Perth and Smiths Falls District Hospital

HEALTH CARE SYMPOSIUM

Preparing for Tomorrow's Health Care:
Necessity, Opportunity and Stewardship

May 1st 2015

Code's Mill, Perth ON

Summary Report

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1 SYMPOSIUM MASTER PLAN

1.1 Introduction

This community engagement symposium brought together 123 (Appendix A: 5.1) municipal councilors, key administrative personnel, community leaders and area Health Service Provider boards and staff that are part the PSFDH and Rideau Tay Health Link catchment area who contribute to community health.

Together with education and infrastructure, healthcare is a key cornerstone of a community's viability, sustainability and a determinant of economic development potential. In a rural aging community, it is imperative that we use the healthcare resources available to us wisely, with forethought and purposeful planning.

The goal of the symposium was to stimulate a community conversation leading to better understanding of the challenges facing health care in this region.

The purpose of the symposium was to inform, motivate, enable, and solicit community support and engage health care professionals and community leaders in the promotion of the necessity and value of a viable healthy community, its' contribution to our economic viability, sustainability and potential development, and the transitions that will evolve as we all work together to achieve a sustainable Integrated Health Care System.

The symposium also provided background to the South East LHIN's Integrated Health Services Plan objectives, strategies and action plans to address the challenges facing rural *Health Care Tomorrow* through an integrated approach to hospital care services.

The Symposium Planning Committee wishes to thank participants and presenters for their contribution to the success of our Health Care Symposium. Your comments and presentations were thoughtful, informative, knowledgeable and respectful. We also wish to extend a special thank you to Karen Kelly and Cathy Green for their significant support in making the Symposium a success.

1.2 Objectives

- To educate and engage community decision makers, opinion leaders and agents of change as advocates for the development and implementation of a regional system of a sustainable and coordinated continuum of health care.
- To promote the use of data analytics to support informed 'evidence-based' decision making.
- To initiate an understanding of the terms, 'integrated care', 'health care system' and 'health care community'.

1.3 Methodology

Community Engagement:

A Communications and Marketing Strategy to disseminate information and promote the Symposium was developed using the Ministry of Health and SE LHIN messaging and LHIN Community Engagement Guidelines and Toolkit.

The Symposium Program (Appendix A: 4.1) consisted of the following components:

Jeffery Simpson (Appendix A: 4.2), National Affairs Columnist for The Globe and Mail and author of “Chronic Condition: Why Canada's Health-Care System Needs to be Dragged into the 21st Century”, gave the keynote address which helped focus the discussion for the day and make a case for why things must change.

Following the keynote address, a panel of local Subject Matter Experts (Appendix A: 4.2) briefed the audience on specific health care issues, themes and topics of interest – view presentations at http://psfdh.on.ca/contact/important-links/

Following the panel presentations small facilitated discussion groups were assigned themes/topics to study and record their results. Factsheets and case studies were provided to stimulate discussion. Facilitators followed a framework and questions designed to provide structure to discussions and deliberations. Each Small Group Session was assigned a professional recorder to ensure key ideas are captured for follow-up and inclusion in this Summary Report.

Outcomes:

Symposium participants will have:

- increased their awareness and understanding of the challenges facing the delivery of sustainable health care services in rural communities
- been informed about the broad direction set by Ontario’s Ministry of Health
- been informed about the SE LHIN’s strategies and action plans to address the challenges facing this region’s *Health Care Tomorrow*
- considered their role of how they can be a positive influence and advocate for change in the development and implementation of a regional system of a sustainable integrated health care

1.4 Evaluation

Participants were asked to complete an online Evaluation Survey (see results Section 2.8) to capture feedback in the following categories:

Outcomes Evaluation: Did we achieve our intended outcomes?

- Did participants gain increased awareness and understanding of the issues and challenges facing the delivery of sustainable health care services in the province and, more specifically, this region?
- Did participants increase awareness of the current state of rural health service delivery and the SE LHIN's strategies and action plans to address these challenges?
- Were participants able to share their experiences and comments and hear those of others?
- Were participants able to consider their role and how they could be a positive influence and advocate for change in the development and implementation of a regional system of sustainable integrated health care?

Process Evaluation: What was the level of satisfaction for the symposium?

- Did participants express satisfaction with the manner in which the symposium sessions were organized, supported and presented?

Impact Evaluation: Will there be a meaningful influence on the direction of health care provision in this area, including the *Health Care for Tomorrow* initiative?

1.5 Logistics

- Eight Planning Committee Meetings were held to ensure coordination and subject matter relevance
- Communications for the Symposium were done exclusively through email
- Venue chosen to accommodate 130 participants – lunch was provided
- Participant invitations, event program and parking passes sent by email
- Professional audio visual support hired to ensure quality sound/projection
- Subject Matter Experts/Facilitators attended a pre-symposium Briefing Session (Appendix A: 4.3)
- Small Group Session Recorders from participating organizations were provided with a note taking guideline
- Bibliography (Appendix B) and Small Group Session Discussion Questions (Appendix A: 4.3) were provided to Facilitators

2 SYMPOSIUM PARTICIPANT INPUT

The Symposium was designed to engage the audience and encourage participant input and discussion. Following is a summary of the Small Group Discussions arranged by guiding questions:

2.1 Most Pressing Matter Needing Immediate Attention

Question # 1: Taking into account what you've learned today, what do you think is the most pressing matter needing immediate attention?

- **Financial Sustainability:** In the face of rising costs and a growing senior population - funding challenges and issues around jurisdictional boundaries – promote uniqueness of our rural area regarding education and income levels as it relates to funding

- **Alternate Level of Care** (ALC): Hospital beds being occupied by non-acute patients – need for Alternate Level of Care (ALC) options - more resource allocation for local assisted living for seniors – LHIN's - Municipal by-laws to allow for "granny flats" or small homes on family lot

- **Health Promotion:** Promote healthy communities, wellness and preventative strategies; patient education for responsible life style – Health Links can help break down the silos among health care providers

- **Collaboration:** Needed among various health care agencies and services – accountability - community working together for the best interest of the patient - need for a patient centered system

- **Patient Navigation System**: Needed to help patients move through the system to ensure timely access to the right service – transition in care

- **Communication and Information Sharing** - integration – privacy issues - one common patient chart – improving technology apps and availability – patient to have all information from all their care-givers i.e.: electronic medical charts - tablet with all their information stored in one place – one central communications system - less duplication – more sharing of information – creates better patient satisfaction

- **Access to Care**: Timely access to specialists – inappropriate use of emergency room services - no urgent care clinics open 24 hours to prevent unnecessary ER visits – "dehospitalization" of certain services - alternate after hours care – better utilization of existing services such as Telemedicine - Keeping people out of ER with CTAS 4 & 5

- **Transportation Issues**: Access to reliable, affordable, dependable transportation is a huge barrier in rural areas – need for funding

- **Governance**: Build a critical mass of constituency to justify health care services – i.e. the benefits of a larger population base to support health care service delivery

2.2 Culture of Change and Our Role

Question # 2: Should we expect things to change? How? What is our role?

- **Collaborative Change**: Should be expected – we need to work together differently - develop non- traditional relationships – expect all levels of politicians to work together – one health care system - - Healthcare organizations need to be able to explain the integration - already started - public engagement and how we say it and what we say is very important

- **Appetite for Change**: Requires an active of political will, health care provider understanding and buy-in – change public perception - need community leaders to drive transformational change – look towards a vision; need to be strong - communicate the vision to eliminate confusion - transparency - engagement of people in the community; currently relying on a few people to represent the community at large; need special interest groups well represented (i.e. patients, physicians, community representatives)

- **Change Management**: Know where we are and where we want to be - need to know each other and each other's role – re-define roles- public needs to be realistic around the services that can be supported in the community - need to be very deliberate in the messaging with the public; what and how we say things is very important - need to define what community is; community needs to get itself centered around where it wants to go; lay out expectations of the community - Agree on the core; what is "mandatory"

- **Change Structure** – financial – more efficiencies needed in how data is gathered - problems with transfer of funds – no general system

2.3 Value for Money

Question # 3: Are we getting "value for money" for our health care investment? Why?

- **General Consensus**: We're not getting "value for money" for our health care investment. Healthcare isn't sustainable as currently structured - once in Hospital – good value for money – but transition is poorly done - social engineering is needed to support changes to healthcare - patients being discharged too soon – lack of available beds – creates duplication due to re-admittance – need better data on the value of the dollars – reliable metrics – reduces costs if information is shared

- **Family Health Teams** (FHTs) with services such as social workers, nutritionists. There are now seven different models – all funded differently. CHCs are funded by the LHINS, FHTs from MOHLTC etc.

- **Primary Care:** Funding models – health links are handled differently – large basic levels – can't focus solely on metrics – need to also focus on quality – any program that is changed or started should have pre-defined targets and a way of measuring the outcomes **–** No politician will make the tough call to reduce the salaries of the OMA, yet the difference between Physician salaries in Germany vs. Canada is remarkable. Here the costs for salaries are way up. Fee for service has to go. We really need to switch from the uncontrolled fee-for-service model to a salary system. There should be more nurses and Nurse Practitioners and fewer doctors in the mix – each working to their full scope of practice.

- **Public – Private System**: Private Physiotherapy works – with right partnership, it will save OHIP money

- **Value for Money**: It's much more cost effective to prevent than to treat...and that's where we need to be in the long run. We need to do more wellness, illness prevention, health promotion. We tend to rely more on medications and expensive interventions rather than prevention. Value for money might include private service delivery in the mix and addressing the under-utilization of surgical theatres that aren't being used because they don't have the staff.

- We expect buy-in from all unions, hospitals etc. to re-direct care. The question is not "Can we get buy in?" but "How we are going to get buy in?"

- Hospitals should do a lot more coordination and specialized work, but their clout and the different jurisdictions can get in the way.

2.4 Healthcare and Community Viability

Question # 4: Do you believe that health care is essential to a community's viability, sustainability and a determinant of economic development potential? If so, how do we sustain it in the face of rising costs?

- **Consensus**: Health care is essential to a community's viability, sustainability and a determinant of economic development potential - the closing of medical facilities could lead to other closures such as primary care physician offices thereby reducing a community's attractiveness for new comers and business development – businesses look for good education system, good healthcare and a healthy work force – economic development officers need to know how hospitals affect communities.

- **Health Care Delivery:** Hospitals viewed by some as the cornerstone of a community's health care system – others don't agree as long as other health care delivery options are available – need for non-urgent care centers in the communities – walk-in clinic with a Nurse Practitioner

- **Sustainability:** When we say "healthcare" we always think of the hospital but should think of other things like homecare and prevention, - need hospice care, retirement care, shelters, fewer acute beds and more support in the community – shift the face of healthcare - less expensive to run - working together to improve the use of technology to enhance patient record transfer and timely access to information by patients and health care providers – eliminate wasteful duplication

- **Social Determinants:** Having health care keeps people in the community and health affects community development - Need healthy communities – bike paths, pools, walking tracks in arenas, etc. through partnerships with municipalities- Need to re-define what the health care mix in the community needs to be - we need "Health Care Tomorrow"

- **Transportation Services**: Considerable discussion regarding the need for affordable transportation services to access health care services

- **Innovation**: Rural health care providers and social services are great innovators in adapting or modifying programs/services to meet the needs of people in their rural communities. Sometimes/often our urban counterparts think they know better and don't recognize or allow our innovations because the funding formulas and program/service models are tailored to an urban setting. Yet our healthcare services remain vibrant despite our geography and lack of access to transportation.

2.5 Community Engagement for Positive Change

Question # 5: How do we engage our citizens, community leaders and health care providers to advocate for positive change and work toward a sustainable healthcare system?

- **Community Engagement**: Create champions out of community leaders/agents of change; need the larger organizations on board (i.e. municipalities, hospital); sometimes physicians are being seen as trying to protect their own interest (but still need to be engaged and are part of the process) - need to have a patient voice; can be more powerful than community leaders; need to nurture them to be an agent of change; they are key; need them to tell their story

- **Education**: Needed to promote healthy living at all ages and a better understanding of 'Healthcare Tomorrow' – perhaps tax incentives for healthy living – promote wellness preventative strategies – advocacy for the poor - need to embed conversations in community, health care and legal settings and ask people if they have an advance care plan - encourage people to take advance care planning courses and ask healthcare providers to learn how to talk/guide patients through these conversations

- Positive Change can happen through community health centers, municipal governments, education system (have kids tell parents) and round tables like this. Bring back 'ParticipAction'

- Should there be a "Community Health Council" as part of Board Governance? Do we need a Partnership Alliance or Board Governance?

2.6 Municipal Government's Role in a Sustainable Healthcare System

Question # 6: Is there a role municipal government should play to enable or ensure an evolution toward a sustainable healthcare system?

- **Consensus**: Municipalities definitely need to be part of the conversation. They know their communities better than most – Local government is most tangible to the community (closest to the ground); however people often don't always see healthcare as a municipal issue – need to "create a product and sell it" - tell a "local" story to make it relevant – prepare responses to healthcare issues

- **Cost of healthcare**: Need for public consultation and communication – look at private healthcare working with public system - the right care, at the right place at the right time - are the criteria in the "Health Care Tomorrow" defined or explicit? More dialogue needed about this study, its criteria and methodology - look at Municipal Drug Strategy as an example of engaging the municipalities; need to make it real to them – evidence based - Health care is about relationships – develop relationship of leaders and politicians – break down the barriers

2.7 Broadening the Community Partnership for Positive Change

Question # 7: How do we broaden the partnership within the community and engage our citizens, community leaders and health care providers to advocate for positive change and work toward a sustainable healthcare system?

- **Broadening the Partnership:** Focus on relationship building among our healthcare providers - work on broadening community engagement - increase communication in all directions and break down the silos – While silos still exist, smaller hospitals provide an opportunity to integrate with community partners (much easier than the larger tertiary care centers) – some agencies have become more integrated – we need to do more - role of CHC's in prevention and wellness; utilize this resource to promote the health of the community- local governance is best – it reflects the community and its citizens – but when made bigger, we lose touch with the communities and their needs- listen to Generation Y's healthcare needs – instant access, services - invite the community to participate in a Healthcare Symposium

- **Transitions of Care**: NRCC surveys show we give great care but fail with transitions of care - Health Links is filling some of these needs and provides some lessons to be learned

- **Healthcare System**: Hospitals/NP/MD are vital but they don't give vitality to the community; change discussion to health rather than healthcare - hospitals are going to face challenges, there's an opportunity to make a system out of this and it's our responsibility to work together to figure how to accomplish that; need to re-design; move away from the idea of 'our patients'; we need to have a community perspective - look at health issues in our community and identify our priorities; we need to align our dollars with the health care issues of today, not 10 years ago - Flatten hierarchies in all healthcare organizations - MD payment system is a barrier i.e. Telehealth Ontario payment vs. in person billings

- "It's insulting to say we are against change if we want to maintain vibrant rural communities."

2.8 Symposium Online Evaluation Survey Results

The following verbatim responses represent a 30% return from our online survey:

Question #1: What do you think is the single most pressing matter needing immediate attention? Responses:

- Reducing ER visits through education and offering a non-urgent walk-in clinic at the hospital.
- Keeping services in our hospitals
- Age of our workforce compared to age of folks requiring service
- Funding
- Cooperation between health care partners; reaching for new solutions
- Keeping our hospital functioning at its current level
- Develop a county wide base for health planning
- The need to accept change
- Giving the right care at the right time by the right provider
- Sustainability of health care
- Integration of coordinator services across health care
- For all who are involved in or are recipients of Health care in Ontario strive to make the best use of our resources.
- Examining and preparing strategies for the important changes ahead of the Health care System
- Increased collaboration by health care organizations
- The defense of health care, at present time, everyone is attacking it!
- Adequate funding
- Integration of services
- Seamless transition from one service provider to the next
- Collaboration
- Lack of a plan for sustainable healthcare services
- Having the LHIN understand the role of a community hospital and the fact that duplication by setting up other structures such as walk in clinics are duplication and Triage 4 and 5 patients can and should be treated in already existing environs.
- Communication between stakeholders and a willingness to change
- Need to engage community and stakeholders in planning possibilities for future sustainability
- Prevention and improved management of chronic disease to reduce future burden on the healthcare system
- Cost control across the board....healthcare is not FREE
- Education in the community about how and why health care is changing
- Long term care beds, retirement homes and homecare
- Saving our local hospitals
- Local access to services

- Improved coordination between health service providers – Health Links should become more comprehensive – not just dealing with the most needy 5%. More support for home care. And of course more employment opportunities –poverty in rural Ontario is a major determinant of poor health.
- Where do I start? Probably Health Links
- Rationalization of resources
- A health care system that is easy for seniors to know how to access care at the right time in the right place.
- System efficiency and cost effectiveness
- Community care in the homes
- Continuity of care from hospital to hospital, CCAC etc

Question #2: Did you gain increased awareness and understanding of the current state of rural health service delivery and local strategies and action plans to address the issues and challenges facing the delivery of Health Care Tomorrow in this region? Responses: (Yes) 86.5 % (No) 13.5%

Question #3: Given your knowledge and experience, what do you believe must change at the local, LHIN and provincial levels to ensure a sustainable heath care system in our community?

- Putting all family Dr's on salaries, offering non-urgent walk-in clinics. Improve access to physiotherapy by increasing OHIP episodes of care at local clinics, allow physiotherapists to order diagnostic imaging to reduce Dr visits
- Proper funding to hospitals
- More flexibility to meet local needs
- Common goals and accountabilities
- We must develop a local patient centered health care system embracing all services.
- Having all health care providers aligned in their service delivery provisions
- Greater use of Nurse Practitioners and Nurse Practitioner - Led Clinics in providing primary health care.
- Stop padding the doctors' pockets and stop adding further bureaucracy. This is not adding value. We need to ensure accountability. If the doctors and LHIN and the Ministry are not being accountable... who is???? We need a good hard look at this and rethink what we are doing.
- Integration of addiction and mental health services with primary care and complex care

- All stakeholders, managers, employees, even volunteers have to work together to find ways to implement changes to make our system more accessible and at a cost effective way. It is not a situation of us against the Ministry of Health the government or the rest of the bureaucracy. However they too must be part of the new reality and implement cost savings etc. that are not politically correct but are in the best interest of the people of Ontario and our future generations.
- Showing unrestrained flexibility to new ideas and ways of doing things. Encourage innovation from all sectors of Healthcare providers, centering on Innovation, "Best" long term patient results, cost consciousness, and streamlining of procedures (medical and governance)
- I believe that there needs to be equal focus to prevention as to providing health services to the aging population. We need to focus on ensuring over the next 15 years that those people who will be over 65 have the best health possible. Let's prevent illness.
- Must provide and maintain proper funding. According to WHO, Canada spends 10.8% of its GDP in health care, which is within limits of industrialized countries. The US spends 17.9% and is heavily privatized. I'm concern that opening doors to privatization will only increase the cost of care delivery and be based on ability to pay when it comes to access.
- More coordination/cooperation to avoid duplication of services and/or gaps in services.
- Eliminate silos
- Strengthened capacity to integrate care planning, coordination and monitoring
- Accountable decision making
- Greater efforts to standardize and regionalize services at LHIN and especially at provincial levels
- I think that more vertical integration is needed; there are CEOs, finance persons, human resources duplicated in many agencies and many of them could come under one administration ensuring that the hands on workers can work within their own communities - this is critical as the LHIN is focused on horizontal hospital integration which will remove much needed services from our area - we can and should save on admin and back office costs.
- Eliminate the silos; rework the purpose of healthcare in Ontario; hold people accountable for not willing to change/try new innovative approaches to care
- I'm not certain they have a good handle on the needs of RURAL communities.
- Increased focus on prevention programs
- Recognition that the private sector can play a role

- Everyone at all levels need to understand that change is necessary as the current health care system is not sustainable from neither a funding perspective nor the ability to have the required physician and other providers support. Community members need to change their expectations and understanding of what is appropriate to be delivered in a hospital vs. in the community or someone's own home.
- We need more Family Physicians, open more clinics, educate the community (health promotion and prevention), communicate better (services), integrate database (lab, x-ray, etc…)
- Proper funding to maintain the high level of services our community relies on.
- We need to resist the urge to consolidate services serving a larger and larger area particularly with our ageing population and no public transit.
- Better integration amongst health service providers. Stronger emphasis on home care, and keeping people health--not simply a medical response.
- More integration, more simplification.
- Integration of services - health links Education and prevention + community engagement - changing health outcomes must begin at the source i.e., generally human behaviour - we can't just keep increasing structures & treatment capacity
- More community health care support outside of a hospital's walls to allow seniors to live at home or in a residence with basic support.
- Service streamlining and cost containment
- Community agencies are doing the jobs of the CCAC's. For years they have been downloading their responsibilities to Health Care Agencies. They are an expensive level of paper pushers
- Need to develop a strategy to deal with the 5% of "super" users of system to save funding for the rest of users

Question #4: Were you able to share your experiences and comments and hear those of others? Responses: (Yes) 89.2% (No) 10.8%

Question #5: Overall, were you satisfied with the manner in which the symposium sessions were organized, supported and presented? Responses:

Very 54%, Fairly 24%, Generally 14%, Not Very 8%, Don’t Know

Question #6: Do you believe that health care is essential to a community’s viability, sustainability and a determinant of economic development potential? Responses: (Yes) 100% (No)

Question #7: How do we broaden the partnership within the community and engage our citizens, community leaders and health care providers to advocate for positive change and work toward a sustainable health care system?

- Provide another networking day, run a monthly page ad in the local newspaper highlighting what each service provides/offers.
- Have town hall meetings and engage the community into the decisions as it is their hospital.
- Symposiums such as this one are a great idea
- More active inclusion and solicitation of the general public
- Develop the business case for a new county wide health care vehicle
- Layout a plan and provide regular updates to what has been achieved.
- By starting the conversation ...
- Inclusion of municipal leaders, police services, businesses,
- Open forums town hall meetings invite MPP's MP's and various ministers to speak to local people about the issues they are facing and will be facing in the future. Show ways locally how the successful programs have succeeded and learn from others of their successes.
- Opening a dialogue with other providers in our catchment area (other hospitals, clinics, doctors, CUPE) - It seems very difficult to obtain public input through advertising/announcing a meeting. The public won't come unless they are shown that it is in their own best interests. Don't know how to counter this unless there is a crisis type of concern.
- There needs to be ongoing awareness to the community about their role in health care, we need to address the barriers that they identify especially in regards to prevention activities.
- Promote better understanding of determinant of health. encourage prevention with exercises, good nutrition, healthy lifestyle.
- Health fairs, town and county councils passing resolutions calling for provincial government assistance such as mandated consolidation of duplicate services (e.g., SE LHIN Addiction and Mental Health Redesign).
- Continue to communicate
- Active resident participation on every Board and committee of health service providers. Local resident health services advisory council?
- Community councils with representatives of all providers and some formalized accountability including more accountability from primary care
- More events such as this but then follow on with working groups tasked with development of real action plan
- Continue to meet looking at vertical alignment focusing on client/patient care close to home
- Strong leadership; focus on CHANGE; hold accountable people/organizations who choose NOT TO engage - publish this as well.....too many HIDE yet they last decades in the system...it is time for opinions and expert practice to count
- Continued dialog.
- Increase communication between providers both in clinical/professional settings, as well as less formal settings such as symposiums and social events.
- Keep doing what you are doing. The Symposium was an excellent start.

- Open and honest with our community, educate and listen.
- Keep everyone informed of what is happening - have regular meetings with the community and keep them educated.
- Hold regular sessions like this one
- Improved community engagement that should be two-way (informing and listening)
- Keep the issues in their faces.
- Community engagement including education and prevention must be inherent parts of the Health Link process
- It is difficult to get involvement by the general public. Information sessions would need to be advertised on TV and radio to help increase attendance. The general public usually only pay attention when there is a crisis.
- By creating a (sub-SELHIN) model of broad health care service delivery and reduce service overlaps (e.g. finance, HR, IT, etc)
- Listen to what the people want and act upon it
- We need to have one source of funding that all access so as to avoid silos of funding which each group protects. Like the idea that there is so much funding for an individual for say hip surgery. That funding is then allocated to the various resources the individual needs to have surgery and follow up physio.

Question #8: Were you able to consider your role and how you could be a positive influence and advocate for change in the development and implementation of a regional system of sustainable integrated health care?
Responses: (Yes) 88.6% (No) 11.4%
Comments:

- Liaison with all organizations to build a shared vision and support a business case development
- I feel at a local level there is little we can do. Its time the Minister of Health took a good long look at this. I would love a chance to sit down with somebody and discuss. I have worked every level of our health care system. Change is needed fast!
- Hope this continues to reach our neighbors and persons with lived experiences
- I would love to be able to express my opinions and thoughts. However, I understand that they are different than the "culture" of change and "unsustainability" being promoted out there. In other words, I believe the LHIN uses these consultations to promote what they want and not necessarily what the public want. I always speak up on events like these but usually get ignored. I get tired of seeing the work I do appears to be poorly considered, my input only looked at. The work I do is part of a vibrant healthcare system and I save $ to the Ontario people by keeping patients active and out of hospital with good quality care. Never hear politicians thanking us for this.

- Yes and no, I'm a small fish in this big ocean but I recognize we all have a stake in changing how healthcare is both perceived and delivered moving forward.
- Not certain of my role but I do think that consumers must take more responsibility for their own health and accept accountability for same.
- Through active involvement on Board
- Keep participating and having an open mind. Change can be challenging but you keep you going through it.
- Local municipal government needs to be a vocal advocate for local health services and it would be useful if we had an MPP and MP who actually advocated on our behalf instead of grandstanding
- With respect to item 6 - It is widely recognized that social determinants (income, education, community vitality etc) greatly influence health. It's not so clear that the reverse is true, as your question implies. Of course health care supplies jobs, and there is an enhanced sense of community around local health care providers in the community. Whether it's a determinant I'm not sure--that is a strong word.
- Quantify the changes + and - from then to now. We always talk about the issues and what needs to be done. What's missing is the changes made from year to year. Where are we improving and where are we slipping back?
- Must advocate at the board level for determined & dedicated support of all facets of the Health Links process
- Would attend information sessions if made available
- Somewhat
- Become more involved in speaking out about what I feel the issues are.

2.9 Symposium Participant Feedback

Comments from Table 5 Discussion Group:

- Well organized day, appreciate having all in the same room
- Grateful for the opportunity
- Sharing of information
- Good educational day with providers in the room
- Outside healthcare people shared their perspectives
- Board Chairs are very knowledgeable and members are willing to share

Anecdotal Comments:

I very much enjoyed the Symposium and look forward to hearing the feedback and future directions based on what was discussed. There was lively conversation in the breakout group I joined with all of the participants fully engaged in the discussion. It really was a great day.
Thanks again, Joanne Billings

Thank you. I greatly appreciated the opportunity to speak and take part. It was a great day. Diana McDonnell

It was a most excellent day and I look forward to the next session(s). Kind regards, Cindy McLennan

This town hall idea a great way to start - need to educate; can't treat our consumers like idiots. By and large, people are compassion driven. Don't tell them what to do, need more open discussions. Jenn Dunning

3 PRIORITY SYMPOSIUM OUTPUTS

There was general consensus that health care is essential to a community's viability, sustainability and a determinant of economic development potential. It was also apparent that most participants agreed that system changes were needed for health care to remain sustainable and provide 'value for money'.

Following are the priority outputs most sighted by Symposium participants:

3.1 Community Engagement and Collaboration

- Communications and information sharing among various health care provider agencies and services is essential to improving collaboration and accountability – See Rideau Tay Health Link http://www.mdchc.on.ca/index.php?option=com_content&view=article&id=134:rideau-tay-health-link&catid=38:rthl&Itemid=416
- Need the entire community working together in the best interest of the patient and a patient centered system
- Need for continuing community consultation around 'Health Care Tomorrow' http://healthcaretomorrow.ca/
- Create community champions to advocate for change and encourage patients to be agents of change

3.2 Patient Centered Care

- Access to Care – timely access to primary care physicians and specialists
- Alternate Level of Care – more innovative options and resources needed
- Transportation – innovative rural transportation strategies required
- Patient Navigation/Transition – improved continuum of care using communications technologies and streamlined patient record transfer
- Health Promotion – enhanced prevention programs to mitigate pressures on the health care system

3.3 Creating a Culture of Change

- Change Management through collaboration and diffusion of innovation strategies – more private healthcare working with public system
- Social Engineering to support changes to health care system

3.4 Partnership Alliance vs. Board Governance

- Build a critical mass of constituency to justify health care services i.e. the benefits of a larger population base to support health care service delivery
- Should there be a “Community Health Council” as part of Board Governance? Do we need a Partnership Alliance or Board Governance?

3.5 Funding Models

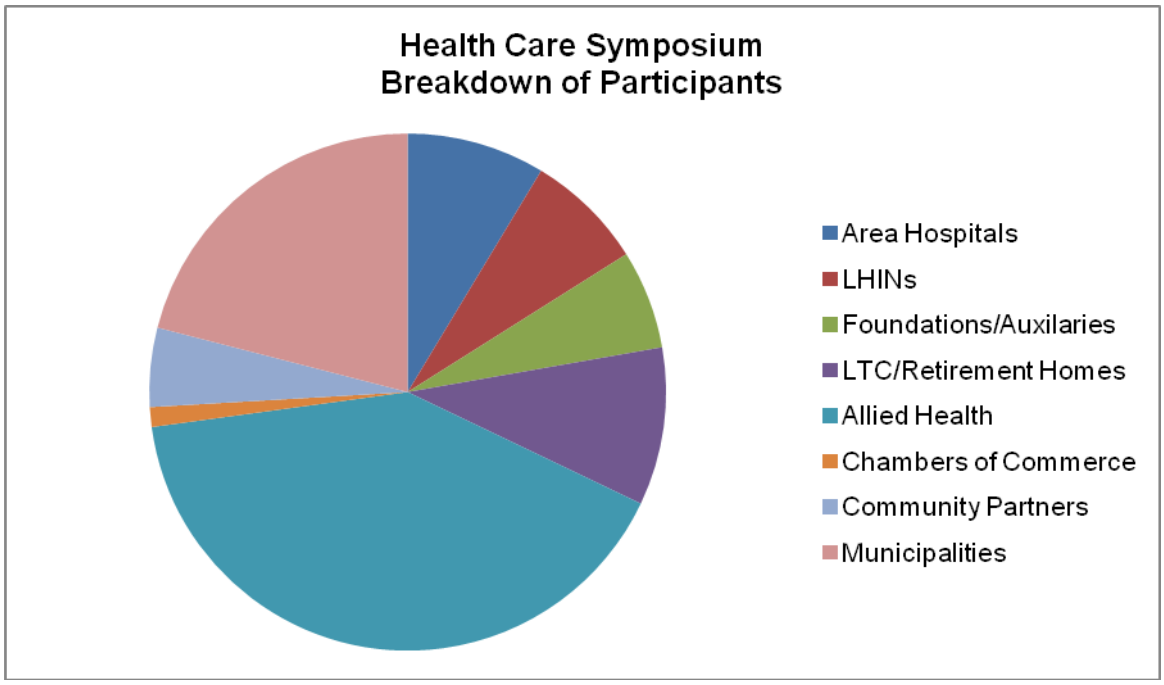
- Sustainability – Do we need to switch from fee-for-service model to a salary system for physicians? Should there be more nurses and nurse practitioners and fewer doctors in the mix?

4 RECOMMENDATIONS

- Form a Community Health Care Coalition and pursue funding opportunities to support continued Community Engagement, Consultation and Education
- Endorse and advocate for ‘Health Care Tomorrow’
- Share this report’s findings with health care providers as well as municipal and community leaders
- Consider a hospital name change to reflect single community entity

5 APPENDIX A: SYMPOSIUM RESOURCES

5.1 Symposium Participants



Attendance by Sector:

- Area Hospitals = 7
- LHINs = 6
- Foundations/Auxiliaries = 5
- LTC/Retirement Homes = 8
- Allied Health Agencies = 33
- Chambers of Commerce = 1
- Allied Health (Community) Partners (Physio, optometry, etc.) = 4
- Municipalities = 17
- Service Clubs/Other = 13
- Board/Hospital Staff & Managers/Physicians = 29

5.2 Symposium Program

HEALTH CARE SYMPOSIUM

Preparing for Tomorrow's Health Care:
Necessity, Opportunity and Stewardship

Ensuring and Enabling the Future of Health Care for our Community

FRIDAY, MAY 1, 2015, CODE'S MILL, PERTH 8:40 AM - 4 PM

TIME	SESSION	PRESENTER
8:40 – 9:00	**REGISTRATION & COFFEE**	
9:00 – 9:15	**OPENING REMARKS & KEYNOTE INTRODUCTION**	**Richard Schooley** –Opening Remarks **Warren Hollis** – Introduction of Keynote
9:15 – 10:15	**KEYNOTE ADDRESS**	**Jeffery Simpson**, National Affairs Columnist for the Globe and Mail and author of "Chronic Condition: Why Canada's Health-Care System Needs to be Dragged into the 21st Century"
10:15 – 10:30	**SHORT BREAK**	
Panel Presentations 10:30 – 12:15	**PATIENTS FIRST**	**Beverley McFarlane**, Pres. CEO PSFDH **Kelly Barry**, Rideau Tay Health Link
	INTEGRATED HEALTH CARE	**Peter McKenna**, Exec Director Rideau Community Health Services
	MENTAL HEALTH AND ADDICTIONS	**Diana McDonnell**, Director Lanark County Mental Health **John Jordan**, Exec Director Lanark Renfrew Health and Community Services
	FINANCIAL HEALTH AND SUSTAINABILITY	**Paul Huras**, CEO, South East Local Health Integration Network (LHIN)
12:15 – 12:45	**LUNCH BREAK**	**Let's Close the Gap** video

TIME	SESSION	PRESENTER
Panel Presentations 12:45 – 2:00	**ELECTRONIC HEALTH INFORMATION**	**Linda Bisonette**, Former Pres. CEO PSFDH
	ALTERNATE LEVEL OF CARE, LONG TERM CARE, COMMUNITY/HOME CARE	**Michele Bellows**, VP, PSFDH **Joanne Billings**, Senior Director, Client Services, CCAC
	UNDERSTANDING HEALTH CARE COMMUNITY	**Richard Schooley**, Chair PSFDH Board **John Fenik**, Mayor of Perth
2:00 – 2:15	**SHORT BREAK**	
2:15 – 3:30	**SMALL GROUP SESSIONS**	Facilitated by Subject Matter Experts and professionally recorded for follow-up
3:30 – 4:00	**CLOSING REMARKS** **ACTION ITEMS** **FOLLOW-UP SURVEY**	**Gardner Church**, Board Member, Perth Smiths Falls District Hospital Board

5.3 Symposium Presenter Biographies

Jeffrey Simpson, Keynote Speaker

Born in New York, Mr. Simpson came to Canada when he was 10 years old and studied at the University of Toronto, Queen's University and the London School of Economics. In 1972-73, he received a parliamentary internship scholarship in Ottawa. A year later, he joined The Globe and Mail.

His career with the newspaper began at City Hall in Toronto and with coverage of Quebec politics. In 1977, he became a member of the paper's Ottawa bureau, and eighteen months later he was named The Globe and Mail's Ottawa bureau chief. From 1981-1983, Jeffery served as The Globe's European correspondent based in London, England. He began writing his national affairs column in January, 1984.

Simpson has published multiple books — including *Discipline of Power* (1980); *Spoils of Power* (1988); *Faultlines*, *Struggling for a Canadian Vision* (1993); *The Anxious Years* (1996); *Star-Spangled Canadians* (2000); *The Friendly Dictatorship*: *Reflections on Canadian Democracy* (2001); *Hot Air: Meeting Canada's Climate Change Challenge (2007)* and *Chronic Condition (*2012).

Millions of Canadians read his highly respected national affairs column in *The Globe and Mail* and watch his commentary on CBC Television news. Simpson's presentations are alive with the same unique and thought-provoking insight as his columns. With clarity and detail, he offers a concise interpretation of Canada and the world around us.

He also acts as senior fellow at the University of Ottawa's Graduate School of Public and International Affairs.

Beverley McFarlane, President, CEO, Perth & Smiths Falls District Hospital

Bev McFarlane is a native of Huntsville, Ontario and brings with her 30 years of health care experience. She is a Bachelor of Science – Nursing graduate of Laurentian University and she more recently achieved her Masters of Arts in Leadership Studies from Guelph University.

She is an engaged senior healthcare executive with extensive leadership experience in a broad range of clinical, corporate and systems portfolios in a community hospital setting. Her healthcare leadership responsibilities have continuously increased since 1990 with a bedside to board room focus.

She is married to Fraser and the proud mother of two children.

Kelly Barry, Health Link Coordinator, Rideau Tay Health Links

Kelly Barry has been providing patient care and education in our health system for the past 20 years as a Registered Dietitian. She has worked in both hospitals and in the community, as well as with the CCAC providing home nutrition services. Most recently, Kelly worked as a diabetes educator with Rideau Valley Diabetes Services. Kelly currently works for the Rideau Tay Health Link as Patient and Provider Engagement Lead as well as a Care Coordinator. She is excited to work with Health Link and be part of local healthcare transformation where the patient voice is a focal point.

Peter McKenna, Executive Director, Rideau Community Health Services

Peter has been working in the health and social services field for 30 years. For the past 15 years he has been the Executive Director of Rideau Community Health Services (RCHS).

Prior to joining RCHS Peter spent four years with the Sandy Hill Community Health Centre in the heart of Ottawa. Peter also spent 10 years as a middle manager at Brockville General Hospital.

As a volunteer Peter served as a Director and Chair of Rideau Valley District Health Council, Board member on the eastern region of the Canadian Red Cross, the Ontario Association of Community Health Centers, and was a founding board member of the Tri-County Addictions Service, Child and Youth Wellness Centre (children's mental health), and the Settlers Non-Profit Housing Corporation.

Diana McDonnell, Executive Director, Lanark County Mental Health

Diana is a Registered Nurse with over thirty years experience in psychiatric mental health nursing. Her experience has included inpatient and outpatient nursing at Brockville Psychiatric Hospital, Clinical Research with The Institute of Mental Health Research The Royal Ottawa Hospital and Program Administration with Rehabilitation and Geriatric Services Brockville Psychiatric Hospital.

In September 2001 Diana became the Supervisor of Crisis and Court Diversion Services Lanark County Mental Health and Executive Director of Lanark County Mental Health in July 2011. Her passion for mental health has been influenced by the individual and family experiences of persons with mental illness. Lanark County Mental Health has been a leader in the integration of mental health resources and crisis response services between emergency departments, paramedics, police, Crown Attorney, mental health and addiction services. The successful integrated partnerships have included primary care, specialized geriatric and dual diagnosis services, psychiatric services, housing supports, family and Peer Support.

John Jordan, Exec Director, Lanark Renfrew Health & Community Services

John Jordan is the Executive Director of Lanark Renfrew Health & Community Services (LRHCS). Starting in 2000 with the North Lanark CHC as Manager of Finance and then in 2003 taking on the responsibilities of Executive Director John has been part of the growth of a small CHC to a multi-sector multi-funded organisation committed to improving the health and social well-being of the people they serve.

LRHCS has taken a leadership role in using population health strategies to tackle core health concerns building capacity and improving quality through their many partnerships and community engagement.

LRHCS is made up of the North Lanark Community Health Centre, Lanark Community Programs and the Whitewater Bromley Community Health Centre. John considers himself fortunate to be part of the continual development of an organization focused on improving the quality and scope of services available to the rural community they serve. Accredited by the Canadian Centre for accreditation LRHCS has been congratulated on achieving 100% of mandatory and leading practice indicators. John credits the staff commitment and community partnerships with the organizations success.

Paul Huras, CEO, South East Local Health Integration Network

Paul Huras, the founding Chief Executive Officer (CEO) of the South East Local Health Integration Network (LHIN), provides leadership for the LHIN's responsibilities of local health system planning, community engagement, allotting funds, monitoring the performance of health services providers in the South East health system and in engaging the South East community and their health care stakeholders.

With over 30 years of leadership roles in health care, some of Paul's previous experiences include:

- CEO of the Thames Valley District Council;
- Vice President of Planning and Information Services at Peel Memorial Hospital, also having served as acting Executive Vice President; and
- Assistant Executive Director, Waterloo Region District Health Council.

Paul is a Fellow with the School of Policy Studies, Queen's University and holds an adjunct appointment with Queen's in the Department of Community Health & Epidemiology, Faculty of Health Sciences. Throughout his career, Paul has been a member of different boards such as the Institute of Clinical Evaluative Sciences. He also served as the Chair for both The Michener Institute in Toronto and Fanshawe College in London.

Paul holds a MBA and an MSc (Epidemiology), a CHE designation with the Canadian College of Health Services Executives and a FACHE designation with the American College of Healthcare Executives.

Linda Bisonette, Former Pres., CEO Perth & Smiths Falls District Hospital

Linda has recently retired with over forty years of experience in the health care field. She continues to have an interest in working with colleagues to ensure that the care will be there for the residents of our communities.

Linda has extensive experience in administrative and patient care issues having served as the Vice-President of Patient Care Services at Perth/Smiths Falls from 1996 to 2012. During the time of the merger of the Perth & Smiths Falls hospitals, Linda served as the Director of Information Services leading the implementation of a full slate of patient care, financial and administrative electronic systems.

An advocate for high quality, safe patient care, Linda relies on her nursing background to guide her actions to ensure that we never lose focus on our reason for being.

Her motto – "we are privileged to **care for** and **work with** our families, friends and neighbours."

Michele Bellows, VP Patient Care, Perth & Smiths Falls District Hospital

Michele Bellows currently resides in Carleton Place, ON and has been a Registered Nurse for more than 30 years. She graduated from the General Hospital School of Nursing in St. John's NL and went on to complete her Bachelor and Master's of Nursing.

Michele has worked in Acute Care, Long Term Care and Community Health. Her last 15 years have been in management positions across the healthcare sector. These have included Director of Nursing in LTC, Manager of Clinical Services in a Community Health Center, Acute Care Manager of Acute Inpatient and Surgical Services. In 2013 Michele became the Vice President of Patient Care and Chief Nursing Executive at the Perth and Smiths Falls District Hospital.

Michele has been a volunteer on a number of boards including North Lanark Community Health Centre, Canadian Vascular Access Association and for 4 years on the Registered Nurses Association of Ontario Board of Directors as the Regional Representative.

Michele continues to be involved in the education of nursing students where she has worked for Algonquin College in the BScN collaborative program and she also continues to teach specialty nursing programs.

Joanne Billing, Senior Director, Client Services, South East CCAC

Joanne is the Senior Director of Client Services for the South East Community Care Access Centre and has held many positions within the organization and its predecessors over the last 25 years. She studied Kinesiology and graduated with an Honors degree from the University of Ottawa prior to completing post-graduate work at Queen's University in the early 1980s. She recently received Masters Certification in Healthcare Management through the Executive Education Centre, Schulich School of Business at York University.

Over the last 25 years Joanne has been involved with both the administrative and clinical operations of home care and has participated in numerous initiatives associated with the transformation of the health care system. She has specialized in implementing organizational changes associated with Long Term Care Home Placement Coordination Services incorporating the many legislative and regulatory changes that have occurred over the past 25 years. She is an active member of the palliative care community and has been involved on a regional level with hospice palliative care committees ranging from the introduction of the Palliative Care Integration Project to the newly formed regional Hospice Palliative Care Advisory.

Joanne has been a volunteer on a number of boards including the Council on Aging, Hospice Kingston, and is a member of the Gerontological Association of Ontario. Joanne resides in Kingston, Ontario.

Richard Schooley, Board Chair, Perth & Smiths Falls District Hospital

Richard was welcomed to the hospital board in February 2008 and brings with him a lengthy list of volunteer and business skills and experience. He has served as Chair of the Lanark Communications Network, Co-Chair of the Perth & District Community Strategic Plan and continues to serve as Honorary Co-Chair of the Hospital Capital Campaign Committee.

Richard commences his term as chair of the board following 6 years as a board member, chairing the board's Quality and Finance committees and Vice Chair. He has recently retired from a lengthy career as a principal of an insurance, risk management and financial planning business operating from offices in Perth, Carleton Place, Smiths Falls and Kemptville. He is a Fellow Chartered Insurance Professional and holds a diploma from the Canadian Risk Management Society.

A 50 year resident of the Perth Community, he lives with his wife Karen, a retired registered nurse, in Tay Valley Township. They have 3 adult children, two who remain active in the insurance business; the third is health professional in the Kingston area. An ambition to take an active part in supporting and enabling holistically healthy communities, has seen Richard serve as a town councilor, planning board chair, service club president, church council chair and community

strategic planning co-chair. Community physical and mental health are his current interest and passion.

John Fenik, Mayor, Town of Perth

John first moved to the area in his late teens when he began his studies in the Child Care worker diploma program at Algonquin College in Ottawa. He graduated in 1981 and began work with the Ottawa Children's Aid Society. A position with Children and Family Services in Lanark County prompted John and his wife Laurie to move to historic Perth in 1987, where they raised their three daughters.

It was in Perth that John embraced community service. He served on his children's school council and the Block Parent Association, as well as becoming an active volunteer in town events and projects, including the renowned Stewart Park Music Festival. He saw local politics as a way to make a difference in his community and ran for Town Council in 1997. He became Deputy Mayor in 2003, won the mayoral race in 2006 and was acclaimed to the position in 2010. He continues to serve the town proudly with a visionary leadership style that embodies progressive approaches and consultation.

5.4 Pre-Symposium Briefing Session

Briefing Session for Subject Matter Experts and Facilitators

The purpose of this briefing session is to review and seek your input regarding our expert panel presentation format, draft small group session guidelines, template/framework design to provide structure to discussions and deliberations and suggested resource materials to stimulate discussion and encourage active participation by symposium participants.

Symposium Title: Preparing for Tomorrow's Health Care: Necessity, Opportunity and Stewardship; Our Role in Ensuring and Enabling the Future of Health Care for our Community

Location: Friday, May 1st, 2015, the Perth and Smiths Falls District Hospital and its partners will host a Health Care Symposium at Code's Mill, Perth from 8:30 AM to 4 PM.

Audience: The Symposium will bring together municipal councilors, their key administrative personnel, community leaders, health care providers and representatives from area Health Service Provider boards and staff that are part the PSFDH and Rideau Tay Health Link catchment area who contribute to community health.
Purpose: To inform, enable, and engage health care partners and community leaders in promoting the necessity and value of a healthy community and its'

contribution to economic viability, sustainability and potential development. It will lead to a better understand of the challenges facing Health Care Tomorrow and the transitions that will evolve as we work together to achieve a sustainable Integrated Health Care System.

Role of Subject Matter Experts and Facilitators – Call to Action

As leaders in our health care community, we are asking you to help us:

Educate and engage our health care partners, community decision makers, opinion leaders and agents of change as advocates for the development and implementation of a regional system of a sustainable and coordinated continuum of health care.

Promote an understanding of the terms, 'integrated care', 'health care system' and 'health care community'.

Symposium Program – Your Role
Following the keynote address by Jeffery Simpson, a panel of local subject matter experts will brief the audience on specific health care issues, themes and topics of interest. Later, facilitated small group sessions will study and discuss these various themes and topics and record their results.

Expert Panel Presentation Guidelines

Panel members will be seated at a table near the podium to expedite transition between presenters. You will have 20 min to deliver your presentation.
Panel members wishing to use PowerPoint decks will submit them by April 27th to Karen Kelly. All panel members to submit a short Bio to Karen by April 27th.
Time permitting; there will be a Q&A at the end of morning and afternoon panel presentations.

Panel Members are asked to consider these questions when preparing their presentations:

- What are the challenges facing your area of interest and what is being done to address these challenges?
- How does your area of interest align with an integrated health care system and how does it support the continuum of care?
- What steps should be taken to address the challenges facing health care in the future?
- What resources would you recommend to the audience that would enhance their understanding of the issues and potential solutions?
- What action could an individual take to help with the transitions that will evolve as we work together to achieve a sustainable Integrated Health Care System?

Facilitated Small Group Discussion Sessions Questions

- Taking into account what you've learned today, what do you think is the most pressing matter needing immediate attention?
- Should we expect things to change? How? What is our role?
- Are we getting "value for money" for our healthcare investment? Why?
- Do you believe that healthcare is essential to a community's viability, sustainability and a determinant of economic development potential? If so, how do we sustain it in the face of rising costs?
- How do we engage our citizens, community leaders and health care providers to advocate for positive change and work toward a sustainable healthcare system?
- How do we broaden the partnership within the community? Is there a role municipal government should play to enable or ensure a system evolution?

Review Symposium Evaluation Plan/Survey

All participants will be asked to complete an online Survey to capture feedback in the following categories:

- Outcomes Evaluation
- Process Evaluation
- Impact Evaluation

Output: Small Group Session ideas and messages will be captured and form the basis of a Summary Report

5.5 Symposium Press Release

Perth and Smiths Falls District Hospital

May 1st 2015

Preparing for Tomorrow's Health Care: Necessity, Opportunity and Stewardship; Our Role in Ensuring and Enabling the Future of Health Care for our Community

~

On Friday, May 1st, 2015, the Perth and Smiths Falls District Hospital (PSFDH) and its partners hosted a Health Care Symposium at Code's Mill in Perth. The Symposium brought together more than 120 municipal councilors, their key administrative personnel, community leaders, health care providers and representatives from area Health Service Provider boards and staff that are part the PSFDH and Rideau Tay Health Link catchment area who contribute to community health.

Jeffrey Simpson, National Affairs Columnist for The Globe and Mail and author of "Chronic Condition: Why Canada's Health-Care System Needs to be Dragged into the 21st Century", gave the keynote address which helped focus the discussions for the day and make a case for why things must change.

A panel of local subject matter health experts briefed the audience on specific health care issues, themes and topics of interest and facilitated small group sessions studied and discussed these various themes and topics and recorded their results.

The goal of the symposium was to help explain the South East Local Health Integration Network's various initiatives and stimulate a community conversation leading to better understanding of the challenges facing Health Care Tomorrow in this region. Richard Schooley, Chair of the PSFDH Board stated:

"The symposium's overall objective was to inform, motivate, and engage health care partners, community decision makers, opinion leaders and agents of change in advocating and promoting the necessity and value of a viable healthy community, its' contribution to our economic viability, sustainability and potential development, and the transitions that will evolve as we all work together to achieve a sustainable Integrated Health Care System. It is imperative that the community wisely use the health care resources available to it with forethought and purposeful planning. We must understand why the delivery of health care must change and as a community, we need to address these challenges, show leadership and join the discussion".

6 APPENDIX B: BIBLIOGRAPHY

6.1 Keynote Speaker

Medicare, Canada's Symbol of Contradiction by Jeffery Simpson
http://www.theglobeandmail.com/globe-debate/medicare-canadas-symbol-of-contradiction/article22964632/

6.2 Patient Centered Care

Articles and videos from *The Change Foundation*:

- Out of the Shadows and into the Circle
  http://www.changefoundation.ca/library/2015-2020-strategic-plan/
- Who is the Puzzle maker? Patient/Caregiver Perspectives on Navigating the Health System in Ontario
  http://www.changefoundation.ca/library/who-is-the-puzzle-maker/
- Their Path. Our Journey
  http://www.changefoundation.ca/library/video-path-journey/

Patients Canada http://www.patientscanada.ca/
Real patient engagement depends on defining it correctly
http://www.kevinmd.com/blog/2013/10/real-patient-engagement-depends-defining-correctly.html

6.3 Integrated Health Care

- Essential Perspectives for Health System Transformation
  http://quantumtransformationtechnologies.com/wp-content/uploads/2015/03/Essential-Perspectives-Current-Realities-Emerging-Vision.pdf
- SE LHIN Integrated Health Service Plan (IHSP3 pgs. 26-45)
  http://www.southeastlhin.on.ca/GoalsandAchievements/Planning/IHSP.aspx
- Enhancing Access through Integration project
  http://www.oha.com/KnowledgeCentre/Library/Documents/Final%20-%20SRN%20Success%20Stories.pdf Examples: Deep River & District Hospital and Arnprior Regional Health
- Health Care Tomorrow project; a collaborative project to explore options for the future of hospital services across the region
  http://www.healthcaretomorrow.ca/
- Health Links plan: To create health care "clusters", with different provider groups joining forces within these clusters, share information, pool resources, and work together to achieve the best possible health outcomes for patients.
  http://www.southeastlhin.on.ca/goalsandachievements/Coordination/HealthLinks.aspx

6.4 Electronic Health Information

Brian Clark, *Patients Canada* has a thought-provoking blog on Disruptive Technology and Healthcare Transformation

6.5 South East Local Health Integration Network Resources

http://www.southeastlhin.on.ca/

- SE LHIN – **Health Services/Resources**: http://www.southeasthealthline.ca/index.aspx
- SE LHIN - **Healthcare Tomorrow**; a collaborative project to explore options for the future of hospital services across the region. Be sure to complete the survey. http://www.healthcaretomorrow.ca/
- SE LHIN – **Health Links** Plan – What are Health Links? http://www.southeastlhin.on.ca/goalsandachievements/Coordination/HealthLinks.aspx

6.6 Quantum Transformation Technologies

A virtual library of thought provoking blogs by Ted Ball on health care subjects ranging from Health System Design, Health Links, to Patients First:

- Successful Transformational Will Require Mastering Two Ingrained Health System Learning Disabilities http://quantumtransformationtechnologies.com/category/blog/

6.7 Other Resources

- Humana's 'Close the Gap' video https://www.youtube.com/watch?v=YczpokBBZaE
- Canadian Association for Retired Persons (CARP) article: 'Is Canada ready for National Pharmacare'?
- http://www.carp.ca/2015/03/12/canada-ready-national-pharmacare/
- Pinnacle Centres of Healthcare Excellence: http://www.mypinnacle.ca/
- Canadian Institute for Health Information (CIHI) http://yourhealthsystem.cihi.ca/indepth?lang=en#/
- Canadian Index of Wellbeing https://uwaterloo.ca/canadian-index-wellbeing/
- Canadian Index of Wellbeing – How are Ontarians Really Doing? https://uwaterloo.ca/canadian-index-wellbeing/sites/ca.canadian-index-wellbeing/files/uploads/files/ontarioreport-accessible_0.pdf
- Ontario's Mental Health and Addictions Strategy http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf
- Chronic Healthcare Spending Disease: Macro Diagnosis and Prognosis http://www.cdhowe.org/pdf/commentary_327.pdf David Dodge