

## Thoughts from our public session...

On March 7, the *ENGAGE: Citizens' Reference Panel* hosted special round-table discussions with about 100 people in Kingston who took part in a Town Hall meeting. After learning more about health care in the South East, here are some of their short and longer-term beliefs:

**In the short term (3 years from now) we believe that there could be developments that supports ...**

- Strong collaborative practice
- Use of full scope of practice for each professional
- A focus on homeless and vulnerable populations
- A continuum of from family support, to greater CCAC supports, to supportive housing, to support in retirement homes in addition, to long term care homes
- Better use of family health teams and community health centres
- SE LHIN having a significant positive impact
- Health care workers working as efficiently as they can
- Better knowledge of the LHIN and what it does for the health care system
- More general knowledge being disseminated.
- More contracting out of services
- An effective forum for discussing what will happen overall if cuts are made in one area
- Thinking about health care “service” and not “beds”
- Measurable accountability – tools to measure what the LHIN and hospitals have done
- Patients being treated like customers and hospitals being paid only for good service
- Making sure each patient is directed to appropriate care if they come to the wrong service
- Improved communication within the LHIN
- Expanded e-health
- Alignment of services – coordination across the region
- Integration among health care professionals making significant advances
- ALC and ER utilization being under improved control
- Secondary funding being introduced into the system to optimize the efficiency of universal health care
- Rural community health centres meeting all levels of need for all service areas

- OML and more development in community health centres with Nurse Practitioners, midwives, and physician assistants, with access to doctors by teleconferencing to best use them.
- Information about all levels of health care through e-health
- Flexibility and accountability in the use of funds
- Diversion of care from emergency rooms
- More after-hours clinics
- Agencies working together so the needs of the community are met and there are no gaps in care
- More focus on keeping clients/patients at the least intrusive level of care
- Implementation of e-health and electronic patient records
- More multi-disciplinary family care
- Developing a parent and youth resource centre for mental health and substance abuse
- Having 24/7 urgent care in cancer clinics to free-up emergency rooms
- Using home-like hospice settings for palliative care
- Following patient from presentation for care to service delivery
- Finding the roadblocks to care and what services are needed
- Educating young mothers to prevent trips to emergency rooms
- Home care and emotional support for ALS families throughout the duration of their disease
- Having follow-up care on a continuing basis
- Mentors to help people attain the proper follow-up care for all chronic diseases
- More use of Nurse Practitioners
- The LHIN clearly identifying what they can stop and what they can do
- The LHIN not becoming just another bureaucracy.
- Unclogging beds for appropriate long-term care use.
- Dealing with the two layers of issues (provincial and regional)
- More care beds to relieve alternate level of care in hospitals
- More services for autistic children
- More information to locate medical services and educate people on alternate services

## **In the longer term (15 years from now), we believe that there could be developments that supports ...**

- The strong desire to have all concerns addressed
- The ongoing sustainability of the health care system
- Change in the present situation continues so we don't become bogged down
- A new model of funding that is not dependent on the number of beds
- Paying attention to our most vulnerable – our elderly, our chronically ill (e.g. ALS) coping in the community.
- A 24/7 cancer care emergency room to eliminate trips to the general ER.
- A focus on community mental health services which need improvement.
- More diversification of health care practitioners such as nurse practitioners and physician assistants
- Health care system being sustained
- Get it working right, please
- Significant changes having been made to make health care sustainable
- Maintaining long-term funding for health care even if the economic recession causes decreased tax revenue
- Efficiencies and sustainability
- Better access to long-term care sooner
- More flexibility in the delivery of health care
- More mental health care facilities including those for acute onset, short term care, long-term care, rehabilitation, and home care monitoring
- No one traveling more than 20 minutes for long-term care accommodation and access for families to loved ones
- Primary and emergency care available within 20 minutes of rural and urban communities
- Technology being used to the max
- Hospitals being decentralized; having birthing centres, diabetes clinics in the community not in hospitals
- Pools of volunteer
- Better physical education and diet, including educating children to consider healthy choices
- The development of the health care system to a sufficiently flexible state to meet the objective of the right service for the right person in the right place at the right time
- Continued money invested in keeping client patients in least intrusive care.