KENORA CHIEFS ADVISORY

OGIMAAWABIITONG

GRAND COUNCIL TREATY #3

KENORA

Kenora Métis Council

Métis Nation of Ontario

Waasegiizhig Nanaandawe'iyewigamig

Sioux Narrows /Nestor Falls

LAKE OF THE WOODS DISTRICT HOSPITAL

Northwestern Health Unit

KDSB
KENORA DISTRICT SERVICES BOARD

Canadian Mental Health Association
Kenora
Mental health for all

Association canadienne pour la santé mentale
Kenora
La santé mentale pour tous

FIREFLY

Sunset Country
Family Health Team

District of Kenora Homes
a Community Support Services

Local First Nations

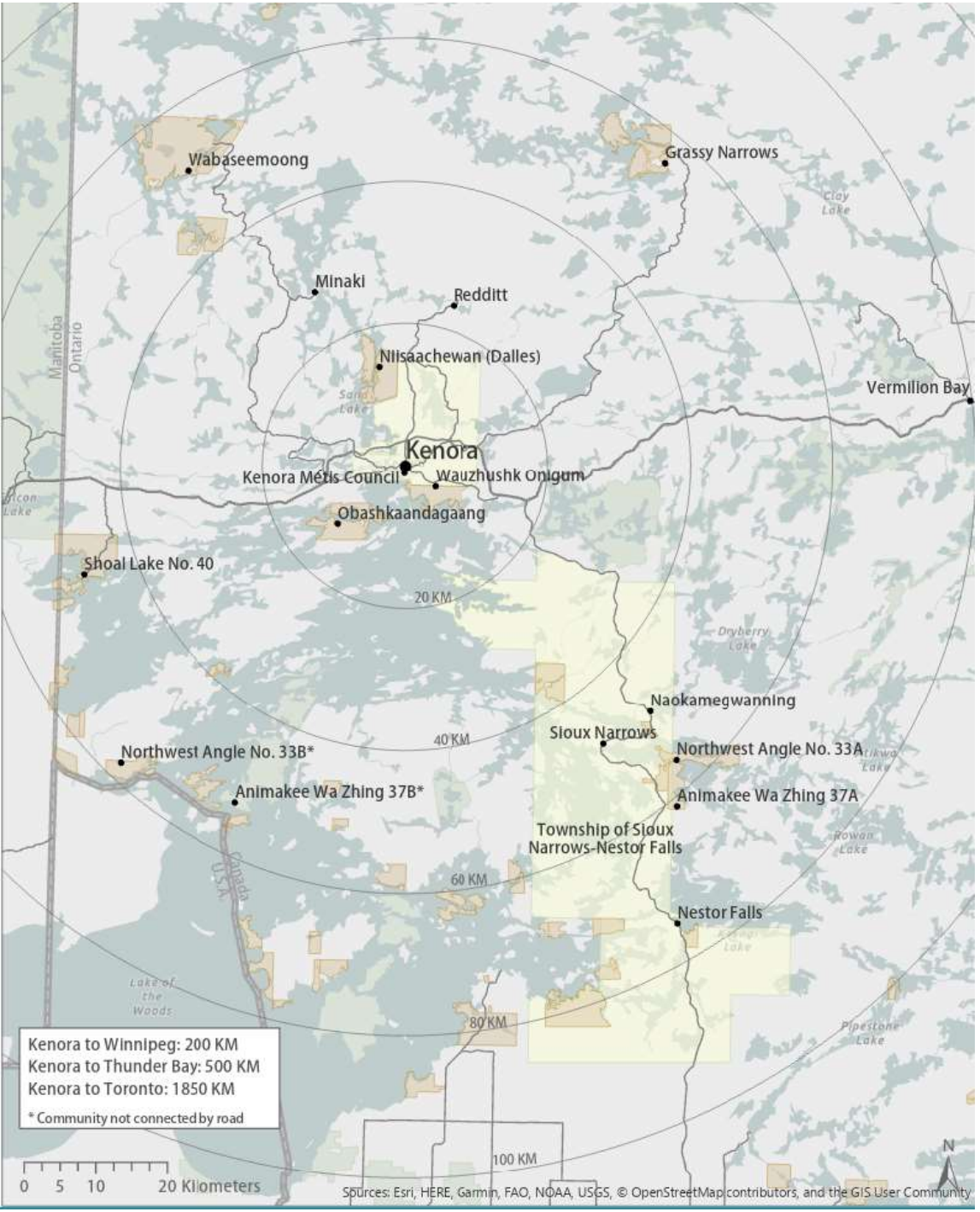
Niisaachewan
Naotkamegwanning
Wauzhushk Onigum

Shoal Lake 40
Wabaseemoong
Iskatewizaagegan
Obashkaandagaang

Northwest Angle 33
Animakee Wa Zhing 37
Asubpeechoseewagong

All Nations Health Partners (ANHP) Ontario Health Team

"Maamowi gaabowititaa - let's stand together."



While southern Ontario fights to end "hallway medicine" in overcrowded hospitals, in the Kenora region we struggle to get services out to the people and communities who need them.

- Widely distributed population; some remote communities with limited road access.
- Lack of public transportation in the region; patients face costly travel to access services.
- Travelling to access services separates families, further jeopardizing health outcomes.
- Inconsistent access to health services in communities across the region.
- Limited coordination of federal and provincial health services on and off reserve.
- Recruiting and retaining skilled health care professionals is a challenge.

Overall vision for our Ontario Health Team

- Improving health care access, equity and outcomes in the Kenora region requires a new way of thinking about the delivery of health services. Our vision is an integrated model of health care that…

Goals / Outcomes

- Improved health care services for everyone
- Responsive to the needs of Indigenous communities
- Seamless continuum of care across all health providers
- Access to health services closer to home
- Health outcomes that exceed Provincial standards
- Supportive environments for health care providers
- Building an All Nations Hospital and Campus

… places people at the centre

… supports community well-being

… celebrates Indigenous healing and governance

… nurtures local health providers

… strengthens partnerships among organizations

Engagement strategies: Primary Care

1) To date in developing our application:

- Over 20 years of doctor shortage and cross-border issues led to the community-wide strategy to work together differently.
- ANHP was formed in ceremony and trust in 2017, with a focus on reconciliation in action (led by First Nations leadership).
- Partners includes providers of wholistic Primary Care, Waasegiizhig Nanaandawe'iyewigamig (WNHAC) and the Sunset Country Family Health Team (SCFHT) as well as family physicians .
- Efforts to engage local primary care physicians included direct engagement and information sessions (offered to all physicians), a CME event, and one-on-one sessions with physicians in the Family Health Network.
- Goal of full participation of all Primary Care Providers by the end of year one.

Engagement strategies: Primary Care

2) How we will engage this group to implement our plans

- Spread and scale existing strengths – small programs are being expanded through partnerships to address gaps.
- Examples of bringing services to communities – mobile RAAM clinic, Youth Wellness Hub (SCFHT, WNHAC), and crisis response.
- Primary care physician currently developing a gaps analysis in First Nations communities (part of the All Nations Health System Planning).
- At maturity, the OHT as part of the ANHP Health System is expected to be a full-service, full-spectrum health system that is all-inclusive for all peoples for this distinct geographic area.

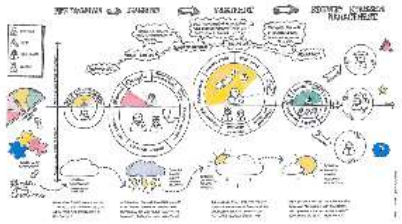
Engagement strategies: Patients, families and caregivers

1) Broad Public Engagement

- Consult with patients and families, primary and secondary care providers, and advocates
- Build shared understanding of the challenges and opportunities facing the health system
- Strengthen existing partnerships and build new partnerships among stakeholders

2) Identify Gaps in Health Service Delivery

- Map the current health care delivery system to identify shortfalls and gaps
- Understand patient needs and requirements and existing service delivery limitations
- Identify opportunities and priorities to improve patient experiences and health outcomes

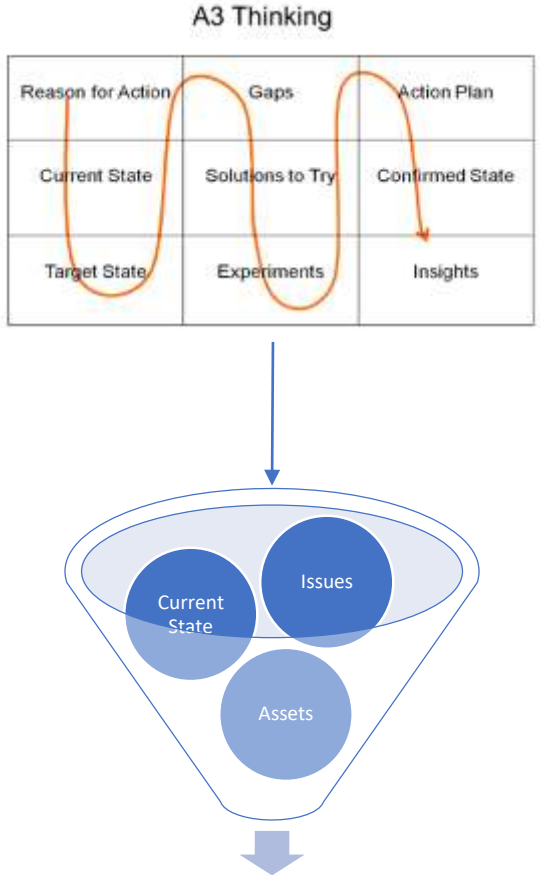


3) Create new Pathways of Connected Care

- Develop new models for connected care in collaboration with patients and health providers
- Build on best practices and adapt innovations to local needs and requirements
- Focus on digital innovation to enhance sharing of patient information between health providers

4) Transform the Health Care System

- Plan for the transformation of existing health care practices based on new models
- Implement training and ongoing monitoring to measure impacts and adjust as necessary
- Ensure that infrastructure and services work together to deliver improved care



Engagement strategies: Patients, families and caregivers

2) How we will engage this group to implement our plans

- ANHP will be engaging patients, caregivers, and organizational leadership in all of the communities in year 1 (mental health and addictions) as well as inform the governance structure and also account for the other ANHP planning work (i.e. All Nations Hospital and All Nations Health Care System Planning).
- Develop and implement a broader communication strategy for all patients, families, and caregivers.

Engagement strategies: Communities

1) To date in developing our application:

- Several partner organizations regularly engage First Nations communities in strategic and program planning.
- Input to the application was inclusive of Indigenous and non-Indigenous partners and communities.
- Kenora Chiefs Advisory (KCA) and WNHAC engaged First Nation elders, youth and leadership through their existing program engagements as well as through respective Strategic Planning meetings (hosting over 70 participants, including Chiefs, Council representatives, Health Directors, Ontario Works Administrators, Elders Council and Youth Council) to seek input and validate the approach and overall scope of the application.

Engagement strategies: Communities

2) How we will engage this group to implement our plans:

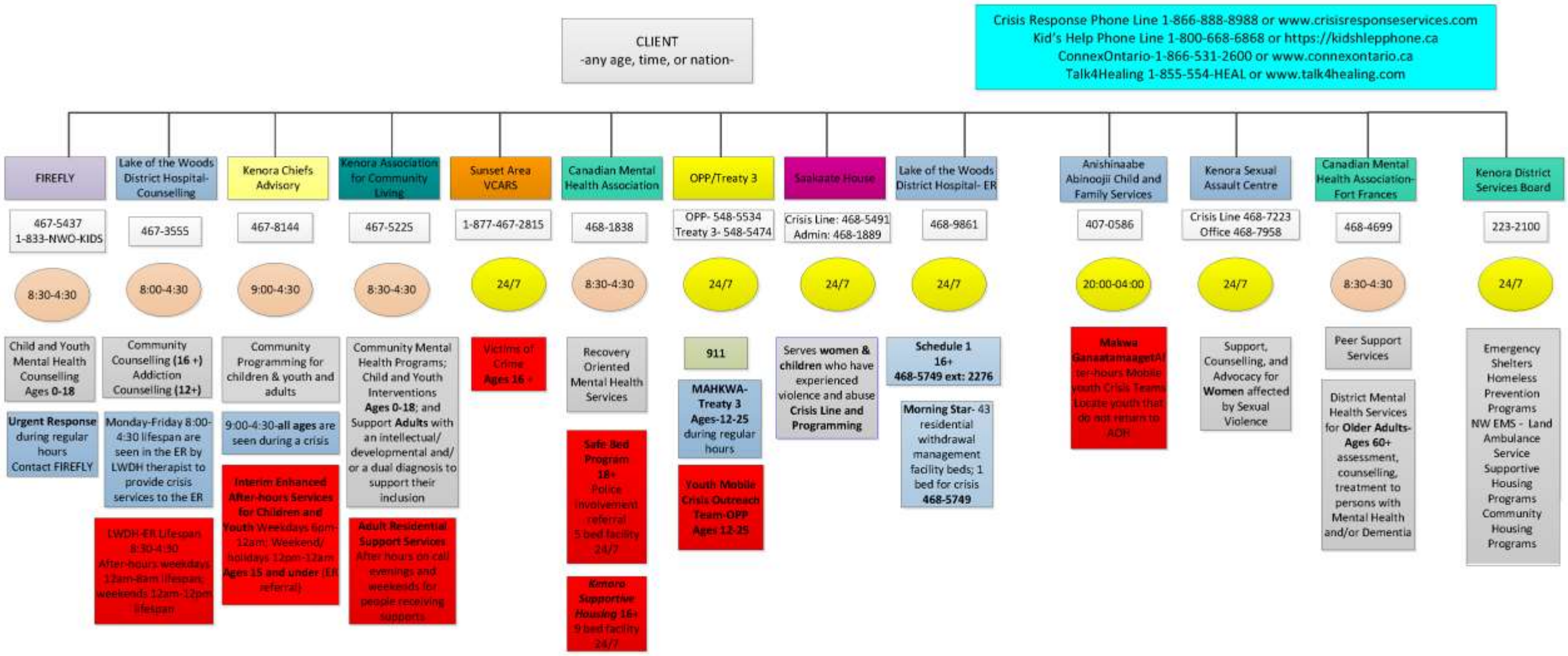
- **Development of partnership through ceremony and an authentic partnership model that goes beyond engagement/consultations.**
- Community engagement with residents of First Nations and municipalities will be ongoing as the OHT is developed and matures.
- At every stage of the planning of the All Nations Health System and the All Nations Hospital, input from patients, caregivers and family members from Indigenous communities and municipalities is being incorporated.
- Partners have designated staff in place to ensure that the voices of all area residents are heard.
- All planning activities/processes include community members as integral to the process to allow consistent two-way communication throughout the development and implementation of the partners' projects.
- Current example: Emergency Shelter, working with community justice centre development.

Implementation plan: Plan for providing 24-hours/7-days-a-week service coordination and navigation

Implementing a seamless model of care for crisis intervention (priority population) the ANHP will be working through established committees/working groups on the following activities:

- Developing a local crisis response plan – including targets for implementation based on project milestones by 30-day time point. The plan would account for all stages of services:

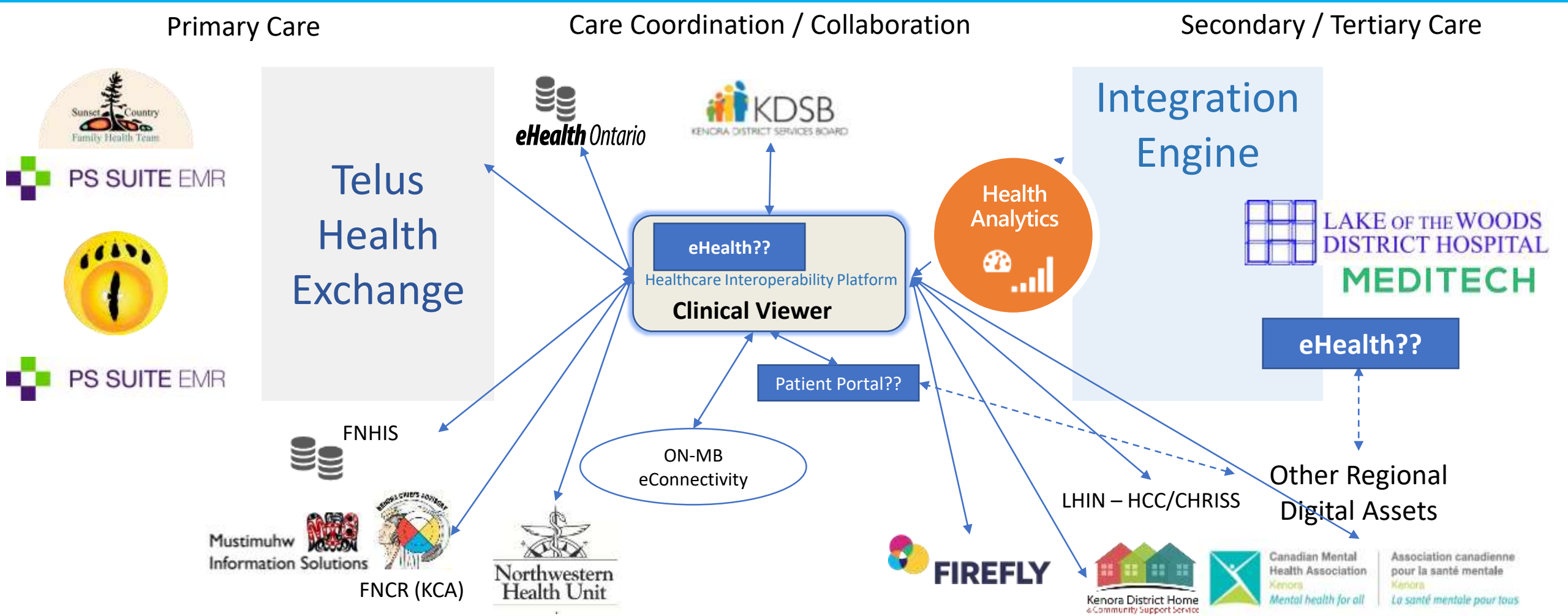
- By the 60-day mark, an interim solution will reviewed/assessed and adjusted to address any issues/gaps.
  - Current model for adults is to have a joint mobile response, with a regulated health professional working side by side with the police to attend to mental health related calls in the community.
  - Regulated health professional would complete comprehensive mental health assessments with individuals in the community to determine if they can be diverted from the emergency department and linked to appropriate services, or if acutely at risk would be sent to the hospital for assessment of admission under the Mental Health Act.
  - As the funds currently available do not allow for a 24-hour mobile response model, the LWDH would provide ongoing support to the emergency department. The KCA evening hours crisis services response for youth will continue at the LWDH.
  - Develop a safe space in emergency department as well as a crisis bed in the LWDH.


CLIENT
-any age, time, or nation-
Crisis Response Phone Line 1-866-888-8988 or www.crisisresponseservices.com
Kid's Help Phone Line 1-800-668-6868 or https://kidshlepphone.ca
ConnexOntario-1-866-531-2600 or www.connexontario.ca
Talk4Healing 1-855-554-HEAL or www.talk4healing.com
FIREFLY
467-5437
1-833-NWO-KIDS
8:30-4:30
Child and Youth Mental Health Counselling Ages 0-18
Urgent Response during regular hours Contact FIREFLY
Lake of the Woods District Hospital- Counselling
467-3555
8:00-4:30
Community Counselling (16 +) Addiction Counselling (12+)
Monday-Friday 8:00-4:30 lifespan are seen in the ER by LWDH therapist to provide crisis services to the ER
LWDH-ER Lifespan 8:30-4:30 After-hours weekdays 12am-8am lifespan; weekends 12am-12pm lifespan
Kenora Chiefs Advisory
467-8144
9:00-4:30
Community Programming for children & youth and adults
9:00-4:30-all ages are seen during a crisis
Interim Enhanced After-hours Services for Children and Youth Weekdays 6pm-12am; Weekend/ holidays 12pm-12am Ages 15 and under (ER referral)
Kenora Association for Community Living
467-5225
8:30-4:30
Community Mental Health Programs; Child and Youth Interventions Ages 0-18; and Support Adults with an intellectual/ developmental and/ or a dual diagnosis to support their inclusion
Adult Residential Support Services After hours on call evenings and weekends for people receiving supports
Sunset Area VCARS
1-877-467-2815
24/7
Victims of Crime Ages 16 +
Canadian Mental Health Association
468-1838
8:30-4:30
Recovery Oriented Mental Health Services
Safe Bed Program 18+ Police involvement referral 5 bed facility 24/7
Kenora Supportive Housing 16+ 9 bed facility 24/7
OPP/Treaty 3
OPP- 548-5534
Treaty 3- 548-5474
24/7
911
MAHKWA-Treaty 3 Ages-12-25 during regular hours
Youth Mobile Crisis Outreach Team-OPP Ages 12-25
Saakaate House
Crisis Line: 468-5491
Admin: 468-1889
24/7
Serves women & children who have experienced violence and abuse Crisis Line and Programming
Lake of the Woods District Hospital- ER
468-9861
24/7
Schedule 1 16+ 468-5749 ext: 2276
Morning Star- 43 residential withdrawal management facility beds; 1 bed for crisis 468-5749
Anishinaabe Abinoojii Child and Family Services
407-0586
20:00-04:00
Mskwa GanaatamaagetAI ter-hours Mobile youth Crisis Teams Locate youth that do not return to AOR
Kenora Sexual Assault Centre
Crisis Line 468-7223
Office 468-7958
24/7
Support, Counselling, and Advocacy for Women affected by Sexual Violence
Canadian Mental Health Association- Fort Frances
468-4699
8:30-4:30
Peer Support Services
District Mental Health Services for Older Adults- Ages 60+ assessment, counselling, treatment to persons with Mental Health and/or Dementia
Kenora District Services Board
223-2100
24/7
Emergency Shelters Homeless Prevention Programs NW EMS - Land Ambulance Service Supportive Housing Programs Community Housing Programs

Implementation plan: Plan for providing 24-hours/7-days-a-week service coordination and navigation

- By 90 days the ANHP will be able to start to measure implementation as well as complete the development of resource guide for Regional Crisis Line.
- By 6-months – an interim evaluation plan would be developed and involve informing a long-term sustainability of the model. This work would include sustaining a hospital-based community mobilizer (discharge/crisis) as well as formalizing partnerships/service arrangements through Memoranda of Understanding.

ANHP – OHT: Proposed Interoperability Model



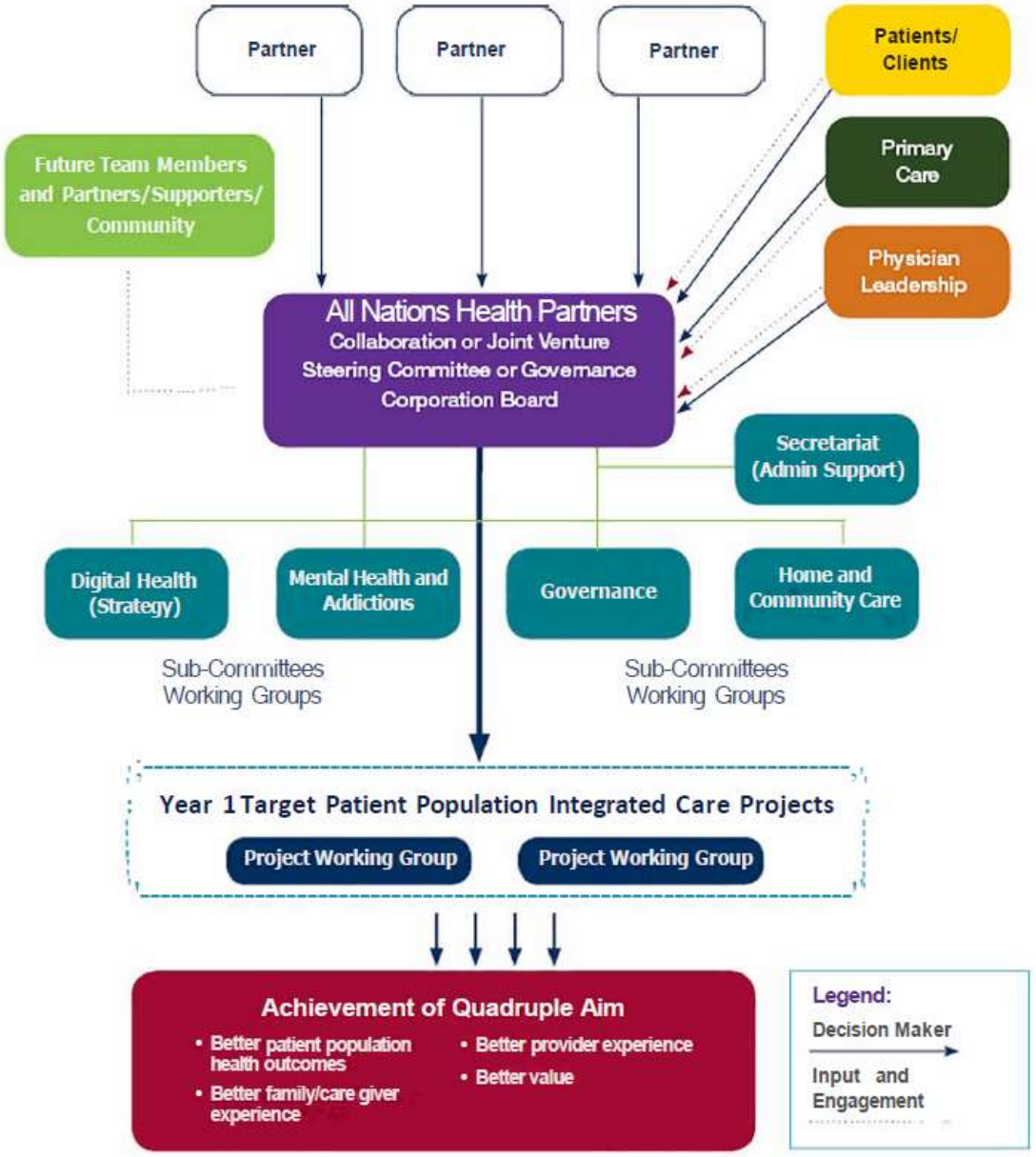
Implementation plan: Plan for providing expanded virtual care offerings and options for patients to digitally access their health information

- Currently sharing information to support crisis intervention across multiple partners.
- Developing pathways and re-aligning care coordination supports across the ANHP members for the year-one population (i.e. crisis intervention).
- Digital strategy must ensure the planning and supports are inclusive of First Nation and non-First Nation communities (paper-chart based).
- Need to include information/data collection on traditional healing (shared across settings).
- Interested in developing eHealth Clinical Viewer to support patient portal.

Implementation plan: Our shared decision-making framework and structures

- Indigenous populations are represented through appropriate and meaningful partnerships (equal decision makers and leadership) and style of leadership (done in ceremony) – address health inequities/disparities.
  - 70% of all deaths among KCA community members were noted to occur before the age of retirement (65 years old) compared to rest of Ontario (22%).
- Planning process to incorporate all views and cultural approaches to health and well-being are not just gathered through consultation or engagement; rather its embedding at the core of the programs and services.
- ANHP work by consensus and maintain a culture of ethical conduct embodied in the Seven Sacred Teachings (Honesty, Truth, Respect, Bravery, Love, Humility, Wisdom).

Year 1 Governance Structure for the All Nations Health Partners Adapted from "OHT Potential Year One Governance Model" A. Corbett and H. Pessione, 2019. Retrieved from https://blg.com/en/News-And-Publications/Organizing-an-Ontario-Health-Team-Considerations-when-Creating-a-Governance-Framework Copyright 2019 by Borden Ladner Gervais LLP ("BLG").



- ANHP is currently based on a partnership and collaboration model, continuing to build on strengths pooling resources.
- We will examine options and identify a governing system that supports our OHT and we will begin by engaging our boards.
- Engaging patients, caregivers, and organizational leadership as well as Indigenous and non-Indigenous communities at large.
- By the 60-day mark, ensuring all consultations/engagements with Primary Care Providers and sector-based engagement (mental health and addictions) will be completed.
- Start developing a plan for a long-term governance structure by the 12-month mark which will also account for the other ANHP planning work (i.e. Hospital and System Planning).

Implementation plan: Our readiness to implement the plan

- ANHP's analysis of patient flow and care patterns reveals a high degree of alignment between the current membership and the provider networks.
- Crisis intervention/mental health clientele, addictions, homelessness, and suicide has been a priority of the partners.
- Suicide rates are 9 times the Ontario average for the 10-24 age group and hospitalizations for mental/behavioral disorders also 9 times the Ontario average.
- The target for this year one population is to provide a 24/7 rapid response crisis service, linking to integrated coordinated care for ALL patients in this category by end of year one.
- Actions already taken include a "Crisis-Services 2-day Design Event", with several follow-up meetings.
- Draft 24/7 coverage plan across the multiple organizations involved in the planning phase of the year one population. Monthly meetings have been scheduled.

Successes we foresee achieving in Year 1 as a result of implementing our plan

- Early communication and awareness of mental health and addiction (approach will be scaled out to other illnesses as the OHT reaches maturity) in terms of explaining crisis, introducing people and expectations from the health care team, connecting to services and appointments so patients feel safe and help get ready for appointments.
- Setting standard/benchmarks to overcome quality and access barriers in our population.
- Tools and resources using cultural and visual context and language that are understandable, so community members feel safe, are aware of what to expect and what is available and continue to have some locus of control over their journey.
- Measurable progress towards seamless care coordination support from assessment to stabilization.
- Access to tests, diagnosis, treatments as close to home as possible.
- Identify and start addressing jurisdictional gaps between OHIP and Non-Insured Health Benefits (NIHB) to facilitate care within the worldview of the Indigenous and non-Indigenous communities, allowing for family and cultural supports throughout.
- Access to more comprehensive and wholistic treatment options, including traditional Anishinaabe approaches.

Supports and enablers needed from the ministry and other partners to achieve our plans

- **Socio-Economic Issues:** Support from other Ministries would be helpful as the ANHP seek to address social determinants of health such as homelessness, alternative/supportive housing, treatment centres, LTC and hospice facilities.
- **Cross-Border Issues:** support addressing access issues through enforced compliance with existing MOU between the provinces. Enable implementation. Need to continue the "e-connectivity committee" to support information transfer between ON-MB providers (enabling continuing of care).
- **Data and Planning**: Provide resources to support utilization of local data and business intelligence tools for our OHT - data position to also review Ministry data. Current data has been inadequate, inaccurate, and is not relevant to our population (i.e. misrepresented/missing populations). This is crucial to fully illustrate the ANHP planning context (northern vs. southern disconnect).
    - **Patient Rostering Gaps:** Current rostering model doesn't reflect our population. Data related to patient-provider relationships is not accurate.
- **IT and Infrastructure:** Many of our remote communities still lack IT infrastructure to support what would be considered basic IT requirements for EMRs and OTN/Video. There is also a lack of necessary tools and interoperability.
- **Physician Services:** ANHP need the same status/recognition as that given Sioux Lookout (SLFNHA, Meno-ya-win) and Moose Factory (Weeneebayko) to develop their own systems.
- **Allocation of LHIN resources and expertise**– e.g. System Strategy and Planning leads, CQI, administrative, implementation team leads.
- Secondly the LHIN has resources that are just not available otherwise in our small remote system, with small organizations that lack the mid-management layer. As well, their Director level does the planning and integration work, using Lean Quality Improvement techniques such as Kaizen-type design events. The ANHP do not have that expertise in our organizations. So, one of our main risks in maintaining care and maintaining our forward momentum is the potential loss of LHIN positions (that are already 5-6 hours away) to an Ontario Health position that is based part way around the globe.

Appendix: Home and Community Care

- For the planning and changes in Home and Community Care (HCC), the ANHP will be engaging present/former regional planners, leaders from promising practices, patients, caregivers, and organizational leadership as well as communities at large on the following activities (at the 30-day, 60-day, 6-month time points).
- By 30 days the ANHP aim to complete mapping exercises accounting for the current supply of HCC support and unmet demand (inclusive of First Nations communities).
- By 60 days, the ANHP will develop options for review and approval to bring HCC into the care of the ANHP. This will include inferences from experts on collaborative models including but not limited to Dr. Harlos and Lisa Streeter from the Winnipeg Regional Health Authority on discharge planning, Holly Prince and the Ontario Palliative Care Network (OPCN) on developing and supporting community-based Home and Palliative Care.
- By 6 months, the ANHP will be looking for direction and resource allocation from the Ministry to start transitioning HCC from the LHIN/regional authority to this OHT.