



## **Algoma Healthcare Planning & Priority-Setting Session**

### **Phase I**

### **May 16, 2006 Session Summary**

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# TABLE OF CONTENTS

EXECUTIVE SUMMARY	3, 4
ALGOMA HEALTHCARE PLANNING & PRIORITY-SETTING SESSION Objectives	5
PRESENTATIONS	6
VISION AND VALUES EXERCISE	7
OUR ALGOMA HEALTHCARE VISION & VALUES	8
MAJOR THEMES	9 - 12
NEXT STEPS	- 13 --16
APPENDIX	- 13 -7 - 35
EXERCISE QUESTIONS #1 – 3	- 18 -, 19
RESULTS FROM THE EXERCISES	- 20 - - 35
PREVENTION	20
ACUTE CARE	25
CHRONIC CARE	30

## Executive Summary:

- The Sault Ste. Marie Healthcare Solutions Group (Solutions Group) invited a broad range of Algoma healthcare providers and community representatives to participate in Phase 1 – a one-day planning and priority setting session on Tuesday May 16, 2006 at Algoma's Water Tower Inn. 87 providers, citizens, citizen groups, along with federal, provincial and municipal representatives co-designed our Algoma vision and values; as well as 2020 healthcare vision on prevention, acute care and chronic care and actionable priorities and recommendations for 2007 – 2010. For the 1<sup>st</sup> time ever, participants from all sectors attended a planning and priority session, demonstrating that Algoma recognizes the need for collaboration, joint-planning and a unified, strong system voice.
- 41 people expressed interest in participating in the development of the Algoma Planning Table.
- 47 people completed an evaluation with remarks ranging from “very good to excellent”. A majority of people expressed their overall satisfaction with the planning process and the outcomes.
- Healthcare leaders and stakeholders received presentations from:
  - Dr. Silvana Spadafora, Oncologist and Co-Chair of the Sault Ste. Marie Healthcare Solutions Group.
  - Via Video: Honourable George Smitherman, Minister of Health and Mr. David Oraziotti, Member of Provincial Parliament
  - Mr. David Murray, C.E.O., North East Local Health Integration Network
  - Ms Ann Matte, Senior Director Planning, Integration and Community Engagement/ North East Local Health Integration Network
  - Dr. Patricia Zehr, President, Algoma West Academy of Medicine
- Stakeholders developed a draft Vision and Values for Algoma – please see Vision and Values Exercise on page 8. Participants agreed that it requires input from citizens of Algoma however this is a terrific starting point.
- Each planning table completed Year 2020 visioning for Prevention, Acute Care and Chronic Care keeping in mind the continuum of life from pre-natal to death. They brainstormed the major priorities to be done over the next 3 years to reach the 2020 vision. Details on the 2020 Visioning of Prevention, Acute Care and Chronic Disease and Priorities can be found on pages 20 - 35.

- During the visioning and planning exercises, 12 themes recurred such as wellness and collaboration. To follow is the list and you can find more details on pages 9 – 12.
  - Accessible services across the continuum of care
  - Affordable services across the continuum of care
  - Algoma wellness culture (Chronic Disease Management and Prevention)
  - Better coordination and linkages
  - Collaboration
  - Education
  - Government funding and cooperation
  - Information and communication technology (diagnostic and information)
  - Primary care and specialists
  - Provider roles
  - Remote areas
  - Share resources among organizations
  
- The workshop ended positively with a discussion about “Next Steps” which can be found on pages 13 - 15. The Sault Ste. Marie Solutions Group agreed to the following action items:
  - To organize Phase 2 – the next stakeholder session in early fall. At this planning session participants will review the priorities listed for 2007 – 2010 (pg 20 – 35) and develop strategies, action plans, agree to deliverables/measurables, assign responsibility, resources and agree to a time frame.
  - To facilitate discussions to coordinate the Algoma Planning Table.
  - We will develop a communication strategy and develop ways to improve dialogue with respect to all stakeholders, LHIN and MOH.
  - All stakeholders will collaborate and foster on-going positive relationships with the Ministry of Health, NE LHIN and each other.

## **Algoma Healthcare Planning & Priority-Setting Session**

## **May 16th Objectives:**

1. Develop the groundwork for an Algoma 2007 – 2010 healthcare plan that includes vision, values, priorities, actionable recommendations and solutions for the Ministry of Health and North East Local Health Integrated Network (LHIN 13).
2. Build a strong alliance with Algoma service providers for on-going system development, consultation and planning.
3. Build the foundation for 2010 – 2020 Algoma Healthcare Plans.
4. Explore opportunities for enhanced provider partnerships across health services.
5. Discuss unmet needs and service gaps in Algoma.
6. Share and exchange information with each other.
7. Consider ways and means of broadening the opportunity for all community partners to participate more meaningfully in system development – Algoma Planning Table.
8. Build the foundation for a positive working relationship with the new North East Local Health Integration Network (LHIN 13).

## **Presentations:**

### **Heather Clarke, CEO Beacon Communications Inc. (Canada)**

Ms Clarke facilitated our day-long session with energy and enthusiasm. She is a passionate entrepreneur who encouraged us to step free from our silos, to work collaboratively to manifest an Algoma healthcare vision and legacy.

### **Dr. Silvana Spadafora, Oncologist and Co-Chair of the Sault Ste. Marie Healthcare Solutions Group**

Dr. Spadafora started the day with a powerful and compelling presentation that Algoma needs be a unified and strong system voice to ensure that individuals who we love and serve receive the right care in the right place at the right time by the right person.

### **Via Video: Honourable George Smitherman, Minister of Health and Mr. David Oraziotti, Member of Provincial Parliament**

Minister Smitherman and Mr. David Oraziotti applauded our efforts in coordinating a planning and priority session for Algoma. The North East Local Health Integrated Network (LHIN 13) is a vehicle for Algoma and all other planning areas to use as a means to address local issues. They congratulated everyone for attending and taking a leadership role. Both are eager to see the outcomes from our planning sessions.

### **Mr. David Murray, CEO, North East Local Health Integration Network**

Mr. Murray spoke to the critical health profile issues in the North East and applauded our leadership role in organizing the first district-wide community engagement planning session.

### **Ms Ann Matte, Senior Director Planning, Integration and Community Engagement/ North East Local Health Integration Network**

Ms. Matte addressed the composition of the North East Local Health Integrated Network (LHIN 13): legislation, policies, vision, values, priorities and community engagement strategy.

### **Dr. Patricia Zehr, President, Algoma West Academy of Medicine**

Dr. Zehr closed the planning session encouraged by the day's events and hopeful that Algoma stakeholders will continue to work together to build a strong alliances to address the critical issues in Algoma.

## **Exercise 1: Algoma Healthcare Vision and Values:**

Participants were divided into nine planning tables. Each table consisted of a cross-section of providers encouraging systems thinking, learning and planning. Participants later remarked how useful this was to hear other perspectives and learn how individuals we serve connect across the spectrum of care.

A trained Facilitator was present at each of the 9 planning tables. The Facilitator led each discussion and ensured that each exercise was completed on time and that the discussions stayed on track. The first exercise was to envision our healthcare system in the year 2020. Generally, what do we want our healthcare system to look like in Algoma in 2020? The exercise questions can be found on page 17, 18.

Using a draft Vision and Values document as a guide and starting point, each table provided input into their version of an “Algoma Vision and Values” and the information is collated and presented on page 8.

Many common themes among the nine tables emerged such as:

- *focus on sustaining our healthcare system for our grandchildren and beyond;*
- *provider and organization collaboration is key;*
- *citizen input to the planning process*
- *demonstrate accountability;*
- *increased provider and individual confidence in our healthcare system*

To follow is our shared Algoma Healthcare Vision and Values. **Participants recognize that the Vision and Values is a ‘living’ document and will evolve as we gather input from more stakeholders. It is a terrific starting point.**

## **Our Algoma Healthcare Vision & Values:**

## **Mission**

Prevention, Care, Commitment, Sustainability

## **Vision**

A culture of wellness, sustainability and exceptional care makes the Algoma healthcare system, one of Canada's finest.

## **Values**

Our values are based on a set of beliefs that is consistent with the principles of the *Canada Health Act, Ministry of Health, North East Local Health Integrated Network (LHIN 13) and appropriate professional standards.*

**Appropriate**, ensuring individuals receive the right care and services in the right place at the right time by the right provider.

**Collaboration**, to ensure a system approach that encourages teamwork, is fair, respectful and inclusive.

**Effectiveness**, of service delivery and treatment leading to appropriate outcomes and best practices that is measured and evaluated.

**Efficiency**, including seamless, transparent, inclusive, and fair, in providing quality, effective, evidence-based services in a cost effective way.

**Equity and Fairness**, of timely access and in the quality of services delivered.

**Health Promotion**, that includes education, self-management and prevention strategies, is the key to healthy lifestyles.

**Individual & Community Focus**, including transparency, inclusiveness, fairness and respects the needs, diversity and voice of all Algoma citizens.

**Leadership**, that is respectful, proactive, innovative, committed and visionary.

**Monitoring**, to ensure quality and continuous improvement and accountability.

**Safety**, in the delivery of health services to minimize the risks to the health and safety of Algoma citizens and providers.

## **Major Themes:**

Participants expressed many common themes throughout the day that are identified in the following 12 points which are in alphabetical order. See pages 21 – 35 for more details.

### **Accessible services across the continuum of care.**

Participants representing groups at risk acknowledged the need for ongoing specialized services to ensure equitable and reasonable access. For example: Francophone, Aboriginal, Italian, deaf and hard of hearing, physically disabled, chronic illness, mental health and addictions.

### **Affordable services across the continuum of care.**

Participants acknowledge the need for accessible and affordable services such as supportive housing and long-term care – and that every person have food and shelter and access to this in order to live a healthy, active life.

### **Algoma Wellness Culture (Chronic Disease Management and Prevention)**

There was overwhelming consensus that Algoma strive and commit to becoming a thriving, healthy, active culture. Algoma, as part of the North East, has a higher percentage of daily smokers, higher proportion of older people, higher percentage of adults who are current drinkers reporting heavy drinking, higher percentage of adults who are overweight or obese, and a higher prevalence of self-reported activity limitations, arthritis/rheumatism, high blood pressure, diabetes, and heart disease.

### **Better coordination and linkages.**

Participants acknowledged that many in hospital services are expensive and can be provided in the community. The planning tables recognized the need to link hospitals, physicians, long-term care, mental health, public health, CCAC, addictions and access to community support service providers. Community support services can play a large role in keeping individuals out of hospital, allow for a quicker recovery and reduce costs to the healthcare system.

This also links with the need to coordinate 'across-the-spectrum' services, for example a patient can be afflicted with any of the following at any stage during her/his life: mental health, cancer, disabilities.

### **Collaboration**

Collaboration was a common theme throughout the day. Participants agreed that with stronger linkages across Algoma (via IT, communication, system planning) that individuals will have better service and better outcomes. Participants discussed developing Family Health Teams that consist of all professional providers that jointly provide case management and seamless, accessible primary service.

Participants also expressed the need to establish a shared and sustainable planning process across Algoma and across all sectors. 41 people are interested in participating in an “Algoma Planning Table”!

### **Education**

Generally all participants recognized the importance of ensuring our education system incorporates healthy lifestyle curriculum from Daycares, Junior Kindergarten and up. For instance incorporating wellness and prevention programs such as after-school programs, mandatory daily exercise, no junk food allowed in lunches or in cafeterias/vending machines. This is a collaborative effort with Algoma Health Unit, Education and Health system and all levels of government.

As well, individuals are empowered to self-manage and know how and where to get the services needed.

### **Government Funding and Cooperation**

Participants expressed throughout the day the importance of strong relationships with government funders and the need for them to have planning sessions like ours. For instance, the Ministry of Health, Ministry of Education could work together to develop healthy, active school curriculum and wellness programs in communities. By working together they can also uncover waste in the system and free up funds to adequately support needs in communities like Algoma.

## **Information and Communication Technology (Diagnostic and Information)**

All nine planning tables expressed the need for Algoma to invest in Information Communication Technology (ICT). Diagnostic and information technology is growing in use and dependency. By investing in linking information systems, we will reduce wait times; improve service to individuals and increase collaboration and system planning. It will give Algoma the tools to be proactive and make evidence-based decisions. We must allow time and resources for education and training.

## **Primary Care and Specialists**

Throughout the day, all planning tables expressed the need that Algoma must solve the acute physician retention and recruitment crisis.

## **Provider Roles**

Due to the number of 'orphan' individuals and large geographic area, participants agreed to explore the advancing roles of Nurse Practitioners, Nurse, Physician and community support service providers. (E.g. GP Anaesthetist, hire more Nurse Practitioners, share human resources, travelling physicians, travelling colonoscopy unit).

In order to achieve better coordination, linkages and system planning participants expressed the need to coordinate a website, pamphlet, database, 211 system to access 'what service does what?' and 'how to access it'. This will be helpful for individuals and providers.

## **Remote areas**

Participants discussed the need for communities to coordinate creative problem solving sessions regarding remote area issues and better linkages and collaboration with other communities and their services (e.g. travelling clinics, video networks)

## **Share resources among organizations**

Participants recognized the need to explore opportunities to achieve more administrative efficiencies across organizations such as training, human resources (sharing staff, policies, benefits).

## **NEXT STEPS:**

### **Discussion**

We had an open and positive discussion about our “next steps”. Who will lead the way? Who will take charge to oversee healthcare issues? What do we do with the report? How do we implement the priorities? The report is intended for each community to use to help them prioritize their efforts. May 16<sup>th</sup> session is one of several planned that will be led by the Sault Ste. Marie Healthcare Solutions Group. We intend to hold another session with the May 16<sup>th</sup> stakeholders in the early fall and a ‘town hall’ session with Citizens/Individuals.

### **Report**

The Sault Ste. Marie Healthcare Solutions Group will send an electronic copy of this report to stakeholders. A copy will also be sent to the North East Local Health Integrated Network (LHIN 13) to include in the Integrated Health Service Plan. Please share this report throughout your organization and community.

### **Algoma Planning Table**

Algoma District is one of 7 North East LHIN planning tables; the others are: Sudbury – Manitoulin District, Parry Sound District, Nipissing District, Timiskaming District, Timmins and District, James Bay Coast District. One of the objectives accomplished on May 16<sup>th</sup> is to ‘consider ways and means of broadening the opportunity for all community partners to participate more meaningfully in system development’. Based on a survey at the end of the day, 41 participants expressed an interest to be involved in developing an Algoma Planning Table and/or be kept up to date on planning progress.

### **Action Items:**

Algoma Planning Table: The Sault Ste. Marie Healthcare Solutions Group will contact the groups to discuss the composition of a planning table, responsibilities, terms of reference and discuss methods to stay connected with all providers. **The time frame for this is the Fall 2006. Internal and external resources are required plus an implementation team.**

On-going Contact with the NE LHIN: Continue to liaise with the NE LHIN to discuss the role of the Algoma Planning Table. At this point the NE LHIN view the Planning Table as one of seven who will provide the NE LHIN with information on what Algoma needs/requires and the LHIN will be responsive to stakeholder input and modify plans and actions to reflect input. As the LHIN evolves a 'planning table' structure may be mandated however, by Algoma taking a lead, and creating our own Planning Table, we will be in a better position to respond to the LHIN and the Ministry of Health and other funders, citizens etc.

On-going Contact with the Ministry of Health: We will update the Minister of Health, our MPP and MP about our outcomes on May 16<sup>th</sup> and future planning session outcomes. We will also encourage an on-going relationship to address Algoma healthcare issues.

Develop a Communication Strategy and Discuss Ways to Stay Connected with all Providers. We require a communication strategy and must develop methods to improve dialogue with respect to all stakeholders, LHIN and MOH. As a starting point, the Solutions Group, will develop a website and a communication plan. **The time frame for this is Fall 2006. This will require internal and external resources and an implementation team.**

Phase 2: Healthcare/Leadership Fall Planning Session: We will host a 2<sup>nd</sup> planning session in the fall with all healthcare and leadership stakeholders. We will ensure a greater sense of inclusion from communities outside of Sault Ste. Marie (suggestions on how to do this are welcome). **At this planning session we will review the priorities listed for 2007 – 2010 in this document and develop specific strategies, action plans, agree to deliverables/measurables, assign responsibility, resources and agree to a time frame.**

Phase 3: Town Hall Meeting: We will inform, educate and gather input from residents, public, clients, patients, consumers, advocacy groups, providers, other stakeholders in the fall. Participants noted that it is vital to gather input from 'individuals' throughout the planning process. **The Solutions Group will coordinate the Town Hall which will be held in October or November 2006. Again, this will require internal and external resources and an implementation team.**

**A Town Hall Meeting** will be an opportunity for citizens to provide information, voice their opinions and articulate their issues. We will conduct a Town Hall Meeting right after Phase

2, however, participants did not discuss whether we will conduct one Town Hall Meeting with several other engagement processes (e.g. focus groups, surveys, on-line surveys, blogs) OR whether we'll host many Town Hall sessions on the same day in different communities and collate information from that. (e.g. On October 25<sup>th</sup> Algoma host's 6 Town Halls – one in Blind River, Elliot Lake, Wawa, Thessalon, Horne Payne and Sault Ste. Marie).

**Some tips on organizing a Town Hall Meeting** to ensure good attendance, fairness, inclusiveness and diversity.

- Set up a representative Steering Committee
- Decide on a budget: advertising, outreach, accessibility
- Develop a plan: expected outcomes, agenda, time frame, process for Q & A
- Moderator, time-keeper, mikes, media coverage & coordination
- Volunteers at the meeting
- Prearranged seating for disability groups, speakers, etc.
- Decide how you'll gather input from hard to reach individuals (Surveys? Focus groups?)
- Ensure the event is accessible. (see next page)

**Accessible Town Hall:** A committee may consider other accessible needs; however here are a few to consider:

	<b>Contact Information</b>	<b>Access Needs:</b>
Deaf Individuals	The Canadian Hearing Society	American Sign Language Interpreters or other French Interpreters.
Deafened and Hard of Hearing	The Canadian Hearing Society	-Professional Note Taker or Real Time Captionist -FM System
Visually Impaired or Deaf/Blind	The Canadian National Institute for the Blind	Attendant Services or Interveners
Physically Disabled	The Ontario March of Dimes	Ensure venue is accessible, Attendant Services
Transportation	City Transit, Volunteer Driving Programs, United Way	Arrange free transportation with Public Transit to pick up individuals who may not otherwise be able to attend
Handouts	The Canadian National Institute for the Blind will explain what is appropriate.	Large (Black and White) print
Room Set-Up	Contact agencies above – they probably know which facilities have accessible meeting rooms.	Pre-arranged seating sections for wheelchair access, deaf, deafened and hard of hearing, visually impaired.

## **APPENDIX**

## EXERCISE QUESTION #1: PREVENTION:

1. Keeping in Mind Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. It's the Year 2020. We've arrived exactly where we wanted to go. Our healthcare system is precisely how we want it to be. We have achieved a world class healthcare system in Algoma. Tell us what we've achieved in prevention by the Year 2020?
  
2. Based on our current healthcare situation and Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. What do we need to do in the next 2 - 3 years to move us towards our 2020 prevention vision? What actionable steps must we take in 2007 – 2010 to help us reach our vision?
  
3. Based on our 2020 prevention vision, and our 2007 – 2010 prevention care action steps, Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. What are the top 3 – 5 priorities in prevention?

## EXERCISE QUESTION #2: ACUTE CARE:

4. Keeping in Mind Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. It's the Year 2020. We've arrived exactly where we wanted to go. Our healthcare system is precisely how we want it to be. We have achieved a world class healthcare system in Algoma. Tell us what we've achieved in acute care by the year 2020?
  
5. Based on our current healthcare situation and Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. What do we need to do in the next 2 - 3 years to move us towards our 2020 acute care vision? What actionable steps must we take in 2007 – 2010 to help us reach our vision?
  
6. Based on our 2020 acute care vision, and our 2007 – 2010 acute care action steps, Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. What are the top 3 – 5 priorities in acute care?

### EXERCISE QUESTION #3: CHRONIC CARE:

7. Keeping in Mind Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. It's the Year 2020. We've arrived exactly where we wanted to go. Our healthcare system is precisely how we want it to be. We have achieved a world class healthcare system in Algoma. Tell us what we've achieved in chronic care by the year 2020?
  
8. Based on our current healthcare situation and Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. What do we need to do in the next 2 - 3 years to move us towards our 2020 chronic care vision? What actionable steps must we take in 2007 – 2010 to help us reach our vision?
  
9. Based on our 2020 chronic care vision, and our 2007 – 2010 chronic care action steps, Algoma's Vision/Values, MOH Priorities and proposed LHIN Priorities please answer the following:
  - a. What are the top 3 – 5 priorities in chronic care?

## **RESULTS FROM THE EXERCISES**

**The following visioning and action items are results from the planning tables and exercises.**

## PREVENTION

PREVENTION YEAR 2020 VISION	PREVENTION 2007 – 2010 ACTION STEPS	PREVENTION 2007 – 2010 PRIORITIES
<p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>○ Public education and training programs – training programs start in elementary school even JK so that being healthy is a way of life in support of wellness communities; programs can be in schools and workplaces</li> <li>○ Health promotion and disease prevention needs to be included in Family Health Teams (Family Health as concept in Health Teams) &amp; Health Teams need to be the right size</li> <li>○ Prevent FAS – education on alcoholism</li> <li>○ Mandatory after school activities</li> <li>○ People are literate</li> </ul>	<p><b>SCHOOL ACCOUNTABILITY</b></p> <ul style="list-style-type: none"> <li>○ Coordinate a community message to School Boards and elected officials that our kids must learn healthy lifestyles and that it be integrated into curriculum from JK and up. Make the schools accountable.</li> <li>○ Active provincial wellness curriculum</li> <li>○ Keep in mind cultural sensitivities – must be developed in partnership with populations (sensitivity to aboriginal, francophone, disabilities)</li> <li>○ Advocate school system to include Phys-Ed teachers and introduce health info in school curriculum – recommend it to MOH</li> <li>○ Lobby through the local MPP to change</li> <li>○ Algoma Health Unit, City, and other organizations (need to research which ones) to administer affordable health family, healthy lifestyles program.</li> <li>○ Develop a way to communicate, educate and inform (e.g. newsletters, websites)</li> <li>○ Lobby School Boards and all levels of government</li> <li>○ Meet with PTA’s to discuss the above.</li> </ul>	<p><b>EARLY EDUCATION</b></p> <ol style="list-style-type: none"> <li>1. Emphasis on educating children from Day Care to JK.</li> <li>2. Infrastructure to support education and support system e.g. Database, financially, curriculum.</li> <li>3. Lobby Ministry of Education to introduce health education into curriculum: health lifestyle studies.</li> <li>4. Encouraging healthier lifestyle through wellness initiatives and education via public health.</li> <li>5. Basic needs met – drinking water, food, shelter.</li> <li>6. Elect Trustees who support a wellness system.</li> </ol>
<p><b>ENVIRONMENT</b></p> <ul style="list-style-type: none"> <li>○ Reduce environment toxins</li> <li>○ Improve air and water quality</li> </ul>		<p><b>ENVIRONMENTAL</b></p> <ol style="list-style-type: none"> <li>1. No smoking, decrease emissions in industry and cars</li> <li>2. City Council or Algoma Wide ‘Green Day’ Resolution</li> </ol>

<b>PREVENTION YEAR 2020 VISION</b>	<b>PREVENTION 2007 – 2010 ACTION STEPS</b>	<b>PREVENTION 2007 – 2010 PRIORITIES</b>
<ul style="list-style-type: none"> <li>○ Legislation on emission controlled cars</li> <li>○ Mandatory Green Days – no motorized vehicles with exceptions</li> <li>○ Public bike routes</li> <li>○ Transportation has shifted to green power</li> <li>○ Buildings are designed for health</li> <li>○ Agriculture practices have changed to produce healthier foods</li> </ul>		<ul style="list-style-type: none"> <li>3. New bike routes in new subdivisions.</li> <li>4. Review building codes – are they designed for health</li> </ul>
<p><b>SCREENING &amp; IMMUNIZATION PROGRAMS</b> – if used can be totally prevented</p> <ul style="list-style-type: none"> <li>○ Are used commonly for colon, prostate, lung, breast, cervical cancer immunizations, include mental health and addictions screening is timely</li> </ul>	<ul style="list-style-type: none"> <li>○ Hepatitis B immunization – identify high risk (male and female immunization)</li> </ul>	<p><b>PUBLIC HEALTH</b></p> <p>Screening and immunization at young age; screenings occur for all preventative disease</p>
<p><b>SELF-MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>○ Encourage personal accountability for our health</li> <li>○ Individuals take responsibility for themselves/personal accountability</li> <li>○ Easy access to education and support</li> </ul>	<ul style="list-style-type: none"> <li>○ All of Algoma utilize an individualized wellness plan</li> <li>○ Access to nutritious, affordable food</li> <li>○ Enhanced integration of services – would increase communication &amp; understanding of services</li> <li>○ Increase accountability</li> <li>○ Coordination of existing resources – to facilitate self-management</li> </ul>	<p><b>CONSUMER AWARENESS</b></p> <ul style="list-style-type: none"> <li>1. Enhanced Consumer Awareness – to ensure timely access to quality services (<i>who</i> provides <i>what</i> service and <i>how</i> to access it). Self-Management: Healthy Lifestyle Choices</li> <li>2. Promoting wellness culture at every stage of life</li> <li>3. Government introduce a healthcare tax incentive Community/District plan and implementation for community physical activity (needs collaboration between government and community)</li> </ul>

PREVENTION YEAR 2020 VISION	PREVENTION 2007 – 2010 ACTION STEPS	PREVENTION 2007 – 2010 PRIORITIES
<p><b>SYSTEM IMPROVEMENT AND ACCESS TO CARE</b></p> <ul style="list-style-type: none"> <li>○ Prompt access to care to prevent problems and further deterioration</li> <li>○ Accessibility – may include home visits or link with physician or other provider by internet</li> <li>○ Better networks, coordination of services</li> <li>○ Better databases</li> <li>○ Better coordination between acute care providers and community providers, prevention workers, pharmacies etc.</li> <li>○ People can afford food and shelter</li> </ul> <p><b>COMMUNITY</b></p> <ul style="list-style-type: none"> <li>○ Ensure individuals have appropriate resources to lead healthy lifestyle</li> <li>○ Ensure people can afford food and shelter</li> <li>○ No smoking anywhere</li> <li>○ Teenagers not smoking</li> </ul>	<ul style="list-style-type: none"> <li>○ Health supervision for seniors to catch issues early</li> <li>○ Telemonitoring – keeps people out of emerge – introduce this here through Home Care/ Hospital Partnership</li> <li>○ Seamless provincial funding</li> <li>○ Access to food, security, shelter (quality and access to food in remote communities)</li> </ul>	<ol style="list-style-type: none"> <li>1. Explore methods to improve access to care</li> <li>2. Explore ICT options to improve database, coordination between providers, self-management technology and software.</li> <li>3. More information from other communities who have low poverty and unemployment rates – develop similar model in Sault. Coordinated effort between ‘responsible’ organizations and community to reduce poverty and increase access to food and shelter. (e.g. Shelters, United Way, Bd of Ed, Ontario Works, MCSS, etc.)</li> </ol>
<p><b>ICT</b></p> <ul style="list-style-type: none"> <li>○ Better databases</li> <li>○ Better coordination between acute care providers and community providers, prevention workers, pharmacies etc.</li> </ul>		<p><b>INFORMATION &amp; COMMUNICATION TECHNOLOGY (ICT)</b></p> <p>Electronic access to all relevant information, share information, GIS, Database</p>

PREVENTION YEAR 2020 VISION	PREVENTION 2007 – 2010 ACTION STEPS	PREVENTION 2007 – 2010 PRIORITIES
<p><b>SEAMLESS SERVICE</b></p> <ul style="list-style-type: none"> <li>○ Collaboration among professionals e.g. diabetic care (who will coordinate care – maybe Nurse Practitioner, Nurse)</li> <li>○ Enhanced integration of services – would increase communication &amp; understanding of services</li> <li>○ How? Better coordination and connection between health and education system</li> <li>○ Increase the accountability of education system to ensure kids learn and are healthier</li> </ul>	<ul style="list-style-type: none"> <li>○ Sharing of information among agencies as to how to access services</li> </ul>	<p><b>PROVIDERS</b></p> <ol style="list-style-type: none"> <li>1. Increase physicians and health professionals.</li> <li>2. Recruit family practitioners &amp; therapists and mental health professionals</li> <li>3. Recruitment/retention of physicians and other health providers</li> <li>4. Every resident have access to primary care team (promote screening and immunization)</li> <li>5. Good quality, accessible primary care.</li> <li>6. More financial and human resources in mental health, nurse practitioners, community support services.</li> <li>7. Better collaboration and sharing of existing services and consumer information to reduce wait times.</li> </ol>
<ul style="list-style-type: none"> <li>○ Recognized internationally as a community that values wellness and our population ages with dignity and grace and needs little healthcare</li> </ul>		
<p><b>TAX SYSTEM</b></p> <ul style="list-style-type: none"> <li>○ Set up to reward healthy lifestyles</li> </ul>		<ul style="list-style-type: none"> <li>○ Research other communities, perhaps in the States or UK who may offer this and adopt similar system.</li> </ul>

## ACUTE CARE

ACUTE CARE YEAR 2020 VISION	ACUTE CARE 2007 – 2010 ACTION STEPS	ACUTE CARE 2007 – 2010 PRIORITIES
<p><b>PRIMARY CARE</b></p> <ul style="list-style-type: none"> <li>○ No orphan patients/adequate # qualified of physicians and providers to meet the need</li> <li>○ No wait lists, access for everyone to family physician and acute care</li> <li>○ No stop watches – providers have time to listen</li> <li>○ Everyone has access to a family physician and acute care</li> <li>○ Diagnosis seldom done by family doctor</li> <li>○ Same day services</li> <li>○ Primary care resources in remote areas</li> </ul> <p><b>RANGE OF SPECIALISTS</b></p> <ul style="list-style-type: none"> <li>○ A range of specialists available: NPs, physicians, midwives, a range of community services)</li> <li>○ Seamless emergency coverage 24/7 – internist, surgeon, paediatrician, anaesthetist</li> <li>○ 100% core specialist coverage</li> <li>○ No cut issues because less surgeons needed</li> </ul> <p><b>TECHNOLOGY</b></p> <ul style="list-style-type: none"> <li>○ Access to diagnostic equipment 24/7</li> </ul>	<ul style="list-style-type: none"> <li>○ ICT – infrastructure investment into ICT</li> <li>○ Education Programs</li> <li>○ Medical/Allied health professional</li> <li>○ Wellness programs</li> <li>○ Agriculture</li> <li>○ More Nurse Practitioners, e.g. advocate for use of Nurse Practitioner and increase the role nurses have</li> <li>○ New hospital open &amp; operating to attract professionals</li> <li>○ Physicians moving towards “Family Health Teams”</li> <li>○ Increase the number of paramedical providers who can provide primary care and triage</li> <li>○ Increase medical school enrolment</li> <li>○ Incentives to get physicians to come and stay in Algoma</li> </ul>	<p><b>PRIMARY CARE</b></p> <ol style="list-style-type: none"> <li>1. Increase physicians and health professionals.</li> <li>2. Recruit family practitioners &amp; therapists and mental health professionals.</li> <li>3. Recruitment/retention physicians and other health providers.</li> <li>4. Reduction in demand for services (prevention) due to ageing population.</li> <li>5. Same day service - Seamless Emergency Coverage – education and critical core services –</li> <li>6. Service meets the need, not the budget.</li> <li>7. Local and regional access to specialists.</li> <li>8. Market healthcare careers.</li> <li>9. Make each community a desirable place to live and stay and feel supported</li> <li>10. Access to primary care to all Algoma residents when required.</li> <li>11. Adequate number of physicians, nurses, and other support services to provide seamless healthcare for all residents</li> </ol>

<b>ACUTE CARE YEAR 2020 VISION</b>	<b>ACUTE CARE 2007 – 2010 ACTION STEPS</b>	<b>ACUTE CARE 2007 – 2010 PRIORITIES</b>
	<p><b>RETENTION</b></p> <ul style="list-style-type: none"> <li>○ Physicians involved in system planning as a retention tool</li> <li>○ More Algoma citizens involved in Recruitment &amp; Retention efforts.</li> <li>○ Survey physicians to find out what they need and want to be confident in our system – get them to stay.</li> </ul>	<ul style="list-style-type: none"> <li>12. How: Overarching health human resources strategy in Algoma. Determine people power requirements (planning).</li> <li>13. How: Get Algoma citizens involved – recruitment, retention efforts, surveying what physicians want and need.</li> </ul>
<p><b>BED AVAILABILITY</b></p> <ul style="list-style-type: none"> <li>○ No back-up in Emerg department</li> </ul>	<ul style="list-style-type: none"> <li>○ Seamless Emergency Coverage – critical core services – make it a desirable place to live and stay and be supported</li> </ul>	
<p><b>CLIENT TRANSPORTATION</b></p> <ul style="list-style-type: none"> <li>○ Client transportation – critical in Algoma</li> <li>○ Timely Air Transport</li> </ul>		<p><b>AIR TRANSPORT</b></p> <ul style="list-style-type: none"> <li>1. Air Transport</li> <li>2. Access to primary care to all Algoma residents when required.</li> <li>3. Good transportation service – air ambulance</li> </ul>

<b>ACUTE CARE YEAR 2020 VISION</b>	<b>ACUTE CARE 2007 – 2010 ACTION STEPS</b>	<b>ACUTE CARE 2007 – 2010 PRIORITIES</b>
<p><b>ACUTE CARE IN THE COMMUNITY</b></p> <ul style="list-style-type: none"> <li>○ Range of services in place – continuum of care that focuses on the individual including those to receive care in community (e.g. persons living in supportive environments) – to keep them out of institutional settings – life long care includes acute services when needed</li> <li>○ Holistic care to keep person in the most appropriate setting</li> <li>○ Acute care in physician offices</li> </ul>		<p><b>ACUTE CARE</b></p> <ol style="list-style-type: none"> <li>1. Reduce # of ER patient visits and get patients who are less ill</li> <li>2. Develop centres of excellence - Reorganize acute care services</li> <li>3. Seamless Emergency Coverage – education and critical core services –</li> <li>4. More LTC beds/supportive housing –free up bed space in hospital</li> <li>5. Decreased length of stay and readmission rate because of community support systems in place</li> <li>6. Accessible service: Physical disabilities, deaf, deafened &amp; hard of hearing, French, Aboriginal, Italian</li> </ol>
<p><b>EDUCATION</b></p> <ul style="list-style-type: none"> <li>○ Education/communication – what services are available</li> <li>○ System that is flexible e.g. educate spouse to cook after partner is no longer present</li> </ul>		
<p><b>HOSPITAL</b></p> <ul style="list-style-type: none"> <li>○ Provides acute care only.</li> <li>○ Reduce in patient need for acute care, keep patients in appropriate settings e.g. increase LTC beds</li> <li>○ Need proper facility</li> <li>○ Seamless emergency coverage – 24/7</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Seamless Emergency Coverage</b> – critical core services – make it a desirable place to live and stay and feel supported</li> </ul>	<ol style="list-style-type: none"> <li>1. Accessible service to special interest groups, cultures &amp; core languages</li> <li>2. Assess (with community input) what services to keep and which to provide in the community.</li> <li>3. Reduce in patient need for acute care, keep patients in appropriate settings e.g. increase LTC beds</li> <li>4. Support development of new hospital</li> </ol>

ACUTE CARE YEAR 2020 VISION	ACUTE CARE 2007 – 2010 ACTION STEPS	ACUTE CARE 2007 – 2010 PRIORITIES
<p><b>CASE MANAGEMENT &amp; COLLABORATION, PLANNING</b></p> <ul style="list-style-type: none"> <li>○ Case management – authorized to provided best level – coordinate and refer</li> <li>○ Family physicians focusing as teams – more NP’s and other health professionals</li> <li>○ Physicians function as teams – coordinated with other service individual is receiving: Best Practice Care Maps – that utilize care providers other than MD to provide care required (system navigator, physio, OT, dieticians, SW’s). Physician operates as members of the team. Stream people into clinics where they can get those things – gets workload off family doctor – and will help deal with physician shortage.</li> <li>○ Better access to community support services</li> </ul>	<ul style="list-style-type: none"> <li>○ Equity among the professionals (organizations don’t take each others professionals</li> <li>○ Physicians involved in system planning as a retention tool.</li> </ul>	<p><b>PROVIDER COLLABORATION</b></p> <ol style="list-style-type: none"> <li>1. Development of Healthcare teams</li> <li>2. Coordinate and develop Family Healthcare Teams with Community Support Services</li> <li>3. Interagency Role Clarity for providers and individuals we serve</li> <li>4. Better access to community support services</li> <li>5. Medical Allied Healthcare Teams</li> <li>6. Better utilization of people power: All providers.</li> <li>7. Nurse Practitioners – increase accessibility to alternate level of care</li> <li><b>8.</b> Strengthened links with district hospitals and community services (communication)</li> <li>9. Develop continuum of services to keep people safe in own “best” environment – flexibility to meet individual needs</li> </ol>
<p><b>TECHNOLOGY</b></p> <ul style="list-style-type: none"> <li>○ Comprehensive, confidential EMR – compact and efficient and coordinated throughout the continuum of service</li> <li>○ Radiation therapy services</li> <li>○ New technology to keep individual moving through the system</li> <li>○ Videoconference medical services for remote areas</li> </ul>	<p>Invest in infrastructure – e.g. ICT</p>	<p><b>ICT:</b></p> <ol style="list-style-type: none"> <li>1. ICT - infrastructure investment into ICT</li> <li>2. Electronic Medical Record (across continuum of service)</li> <li>3. Electronic Health Card</li> <li>4. IT infrastructure – should be seamless. Available to all people at all levels.</li> </ol>

<b>ACUTE CARE YEAR 2020 VISION</b>	<b>ACUTE CARE 2007 – 2010 ACTION STEPS</b>	<b>ACUTE CARE 2007 – 2010 PRIORITIES</b>
<ul style="list-style-type: none"> <li>○ Telehealth system that allows diagnosis from remote areas</li> <li>○ Electronic Medical Records (EMR) are the ‘norm’ promoting information exchange, patient has access too, promote an integrated health system</li> </ul>		<ol style="list-style-type: none"> <li>5. Need to ensure education around IT system: train everyone</li> </ol>
<p><b>FACILITIES</b></p> <ul style="list-style-type: none"> <li>○ Need proper facility</li> <li>○ Need facilities available to provide the acute care in the appropriate place</li> <li>○ Access to beds</li> </ul>		<p><b>NEW HOSPITAL</b></p> <p>New hospital fully functional with state of the art technology in place</p>
	<p><b>GOVERNMENT</b></p> <ul style="list-style-type: none"> <li>○ Bonus on top of under service program for Algoma – because all communities are finding ways to call themselves under serviced.</li> <li>○ Promote opportunities for kids to get into medical careers. (Accessible, affordable)</li> <li>○ Advocate for review of budgets/spending – waste in system</li> </ul>	<p><b>FUNDING/GOVERNMENT</b></p> <ol style="list-style-type: none"> <li>1. Healthcare dollars are spent wisely and are sufficient</li> <li>2. Funding to follow the patient</li> <li>3. More community resource dollars</li> <li>4. Responsive budget process – expedite budgets – more responsible MOH LTC funding and timelines</li> <li>5. Recognition of current crisis by provincial authorities.</li> <li>6. Promote access to medical careers (\$\$)</li> <li>7. Provide incentives to encourage people to enter professional provider careers</li> </ol>

## CHRONIC CARE

CHRONIC CARE YEAR 2020 VISION	CHRONIC CARE 2007 – 2010 ACTION STEPS	CHRONIC CARE 2007 – 2010 PRIORITIES
<p><b>DECREASE/NO CHRONIC CARE</b></p> <ul style="list-style-type: none"> <li>○ Decrease incidence of presence of chronic disease – have the best rate in Ontario.</li> <li>○ Don't need chronic care in 2020!</li> <li>○ Decrease in morbidity with chronic care.</li> </ul>	<p><b>PLANNING</b></p> <ul style="list-style-type: none"> <li>○ Plan for LTC facility/beds or Hospice Facility</li> <li>○ Use data &amp; information to do strategic planning: then pick chronic conditions based on highest priority/data and focus on these.</li> <li>○ Planning that is collaborative and at the local level (community level)</li> <li>○ Community solutions where choice is limited.</li> <li>○ Chronic care must address needs of others – e.g. mental health populations, diabetes, cancer care, stroke</li> <li>○ Funders recognize higher levels of disease in some areas and provide additional funding</li> </ul>	<p><b>CHRONIC DISEASE MANAGEMENT</b></p> <ol style="list-style-type: none"> <li>1. New chronic disease management</li> <li>2. Evidence-based management – keep data, keep things from becoming acute; proving system is working</li> <li>3. Establish community clinics to test for diabetes, speciality clinics.</li> </ol>

<b>CHRONIC CARE YEAR 2020 VISION</b>	<b>CHRONIC CARE 2007 – 2010 ACTION STEPS</b>	<b>CHRONIC CARE 2007 – 2010 PRIORITIES</b>
<p><b>COLLABORATION</b></p> <ul style="list-style-type: none"> <li>○ No more medical silo’s – exchange of information is seamless.</li> <li>○ Use of computers, patient information shared across communities</li> <li>○ Well developed, coordinate and networked community support services (diabetes, deaf and hard of hearing, heart and stroke, MS, occupational therapy, physical therapy, Pastoral Care etc.)</li> <li>○ Everyone supports an integrated, electronic record throughout the communities.</li> </ul>	<p><b>COLLABORATION</b></p> <ul style="list-style-type: none"> <li>○ Develop a system for chronic care</li> <li>○ Identify locations &amp; numbers of clinics/services required in each community across the District</li> <li>○ Decrease in morbidity with chronic care.</li> </ul>	<ul style="list-style-type: none"> <li>○ Providers set up a meeting to discuss methods to collaborate, share information, tear down silos, share resources.</li> </ul>
<p><b>INDIVIDUALS</b></p> <ul style="list-style-type: none"> <li>○ Seniors living healthier and at home with families.</li> <li>○ Individuals self-manage chronic diseases well</li> <li>○ Affordability to the tax payer</li> </ul>		<p><b>SELF-MANAGEMENT</b></p> <ol style="list-style-type: none"> <li>1. Maximize people’s ability at all levels to stay home by providing home services</li> <li>2. Telehealth in home linked to wellness facilities</li> <li>3. Empower our community</li> <li>4. Increased home support services e.g. client focused, informed and freedom of choice</li> </ol>
<p><b>HOSPITAL</b></p> <ul style="list-style-type: none"> <li>○ Palliative Beds in Hospital</li> </ul>		
<p><b>HOSPICE FACILITY</b></p> <ul style="list-style-type: none"> <li>○ Day Care Hospice – inpatient hospice building and day care respite</li> <li>○ Day Care Respite</li> </ul>		<ul style="list-style-type: none"> <li>○ Begin process to develop hospice facility and day care respite.</li> </ul>

<b>CHRONIC CARE YEAR 2020 VISION</b>	<b>CHRONIC CARE 2007 – 2010 ACTION STEPS</b>	<b>CHRONIC CARE 2007 – 2010 PRIORITIES</b>
<p><b>SUPPORTIVE HOUSING or SERVICES within PRIVATE HOMES:</b></p> <ul style="list-style-type: none"> <li>○ Cerebral palsy, MS, mental health etc. home/apartment is supported</li> <li>○ Mental health and children – residential treatment – placements are available</li> <li>○ Supportive housing supports community needs</li> <li>○ Increase palliative care – hospice/home with adequate supports</li> </ul>	<p><b>SUPPORTIVE HOUSING</b></p> <ul style="list-style-type: none"> <li>○ Lobby for supportive housing beds</li> <li>○ Supportive housing that is affordable</li> </ul>	<p><b>SUPPORTIVE HOUSING</b></p> <ol style="list-style-type: none"> <li>1. Supportive housing to facilitate independent living.</li> <li>2. Acute care intervention: teams for long term care facilities</li> </ol>
<p><b>ICT</b></p> <ul style="list-style-type: none"> <li>○ Use of computers, patient information shared across communities</li> <li>○ Everyone supports an integrated, electronic record throughout the communities.</li> <li>○ Individuals have a card that she/he carries with their history on it.</li> <li>○ Committee to oversee technology advances, diagnosis, implementation, drugs</li> </ul>	<p><b>ICT</b></p> <ul style="list-style-type: none"> <li>○ Technology to support pain management</li> <li>○ Better understanding of GIS and how we make evidence-based decisions.</li> <li>○ Use data &amp; information to do strategic planning: then pick chronic conditions based on highest priority/data and focus on these.</li> <li>○ ICT funding</li> </ul>	
<p><b>SERVICES, PROVIDERS, CARE</b></p> <ul style="list-style-type: none"> <li>○ Integrate clergy, spiritual persons in treatment for long-term care and chronic care = Holistic treatment</li> <li>○ Have enough Specialists to deal with chronic care</li> <li>○ Chronic Care patients are not accessing acute care services because we have a robust chronic care spectrum of support – e.g. community clinics that offer monitoring, same day service for e.g. HIV, diabetic clinic, arthritis, Alzheimer’s etc.</li> </ul>	<p><b>PROVIDERS</b></p> <ul style="list-style-type: none"> <li>○ Recruit and retain family physicians and/or supportive team members model and utilize physicians in a different way for more acute care</li> <li>○ Increase community support services and make them part of the care team</li> <li>○ Mental health service – across age continuum</li> </ul>	<p><b>CONSUMER AND PROVIDER EDUCATION</b></p> <ol style="list-style-type: none"> <li>1. What are services and how to access</li> <li>2. People are better equipped to manage their own needs – educate people and make them as self-sufficient as possible (use of community services eg. DSSAB, CCAC)</li> <li>3. Educate core “givers” how to care for ill upon onset of illness. Provides support group assistance</li> </ol>

<b>CHRONIC CARE YEAR 2020 VISION</b>	<b>CHRONIC CARE 2007 – 2010 ACTION STEPS</b>	<b>CHRONIC CARE 2007 – 2010 PRIORITIES</b>
<ul style="list-style-type: none"> <li>○ Primary care close to home if not at home</li> <li>○ Continuum of care – responsive to the person and individual needs/supports</li> <li>○ HR planning – awareness – recruitment and retention issues solved</li> <li>○ Case Coordinator – *Family Health Teams need to be aware and access services for patients **Family Health Teams are all providers, not just physicians</li> </ul>		<ul style="list-style-type: none"> <li>4. School education – match students with elderly person. Student learns about aging/illness / disease and responsibilities on system as student assists the elderly (community strategy to place student volunteers in appropriate healthcare areas – e.g. with elderly)</li> <li>5. Better utilization of existing services</li> </ul> <p><b>PROVIDER CARE</b></p> <ul style="list-style-type: none"> <li>6. Access to specialists or alternative therapies</li> </ul> <p><b>CARE GIVERS</b></p> <ul style="list-style-type: none"> <li>7. Provide relief for in-home care givers so the ill does not have to leave their residence</li> </ul>
<p><b>CULTURAL ACCESS</b></p> <ul style="list-style-type: none"> <li>○ Services available to all cultures: Deaf &amp; hard of hearing, French, Aboriginal, Italian</li> <li>○ Learn from other cultures</li> </ul>		<p><b>CULTURAL ACCESS</b></p> <ul style="list-style-type: none"> <li>○ Services available to all cultures: Deaf &amp; hard of hearing, French, Aboriginal, Italian</li> </ul>
<p><b>REMOTE SERVICE ACCESS</b></p> <ul style="list-style-type: none"> <li>○ Creative outreach to communities</li> <li>○ Travelling speciality clinics</li> <li>○ More services at home – death/dying, palliative</li> <li>○ Palliative specialist who travels or we access through Telehealth, video conference...interdisciplinary team</li> </ul>		<ul style="list-style-type: none"> <li>○ Communities to coordinate meetings to discuss remote service access.</li> </ul>

CHRONIC CARE YEAR 2020 VISION	CHRONIC CARE 2007 – 2010 ACTION STEPS	CHRONIC CARE 2007 – 2010 PRIORITIES
<p><b>LONG TERM CARE BEDS/FACILITY</b></p> <ul style="list-style-type: none"> <li>○ Adequate number of LTC beds &amp; adequately funded</li> <li>○ Supportive housing – adequate funding using the Ontario Finnish Resthome facility “type” as a model</li> <li>○ Institutional individuals - live in a setting that allows dignity and respect – empowers end of life decision-making</li> <li>○ Adequate number of long-term care beds</li> <li>○ More “humane” model for LTC versus the institutional model now in place</li> </ul>		<ul style="list-style-type: none"> <li>○ Coordinated effort to address this issue.</li> </ul>
<p><b>ECONOMY</b></p> <ul style="list-style-type: none"> <li>○ Economic development in Algoma that allows families to stay healthier to help support those with chronic illness</li> </ul>		
<p><b>END OF LIFE</b></p> <ul style="list-style-type: none"> <li>○ More services at home – death/dying, palliative</li> <li>○ Cultural Shift – Promote dignity in death and accept death as a natural life-stage, rather than a mistake/error or avoidable problem.</li> <li>○ Palliative pain management – allowing patient to die with dignity.</li> <li>○ Well developed end of life program in patient’s home.</li> <li>○ Institutional individuals - live in a setting that allows dignity and respect – empowers end of life decision-making</li> </ul>		<ul style="list-style-type: none"> <li>○ Begin implementing 2020 vision for end of life.</li> </ul>

<b>CHRONIC CARE YEAR 2020 VISION</b>	<b>CHRONIC CARE 2007 – 2010 ACTION STEPS</b>	<b>CHRONIC CARE 2007 – 2010 PRIORITIES</b>
<ul style="list-style-type: none"> <li>○ Families and individuals are educated and empowered to make fully informed end of life decisions.</li> <li>○ Well-developed end-of-life program</li> </ul>		