Champlain LHIN | RLISS de Champlain

Developing the
Integrated Health Service Plan 2016-19

Community Engagement Report

January 2016

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

Table of Contents

Introduction **4**
Community Engagement *4*
Integrated Health Service Plan (IHSP) *4*
Section 1: Survey Results Summary **6**
Background *6*
Survey Development and Distribution *6*
Survey Analysis *7*
Number of Responses and Demographics *7*
Key Findings *9*
Describing Changes to Champlain Health Services 9
Prioritizing Health Outcomes 12
Section 2: Stakeholder Consultation Summary **13**
Our Approach *13*
What We Heard *14*
Integration and Coordination of Health Services 14
Navigation of Health Care Services 15
Access to Health Services 16
Culturally and Linguistically Appropriate Health Services 17
Home and Community Services 18
Caregiver Support 19
Primary Care 20
Mental Health and Addictions 21
Conclusion **22**
Appendix A: Survey Content **23**
Appendix B: Survey Data Analysis: Key Themes and Definitions **27**
Appendix C: List of Stakeholder Consultation Sessions **29**

Introduction

Community Engagement

Community engagement is integral to the work of the Champlain Local Health Integration Network (LHIN). As a local Crown agency that coordinates, integrates and funds health services in the region, the LHIN works closely with local partners to support a person-centred health care system.

We believe that working with partners (patients, families and communities, health service providers, health professionals and strategic partners) fosters informed planning and decision-making to support a healthy Champlain region.

Community engagement is central to our vision - *healthy people and healthy communities supported by a quality, accessible health system*.

The strength of the Champlain LHIN lies in its local emphasis- local partnerships, local service delivery and local decision-making. Through engagement with our local communities, we can achieve:

- *A focus on the needs of people*
- *Enhanced local accountability*
- *A shared sense of understanding and responsibility for health system improvements*
- *Informed decision-making, focused on the needs of people affected, and*
- *Locally sustainable solutions, appropriate to each community.*

We are committed to building a system that is organized for the people who use it. We engaged with health providers and residents during the development of the *Integrated Health Service Plan (IHSP) 2016-19*.

The purpose of this report is to share the results of the Champlain LHIN's community engagement initiatives that helped inform the IHSP.

Integrated Health Service Plan (IHSP)

Every three years, all 14 LHINs across the province develop an IHSP to describe:

- *Each LHIN's strategic priorities and actions for its local health system, and*
- *The work each LHIN will do to advance the health priorities of the provincial government.*

In 2015-16, the Champlain LHIN developed its fourth IHSP, building on local health care accomplishments. The *IHSP 2016-19*, which is in effect April 1, 2016, supports and aligns with the Ministry of Health and Long-Term Care priorities described in *Patients First: Action Plan for Health Care*. It also includes local priorities to address the unique heath needs of Champlain residents.

To ensure the LHIN's priorities are based on our communities' needs, we looked at a number of information sources, including:

- *Statistics about the health of Champlain residents, and how people use the system (click here to see the Ontario LHIN Environmental Scan), and*

- *Results from two community engagement initiatives, which are summarized in this report:*

Section 1: Survey Results Summary, from the LHIN's public online survey. This was used to learn more about the health priorities and health care experiences of people in the region who use and / or provide health services, and

Section 2: Stakeholder Consultation Summary, from the LHIN's consumer and health provider consultations conducted across the region, which helped identify challenges and recommendations for improving our local health system.

Section 1: Survey Results Summary

Background

This summary provides the results of an online survey[1] that was conducted by the Champlain LHIN to help inform the development of the *IHSP 2016-19*.

In August 2015, we launched the survey to learn about the health priorities and health care experiences of people in the Champlain region who use and / or provide health services. We asked for this feedback to help us prioritize and plan our local health system and make the best use of existing resources.

The survey's objective was to assess Champlain residents' and health providers' opinions on:

- *Areas of the local health care system that most need change in the Champlain region*
- *Health outcomes the Champlain health system should focus on over the next three to five years.*

Survey Development and Distribution

The Champlain LHIN conducted the survey using *FluidSurveys* software. LHIN staff were responsible for questionnaire development, web-survey programming, and data analysis.

The survey was available for completion online, or in a printable PDF format in English and French.

The survey was open Aug 4 - 27, 2015, and promoted using the following methods:

- *Email messages, including weekly reminder messages, sent from the Champlain LHIN Chief Executive Officer, Board Chair and staff to LHIN distribution lists (including providers, networks, partners, residents)*
- *LHIN staff included a promotional link to the survey on their email signature-block*
- *LHIN staff distributed promotional posters to some health service providers*
- *Survey was promoted in a small number of local newsletters in the region*
- *Daily Twitter messaging (tweets) that promoted the survey.*

These strategies were successful in securing a significantly larger response than previous surveys launched by the Champlain LHIN.

[1] To read the survey's content, see Appendix A.

Survey Analysis

- *All quantitative data were exported from FluidSurveys into Excel for data analysis and representation.*
- *Qualitative data analysis was performed in FluidSurveys by two LHIN staff through an iterative process.*
- *Staff who analyzed the data selected and coded a random segment of data individually, then met to compare and discuss interpretations, resolve discrepancies (e.g., themes added, deleted, and/or merged, definitions clarified) and developed a coding structure that included definitions for each theme.*
- *Once satisfied with the coding structure, staff completed a quality-check. This was done by randomly selecting a segment of data and coding it individually to ensure a level of consistency in data analysis.*
- *The objective was to reach the highest agreement possible between the two staff coding the data (see Appendix B for data analysis key themes and definitions).*

Number of Responses and Demographics

- *4,120 survey responses were submitted; 3,210 of these had all questions completed.*
- *Where people said they lived:*
  - 75% Ottawa
  - 7% Prescott-Russell
  - 5% Renfrew County
  - 5% Stormont, Dundas, Glengarry
  - 3% North Lanark and Grenville, and
  - 4% outside of the Champlain region.
- *The majority (63%) of respondents were between 50 and 74 years old.*
  - 16 % were 35-49
  - 7% were 25-34
  - 12% were 75+
  - 1.4% were 25 years or younger.
- *Respondents identifying their relationship with the health system:*
  - 50% were users of health care services
  - 37% were workers in health care
  - 13% were caregivers or volunteers.

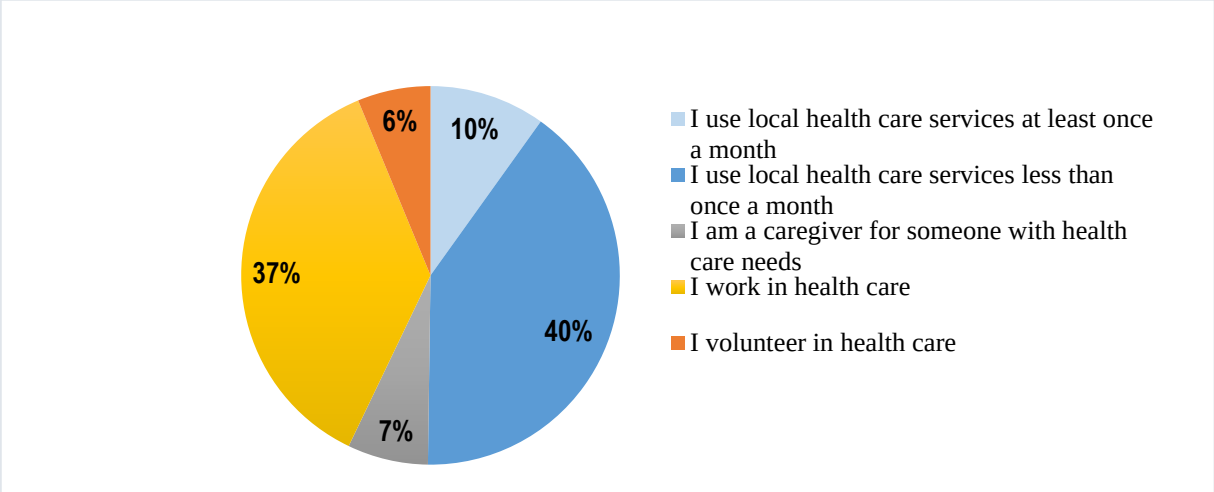

Figure 1: Respondents' relationship with Champlain region health service

Language

- *69% English*
- *26% French*
- *5% "Other language."*

The majority (89%) of respondents answered the English version of the survey, and 11% completed the French version.

Aboriginal Peoples

1.7% self-identified as an Aboriginal person:

- *28 First Nation*
- *21 Métis*
- *1 Inuit.*

Health

Overall, 58 % of survey respondents considered their health to be excellent or very good. The remaining describing their health as:

- *Good (30%)*
- *Fair (11%)*
- *Poor (2%).*

Comparing subgroups, respondents who self-identified as Aboriginal persons, or having French as their mother tongue did not differ noticeably in self-reporting of overall health.

Key Findings

Describing Changes to Champlain Health Services

With an open-ended question, respondents were asked to describe *one thing* they would change about health services in the Champlain region.

Health service areas identified as requiring the most change can be found in Table 1 below.

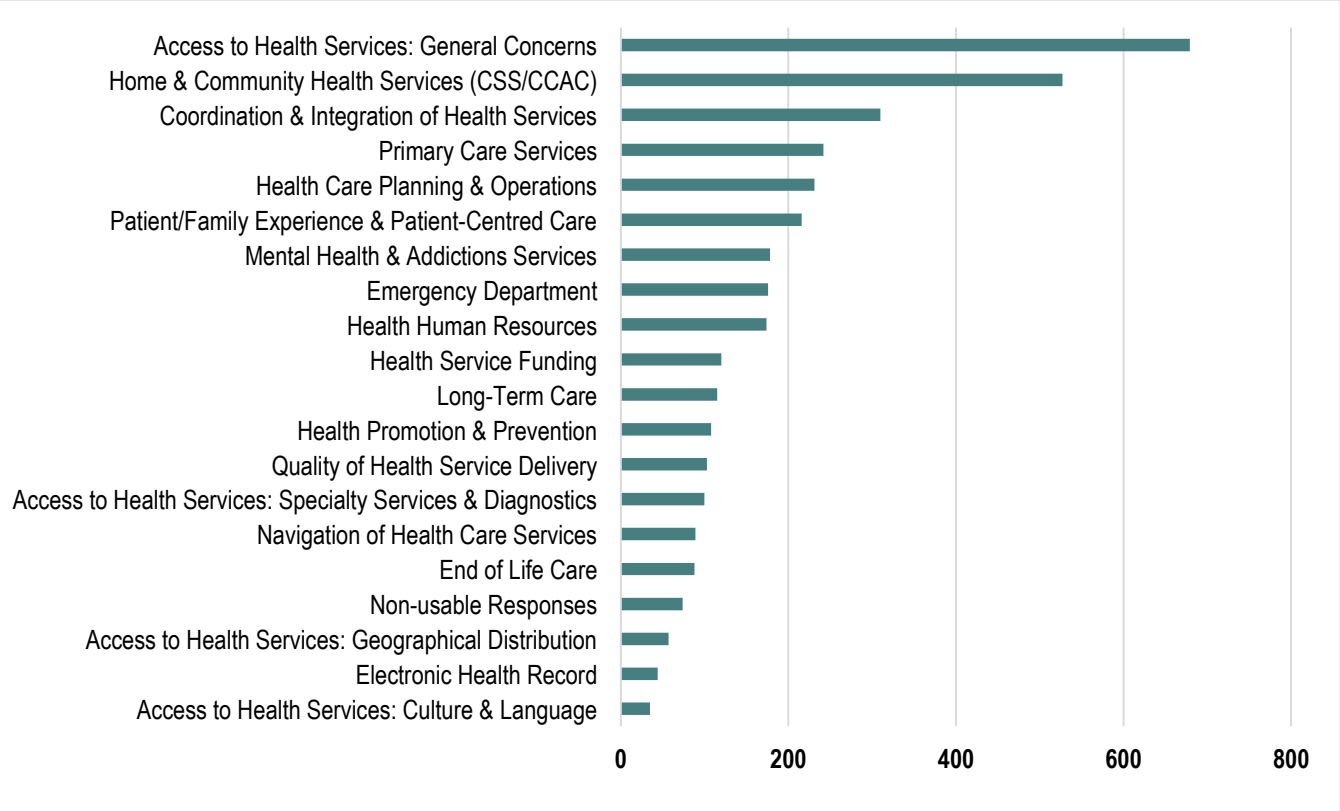

Table 1: Champlain region health service areas identified as needing greatest change

Here are the top three health service areas respondents identified as needing the most improvement in the Champlain region:

1) **Access to health services: general concerns** includes statements referencing the need for improved access to health services without specifically identifying a particular health sector (see Appendix B for all theme descriptions).

Concerns shared by respondents included:

> *"Reduce wait times to services and support"*
>
> *"I would like quicker access for clients to the services they need. People should not have to wait weeks and months for services they need today"*

2) **Home and community health services** ranked second for the overall sample, and for the sub-set of respondents who self-identified as having French as their mother tongue. Respondents who self-identified as Aboriginal persons ranked this third (their second concern was *patient / family experience and patient-centred care*).

Home and community health service concerns shared by respondents included:

> *"I would provide assisted living services to those who are in a 'gap' between long-term care and independent living, unable to adequately support themselves in their home because of chronic illness or disability"*
>
> *"To meet the needs of the elderly to enable them to remain in their home longer and safer"*

3) **Coordination and integration of health services** ranked third. This category includes comments related to:

- *Communication among health providers / organizations*
- *Transition from hospital-to-home with community support in place, and*
- *Concerns about the distribution of health care expertise.*

Concerns shared by respondents included:

> *"Increase partnership between tertiary care/family practices and community health centres"*
>
> *"More connection / communication between different facilities"*
>
> *"To integrate patient care more effectively and efficiently by ensuring health service providers are connected and can understand their patients' journeys as well as linkages between the health sectors"*

Upon further analysis, there were some differences based on how respondents self-identified in the demographics section of the survey.

By sub-group, the analysis, below, revealed the top three most identified areas requiring change within the local health care:

1) **Relationship to the Health System**
   - ***Health providers***
     1) Home and community health services
     2) Coordination and integration of health services, and
     3) Access to health services: general concerns.
   - ***Those who are not providers (including volunteers and caregivers)***
     1) Access to health services: general concerns
     2) Home and community health services, and
     3) Primary care services.
2) **Where They Live**
   - ***Urban Ottawa***
     1) Access to health services: general concerns
     2) Home and community health services, and
     3) Coordination and integration of health services.
   - ***Outside of the Ottawa area***
     1) Access to health services: general concerns
     2) Home and community health services, and
     3) Health care planning and operations.
3) **Culture**
   - ***Aboriginal***
     1) Access to health services: general concerns
     2) Patient/family experience and patient centred-care, and
     3) Home and community health services.
   - ***Non-Aboriginal***
     1) Access to health services: general concerns
     2) Home and community health services, and
     3) Coordination and integration of health services.
   - ***Francophone***
     1) Access to health services: general concerns
     2) Home and community health services, and
     3) Coordination and integration of health services.

Prioritizing Health Outcomes

Survey respondents were asked to prioritize the health outcomes on which the Champlain health system should focus its attention in the next three to five years. The table, below, shows the overall results:

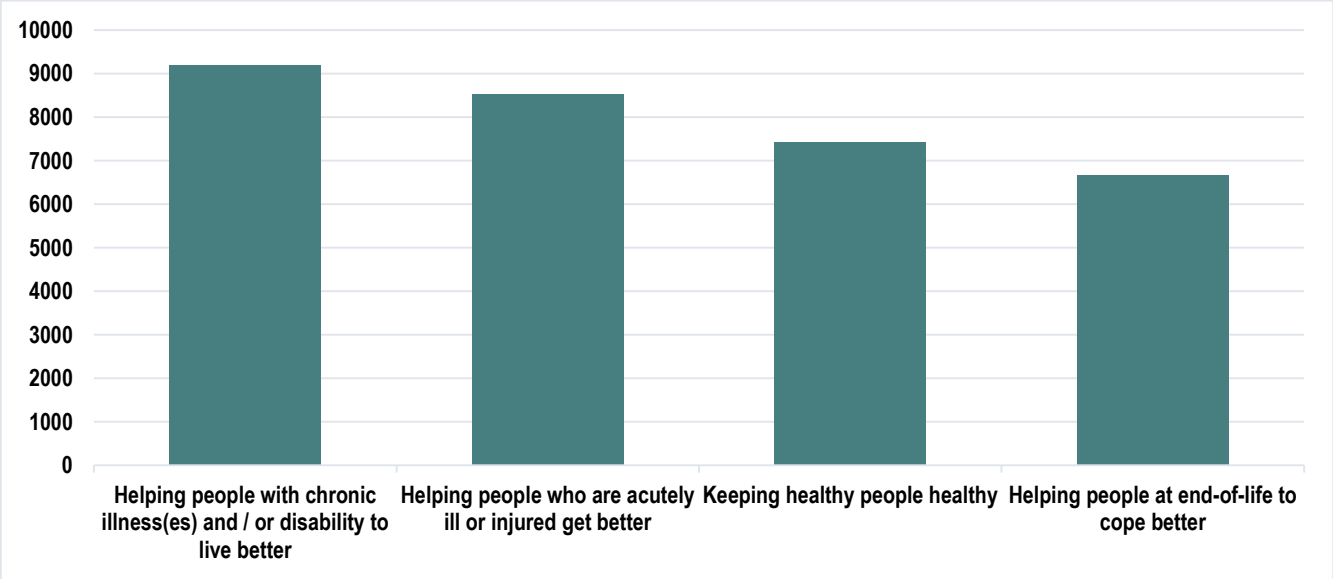

Table 2[2]: Health outcomes the Champlain health system needs to improve most in next 3-5 years.

The top health outcome was helping people with chronic illness(es) and / or disability to live better.

Respondents who self-identified as Aboriginal reflected the same prioritization as the overall ranking; however, those identifying as having French as their mother tongue prioritized helping people who are acutely ill or injured over those who have chronic illness.

Regarding populations the LHIN should focus on, respondents had the opportunity to identify health populations they felt were not included in the four proposed in the survey. These included:

- *Seniors*
- *Pediatric / young adults*
- *Caregivers, and*
- *Those who are vulnerable.*

[2] Weighting scale for prioritizations: First choice = 5 points, Second choice = 3 points, Third choice = 2 points, Fourth choice = 1 point.

Section 2: Stakeholder Consultation Summary

Our Approach

As part of the IHSP development process - and along with the IHSP survey that reached a broad range of consumers and health providers - the LHIN made a significant effort to hear about our local health care system directly from consumer groups and health providers across the region.

In autumn 2015, LHIN staff also engaged directly with over 800 health providers, consumers[3] and caregivers who use local health services. IHSP stakeholder consultation sessions had the following objectives:

- *Engage with a diverse group of consumers and providers from across the region who work in or use local health services,*
- *Inform consumers and providers on the current state of the Champlain health care region and the IHSP process,*
- *Collect and synthesize consumer and provider feedback on the following discussion prompts:*
    - What is most important to you and / or your community about health care? (Consumers)
    - In the next three years, what changes would you like to see in our local health system? (Consumers)
    - In the next three years, how can your network contribute to improving our local health system? (Providers)
    - How can the health system make better use of existing resources to better support the people you serve? (Providers)

LHIN staff who facilitated the sessions discussed the above-mentioned prompts; however, the majority of the feedback received from these consumers and providers focused on changes they want to see in the local health system.

To identify common themes identified across participating groups, the feedback was recorded and synthesized by LHIN staff.

The duration of each consultation session ranged between 30 minutes and 2 hours, depending on the amount of time made available by consumer or provider groups.

[3]See Appendix C for detailed list of consultation sessions

What We Heard

The following sections describe common themes that emerged from these consultations.

Integration and Coordination of Health Services

Consumers, caregivers and providers identified important challenges regarding the coordination of health services across the continuum of care.

Participants expressed frustration at the fragmentation of health services, and the need for a more integrated health care system across the region. Specific areas of concern included:

- *Transition from hospital-to-home can be very challenging for families; there are serious gaps in care and communication between hospital and community. Home and community support services promised while the patient is in hospital are not always available upon return home. Below are concerns shared by a consumer and a surgeon:*

  "When discharged, patients discover that these promised services do not actually exist; it leads to a rather chaotic experience for patients and their family."

  "Patients are treated in-hospital with one dressing or wound care device and then discharged to the community where the same product is not available - sometimes to the patient's detriment which is so disappointing and unnecessary."

- *There are many challenges for young adults transitioning to the adult system. These are young adults with complex needs who are used to the seamless care they receive at CHEO and Ottawa Children's Treatment Centre. This same model for seamless care does not exist for adult patients.*

- *Poor coordination, communication and inconsistencies regarding eligibility requirements for home and community support services, and confusion around each provider's roles and responsibilities. We need greater clarity of protocols between the Champlain CCAC and community support services. One caregiver shared:*

  "Poor communication often leads to multiple assessments being done unnecessarily across different programs and organizations which makes it very challenging and often distressful for patients with dementia."

- *Need for continued improvement in radiology / lab information technology links among hospitals in the region (e.g., unreliable software does not allow for advanced imaging analysis).*

Navigation of Health Care Services

Patients and caregivers described significant challenges when navigating the health care system. Hospital providers also expressed frustration when navigating the system to get home and community support services for their patients. Concerns included:

- *Providers, patients and caregivers expressed frustration about their inability to find, or stay current on, information on existing home and community support services in the region. An emergency physician and consumer shared the following concerns:*

  "We need a central and coordinated place to call; this is taking up way too much of my time." Navigation can be very difficult for newly diagnosed patients and caregivers.

  "Services are often available, but the problem is we don't know they exist and how to access them; you don't know what you don't know."

- *Patients expressed feeling anxious and abandoned after receiving diagnosis (e.g., diabetes, dementia, etc.); emphasized importance of being given information at diagnosis of a central location for disease-specific information that they can access.*

- *Patients and caregivers discussed the value of case managers / navigators in the system, especially for patients with complex, chronic diseases (e.g., dementia, Alzheimer, acquired brain injury, etc.). One consumer shared:*

  "There's no point in diagnosing, if there's no commitment to follow up. You leave with a diagnosis, but no management plan, no social worker."

- *New immigrant groups expressed the unique challenges that this population faces, especially in the months before they are OHIP eligible (e.g., language barriers, unfamiliar culture, lack of dental care, misdiagnosed tropical diseases, post-traumatic stress disorders, lack of housing, etc.).*

Access to Health Services

Access to timely and appropriate health services close to home was a significant concern of consumers and caregivers. Specific concerns included:

- *Access to appropriate health services (primary care, diagnostics and specialists) remains a challenge for Champlain residents who do not live in urban areas, especially if transportation is not easily accessible.*

- *Limited palliative services or hospice options available for those living outside urban areas.*

- *Need for successful outpatient programs (i.e., community and hospital-based) that provide accessible and multidisciplinary professional health service for patients with complex, chronic conditions. One clinician expressed*

  "Some of these programs will simply collapse because the specialized, multidisciplinary programs don't exist in the community. Some of our most vulnerable patients, such as spinal cord injuries, could lose critical services."

- *Certain chronic conditions require on-going and easily accessible, specialized services to maintain and enhance therapy goals achieved within hospital and community programs (e.g., patients with aphasia, mild traumatic brain injuries, spinal-cord injuries, etc.).*

- *Patients, caregivers and providers encouraged the LHIN to be more proactive when it comes to health promotion and prevention activities.*

- *Community health centres emphasized the importance of having dedicated resources (i.e., social services) to help the most vulnerable, which would reduce the burden of chronic illness and hospitalizations.*

- *Community health centres feel they have the expertise and the partnerships to play a bigger role in assisting vulnerable populations (i.e., new immigrants, homeless population, etc.).*

Culturally and Linguistically Appropriate Health Services

Greater emphasis needs to be made to offer culturally and linguistically appropriate services across the regions. Specific concerns identified include:

- *Stereotypes exist in health care when dealing with indigenous patients; one consumer shared this about existing stereotypes:*

  "We all drink, have diabetes, live in tipis and do woodcarvings. Some choose not to go to a physician because of this."

- *Lack of cultural sensitivity and knowledge; one Aboriginal consumer's example:*

  "They don't understand that we are a very close knit community, so when we all show up at the hospital, they don't get it."

- *Hospitals rarely provide the opportunity or space for families to practice important cultural rituals (i.e., last rites, smudging, bathing the body, traditional healers, etc.).*

- *Consumers shared the challenges of having English-speaking personal support workers (PSWs) coming to their home who cannot understand their needs because of the language barrier.*

- *Consumers who need French-language health services make this request, yet have no option but to accept English services. One French-speaking consumer asked the following of the health system:*

  "To not have to ask for French health services or have to fight for French services. Need to better identify organizations who offer French language health services across the region.

- *Serious lack of psychosocial support services for French-speaking consumers. A concerned high-school teacher shared that she was unable to find mental health services offered in French in her region for her students:*

  "When it comes to mental health and addictions, it is essential that services be offered in French."

- *New immigrants expressed difficulties in accessing health services when unable to speak English. One newcomer said:*

  "The greatest barrier to get health care as a newcomer is language."

  Community health centres shared they have the skills, desire and partnerships to assist the new immigrant population.in preventing illness.

- *The Lesbian, Gay, Bisexual, Trans, or Questioning (LGBTQ) community has unique health care needs and shared that health providers are unaware or ignore this community's health disparities. One consumer said:*

  "There are very few health services currently being offered to address the unique health needs of the LGBTQ community, and if you live outside of Ottawa, then you really don't have access to anything. What health providers don't get is that members of the LGBTQ community will just not access health services because of the fear of judgment or misunderstanding."

- *Lack of socio-demographic data collected in the Champlain region that could assist targeted health care initiatives for underserved populations (e.g., Aboriginal, LGBTQ, new immigrant communities, etc.).*

Home and Community Services

Patients, caregivers and providers described very challenging experiences in accessing and navigating home and community services.

Overall, the most significant areas of concern related to the complexity of the system, the lack of integration between home and community support services, the inconsistent quality of care and individual patient / caregiver care needs not being reflected in the care planning. Specific examples included:

- *Both providers and consumers discussed the challenges of navigating the numerous agencies involved in home and community services as well as the duplication of assessments that occur by the various providers.*

- *Hospital providers expressed frustration at the inconsistency and unreliability of care for their patients. One clinician said*:

  "Clinicians are all too aware that these patients will not receive the required services, so they tend to keep patients much longer in hospital, which increases costs."

- *Caregivers expressed the need for improved training and supervision of PSWs due to the variability, both in the quality of care and supervision of PSWs. One caregiver's frustration:*

  "You never really know what you're going to get, so you can only depend on these services up to a certain extent.

- *Inconsistency in the delivery of care by PSWs was a significant concern for consumers and caregivers; specific examples provided include:*

  - Staff turnover, especially during the summer months. Family members needing to repeatedly explain preferred routines of personal care to different service providers.

  - Neither the scheduled PSW nor an alternate is sent, which sometimes leads to caregivers having to take time off work to be with family member.

  - Lack of knowledge and skill to work with certain populations (e.g., dementia, Alzheimer, acquired brain-injury, children, etc.).

  - PSWs being unaware of scope of practice or lack certification to perform certain procedures (e.g., incorrectly performing sterile procedures with children).

Caregiver Support

Greater efforts need to be made to improve caregiver support, respite and access to home and community support services. Key areas of concern included:

- *Lack of respite for caregivers to allow for rest and reduce social isolation of caregiving. Reasonable requests for support are unmet. One caregiver shared:*

  "…sometimes you have to put on an act to access the services you think your spouse needs."

- *Lack of support at night to allow caregivers to sleep without having to worry about their family member.*

- *Caregiver's inability to access home and community support services offered at the CCAC because they do not meet requirements (e.g., if patient does not require bathing assistance, this may limit the services they can access).*

- *Lack of psychosocial support for caregivers. Expressed fear of unknown and severe anxiety. One caregiver said:*

  "Most of us are not young, so it can be very stressful. It is not easy. We need respite."

- *Financial burden of caring for loved one can be overwhelming for some families. Although some have the financial resources to access additional community services, many do not and are unaware of financial tax deductions or benefits available to them.*

- *Many caregivers described a sense of failure when they were no longer able to care for their family member at home. One health provider described caregivers in the following way:*

  "Caregivers work a lot harder than we do, and we need to do a better job of supporting them, if we want more patients being cared for at home."

Primary Care

Consumers, caregivers and providers identified challenges related to primary care services. The most common concerns heard from participants related to the difficulties in accessing primary care services, lack of integrated and coordinated care between primary care physicians and specialists. Specific areas of concern included:

- *Very challenging to manage complex, chronic conditions without a primary care physician.*
- *Coordination of health services for patients with complex, chronic diseases is very time consuming and challenging to navigate.*
- *Primary care services need to be more accessible. One consumer said:*

  "Having to take time off work to get a doctor's appointment means you don't go. We need to go beyond 'Mon-Fri, 9 am – 5 pm' service. That doesn't work for most people who work."
- *Important to continue to optimize eConsult capabilities across the region.*
- *Need to overcome barriers with communication and coordination of care between primary care physicians and specialists. One primary care physician said:*

  "The challenge is that there are multiple specialists coordinating care. The primary care provider is often left out of the conversation."
- *Emergency departments are frustrated with having to provide primary care services and coordinating home and community support services for patients.*
- *Primary care physicians emphasized that greater attention is needed on advanced and end-of-life care planning. One physician shared:*

  "We need to be organized to start these conversations. The challenge is to have the space, time resources to take care of folks with end of life planning."
- *Primary care physicians discussed the importance of looking at different ways of practicing medicine in order to be more efficient and to see more patients (e.g. Physician assistants, Nurse Practitioners, etc.).*

Mental Health and Addictions

Patients, caregivers and providers described very challenging experiences in accessing and navigating mental health and addictions (MH&A) services within the Champlain LHIN, especially when living outside an urban area.

Health providers voiced significant challenges with referring patients to appropriate MH&A services, and the need to improve the integration and coordination of mental health and addiction services. Specific areas of concern included:

- *Families with a family member who suffers from mental health challenges are constantly in crisis mode, with little education about resources. They need assistance in knowing where to send families for the most appropriate help.*

- *MH&A services need to be more accessible, and culturally appropriate.*

- *Parents of children with mental health challenges, and their primary care physicians, need more education about resources available for these children. One parent shared the following:*

  "I have had positive experiences…but my daycare, my doctor, no one knows about (available services)."

- *Schools demonstrate a significant lack of knowledge regarding mental health resources. Education for educators is crucial. One parent shared her frustration:*

  "As a parent, you are banging on doors, no one wants to help, they don't know about services."

- *Important to provide support for the entire family; caregivers of family member with mental health issues face the same caregiving stress that affects caregivers of loved ones with any other illness. One parents expressed the following:*

  "In our family, we have seen the domino effect – effects on the siblings but no support for them, so they eventually also experience mental health issues. Living in a chaotic environment puts our other children at-risk."

- *Emergency departments are increasingly providing health services to patients that would be better managed in the community (e.g., medical detoxification for patients suffering with mental health and addictions). Furthermore, they are having serious challenges referring these patients to a primary caregiver or community MH&A services.*

Conclusion

Thank you to everyone who gave their time and efforts participating in the LHIN's *IHSP 2016-19* community engagement activities. Your contributions to the survey and consultation sessions are invaluable.

We listened to consumers, caregivers and providers within the Champlain region who work in and use the local health services and, therefore, know the system best.

We reflected on and used your input to develop key priorities, and address ongoing challenges through our IHSP.

Over the next three years, we will build on our success, and work with our partners to improve access to, and integration of, local health services for all Champlain residents.

Appendix A: Survey Content

Introduction

The Champlain LHIN is setting strategic priorities for the next three years through its Integrated Health Service Plan (IHSP) 2016-19 for health services in:

- *Addictions and Mental Health Agencies*
- *Community Care Access Centre (home care)*
- *Community Health Centres*
- *Community Support Services (such as Meals on Wheels)*
- *Hospitals*
- *Long-Term Care Homes.*

This region has high-quality service in many areas, but our health system needs to improve. Your feedback will help us prioritize and plan to make the best use of existing resources. The Integrated Health Service Plan 2016-19 will:

- *Name the key areas of local health care where we will focus our efforts,*
- *Build on the successes already achieved, and*
- *Support provincial health priorities.*

To help us better understand the feedback you provide to us, we will also ask a few questions about you. You will need to complete this section to proceed to the IHSP questions. All responses will remain anonymous.

This survey will take about 10 minutes to complete, and closes at the end of the day (11.59 pm), Thursday, August 27, 2015.The LHIN will share the final plan with the Ministry of Health and Long-Term Care in November 2015 (the plan will launch on April 1, 2016).

Stay up to date on the plan's development by visiting our website, or sending your email address to Ch.IHSP@lhins.on.ca. Thank you very much for taking the time to help us plan for the next three years!

About You

Telling us a little more about you will help us better understand the responses you provide to us in the survey.

1) My age is

- ○ Under 18
- ○ 18 - 24
- ○ 25 - 34
- ○ 35 - 49
- ○ 50 - 64
- ○ 65 - 74
- ○ 75 or more

2) I live in ...

- ○ Renfrew County
- ○ Ottawa
- ○ Stormont, Dundas, Glengarry
- ○ Prescott - Russell
- ○ North Lanark
- ○ North Grenville
- ○ I live outside of the Champlain region

3) Which of the following <u>best</u> describes your relationship with health services in the Champlain region?

- ○ I use local health care services at least once a month
- ○ I use local health care services less than once a month
- ○ I am a caregiver for someone with health care needs
- ○ I work in health care
- ○ I volunteer in health care

3a) In general, would you say your health is ...

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

4) What is your mother tongue?

- ○ English
- ○ French
- ○ Other (please specify) _____

4a) If your mother tongue is neither French nor English, in which of Canada's official languages are you more comfortable?

- ○ English
- ○ French

5) Do you identify as an Aboriginal person?

- ○ Yes
- ○ No

5a) If yes, do you identify as ...

- ○ First Nation
- ○ Inuit
- ○ Métis

6) If I could change <u>one thing</u> about health care services in the Champlain region, it would be

[ ]

Please use the following information to answer Question 7:

Generally, health systems must address the needs of four populations:

- *Healthy People, who may need screening, pre-natal / child birth care, support for healthy seniors, etc.*
- *People who are acutely ill or injured, and who will likely return to health.*
- *People living with chronic illness(es) and / or disability, who need support and / or services (i.e., for diabetes, COPD, stroke, mental health and addictions challenges, or a combination of conditions).*
- *People who are at end-of-life, and need short- or long-term individual and / or caregiver support, services, comfort, etc.*

7) Over the next 3 - 5 years, where does the Champlain health system need to improve the most? Please prioritize the following goals from <u>most important (1st) to less important (4th)</u>.

	1st	2nd	3rd	4th
Keeping healthy people healthy	○	○	○	○
Helping people who are acutely ill or injured get better	○	○	○	○
Helping people with chronic illness(es) and / or disability to live better	○	○	○	○
Helping people at end-of-life to cope better	○	○	○	○

7a) If you believe there is another health goal that needs more attention, please add it here:

Appendix B: Survey Data Analysis: Key Themes and Definitions

Health Service Challenge	Description of Health Service Challenge
Access to Community Health Services (CSS/CCAC)	• *Access to CSS and CCAC services in their community* • *Transition from hospital-to-home* • *Respite for caregivers* • *Transportation services* • *Psychosocial support (i.e., financial burden of caring for family members in home, social isolation and anxiety)*
Access to Health Services: Culture & Language	• *Access to French language health services* • *Access to health services for vulnerable populations, such as LGBTQ* • *Cultural acceptance and sensitivity while receiving care for populations such as Aboriginal, new immigrants, etc.*
Access to Health Services: General Statements	• *Generalized comments regarding access to non-specific health care services* • *Length of wait times for various services*
Access to Health Services: Geographical Distribution	• *Equitable health service access across the region* • *Availability of services in rural areas*
Access to Primary Care Services	• *Access to primary care physician in their community* • *Ability to change family doctor (i.e., retirement, relocation of patient/ family doctor or dissatisfaction with care)* • *Availability of non-urgent care on weekends and evenings (i.e., availability of walk-in clinics, primary care physician office hours, etc.)*
Access to Health Services: Specialty Services & Diagnostics	• *Access/wait times for health services with respect to seeing specialists* • *Length of wait times for tests*
Coordination and Integration of Health Services	• *Coordination and integration of health services across the region* • *Distribution of health care expertise across different hospitals versus centralized care* • *Improved communication among health providers/organizations across all sectors* • *Transition from hospital-to-home with community supports in place*
Electronic Medical Record	• *Access to electronic medical record to improve coordination and efficiency of health services across all health sectors (i.e., primary care, emergency department, specialists, etc.)* • *Patients having access to health records*
Emergency Department	• *Wait times in the Emergency Department* • *Inappropriate use of the emergency department*

End-of-Life Care	• *Access to palliative services at home or in hospice* • *Caregiver and family psychosocial support* • *Physician assisted dying* • *Advanced care planning*
Health Human Resources	• *Adequate staffing of health professionals (i.e., nurses, nurse practitioners, allied health, physicians)* • *Healthy work environment* • *Job stability*
Healthcare Planning and Operations	• *Levels of Bureaucracies (i.e., existence of the LHIN, reduce number of middle/upper management positions to frontline staff)* • *CCAC restructuring for more improved service delivery* • *Hospital maintenance, expansion, renovations, and relocation* • *Planning for the future (e.g., seniors with complex/chronic diseases)* • *Parking Fees*
Health Promotion and Prevention	• *Emphasis on health promotion and disease prevention programs (i.e., health system being more proactive rather than reactive)* • *Access and/or integration of alternative care*
Health Service Funding	• *Impact of health funding cuts* • *Coverage of essential health services (e.g., dental, vision)*
Long-Term Care	• *Availability of appropriate housing for specific sub-populations requiring long-term care (i.e., brain injury, developmentally delayed adults, etc.)* • *Sufficient number of long term care beds to facilitate patient flow from hospital* • *Adequate staffing for long-term care facilities* • *Quality of long-term care living environment*
Mental Health and Addictions	• *Access to community/tertiary mental health & addiction services* • *Access to mental health and addiction services for younger population*
Navigation of Health Care System	• *Awareness and access to available of health services in the region* • *Education of appropriate resources required, costs, etc.* • *Anxiety and stress of navigating a complex system*
Non-Usable Responses	• *Unrelated response to question* • *General statement without giving direction*
Patient/Family Experience & Patient Centred Care	• *Positive & negative health service experiences* • *Having choices when it comes to health services received and by whom* • *Engaging patients/ families in health service decisions*
Quality of Health Service Delivery	• *Quality of care and consistent support staff* • *Knowledge & skill development of Personal Support Workers in providing safe and appropriate care* • *Hospital cleanliness*

Appendix C: List of Stakeholder Consultation Sessions

Consultation Sessions with Health Care Networks	Consultation Sessions with Health Care Consumers
1) Aboriginal Health Circle Forum	1) Aboriginal Community (Wabano Centre)
2) Acquired Brain Injury Coalition	2) Aboriginal Engagement – Renfrew District
3) Addictions & Mental Health Network	3) Algonquins of Pikwàkanagàn
4) Champlain Addictions Coordinating Body	4) Alzheimer's Society – Rockland
5) Champlain Community Support Network	5) Alzheimer's Society of Hawkesbury
6) Champlain Emergency Services Network	6) Alzheimer's Society of Ottawa and Renfrew
7) Champlain Hospice Palliative Care Program	7) Aphasia Centre of Ottawa
8) Champlain Lung Health Network	8) Champlain Client Champions (Diabetes)
9) Champlain Maternal Newborn Regional Program	9) CHEO – Youth Advisory Group
10) Champlain Regional Cancer Program	10) CHEO-Parents Advisory Group
11) Champlain Regional Renal Network	11) Chinese Client Group
12) Champlain Regional Diabetes Advisory Committee	12) Francophone Immigration Support Network of Eastern Ontario
13) Champlain Regional Geriatric Advisory Committee	13) French Language Health Services Network of Eastern Ontario - Individual Members (Casselman)
14) Champlain Regional Stroke Network	14) French Language Health Services Network of Eastern Ontario- Individual Members (Ottawa)
15) Champlain Telemedicine Coordinating Committee	15) Mind the Gap (dementia caregiver support group)
16) Community Health Centre Executive Director Network	16) Newcomer Client (South East Ottawa CHC)
17) Decision Support Network of Champlain	17) Ottawa Senior Pride Network
18) Health Links Coordinating Council	18) Parents Lifeline of Eastern Ontario
19) Health Professionals Advisory Committee	19) Stroke Survivors of Ottawa
20) Health System Funding Reform Local Partnership	20) University of Ottawa Brain Mind Research Institute (Concussion Group)
21) Hospital CEOs and CCAC Leadership	
22) Inter-Hospital Committee for Mental Health	
23) French Language Health Services Network of Eastern Ontario – Corporate Members Committee	
24) French Language Health Services Network of Eastern Ontario- Staff	
25) Ottawa Local Immigration Partnership	
26) Primary Care Advisory Committee	
27) Ottawa Public Health Unit	
28) Rehabilitation Network of Champlain	
29) Vascular Surgery Department	

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