



# All Nations Health Care System Planning



## Activity Report

### August 2019 to March 2020



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## History and Mandate

- The All Nations Health Partners (ANHP) grew out of the Kenora Area Health Care Working Group which was started in 2015 to address a chronic, critical doctor shortage, and cross-border healthcare issues, as well as in response to Truth & Reconciliation calls to action.
- Through a 2017 Resolution by leaders of Indigenous communities, municipalities and health care organizations, the ANHP was created, and continued to strengthen its relationships. An All Nations Hospital was also planned, with a partnership between Lake of the Woods District Hospital and Kenora Chiefs Advisory.

*The All Nations Health Partners are a coalition of leaders in Indigenous and mainstream health services in the Kenora Region. We are working to improve the health system to focus on people first and better serve the unique needs of our northern communities. We are developing a regionally specific, culturally appropriate and responsive health system for all people. Our approach is collaborative and wholistic, rooted in both traditional healing practices and the best aspects of the modern health system.*



**ANHP Ontario Health Team Announcement, December 2019**

*"For over a decade, much work by our Chiefs, our Elders, and our youth have guided and directed a clear message for our partnerships to focus on a holistic approach to healthcare. Kenora Chiefs Advisory is proud to be moving forward with the All Nations Health Partners in transforming the health care system in our homeland. Working together, we aim to deliver culturally appropriate health care services from hospital to home no matter who you are or where you live in the region. What we see now is the beginning of our vision coming true."*

**- Chief Lorraine Cobiness, Kenora Chiefs Advisory Board President**

## Ontario Health Team (OHT) Application

The application, development and implementation of the OHT is the result of grassroots efforts and leadership across various partners in the area over the past decade. The modest one-time investment from ISC for the ANHP work provided many benefits, including the establishment of the OHT, further positioning the partnership to grow and sustain healthy, self-determining and vibrant communities. Section 2.2-2.4 of the OHT application highlight the work that has gone into the establishment and expansion of the ANHP.

- In spring of 2019, the ANHP submitted their initial application to become an Ontario Health Team (OHT) - the new provincial model of health care delivery, in development.
- 157 teams across Ontario initially applied, with 31 proceeding to full application. Of those, only 24 OHTs were announced in December, 2019.
- The ANHP is the only team in northwest Ontario, the smallest team, the only team in Ontario with full Indigenous partners, and the only team that is not hospital-led.
- Ten working groups were formed in January 2020, to launch the work of the ANHP and its health system transformation plans. These working group ‘buckets’ include front-line staff and management from various organizations in the Kenora region, and are growing to represent a wide cross-section of service providers and their populations.
- The ten buckets are:

Ten Working Group ‘buckets’ were established by the All Nations Health Partners in January 2020, *prior to COVID-19*:

- ↳ **Communication Strategy** – The group is comprised of experienced communications staff from several of the partner organizations. The group identified the need to develop a logo, brand, webpage and social media presence, in addition to periodic media releases. Work on these projects accelerated due to COVID-19, and includes a Daily Bulletin on COVID news and stats, newspaper ads, radio announcements in both Anishinaabemowin and English, hot-lines in both languages, and several videos on both languages. As the situation returns to normal/new normal, communication strategies are refined or adapted to meet the needs of our population.
- ↳ **Cross-Border Issues and Strategies (Manitoba)** – This group was established pre-OHT, and work was on-going during the winter. During COVID, new agreements were established for lab testing in Manitoba, shortening test result turn-around times from up to 14 days, to two. This allowed people to return to their homes much sooner, and resulted in substantial cost savings in isolation spaces and staff serving the vulnerable population.
- ↳ **Digital Connectivity Strategy** (including privacy, quality improvement, evaluation) – Solutions are being sought that will work for our diverse population,

and allow for communication amongst all health care workers, to allow improved wholistic, wraparound care with fewer gaps.

- ✦ **Governance / Partnership / Leadership** – This group began to make plans to discuss how to structure the ANHP and OHT, but due to COVID, work did not progress as planned. Further discussions have been held, and more work will be done on this important piece in the near future.
- ✦ **Home Care & Community Support Services** (including supportive housing, long-term care) – update provided below.
- ✦ **Homelessness & Housing** (as a determinant of health) – our area has a disproportionately high percent of homeless and underhoused families and individuals. While this bucket might not traditionally be considered part of OHT work, the homelessness issue has ripple effects across much of the OHT work. By shifting services ‘up front’, the plan is to decrease the high-cost reactive services downstream (lights and sirens), for overall better health, mental health, and cost savings. COVID highlighted gaps in services in our area, especially while planning for isolation of vulnerable people awaiting test results. This group has been actively meeting, making plans, securing funding and actioning projects to start with a housing-first approach for our area.
- ✦ **Mental Health & Addictions** (including RAAM, safe consumption site) – From January to March, several meetings were held with a broad range of the area’s Mental Health organizations and workers included. Regular meetings were suspended during COVID, but partners have continued to communicate and work together to plan for ongoing streamlining of services, and defined pathways.
- ✦ **Primary Care** (including funding models) – improved primary care both on-reserve and in municipalities has been flagged as one of the new top priorities of the ANHP OHT, in response to communities’ needs expressed to and through local leaders. More details below.
- ✦ **Public Health** – during the COVID crisis, public health has been instrumental in serving our large geographic area, making connections for organizations, and sharing information. While time has not allowed for work on the OHT per se, the crisis has highlighted gaps, solutions and the value of the partnership.
- ✦ **Recruitment** (building on pre-existing work to include all healthcare professionals) – This group pre-dated the OHT, and work has continued throughout COVID to hire and train new health care workers for short- and long-term, and attract physicians and other professionals to our area.

- In its first year, the ANHP OHT will be focusing on the Mental Health & Addictions crisis services, in addition to Home Care & Community Support Services, and Digital Connectivity Strategy.
- One Kenora physician has already been re-allocated from the NW LHIN to our new OHT.



**Co-chairs of the ANHP, Henry Wall (CAO of Kenora District Services Board) and Joe Barnes (ED of Kenora Chiefs Advisory), with Liz Boucha (President, Kenora Métis Council), Rory McMillan (councillor, City of Kenora), Anita Cameron (ED of Waasegiizhig Nanaandawe’iyiwigamig Health Access Centre) and Colleen Neill (ED of Sunset Country Family Health Team), presenting to the OHT delegation, fall 2019.**



**ANHP chiefs and partners presenting to the OHT evaluators, fall 2019**

## Expenditures & Engagement

- Community Coordinator Laura Loohuizen started employment in August 2019, to serve as the central point of contact for the partners, organize meetings, track projects, and assist with engagement of area health care staff and the public.
- The Community Coordinator has assisted with engaging First Nations elders, youth, health directors and community members, to share the vision of system transformation, and to hear people's stories of their families' health care, avenues to improvements, and priorities.
- During All Nations Hospital clinical services engagement, the Community Coordinator connected with health care workers and enabled them to share their patients' needs and concerns. She shared the work the ANHP are doing toward system transformation, plus some of the feedback gathered from First Nations community members and workers.
- Dr. Jillie Retson was contracted to conduct a Primary Care study for KCA communities (detailed info below).
- Usman Aslam was instrumental in the development of the OHT application, and continues to assist in several of the working groups, sharing his knowledge and experience.
- The ANHP hosted the OHT evaluators in November, and presented their application as a team.
- The ANHP further celebrated their partnership at their OHT announcement in December. Leaders from local First Nations, elders, Municipal and Provincial leaders, health leaders and the public gathered to learn more about the ANHP's new OHT designation, and how they would be continuing the health transformation they had envisioned several years prior.



**KCA Youth Council engagement – ANHealth System and ANHospital engagement**

## Primary Care Summary

As part of All Nations Health System planning and as the intent of the ANHP OHT application identified (see sections 3.1,3.2,3.71,6.4,6.5) increasing access to primary care for our indigenous population and for the area is a top priority.

### Research – Key findings and Gaps

Dr. Jillie Retson and KCA engaged 11 First Nations communities in a participatory action research study in the Kenora Area entitled “Expanding Primary Care for First Nations Communities in the Kenora Area” (Retson, 2019). The study identified large gaps in primary care for these communities notably:

- 40% of First Nations on reserve have no regular family doctor
- 50% are waiting up to a month or longer to see a family doctor
- Only 15% have access to same day/next day appointments and 25% were most often seeking primary care in the emergency department
- 60% stated no doctor available in community as top barrier to access
- 45% said they would not have to use the Emergency department if there was a family doctor available in their own community
- Most difficult services to access: cancer screening, Mental health and addictions, palliative care

**Seven broad inter-related areas for action** with specific recommendations were identified:

1. Increase equitable access to primary care providers
2. Increase equitable access to primary care services
3. Increase cultural sensitivity and decrease discrimination and racism
4. Address indigenous determinants of health
5. Improve infrastructure, technology and transportation
6. Build relationships and partnerships
7. Address specific community needs

In response, the ANHP/OHT Primary Care Working group formed in January 2020 with broad representation to continue carrying out the work. The long-term **objective**, as outlined in the ANHP OHT application will be to continue in the spirit of reconciliation to increase access to primary care for all communities in a collaborative, action-oriented approach that will:

- Create a fully integrated primary care system across the OHT on and off reserve that provides wholistic, patient centred and culturally appropriate services

- Put an end to hallway medicine in an upstream approach providing timely access to primary care that decreases ER visits best managed elsewhere, decreases hospitalizations and costly transfers to overburdened tertiary care hospitals and decreases transportation costs
- Utilize digital technologies available to enhance access to remote communities
- Directly link primary care to mental health and addictions both upstream (preventative/early identification) and downstream (post crisis stabilization) for our year one target population.

**The OHT will be achieving this objective through the following three steps:**

- 1) To develop an **expanded model for wholistic interdisciplinary primary care on reserve** to ensure equitable, culturally appropriate access for First Nations that is sustainable and recruitable for health care providers. This will address the gaps outlined above in the “Expanding Primary care for First Nations Communities in the Kenora Area” report (2019).
- 2) To initiate a parallel process of **research/engagement with the remaining population and primary care providers**, culminating in the collation of population and provider data to be used in a **design event** with all stakeholders (providers, administrators, patients) to create a fully integrated All Nations Primary Care model for the Kenora Area as part of the OHT/ALL Nations health system building. This step will mostly involve re-organizing and re-structuring existing primary care models and funding into an integrated model that more directly meets the areas unique needs (i.e virtual rostering)
- 3) To develop an **evaluation framework with quality measures** (defined by HQO) within the context of the patient medical home going forward (examples) :
  - Rate of same day/next day access and timely access to primary care
  - Percentage of continuity of care with same provider
  - Avoidable ED visits (rate of ED visits best managed elsewhere)
  - Patient reported experience measures and provider reported experience measures

Work has already begun to address these steps, but ongoing funding and support will be required to continue the planning and engagement work and to **address systemic problems with payment models/contracts** available for primary care in remote areas.

## Home Care and Community Support Services Summary

In late 2019, the All Nations Health Partners (ANHP) created sector specific working groups to advance community driven processes and expand local partnership involvement in moving the OHT forward. In December, a Home Care and Community Support Services Working Group was formed and by January they took on a fairly substantial project to survey all of the home and community support service agencies in the ANHP identified geographic area about the current level of service being provided. As part of this project there were also community engagement sessions held with the partner First Nation communities to provide meaningful input on gaps in service and their wishes for more equitable care.

The vision for this project was to inform the design and delivery of providing Home and Community Care supports for all members of the ANHP. The overall approach focused on learning from the experiences of surrounding First Nations, Metis and local service providers as well as system experts to understand the patient journey as a critical step to inform a future framework for moving forward in a good way.

The overall approach was guided by the Working Group who contracted a Project Team to develop and implement an engagement plan including the use of multiple tools and methods customized to maximize meaningful dialogue from system experts, partners, front-line workers, and community members. A Kenora Chiefs Advisory team with established rapport and pre-existing relationships and trust with the First Nation Communities worked collaboratively with the Project Lead in planning and oversight of the engagement.

The following engagement activities were completed before COVID-19 Pandemic resulted in a pause of data collection:

- Focus Groups with elders, youth, family caregivers, front-line workers (i.e. PSWs and home makers) and Health Directors (45 participants in attendance throughout 7 sessions held in Kenora area First Nation communities);
- Questionnaires for Caregivers and Front-Line staff (26 completed);
- Inventory of Services Survey (administration focused survey to understand supply, demand and resources – 16 completed); and a
- Multi-Partner Workshop held March 12, 2020 (22 participants from 14 organizations in attendance).

The following is a diagram outlining the key themes from engagement shared with the Steering Committee, ANHP and KCA Board of Directors.



An additional component to the project arose with Ontario Health Modernizing the Legislative Framework for Home and Community Care. Utilizing the engagement results the Working Group and Project Team were able to provide insight and recommendations to the Ministry. The ANHP welcomed this opportunity to view the proposed legislative changes with a local lens to minimize any unintended barriers and enhance opportunities or create pathways for better integration and equitable access relevant to both 2019 Connecting Care Act and the pending 2020 Connecting People Act.

A preliminary report outlining the findings was drafted. However, due to Covid-19 interruptions additional work to complete the inventory of services survey remains active and will be incorporated into final reports in the near future. The report aims to help inform how the ANHP wants their OHT to move forward with providing Home and Community Supports for the members of the All Nations Health Partners.

The next phase of work will be how to use the engagement results to create a framework and delivery model for home care and community supports including how to support ongoing evidence-driven evaluation and continuous improvement of services over time as the Partners and OHT become increasingly harmonized.

## COVID-19 Pandemic

Having the ANHP already developed allowed a rapid response to the pandemic. The ANHP built on relationships already formed to turn theory into action. Within a week, partners came together to forge strategies to assist the high proportion of vulnerable persons in our catchment area. Sub-groups were formed and partners' expert staff enlisted to ensure perspectives of the appropriate cross-sections of the population were considered.

While the partners continue to work together in their previous sub-groups, they created additional sub-groups to manage COVID-related issues since early March, 2020. These sub-groups meet frequently to address emerging needs, and partner organizations are sharing human and financial resources for existing and new programs.

- **Communication**

- ✦ A website for the ANHP OHT was created and launched by the Community Coordinator, with the collaboration of the communications team of representatives from partner organizations. [www.ANHP.net](http://www.ANHP.net)
  - ✦ Social media was launched, and since COVID, posts to Facebook and Twitter are made daily, including a daily bulletin with up-to-date COVID stats for the area.
  - ✦ Radio and newspaper ads have been developed, and hotlines made available for everyone in the catchment area, in both English and Anishinaabemowin.
  - ✦ Videos in both languages have been produced, with encouragement and instruction from leadership (with consultation from physicians and health professionals), and virtual tours and explanation of the COVID Isolation Centre, for the public's peace of mind.
  - ✦ Help-lines, door-to-door flyers, radio messages, newspaper ads and videos focussed on letting people know that the ANHP were available to help them.
  - ✦ A logo for the ANHP is currently in development by local artists, with advice from area Anishinaabe elders.
- **Isolation Centre** – construction was completed within only six days, with generous donations from area contractors, lumber stores and the public. Partners' staff worked together to develop new policies, procedures and contracts to fit the needs of the centre. The Centre is serving as a model for other areas of the province, and country.
  - **Testing / Hospital Decanting** – another rapid response and collaborative work, with staff from several organizations rotating through the testing centre. Partners have succeeded in shortening the turnaround time for test results by moving lab work from Toronto, to Thunder Bay, to Winnipeg, to Kenora, resulting in test results being available in 45 minutes instead of up to 14 days. This results in much shorter isolation periods for people who are tested. Partner organizations worked together and forged agreements to transfer patients to free up hospital beds in preparation for a potential COVID surge.

- **Mobile Testing** – partnership allows staff from multiple organizations to travel to First Nations communities to test people at their check-points, avoiding the need to travel to Kenora. The Mobile testing vans, combined with the stationary unit staffed by multiple agencies, have also served as a model for other areas of the province, and country.
- **Mobile Isolation Trailers** – partners rallied support for 20 camper trailers to be used for self-isolation at area First Nations during COVID, when over-crowded living conditions warranted their use. The trailers will be used by partner organizations as much-needed on-reserve space for meetings, treatment, supply storage, counselling, etc. after the pandemic.
- **Primary Care / Emerg Diversion / After-Hours Strategies** – to continue regular medical care during COVID, but with different and creative ways of providing care across a broad and diverse geography. Door-to-door flyers were developed to let people know available pathways to care, during COVID. Gaps are being highlighted by the COVID crisis, and strategies to address these needs will continue and adapt to assist in the system transformation.
- **Human Resources / Talent Pool amongst partner organizations** – staff have been flexible and fluid, being shared across organizations as need dictates during COVID; an HR inventory was taken for current and future staff-sharing needs
- **PPE / Central Repository** – partners and First Nations groups without a usual PPE supply chain (e.g. mental health workers) were able to access the PPE they needed during a severe shortage, thanks to a central repository by partners, who shared shipments and successfully lobbied governments for more supply. The public made and donated cloth masks and gowns for use by patients and families at partner organizations.



**PPE delivery to Niisaachewan – by MPP Greg Rickford**

- **Corrections** – the effects of early release of prisoners has a ripple effect across all communities. Partners are developing strategies for managing this change.

- **Vulnerable Populations: Homeless Shelter / Seniors Homes and Long-Term Care** – ANHP worked together to support the vulnerable populations during the COVID crisis, building an understanding of various organizations’ needs and developing appropriate responses to protect everyone in area communities.
- **Mental Health & Addictions** – work continues during the COVID crisis to address the needs of our Year-One population. A visioning session is being scheduled to help focus partners’ objectives to equitably serve their diverse clients. A joint mobile crisis van is being deployed in June/July to provide up-front services to at-risk populations, including consistent follow-up.
- **Food Security** – Groups and sub-groups formed rapidly to ensure a continuous, reliable supply of nutritious food to vulnerable populations, as well as to assist the general public in feeling secure and empowered in feeding their families. The Food Security group is leveraging and adapting existing programs. Additional funding through the partnership has been secured to allow the group to continue to provide food services for the next year, as needed. A university research project is launching to assist partners in identifying food security issues on First Nations, and what potential solutions can be developed to build food sovereignty.
- **Traditional Healing** – safe Anishinaabe ceremonies during COVID were presented in person, by video messages and through flyers to communities and across the ANHP area. Elders continue to provide advice on ways to practice traditional healing, while being mindful of physical distancing during this crisis. Their messages are being shared through video, and in writing in English and Anishinaabemowin.



*“This is the most unique and important health system transformation work our region has seen. It will significantly raise the bar in terms of the scope and quality of services delivered and will be a historic step towards reconciliation. We are stronger together and we will not only build a state of the art healthcare system but we will build a legacy of collaboration, inclusiveness, and sensitivity that will benefit future generations to come.” - Dr. Jillie Retson*

## ADVANCING ACTIVITIES BEGUN IN 2019/20

### 2020/21 KCA ALL NATIONS HEALTH PLANNING WORKPLAN (FOR CONSIDERATION):

Objectives	Activities to Accomplish Objectivities	Deliverable(s)
Continue to advance activities begun in 2019/20	Continue with 2019/20 staffing: Community coordinator, professional experts to support guidance in facilitating community-driven change	
Continue work related to the 10 Working Group 'buckets'	Communication Strategy Cross Border (Manitoba) Issues Digital Connectivity Governance Home and Community Care Support Services Homelessness and Housing Mental Health and Addictions Primary Care Public Health Recruitment	
Undertake Improved access to health information to inform care (Digital Connectivity)	Pilot All Nations Health Partner/Ontario Health Team Interoperability Model Solution	Proof of concept implemented (and assessed)
Weave Post COVID19 best practices within 2020/21 system planning activities	Integrate KCA specific COVID19 best practices within the planning and development of a health model	
Include an expanded model for wholistic, interdisciplinary primary care on reserve (Primary Care)	Continue the development of an expanded model for wholistic, sustainable interdisciplinary primary care on reserve	

In light of COVID (eg. Travel restrictions), the work completed in 19/20, and your anticipated activities, are the projected allocations within your budget remaining the same as 19/20?

	Annual
CONSULTING FEES/PROFESSIONAL FEES	200,000.00
PROGRAM SUPPLIES	25,000.00
TRAVEL/MEETING COSTS	50,000.00
SALARIES and Benefits	100,000.00
<b>Expenditures total</b>	<b>\$375,000.00</b>