North East **LHIN**
RLISS du Nord-Est

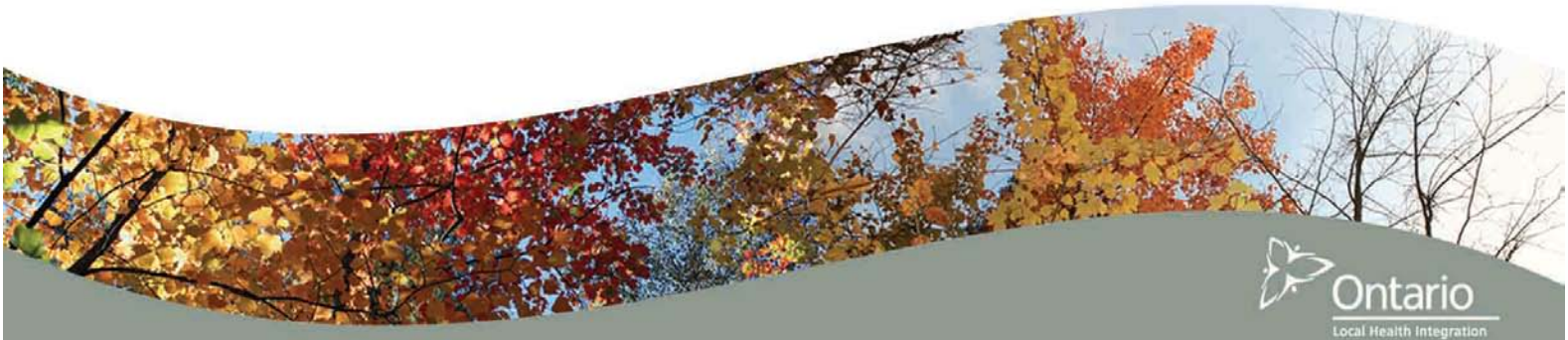
Integrating Innovative Ideas:

Small Rural Hospital Summit

September 23 – 24, 2010, Sault Ste. Marie

Summary of Summit Proceedings

October 28, 2010



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Acknowledgements

Planning for the Small Rural Hospital Summit was driven by a committee of representatives from the small hospitals and the North East Local Health Integration Network. Special thanks are extended to Hal Fjeldsted, Laura Pierce, Leah Welk, Leo Loone, Lisa Verrino, Merv Anthony, Rachel Mercier and Ray Hunt for their leadership in planning and guiding this Summit.

The NE LHIN would like to extend appreciation to the senior staff and board representatives from hospitals across Northeastern Ontario who came together in Sault Ste. Marie to discuss issues and ideas to help build a strong health system in the region.

Thank you to all the presenters who inspired the participants with their concrete examples of innovative ideas and successful integration.

Thanks are also extended to the representatives of the North East Community Care Access Centre and the Northeast Mental Health Centre who shared their time and expertise during the Summit.

Algoma's Watertower Inn was an excellent host site and we would like to extend special thanks to Donna Hilsinger and Karen Biocchi for their guidance in the C~nergy Room, and Mary Ellen Szadkowski who facilitated the discussions.

A special thanks to Lara Bradley whose enthusiasm and energy contributed significantly to the success of the Summit.

Peter Vaudry
Interim Chair

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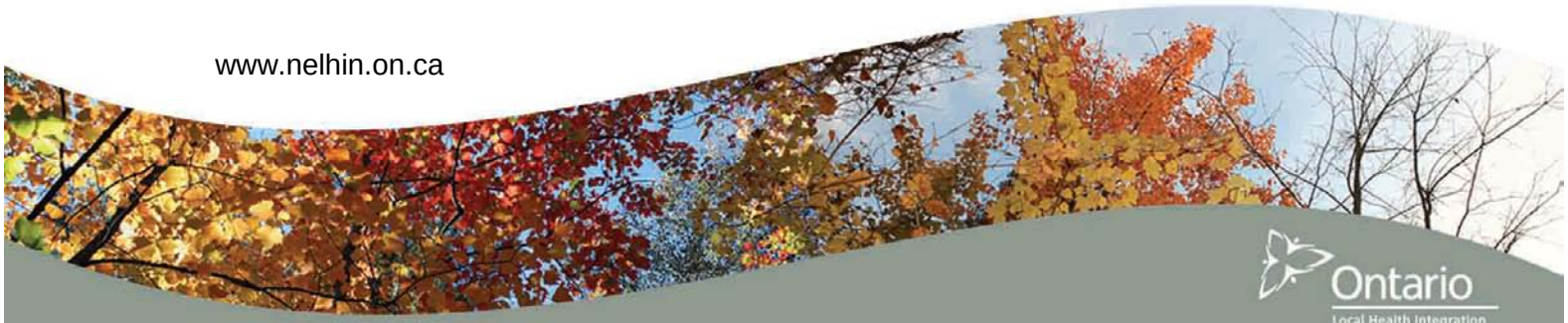

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Integrating Innovative Ideas:
Small Rural Hospital Summit

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Introduction

Approximately 40% of the population in Northeastern Ontario lives in rural communities and they are served by 21 small hospitals. In planning and delivering services, staff and directors of these hospitals must respond to the wide range of cultural and unique geographical challenges of the region, which stretches from Parry Sound to Hudson Bay and from Hornepayne to Mattawa.

Integrating Innovative Ideas: Small Rural Hospital Summit was organized to provide representatives of the small rural hospitals an opportunity to identify some of the issues and concerns they face in meeting the needs of their communities, and to develop innovative solutions to meet those needs. Representatives of the NE LHIN (North East Local Health Integration Network), as well as the NE CCAC (North East Community Care Access Centre), and NEMHC (Northeast Mental Health Centre), also attended the Summit. In addition to having an opportunity to network with each other, it was also hoped that participants would generate 100 ideas for actions they could take to improve health care across the region.

During the Summit, eight presentations, which illustrated innovative and creative solutions that have been developed to meet the health needs of people in Northeastern Ontario, were made by individuals or groups. In addition, small groups of representatives from the rural hospitals participated in focused discussions in the C~nergy Room at Algoma's Watertower Inn in Sault Ste. Marie. In these sessions, they generated a number of barriers, and many innovative and creative ideas, to overcome the barriers.

The Summit created an opportunity to bring policy makers together with service providers to create a common ground that would lead to good things happening. This report identifies concerns and many ideas that will provide direction for action to improve the health of the communities of this region.

Participants

Approximately 40 senior staff and board representatives from the small rural hospitals in Northeastern Ontario attended the Summit. In addition, board and staff of the larger hospitals in North Bay, Sault Ste. Marie, Sudbury and Timmins, and the NE CCAC, NEMHC, and the NE LHIN, participated. Approximately 100 people attended the two-day meeting in Sault Ste. Marie on September 23 and 24, 2010. The hub and rural hospitals participating in the summit are listed by district.

Algoma

Sault Area Hospital is the hub hospital for Algoma District and the rural hospitals include: Hornepayne Community Hospital; Lady Dunn Health Centre in Wawa; Mathews

Memorial Hospital in St. Joseph Island; Thessalon Hospital; and Blind River District Health Centre.

Cochrane / Timiskaming

Timmins & District Hospital is the hub for these districts and includes the following rural hospitals: Englehart and District Hospital; Hôpital de Smooth Rock Falls Hospital; Sensenbrenner Hospital, Kapuskasing; Kirkland and District Hospital; Hôpital Notre-Dame, Hearst; Anson General Hospital, Iroquois Falls; Bingham Memorial Hospital, Matheson; Chapleau Health Services; Lady Minto Hospital, Cochrane

Nipissing

North Bay General Hospital is the hub hospital and rural hospitals include: Mattawa Hospital; West Nipissing Hospital in Sturgeon Falls; Temiskaming Hospital in New Liskeard.

Sudbury / Manitoulin / Parry Sound

Hôpital régional de Sudbury Regional Hospital is the hub hospital for these districts and their rural hospitals include: St Joseph's Hospital Elliot Lake; Manitoulin Health Centre, Little Current; Espanola Regional Hospital and Health Centre; West Parry Sound Hospital; and St. Joseph's Continuing Care Centre in Sudbury.

Hudson and James Bay Coast

WAHA (Weeneebayko Area Health Authority) (October 1, 2010 integration of federal Weeneebayko General Hospital and provincial James Bay General Hospital.)

Presentations -- The following educational presentations were made at the Summit:

1. **Collaboration Between NPs and MDs.** Linda Kulkarni, Chief of Nursing, West Parry Sound Health Centre
2. **Role of Technology.** Tamara Shewciw, Chief Information Officer, NE LHIN, and Jennifer Michaud, Director, Northern Ontario Telemedicine Network
3. **Small Hospital Collaboration Panel.** Wendy Philips, Chair, Anson General Hospital; Maureen Konopelky, Chair, Lady Minto Hospital; Merv Anthony, Chair, Bingham Memorial, and Bruce Peterkin, CEO, MICS
4. **The Role of Health Human Resources.** Johanne Labonté and Alison Braun, Coordinators, Health Force Ontario
5. **Aboriginal Health in Northeastern Ontario.** Pam Nolan, Garden River Health Centre; Debbi Pegahmagabow, Muskoka Parry Sound Community Mental Health
6. **Real Time Reporting– Syndromic Surveillance System.** Dr. Paul Belanger, Manager GIS Services, Kingston Frontenac Lennox & Addington Public Health, and Epidemiologist Dar Malaviarachchi, Sudbury & District Health Unit
7. **The Role of Physician Assistants.** John Shea, NOSM, and Andrea Rennie, Health Force Ontario
8. **Health Care on the James and Hudson Bay Coasts**. Jim Harrold, CEO, Chair Leo Loone, and Dr. **Marlyn Cook, WAHA.**

Generating Innovative Ideas

Process

On September 23, three sessions were conducted in the C~nergy Room, a multi-purpose meeting room with flexibility that allows participants to generate and prioritize many ideas in a short time frame. The C~nergy room has a round table with computers for each participant. The technology encourages participants to be creative and to record their ideas anonymously.

Senior staff and Board members of the small rural hospitals in Northeastern Ontario participated in the C~nergy sessions, where they were asked to identify issues and generate innovative ideas that will help them to meet the health care needs of people in the communities they serve. The four questions focused on the barriers they face, the support they need, what they can do, and their visions of how collaboration and coordination will help them in the future.

Three 90-minute sessions were conducted in the C~nergy room with 11-13 participants each, for a total of 36 participants. For questions one and two, participants were allowed to enter up to three responses for each sub-section and they were allowed four responses to the last two questions. As participants typed their answers to each question, they were able to see what other people were answering, although they could not tell who in the group said what. The questions they were asked to answer are listed in Appendix A.

The facilitator for the C~nergy sessions conducted a qualitative analysis on the raw data to identify common themes which are highlighted under barriers identified, the future role of rural hospitals, and innovative ideas suggested.

Barriers

During the discussions, 36 participants made 315 comments describing the barriers they experience as they deliver health care to people in their rural communities. Their comments were analyzed and the following common themes emerged.

Collaboration and Coordination

The small rural hospitals in Northeastern Ontario have been organized around four larger hub hospitals. The relationships, roles and expectations of the small hospitals and the hub hospitals need to be more clearly articulated and understood by all. The transfer of patients between rural hospitals, and timely access to services such as medical specialists, were also highlighted.

Attitudes

Some participants felt their issues and concerns in small rural communities are not always well understood by the larger hospitals and the NE LHIN, and that the solutions in one community or region are not necessarily effective in other areas. As one person said, “The small hospitals are part of the social safety net in their community—it is the door that all come to knock on when other services are closed.”

Communication

Many participants identified communication as a significant issue that often creates a barrier to service delivery. Formal communication strategies do not always facilitate the sharing of information among hospitals. The recent efforts by the NE LHIN to hold monthly teleconferences were cited as positive steps to improve communication. The time and effort required to complete the many and varied reports was identified by many as an unreasonable expectation. In the words of one participant, “reporting requirements take a lot of resources that small hospitals don’t have.”

Expectations

Many participants at the Summit reported that the expectations of people in their communities for the small hospitals are “sometimes unrealistic.” It was also noted that many people fail “to recognize their personal role in preventative health” and which suggests more opportunities for more health promotion.

Human Resources

Recruitment and retention of health professionals are significant barriers not only for individual communities, but the region as a whole; it is an opportunity for collaboration and innovative solutions to meet the health care needs of the people in the region.

Future Role of Small Rural Hospitals

Participants were asked to describe their view of the future role of small hospitals in improving coordination and collaboration. A total of 103 comments were made and the major themes identified were collaboration with each other, collaboration with community agencies, single access point, programs and services, and providing health information to the community.

Collaboration with Each Other

Small rural hospitals have strong partnerships with each other and the hub hospitals that result in high quality health care for people in Northeastern Ontario. They share information and resources and collaborate in developing innovative solutions for issues such as recruitment, wait times, and alternate levels of care.

Collaboration with Community Agencies

The small rural hospital of the future works with many community partners and municipalities to meet all health needs of its citizens. They are leaders who support community initiatives that will create positive impact and a responsive system of health care delivery for the communities they serve. The hospitals play an active role in recruiting young people in their communities to pursue careers as health professionals.

Single Access Point

The small rural hospitals serve as the “single access point” for healthcare services. They direct patients to the right services, minimize duplication, and maximize coordination. The staff and volunteers of the hospitals assist people to navigate the system.

Programs and Services

Small rural hospitals enhance programs and services to improve patients’ access to care at the right place and right time. They facilitate the implementation and evaluation of delivery care models that are suitable to their populations.

Providing Health Information to the Community

As health care leaders in their communities, the small rural hospitals support their health care partners in providing health promotion and illness prevention education to their communities. In collaboration with their partners, they provide patients and their families with the tools to stay well at home and to manage their chronic illnesses.

Identifying Innovative Ideas

The goal of the Summit was to identify 100 action items that small rural hospitals, the hub hospitals, and the NE LHIN can take to improve the quality of health services to the people of Northeastern Ontario. These action items are listed by the groups (NE LHIN, Hub Hospital and Rural Hospital) considered most appropriate to implement them and organized by five themes: collaboration, communication, programs and services, technology, and human resources. A numbered list of items is also found in Appendix C.

NE LHIN

Collaboration (with ourselves)

- Collaborate with hub and rural hospitals to develop solutions in areas of common concern such as IT and health human resources
- Act as the agent to bring partners together, as necessary, to identify needs, service gaps and solutions
- Assist rural and hub hospitals to clarify their roles and responsibilities in relation to each other
- Support opportunities for hub and rural hospitals to share policies and procedures

Collaboration (with our communities)

- Work with rural and hub hospitals to gather and report community health data
- Assist in the development of public education that describes the role of the NE LHIN and the rural and hub hospitals

- Look for opportunities to help rural and hub hospitals partner with other social agencies, such as public health, to provide health promotion and senior health care
- Assist in planning local community forums to identify health care needs, service gaps and innovative solutions
- Support rural and hub hospitals to develop community tables of service providers to exchange ideas, promote better understanding of each other, and collaborate in developing solutions
- Provide information to rural and hub hospitals to promote their understanding of the social determinants of health

Communication

- Ensure that consultants have regular site visits to each hospital in their portfolios and that they participate, as appropriate, in community activities
- Continue to work with the MOHLTC to explain the unique issues, barriers, challenges, and geography of Northeastern Ontario
- Look for opportunities to reduce the administrative burden on small hospitals, such as reporting
- Facilitate regular regional meetings with rural and hub hospitals to exchange information and ideas
- Create opportunities to help rural and hub hospitals share good news stories
- Create opportunities to help rural and hub hospitals share best practices
- Support the development of effective communication protocols among all hospitals, regardless of size

Programs and Services

- Assist in developing protocols to deal with situations related to the delivery of programs and services across the region
- Support and encourage hospitals to look for innovative solutions to meet the needs of their communities
- Work with regional service providers to facilitate collaborative resolution of local service barriers
- Look for opportunities to create better integration of services between public health services and other health care providers to reduce duplication
- Support discussions to integrate and coordinate services across the region

Technology

- Promote and facilitate collaboration among rural and hub hospitals using technology
- Expand the services of telehealth to better serve patients in the northeast
- Operationalize the new IT support model as quickly as possible
- Support and embrace technological improvements across the region

Human Resources

- Encourage and support regional coordination of education for clinical staff, boards, hospital leaders, and the general public
- Work with all hospitals to find solutions to the health human resources issue
- Explore the establishment of a network of physicians to be dispatched to facilities to help fill vacant Emergency Department shifts
- Prepare summary reports that identify health human resources needs in the region and projections into the future
- Engage MOHLTC personnel to recognize health human resources issues and possibilities

Hub Hospitals

Collaboration (with ourselves)

- Share information about service models that are working (such as “Network 13) so that other areas might develop similar models
- Ensure effective coordination of services between all partners in the hub hospital area; for example, referrals of critically ill patients and timing of out-patient appointments for people travelling from the same rural communities
- Share policies and procedures and best practices with each other
- Incorporate best practices in service delivery

Collaboration (with our communities)

- Recruit community members to participate in the planning and delivery of local health services.
- Establish community tables of service providers to exchange ideas, promote better understating of each other, and collaborate in developing solutions

Communication

- Host quarterly conference calls with rural hospitals to share information and feedback regarding common issues and concerns
- Coordinate the creation of, and circulation of, newsletters to the communities served by the hub
- Collaborate with the rural hospitals to explore the development of a single point of contact for the rural hospitals with the hub hospital
- Lead discussions with the rural hospitals to plan clinical services to serve the needs of the populations within the catchment area

- Investigate the feasibility of the mobile delivery of some services within the catchment area

Programs and Services

- Develop, with the rural hospitals, protocols for patient transfer (both ways)
- Establish a multi-facility committee that deals with the problems and issues as they arise
- Explore the establishment of hub-sponsored outreach programs to rural communities
- Continue to provide support and expertise to rural hospitals in areas such as infection control
- Collaborate with rural hospitals in developing strategies to integrate regional services such as laboratory, pharmacy, diagnostic imaging, and purchasing

Technology

- Assist and support rural hospitals in using telehealth to enhance specialist consultation and treatment for patients
- Develop a web-based system to support common bookings for services
- Support the new NE LHIN IT model

Human Resources

- Collaborate with the small hospitals in the design and delivery of educational sessions for health professionals
- Invite hub hospital physicians and rural physicians to discuss issues of common concern and develop effective solutions
- Develop a common registry for emergency room shifts at small hospitals
- Encourage local municipalities to take a greater role in the recruitment and retention of health professionals
- Work together, and with Health Force Ontario, to develop sustainable strategies for health professional recruitment and retention
- Explore the establishment of a network of physicians to be dispatched to facilities as required

Small Rural Hospitals

Collaboration (with ourselves)

- Develop more formalized processes to collaborate with each other, the hub hospitals, and the NE LHIN
- Support the development and implementation of effective coordination of services among all partners in the hub hospital area
- Share policies and procedures and best practices with each other
- Incorporate best practices in service delivery

- Work with the NE LHIN and the hub hospitals to conduct local health planning exercises
- Examine transportation issues and look for alternatives to reduce cost and increase access to service
- Develop strategies to describe and publish the implications of an aging demographic and how communities in the northeast are managing

Collaboration (with our communities)

- Establish community tables of service providers to exchange ideas, promote better understating of each other, and collaborate in developing solutions
- Recruit community members to participate in the planning and delivery of local health services
- Explore opportunities and initiate as indicated, the integration of community services
- Work together with other agencies to develop or expand supportive housing
- Develop and participate in interagency planning processes to address key health issues in the community and to create a healthy community action plan
- Work to understand local service gaps and engage with the right partners to minimize or eliminate them
- Support the development of community brochures that list community health and social services, contact information, and estimated cost
- Work with other community agencies to develop community strategies for health promotion and illness prevention
- Create quarterly community newsletters with information about the hospital, community services, and health promotion and wellness tips
- Participate in or lead community health promotion and illness prevention events such as health fairs
- Examine transportation issues and look for alternatives to reduce cost and increase access to service

Communication

- Develop a clear definition of the mandate for small rural hospitals and inform the community of that role
- Establish effective communication protocols between the hub and small rural hospitals to ensure idea sharing and better patient care
- Work with the NE LHIN to share good news stories and best practices that may benefit other rural and hub hospitals in the northeast
- Foster better coordination with NE CCAC to reduce unneeded hospital readmissions
- Develop effective ways to share best practices with each other
- Meet regularly with hub hospitals to better understand their challenges and work together to attempt to resolve these issues

- Share long term plans and strategy with other community agencies and local government to get support and synergies
- Keep the communities informed about the challenges rural hospitals are facing and how they are responding

Programs and Services

- Collaborate with hub hospitals in developing strategies to integrate regional services such as laboratory, pharmacy, diagnostic imaging, and purchasing
- Support the expansion of visiting specialists and telehealth across the region
- Investigate and establish mobile clinic services where services are brought to the patients rather than them having to come to the hospital
- Examine the gaps in service and identify needed critical services
- Evaluate patient care services to ensure continuous improvement in patient care
- Look for opportunities to use the expertise of our partners in meeting health needs of our communities
- Explore opportunities to improve the exchange of patient information between providers

Technology

- Support and assist the NE LHIN in the development and implementation of the new IT model
- Use technology to its fullest in sharing information to improve service delivery to patients and to share information among providers
- Increase the use of telehealth to support nurse practitioners, physician assistants, and registered nurses working in remote areas

Human Resources

- Support the use of a common registry for emergency room shifts to fill gaps in small hospitals
- Explore the establishment of a network of physicians to be dispatched to facilities to help fill vacant Emergency Department shifts
- Work together with the other rural hospitals, the hub hospitals, NE LHIN, and Health Force Ontario to develop effective district and region strategies for physician recruitment and retention
- Develop ways to collaborate rather than compete for locums and physicians
- Engage ministry personnel on a more regular basis with respect to physician recruitment and retention
- Share the services of health professionals when possible
- Develop strategies to increase engagement with our physicians on important issues

- Encourage and try to facilitate a team approach among physicians, physician assistants, nurse practitioners, and other healthcare providers

Priorities for Action

On Friday morning, participants from the small rural hospitals met with representatives of their hub hospitals to discuss the answers to questions three and four from the C~nergy sessions. In these discussions they identified the priorities they felt were important next steps to improving health care for people in Northeastern Ontario. Their priorities are summarized by district and hub hospital. Some board members and staff of the NE LHIN, the NE CCAC, and NEMHC participated in different hub discussion groups; others formed a group to discuss the issues from a regional perspective.

Algoma

Sault Area Hospital is the hub hospital for Algoma District and the rural hospitals affiliated with Sault Area Hospital include Hornepayne Community Hospital, Lady Dunn Health Centre in Wawa, Mathews Memorial Hospital on St. Joseph Island, Thessalon Hospital, and Blind River District Health Centre.

1. Working together on physician recruitment:
    - Understand what is happening now and how we can work better together regarding recruitment and retention
    - Specifying the improved role we would like Health Force Ontario to play

2. Using telehealth to remotely support nurse practitioners, physician assistants, and registered nurses:
    - Identify what the capabilities are
    - Identify where are the early wins and opportunities e.g. Hornepayne's experience with a remote physician

3. ALC – community capacity, Star report

4. Local Integration:
    - Central management structure

- Educate patients that the hospital is not the first choice for primary care needs
- Allow self referrals rather than having to have a physician's order or a number to call that gives options
- Need attitude changes so we change names (walk-in clinic)

5. Regional Integration:
    - Bring together services from Spanish to Echo Bay with support from the NE LHIN
    - Barriers between acute care, public health, and ambulance services need to be broken down so that all groups can work together
    - Advanced care paramedics in rural areas to help with emergency care

6. Interministerial coordination:
    - Access points at the hospital or in the community that can steer patients to the proper path of care (like triage)
    - Have crisis worker or nurse available in the hospital or health centre who helps keep those who do not need services out of the emergency rooms
    - Geriatric Emergency Nurse (nurse practitioner)
    - Raise awareness about home programs

7. Mobile units:
    - Have mobile clinics in place for services such as nurse practitioners

Nipissing

North Bay General Hospital is the hub hospital for the Nipissing area with Mattawa Hospital and West Nipissing Hospital in Sturgeon Falls as its rural hospitals.

1. Expand the ALC partnership within Nipissing to take a leadership role on a health action plan:
    - Build on trust, sharing information
    - Develop base principles on how to conduct business
    - Speak with one public voice which will help to make the health care voice stronger in Nipissing
    - Need to look after our health care system, not just individuals

- Figure out how all organizations can better work together—what's common, what's not. Learn from each other. Where do all the pieces fit for the district?
- Create an inventory of services at district level and identify gaps
- Need to be aware of what works best for integration and collaboration of patient issues vs. what works best for institutional issues—referral patterns may be different for each
- Some small hospitals like West Nipissing that is in the middle of two hub hospitals need to nail down the parameters for referrals—when and where. For some people the referral pattern is clear, but not for all hospitals. Define what a district patient is and what a regional patient is.

2. Develop a common registry for emergency room shifts so that it's more proactive to fill gaps in shifts between small hospitals:
    - Build a recruitment strategy for Nipissing District to get professionals to the district and let them decide where within it they want to go
    - Design a system so that all hospitals are aware of gaps in shifts. The gaps are not necessarily a money or compensation issue. Often it's the fatigue of the doctors who are not interested in working more hours.
    - There's not more money in the system. We need to pool resources. The problem is that resources are scarce and burnt out.
    - The mentality of the new physicians has changed. They do not want to work beyond 9-4 hours.
    - Family Health Teams have not necessarily solved the issue; in fact they may have exacerbated it—not enough working physicians in emergency rooms.
    - Hospitals' funding cannot be used to recruit people; it has to be the community.
    - Develop a better payment system for underserviced areas so that there's more incentive for underserviced areas and less for over serviced ones.
    - There is so much pressure on the emergency departments of small hospitals.

3. Develop strategies for small rural hospitals:
    - Need to develop bypass agreements and protocols between small hospitals and the hub hospital, like stroke strategy. Develop some for hips, orthopaedics, fractures. This could save the health care system a lot of dollars.
    - Need to define small hospital role, memorandums of understanding, and monitor them for implementation
    - Need to have this conversation with all hospitals, not just within the hub.

4. Do more education:
    - People need to take more ownership of their health so that there are less patients showing up for care
    - Give people a bill at the end of the year so that they better understand how much the health care costs and perhaps they can bring the costs down.

Sudbury Manitoulin

Hôpital régional de Sudbury Regional Hospital is the hub hospital for these districts and its rural hospitals include Manitoulin Health Centre, St Joseph's Hospital Elliot Lake, Espanola Regional Hospital and Health Centre, West Parry Sound Hospital, and St. Joseph's Continuing Care Centre in Sudbury.

1. Work with NE LHIN to solve the ALC problem. Issues such as silos that make it difficult to share; dialogue between generalists and specialists; and seeing resources as regional. Use the original format so that each area can be dealt with.
2. Accessibility for transfer of patients.
3. Hub Hospital CEO to visit and spend time in small hospitals to see how they work and what we have to offer the hub in support or suggestions.
4. Information technology–work towards a common system of medical records and labs for better efficiency; have dialogue and possibly partner with the private sector.

Timmins

Timmins & District Hospital is the hub for the districts of James and Hudson Bay Coasts, Cochrane and Timiskaming, and includes Englehart and District Hospital, Hôpital de Smooth Rock Falls Hospital, Sensenbrenner Hospital, Kapuskasing, Kirkland and District Hospital, Hôpital Notre-Dame in Hearst, Anson General Hospital, Iroquois Falls, Bingham Memorial Hospital, Matheson, Chapleau Health Services, Lady Minto Hospital, WAHA (Weeneebayko Area Health Authority), and James Bay Hospital. These representatives were divided into two groups—Timmins and James Bay.

1. Expansion of Network 13 (or new collaborative group) to include other community programs at the table for regional planning.
2. Network 13 already actively participating in most of the ideas listed; many future initiatives are on hold due to capital requirements.
3. Determine the best regional way to offer or cluster services in our hub area, e.g. the best use of resources.
4. Identify opportunities to share resources among agencies to be able to create full-time jobs. Communicate with each other and don't advertise until we talk.
5. The NE LHIN and MOHLTC need to recognize that different communities may have different operations (hybrids to work with their unique challenges-e.g.

isolation, proximity to others, etc. We look to the NE LHIN to help facilitate discussions.

James Bay

1. Transportation - focus on better quality transportation; trying to cut down costs that can be better utilized elsewhere; better coordination. Do an analysis of what people are being sent south for. How can we bring services to the coast? What partnerships and protocols can be established with other hospitals?
2. Programs and Services:
    - Preventive care
    - Collaborate with other health centres to discuss what can be offered or integrated
    - Hospitals have to deal with perceptions
    - Recognizing where specialty services exist and utilizing that service to maximize care of patients.
    - Developing a clear mandate
    - E-health would have a large impact on the region. There needs to be more political pressure from communities to our local and provincial government on what we don't have in order to deliver services. We need to explore other areas of technology and what we can use in our area.
    - We need to explore social media

3. Human Resources:
    - More training and development within our communities and establish education programs
    - We need to groom and mentor our youth to take interest in health and the many professions offered that can benefit our communities
    - Need to recruit and retain workers

Integrating 100 Innovative Ideas

During the Summit participants shared many ideas and enthusiasm for new approaches to improving health services in Northeastern Ontario. Some of the actions suggested in this report can be implemented quickly at little cost and others may take some time and

effort. It is hoped that together they will serve as a guide for the NE LHIN, hub, and rural hospitals, as they work together to improve health services to the people living in Northeastern Ontario.

Within one week of the Summit, the NE LHIN began implementing a number of the action items and shared this information with the participants. In addition, the facilitator also met with senior staff of the NE LHIN and NE CCAC for a preliminary discussion of the results, and the draft report was circulated to participants at the Summit for validation.

Next Steps

This summary of the proceedings – the brainstorming and idea generating sessions that occurred at the rural summit – will become the basis for the ongoing dialogue that will take place, particularly at the Hub level meetings, over the coming year.

The NE LHIN has already started implementing some of the ideas and will take up responsibility for some, such as working towards a new IT model. It will also keep track of which ideas are being implemented so that it can report back to the hospitals at the next Summit. The NE LHIN will, of course, facilitate meetings between the small and larger hospital hub groupings. The theme of collaboration, which runs through this document, needs to be constantly pursued at both hub and regional levels.

Clearly, the onus will also fall on individual hospitals to begin doing what they can that fit well with their needs and vision. Many of these ideas are the proverbial low hanging fruit, easily plucked from the branch. Begin picking. Keep track of your harvest and let us know at the NE LHIN, whether through email correspondence or at the monthly meetings, what you have done to better the health care your community receives.

Appendix A—C~nergy Room Questions

The questions participants were asked to answer are listed in Appendix A.

1. What do you see as the barriers by the following that affect the services of small hospitals:

    a. Hub hospitals
    b. North East Local Health Integration Network
    c. Ministry of Health and Long-Term Care
    d. Communities served

2. What support can be provided by the following to small rural hospitals to help them improve the quality of care and efficiency:

    a. Hub hospitals
    b. North East Local Health Integration Network
    c. Ministry of Health and Long-Term Care
    d. Communities served

3. How can we, as small hospitals, support improvements in the quality of health services in our communities?

4. What could the future role of small hospitals be in improving coordination and collaboration?

Appendix B—Innovative Ideas

The action items are listed by category with the NE LHIN ones in red, those for the hub hospitals in blue, and ones for the rural hospitals in green.

Red Text = NE LHIN Action Item
Blue text = Hub Hospital Action Item
Green Text = Rural Hospital Action Item

Collaboration (with ourselves)

1. Collaborate with hub and rural hospitals to develop solutions in areas of common concern such as IT and health human resources
2. Act as the agent to bring partners together, as necessary, to identify needs, service gaps and solutions
3. Assist rural and hub hospitals to clarify their roles and responsibilities in relation to each other
4. Support opportunities for hub and rural hospitals to share policies and procedures
5. Share information about service models that are working (such as “Network 13”) so that other areas might develop similar models
6. Ensure effective coordination of services among all partners in the hub hospital area; for example, referrals of critically ill patients and timing of out-patient appointments for people travelling from the same rural communities
7. Share policies and procedures and best practices with each other
8. Incorporate best practices in service delivery
9. Develop more formalized processes to collaborate with each other, the hub hospitals, and the NE LHIN
10. Support the development and implementation of effective coordination of services among all partners in the hub hospital area
11. Share policies and procedures and best practices with each other
12. Incorporate best practices in service delivery
13. Work with the NE LHIN and the hub hospitals to conduct local health planning exercises
14. Examine transportation issues and look for alternatives to reduce cost and increase access to service
15. Develop strategies to describe and publish the implications of an aging demographic and how communities in the northeast are managing

Collaboration (with our communities)

16. Work with rural and hub hospitals to gather and report community health data
17. Assist in the development of public education that describes the role of the NE LHIN and the rural and hub hospitals
18. Look for opportunities to help rural and hub hospitals partner with other social agencies, such as public health, to provide health promotion and senior health care
19. Assist in planning local community forums to identify health care needs, service gaps, and innovative solutions

20. Support rural and hub hospitals to develop community tables of service providers to exchange ideas, promote better understating of each other, and collaborate in developing solutions
21. Provide information to rural and hub hospitals to promote their understanding of the social determinants of health
22. Recruit community members to participate in the planning and delivery of local health services
23. Establish community tables of service providers to exchange ideas, promote better understating of each other, and collaborate in developing solutions
24. Recruit community members to participate in the planning and delivery of local health services
25. Explore opportunities and initiate as indicated, the integration of community services
26. Work together with other agencies to develop or expand supportive housing
27. Develop and participate in interagency planning processes to address key health issues in the community and to create a healthy community action plan
28. Work to understand local service gaps and engage with the right partners to minimize or eliminate them
29. Support the development of community brochures that list community health and social services, contact information, and estimated cost
30. Work with other community agencies to develop community strategies for health promotion and illness prevention
31. Create quarterly community newsletters with information about the hospital, community services and health promotion and wellness tips
32. Participate in or lead community health promotion and illness prevention events such as health fairs

Communication

34. Ensure that consultants have regular site visits to each hospital in their portfolios and that they participate, as appropriate, in community activities
35. Continue to work with the MOHLTC to explain the unique issues, barriers, challenges, and geography of Northeastern Ontario
36. Look for opportunities to reduce the administrative burden on small hospitals, such as reporting
37. Facilitate regular regional meetings with rural and hub hospitals, exchange information and ideas
38. Create opportunities to help rural and hub hospitals share good news stories
39. Create opportunities to help rural and hub hospitals share best practices
40. Support the development of effective communication protocols among all hospitals, regardless of size
41. Host quarterly conference calls with rural hospitals to share information and feedback regarding common issues and concerns
42. Coordinate the creation of, and circulation of, newsletters to the communities served by the hub

43. Collaborate with the rural hospitals to explore the development of a single point of contact for the rural hospitals with the hub hospital
44. Lead discussions with the rural hospitals to plan clinical services to serve the needs of the populations within the catchment area
45. Investigate the feasibility of the mobile delivery of some services within the catchment area
46. Develop a clear definition of the mandate for small rural hospitals and inform the community of that role
47. Establish effective communication protocols between the hub and small rural hospitals to ensure idea sharing and better patient care
48. Work with the NE LHIN to share good news stories and best practices that may benefit other rural and hub hospitals in the northeast
49. Foster better coordination with NE CCAC to reduce unneeded hospital readmissions
50. Develop effective ways to share best practices with each other
51. Meet regularly with hub hospitals to better understand their challenges, and work together to attempt to resolve these issues
52. Share long term plans and strategy with other community agencies and local government to get support and synergies
53. Keep communities informed about the challenges rural hospitals are facing and how they are responding
54. Develop strategies to describe the implications of an aging demographic and how communities in the northeast are managing

Programs and Services

55. Assist in developing protocols to deal with situations related to the delivery of programs and services across the region
56. Support and encourage hospitals to look for innovative solutions to meet the needs of their communities
57. Work with regional service providers to facilitate collaborative resolution of local service barriers
58. Look for opportunities to create better integration of services between public health services and other health care providers to reduce duplication
59. Support discussions to integrate and coordinate services across the region
60. Develop, with the rural hospitals, protocols for patient transfer (both ways)
61. Establish a multi-facility committee that deals with the problems and issues as they arise
62. Explore the establishment of hub-sponsored outreach programs to rural communities
63. Continue to provide support and expertise to rural hospitals in areas such as infection control
64. Collaborate with rural hospitals in developing strategies to integrate regional services such as laboratory, pharmacy, diagnostic imaging, and purchasing

65. Collaborate with hub hospitals in developing strategies to integrate regional services such as laboratory, pharmacy, diagnostic imaging, and purchasing
66. Support the expansion of visiting specialists and telehealth across the region
67. Investigate and establish mobile clinic services where services are brought to the patients rather than them having to come to the hospital
68. Examine the gaps in service and identify needed critical services
69. Evaluate patient care services to ensure continuous improvement in patient care
70. Look for opportunities to use the expertise of our partners in meeting health needs of our communities
71. Explore opportunities to improve the exchange of patient information between providers

Technology

72. Promote and facilitate collaboration among rural and hub hospitals using technology
73. Expand the services of telehealth to better serve patients in the northeast
74. Operationalize the new IT support model as quickly as possible.
75. Support and embrace technological improvements across the region
76. Assist and support rural hospitals in using telehealth to enhance specialist consultation and treatment for patients
77. Develop a web-based system to support common bookings for services
78. Support the new NE LHIN IT model
79. Support and assist the NE LHIN in the development and implementation of the new IT model
80. Use technology to its fullest in sharing information to improve service delivery to patients and to share information among providers
81. Increase the use of telehealth to support nurse practitioners, physician assistants, and registered nurses working in remote areas

Human Resources

82. Encourage and support regional coordination of education for clinical staff, boards, community leaders, and the general public
83. Work with all hospitals to find solutions to the health human resources issue.
84. Explore the establishment of a network of physicians to be dispatched to facilities to help fill vacant Emergency Department shifts
85. Prepare summary reports that identify health human resources needs in the region and projections into the future
86. Engage MOHLTC personnel to recognize health human resources issues and possibilities
87. Collaborate with the small hospitals in the design and delivery of educational sessions for health professionals
88. Invite hub hospital physicians and rural physicians to discuss issues of common concern and develop effective solutions

89. Develop a common registry for emergency room shifts at small hospitals
90. Encourage local municipalities to take a greater role in the recruitment and retention of health professionals
91. Work together, and with Health Force Ontario, to develop sustainable strategies for health professional recruitment and retention
92. Explore the establishment of a network of physicians to be dispatched to facilities as required
93. Support the use of a common registry for emergency room shifts in small hospitals
94. Explore the establishment of a network of physicians to be dispatched to facilities to help fill vacant Emergency Department shifts
95. Work together with the other rural hospitals, the hub hospitals, NE LHIN, and Health Force Ontario to develop an effective district and region strategy for physician recruitment and retention
96. Develop ways to collaborate rather than compete for locums and physicians
97. Engage ministry personnel on a more regular basis with respect to physician recruitment and retention
98. Share the services of health professionals when possible
99. Develop strategies to increase engagement with our physicians on important issues
100. Encourage and try to facilitate a team approach among physicians, physician assistants, nurse practitioners, and other healthcare providers