have brought new perspectives to the LHIN's approach to planning that will continue to expand and mature in step with these new relationships."

- Susan Pilatzke, Vice President of Health System Strategy, Integration and Planning, North West LHIN

Chuck Schmitt (left), Physician Recruiting and Fundraising Manager, Dryden Region Health Centre.

Physician Recruitment

Dryden Regional Health Centre

Feature Story – Chuck Schmitt, Physician Recruiting and Fundraising Manager, Dryden Region Health Centre

When Chuck Schmitt started working as the Physician Recruiting and Fundraising Manager at the Dryden Regional Health Centre in July 2007, the hospital had a full house of physicians. By February 2008, 6 of the 7 physicians at Dryden Regional left – two of which were full time emergency doctors.

The loss of physicians was not something new for Dryden – around 1998 the community was in major crisis mode because a number of long-serving physicians were retiring or leaving the community. The shortage of physicians put the emergency department at risk of closure. Eventually, with the help of a newly-created recruiter position, the hospital was very successful at attracting physicians to Dryden.

As Chuck explains, many of the physicians hired were International Medical Graduates, leaving a lot of physicians feeling isolated from their culture, institutions and family. As a result, "almost everybody that worked here would complete their return of service agreement and then leave," recounts Chuck.

So, when Dryden Regional Health Centre found themselves back in a crisis, Chuck knew that the same recruitment techniques traditionally used would not result in long-term retention of physicians. Instead, the focus became on the living and learning experience.

Fortunately, around the same time Dryden became a training site for the third year clerkship students from the Northern Ontario School of Medicine (NOSM). This provided an opportunity for Dryden Regional to take in students and provide them with a high caliber learning experience. "We knew we weren't going to get everybody," said Chuck, "but we knew that if it was a good learning experience you would sort of deputize those people and become ambassadors for the community."

Simultaneously, Chuck focused on recruiting physicians who were born, raised or trained in Northern Ontario, as they were more inclined to stay in Dryden. The result: "We haven't lost any body to outmigration or moving for greener pastures, says Chuck. "People have retired, but we have retained most everyone who were recruited to the community in the last 8 years. They're fixtures here – they're close to family and they're used to the lifestyle."

When asked what makes Dryden Regional Health Centre such a desirable place to work, he boasted about the positive reception that learners experience. "I think the [social] temperature in the building is very warm," says Chuck. "I think that learners feel in our facility – and even in our community – like they're accepted, that Dryden [and its hospital] is a learner-friendly place."

While Chuck recognizes that the impressive retention rates may not last forever, he feels strongly that the partnership with NOSM and the person-centred approach to recruitment will continue to attract physicians moving forward.

Personal Support Worker Recruitment

Personal support worker (PSW) shortages are being felt across the province within the long-term care continuum, including home care, community support services and long-term care sectors. As a way of improving PSW recruitment, the province and the North West LHIN have undergone a number of initiatives. Over three years (2014 – 2017) the total hourly wage for PSWs has increased by up to $4.00, raising the base wage of publicly funded PSWs to at least $16.50 per hour.

In an effort to attract and retain the best PSWs in the home and community care sector, the Ministry of Health and Long-Term Care will continue to implement its PSW Workforce Stabilization Strategy, including initiatives such as:

- Developing options to enhance full-time / permanent PSW employment.
- Helping new graduates transition successfully into jobs in the home and community care through on-the-job orientation.
- Strengthening profession leadership in the sector.
- Looking more closely at other challenges that affect PSW recruitment and retention.

In addition, the ministry is developing two self-directed care programs, the second of which will provide eligible home care patients with the opportunity to select and schedule the personal support workers from a new agency to provide the care in their care plans. Local Health Integration Networks do not yet have the authority to offer self-directed care programs. The ministry is working to provide that authority.

The Agency program for personal support services will be available in the spring of 2018.

Health Human Resources (HHR) Summit

The Northern Ontario School of Medicine (NOSM), HealthForceOntario (HFO) and the North East and North West Local Health Integration Networks (LHINs) joined forces to host ***Summit North: Building a Flourishing Physician Workforce*** on January 24, 2018.

With more than 130 health system partners in attendance, the Health Human Resources Summit was an opportunity for physicians, health system leaders, physician recruiters, academic, indigenous, and francophone community representatives to confirm the issues, explore solution and commit to action regarding the health workforce in Northwestern Ontario. The Summit placed a particular focus on family physician resources in rural and remote communities.

A key objective of the summit was to gather innovative ideas from a wide-range of Northern stakeholders including health professionals and administrators, policy makers, the medical school and municipalities. The summit was the result of on-going conversations between the LHINs, NOSM and HFO.

Participants had the chance to learn about innovative health workforce models in other jurisdictions, the current physician need in the North, and findings on how to improve health-care access and equity for rural communities. Most importantly, participants took part in lively breakout groups, committing to actions to support the creation of a robust physician workforce in the North. Furthermore, a commitment was made to create a broad based Task Force to ensure that the actions from the Summit are realized.

"The commitments from every individual and organization at the Summit is what will really lead to change."

- Dr. Sarah Newbery, co-VP Clinical, North West LHIN

Francophone Engagement

Research project aims to improve access to French Language Services

Story courtesy of Tracie Smith, Senior Director of Communications, Thunder Bay Regional Health Sciences Centre

Many of us have traveled, and found ourselves trying to make a purchase or order food in a language that is different from our own. It can be challenging and frustrating, and you may not receive the items you wanted. Imagine if you needed health care in that environment. Your health outcomes could depend on your ability to communicate in your own language.

In Northwestern Ontario, that scenario is a reality for many people whose first language is French. As an identified French Language Service provider, Thunder Bay Regional Health Sciences Centre is working to improve French Language Services. The implementation of an active offer of French language services in a hospital results in increased availability, and quality and safety of care for francophone patients and their families. Active offer refers to the regular and permanent offer of services in French.

"Many languages are spoken in Northwestern Ontario, and enhancing processes to provide French language services will also help us to better serve people who speak other languages," said Jean Bartkowiak, Hospital President & CEO and CEO of the Thunder Bay Regional Health Research Institute.

A research project is helping to guide the Hospital's implementation of active offer of French language services. The study, "Active offer of health services in French: Empowering and mobilizing managers", is being conducted by Hôpital Montfort research team members François Chiocchio, Jacinthe Savard, Denis Prud'homme and Katrine Sauvé-Schenk, and is financed by Société Santé en Français. Le Réseau du Mieux-être francophone du Nord de l'Ontario is working closely with the Hospital team to provide support.

The purpose of the project is to gain a better understanding of ways to facilitate access to French language health care services and determine the influence of Hospital managers on the active offer implementation.

Already, the Hospital has introduced Linguistic Variable Questions at points of admission and registration. Patients are asked, "What is your mother tongue?" and, "If your mother tongue is neither English nor French, in which of Canada's official languages are you most comfortable?". This is an important step toward full active offer of French-language services, because it gathers statistical data on Francophone patients to support planning, and supports enhanced service to francophone patients.

The research team will present what they have learned through the project, and the Hospital will apply findings to a comprehensive active offer implementation plan. Patients will greatly benefit from the research project through enhanced access to French languages services.

Updates and news regarding the research are available on the Montfort Research Chair in Organization of Health Services web site at http://sites.telfer.uottawa.ca/montfort-org-health-services/.

What is Active Offer?

Active offer means to offer, in a proactive way, and first point of contact with the patient, services in the patient's official language of choice. More specifically, it means that patients are enabled to express themselves and to be served in the official language they feel most comfortable.

In health care, the active offer not only allows patients to communicate more easily and to be understood, but it also helps health care professionals to provide quality services that are safe, ethical and fair, especially for linguistic-minority communities.

The North West LHIN works with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) to address the health care needs of the Francophone population in the Northwest.

This work is aligned with the LHIN's IHSP, the Health Services Blueprint and integrates the ongoing activities of the Recommendation Report of the RMEFNO.

Through work with HSPs, the ultimate goal is to improve access to services in French and to achieve better health outcomes for the Francophone population in Northwestern Ontario.

All LHIN Accountability Agreements with Health Service Providers (HSPs) include requirements for HSPs to report on how they are addressing the needs of the Francophone community, provide service data regarding FLS and work towards applying the principles of Active Offer.

North West **LHIN**

Annual Diabetes Forum

March 2, 2018 marked the sixth annual North West LHIN Annual Diabetes Forum. Hosted at the Best Western Plus NorWester Hotel & Conference Centre, 70 diabetes clinicians, primary care and allied health care professionals participated in the highly interactive forum.

Under the theme of “Truth and Dare", participants were encouraged to explore current evidenced based care and ways of having interprofessional collaboration with Primary Care.

This year’s speakers were Jamil Ramji, PharmD Candidate and Erica Snippe-Juurakko, process facilitator and interprofessional collaboration subject matter expert.

Erica Snippe-Juurakko
North West LHIN Annual Diabetes Forum

Improving Health Outcomes through Virtual Care

The North West LHIN and Ontario Telemedicine Network (OTN) have agreed to jointly advance scale-ready virtual care opportunities which have been endorsed provincially for uptake and expansion in alignment with the North West LHIN local strategies and priorities.

The virtual care initiatives being considered for advancement include:

- → Additional video visit programs that use existing telemedicine technology and are integrated and embedded in the LHIN and sub-region strategy and priorities;
- → Continued support for Telehomecare which provides coaching and remote monitoring to motivate and teach patients to better manage their conditions at home;
- → Expanding eConsult within the region that will enable primary care providers to securely seek specialist advice;
- → Online self-management tools to support mental health providing immediate access and support for individuals experiencing mild to moderate mood and anxiety disorder symptoms; and
- → The North West LHIN and OTN will continue to work together in alignment with sub-regional and regional level planning tables on advancing these initiatives.

People from our Community

George Saarinen, A co-Chair with a Flair for Community

To know George Saarinen is to be connected to and engaged in the community. Never shy to offer an opinion, George has spent a lifetime being an active participant in his community. From his hometown in Geraldton where he grew up steps from the hospital, to more recently in Current River where he calls home now, George is always looking to contribute to the well-being of the community.

Now, George has accepted the role of co-Chair of the North West LHIN's inaugural Patient and Family Advisory Committee (PFAC).

George has been active in the community as a representative of school boards and trustees, labor unions, political parties, library boards and sports teams just to name a few.

Professionally, Saarinen made his way earlier in his career as a funeral director, before moving into the labor movement and then Options North West Personal Support Services. He's since retired from the labor movement, and now stays busy with Community Living Thunder Bay.

Through it all, George has been steadfast to his personal motto: *"If a job is worth doing, it's worth doing well. Put your whole effort in it, don't do it haphazard," George says.*

This is something he's also instilled in his two daughters, Seija and Kaija.

While George is very active in the community, family, and his family's health care, has been front and centre.

"I don't think I knew what health care was all about until my family was in crisis, after my mother had a fall and ended up in hospital," recounts Saarinen.

"Families go through a fair amount of stress, when all of a sudden, you're the one making decisions and dealing with new realities. Back then I remember thinking 'I wish there was a manual on this'. Now, I realize, 'Yes, there is a manual!'"

As co-Chair of the PFAC, George' role is to lead the group of members, who come from across the Northwest region, and bring their experience and perspectives to light to advise the North West LHIN on planning priorities.

"We're all in it together, we all have our opportunity to contribute. We're here to ensure respect for relations across the region."

PFAC consists of 15 members, who are or have been patients or caregivers of patients in the North West LHIN, and reflect the diversity of the people and communities within the LHIN. Selected to serve as a voice for patients and families, PFAC members share their unique perspectives, stories, experiences and opinions in order to strengthen the patient, caregiver and public voice on important local health planning decisions and policies.

Building Relationships and Capacity

Indigenous Health Lead, Pauline Mickelson

Pauline Mickelson, the North West LHIN's newest Indigenous Health Lead, is excited to bring her experience, education and community relationships to help improve access to care and health outcomes for the Indigenous population in Northwestern Ontario.

Pauline comes to the LHIN from the Thunder Bay Regional Health Sciences Centre, where she worked as a Patient Navigator. Before that, she held a number of positions with health care, First Nation and Provincial organizations. Pauline began her professional career with the Sioux Lookout First Nations Health Authority, where she also worked with Health Canada on Non-Insured Health Benefits. She has also held positions with the First Nations Family Physicians and Health Services, Chiefs of Ontario, Matawa First Nations Management, Sachigo Lake First Nation Health Authority, and Nishnawbe Aski Nations.

"I couldn't begin to compare all of the roles I've held, because I've been so fortunate to work in organizations where I've always loved doing what I'm doing. And it think it's because I've always had an open mind," says Pauline.

Along with her work experiences, Pauline holds an Honours Bachelor of Commerce in Human Resources Management/ Industrial Relations, and a Master's of Science in Management from Lakehead University. She plans to get her PHD in the upcoming years.

A true lover of education, Pauline seeks out learning opportunities in everything she does, including in her role as Indigenous Health Lead with the North West LHIN. "I want to learn as much as I can," says Pauline. She adds that her responsibility at the North West LHIN is "to learn what the LHIN does, best practices, and how I can help the LHIN engage with communities to hear the people."

It is Pauline's passion for learning, and sharing her learnings with others, that drives her work. "I love educating people, I love talking to people and letting them know 'this is what's available for you,'" she says. She strives to be a conduit of information, bringing the knowledge that she gains from stakeholders to vulnerable First Nations communities who can benefit from knowledge sharing. "I have my language, I'm from the remote north and I understand their challenges," says Pauline.

Much of Pauline's inspiration comes from her parents, who showed her the true meaning of hard work. Her late father was an entrepreneur and successfully ran a small store, despite a language barrier. "I like to think I'm strong based on my lived experiences and based on my education. But really, when I think about it – it is the values from my parents that have taught me to be strong," says Pauline.

So why did Pauline choose to work at the North West LHIN? "It's because I want to see healthy communities. I have four grandkids who live in Sandy Lake, and Sandy Lake is a remote community," says Pauline. "We know in the remote north that there are challenges in accessing health care," she says, adding that work in advancing the Patient's First Act will help improve the health of communities like the one in which her grandchildren live.

At the end of the day, success for Pauline means change. "I think if anything, when people understand or they change their perspective about who we are as Indigenous people then I should be happy, because that's what I want," she says. "Change doesn't happen immediately, so I've grown to appreciate that," adds Pauline.

Born and raised in Sachigo First Nation, Pauline is the youngest of 11 children. She currently lives in Thunder Bay with her husband, children, two dogs and two cats. Pauline finds passion in continuous learning, being active, spending time with her family, and being outdoors.

Board in Brief: Selected Highlights from the North West LHIN Board of Director's Meetings

The North West LHIN Board of Directors meeting schedule and highlights can be found on the North West LHIN website at www.northwestlhin.on.ca.

Advancing Musculoskeletal Health to Enhance Patient Care Experience

The North West LHIN Board of Directors received an update on significant investment in Musculoskeletal (MSK) Health funding provincially and locally. This funding will advance the following elements of the Regional Orthopaedics Program:
Increased Capacity of Central Intake and Assessment Centres (CIAC)

The Ministry of Health and Long-Term Care will be supporting expanded access to CIAC capacity for hip/knee referrals as well as low back pain.

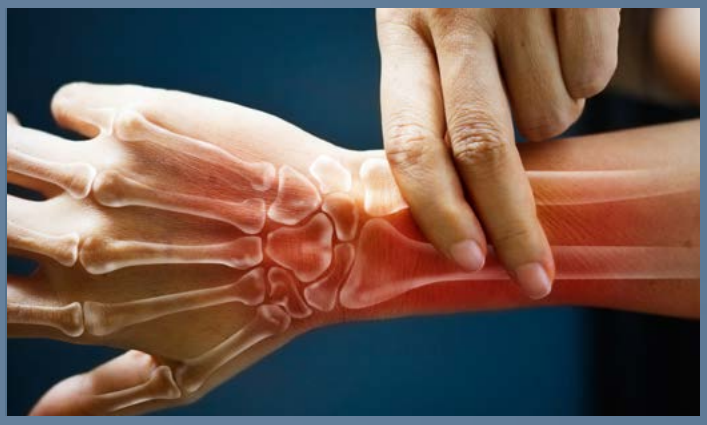
- Assessment capacity for hip and knee referrals will be increased to meet regional demand, and referral through the centre will be mandatory to access hip/knee replacement surgery.
- The Inter-professional Spine Education and Assessment Center (ISAEC) program will betransferred from the University Health Network to the LHIN with additional funding to meet regional demands.

Musculoskeletal (MSK) Center of Excellence Model

The Ministry of Health and Long-Term Care has committed to three years of funding for the North West LHIN Regional Orthopaedics Program.

In 2017, funding was used to invest in required support staffing and infrastructure and while in 2018 and 2019, funding will be used to support expansion towards an all MSK central intake and assessment model, beginning with shoulder pathology, followed by foot and ankle pathology.

As a result of these investments, the following health and system outcomes are expected:



- **Improved timely access to care** – through central intake, patients will receive rapid access to initial consultations and directed to a surgical or conservative management pathway improving wait times to access definitive treatment.
- **Improved health outcomes** – timely access to assessment and treatment will improve patient's health outcomes. High quality regional surgical services will result in improved treatment outcomes and quality of life for patients.
- **Improved system outcomes** – through regional central intake and other standardization initiatives, system costs will be reduced through focus on appropriateness and efficiency.

Note of Appreciation to Herbert Zobell, Former Board Member

The North West LHIN Board of Directors would like to thank Herb Zobell for his commitment to improving health care in Northwestern Ontario.

Herbert (Herb) ZoBell was appointed for a three-year term to the Board of Directors of the North West LHIN on March 25, 2015. Herb's three year term as a board member of the North West LHIN Board of Directors ended on March 15, 2018.

Herb is a resident of Thunder Bay and brought 20 years of commercial banking experience to the Board of Directors of the North West LHIN, as well as a deep knowledge and understanding of Northern Ontario's First Nations.

Herb ZoBell, North West LHIN
Thunder Bay, Ontario

Date of first appointment:
March 25, 2015
End of term appointment:
March 24, 2018

Current Affairs

Women in Leadership Forum

The North West LHIN Women in Leadership Forum panel members from *left:* Angela Bishop, Dr. Rhonda Crocker Ellacott, Gail Brescia and Stephanie Ashe.

For the first time, the North West LHIN hosted a Women in Leadership Forum. The Forum was designed for women interested in a leadership role, women already in a leadership role who want to learn more, and women who are emerging leaders and want to learn more from other's experience.

At the forum, 200 women from across Northwestern Ontario and beyond came out to:

- → Listen to accomplished leaders on their experiences as a woman in a leadership role;
- → Learn about opportunities and challenges that women leaders face in their roles;
- → Hear advice from other women leaders on how to build for success and lead other;
- → Engage in conversation and network.

Leadership Summit

On February 8, the North West LHIN hosted a Leadership Summit to facilitate conversations on succession planning, adjusting to generational shift in leadership and building value-based partnerships. Enette Pauzé, CEO of Level 8 Leadership Institute and Bruce Tulgan, Founder of Chairman Rainmaker Thinking were among the guest speakers featured at the Summit. Hosted at the Fort William Historical Park in Thunder Bay, the Leadership Summit hosted 100 participants from across the region.

Bruce Tulgan speaking at the North West LHIN Leadership Summit.

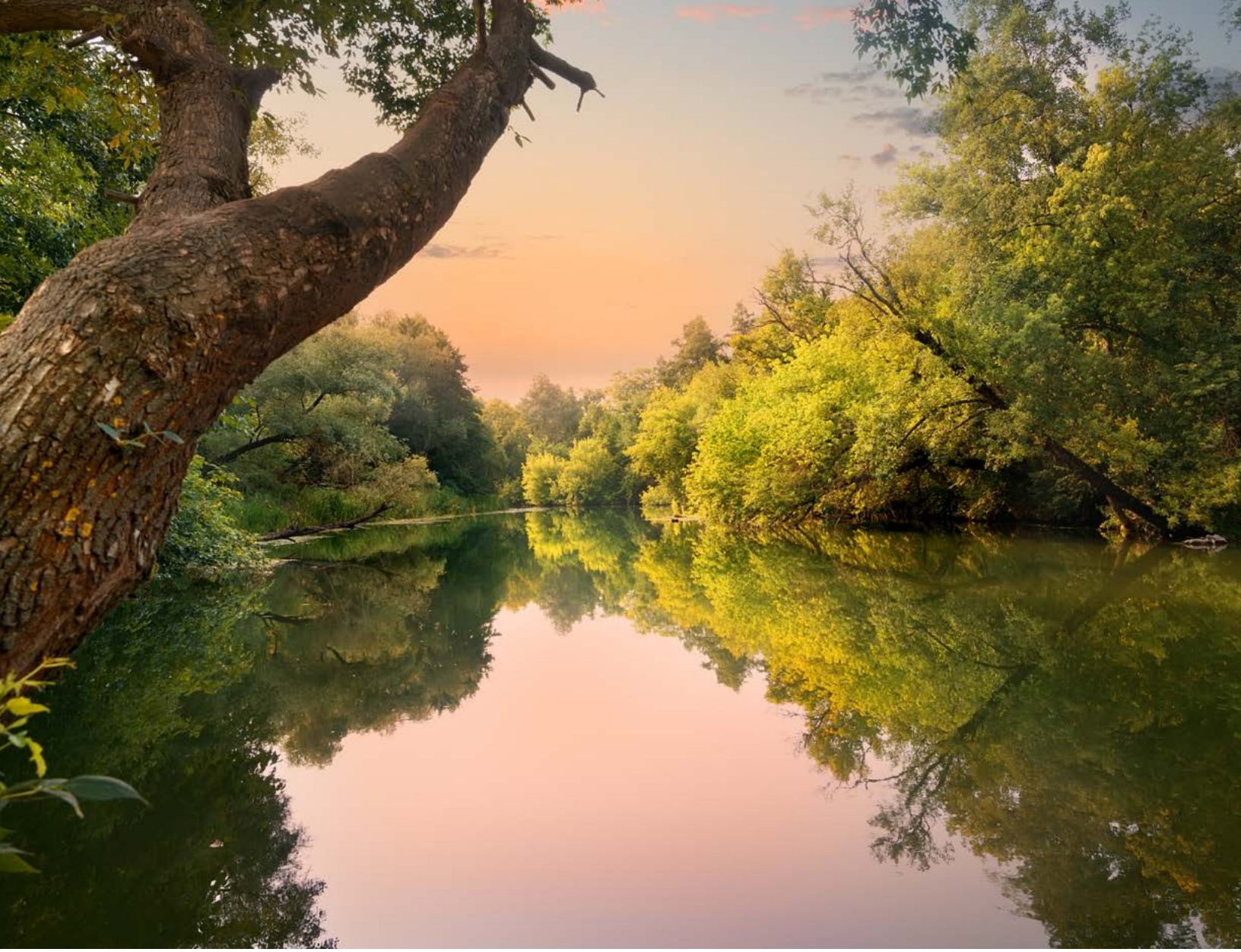
Rotman Leadership Training

The North West LHIN has once again partnered with the Rotman School of Management to deliver a curriculum for health leaders from across the North West LHIN. The Advanced Leadership Program aims to enhance participants' leadership skills while strengthening a culture of system leadership throughout the North West LHIN.

During the week of February 5-9, 2018 the North West LHIN sponsored the third cohort of participants to take part in the Advanced Leadership Program, marking over 100 participants now having taken part. This offering of the program followed a slightly different format, to bring a more local lens to the programming and to bring local program alumni together for continued leadership development. The final day of programming brought back alumni from all three cohorts to come together to apply the learnings of the program to locally relevant system challenges through case studies and a panel with local leaders sharing insights and lessons learned related to partnership and integration efforts.

The Advanced Leadership Program supports the North West LHIN Health Services Blueprint, which calls for providers and partners to transform the system to enhance patient care. Such transformation calls for system leaders to 'do things differently'. The program covers a variety of topics, and supports participants in developing the capabilities to be system leaders, innovative thinkers, change implementers, exceptional communicators, successful negotiators and builders of collaborative relationships.

Brian Golden of Rotman School of Business and Laura Kokocinski , CEO, North West LHIN at the Leadership Summit discussing leadership.



Spring Health Tips

This Spring, in addition to cleaning your house, why not spring clean your health?

Here are 3 Spring Health Tips:

- **Spring Allergies:**
  Common symptoms include repetitive sneezing; heavy breathing; runny nose; and itchy eyes, ears and throat.

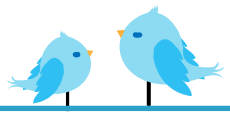
- **Schedule an Appointment with Your Doctor:**
  If you've missed the boat last January, spring is the perfect time to check your health and schedule any test you may have missed the past year.

- **Spring Clean For Health & Safety:**
  Test and/or replace smoke detectors and carbon monoxide detectors; purify the air in your home by changing the filters in your furnace; clear out the medicine cabinet and properly dispose of expired medicine; review/update your family emergency plan and emergency kits.

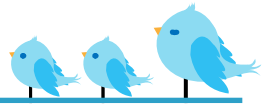
WORD ON THE TWEET

Other ideas coming from #summitnorth2018 as well as including how we take better care of health care providers, decrease professional isolation, and network among providers of similar care to increase capacity. I think this is a point in time of potential to really move the needle

So well deserved! “Virtual ICU” is an initiative that has made being a doc in rural ER feel much easier - bringing intensivist, RT, ICU RN to my trauma Room! Thanks Dr’s Scott and Ahmed and team for your work to make this a reality in the @ NorthWestLHIN! @SRPCanada @FamPhysCan



This may be good news for rural patients in @North-WestLHIN. We struggle to successfully transfer pts consistently in previous 6 hr timeline. @NWOdoctor @adambluedryden @bzelek



eConsults have been terrific in my experience - quick support from good specialists,& access specialists that don’t exist in my @NorthWestLHIN. Saves me time; saves patients time and travel. Sup-ports #qualitycare. @HQOntario @CarolineBuonoc2 @JonJohnsen1 @TBRHSC_NWO

Upcoming Events

APRIL 2018	
Daffodil Days: Cancer Awareness	April
Parkinson's Awareness Month	April
World Autism Awareness Day	April 2
National Health Ethics Week	April 2 - 8
World Health Day	April 7
North West LHIN Board Meeting	April 24
MAY 2018	
Foot Health Month	May
National Child and Youth Mental Health Day	May 7
National Hospice Palliative Care Week	May 6 - 12
National Nursing Week	May 7 - 13
International Nursing Day	May 12
Chronic Pain Workshop	May 14, 28
North West LHIN Board Meeting	May 29
JUNE 2018	
ALS Awareness Month (Lou Gehrig's Disease)	June
Stroke Awareness Month	June
National Health and Fitness Day	June 3
Chronic Pain Workshop	June 4, 11, 18, 25
Men's Mental Health Awareness Day	June 13
World Elder Abuse Awareness Day	June 15
National Indigenous Peoples Day	June 21
North West LHIN Board Meeting	June 26

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Want to Stay Connected?

If you would like to receive our quarterly LHINkages Newsletter, please send your email to: **nw.communications@lhins.on.ca**

The North West LHIN engages people in Northwestern Ontario on an ongoing basis. We encourage you to share your ideas and feedback including how the North West LHIN can strengthen its connection to the people, families, and care providers across Northwestern Ontario. To share your comments, please email: **nw.communications@lhins.on.ca**

If you would like to learn more, have comments on the content in this newsletter, or would like to share a story, please contact Petronilla Ndebele, Director, Communications and Engagement. We would like to hear from you!

Contact details:
Email: nw.communications@lhins.on.ca | **Online:** www.northwestlhin.on.ca | **Toll Free:** 1-866-907-5446

North West LHIN documents can be made available in alternate formats to meet accessibility needs.
Please contact nw.communications@lhins.on.ca or toll free at 1 866-907-5446.