

APPENDIX B—THE MORNING SESSIONS

CONTENTS

| | |
|---|----|
| Appendix II—The Morning Sessions..... | 0 |
| Why can't government provide money for on-call? | 2 |
| What incentives does the provincial government provide to encourage another doctor to come to the Island? What incentives can the Island provide? | 2 |
| What are the basic requirements to maintain our present care re: doctors? | 3 |
| How can GHCS the Community insure adequate on-call coverage for the trauma room for the doctors on the Island?..... | 3 |
| How can emergency funding be organized | 4 |
| Why don't we use more Nurse Practitioners to aid doctors? | 4 |
| How can we develop nursing and family practice training into the local system? | 5 |
| How does Home Care get integrated into Clinic? | 5 |
| Why isn't Home Care help organized out of Gabriola? | 6 |
| What is the Purpose of the Gabriola Health Care Society..... | 6 |
| What kind of primary system to we envision? | 7 |
| What indicates community ownership of a broad definition of health care? | 8 |
| What exists that will proscribe what we can discuss as to the future? | 8 |
| How did an ETR campaign 'morph' into a plan for 'everything under the Sun'? | 9 |
| Who would you like to see in the Primary Health Care Team?..... | 9 |
| What information/data is required to support planning? | 10 |
| How can we involve patients as partners in Health Care? | 11 |
| How can we use technology to access services?..... | 11 |
| How to measure outcomes without violating privacy | 12 |
| What population do we need to increase the existing services?..... | 13 |
| Where and how do we locate future clinics (One Health centre)? Does it include a hospital? | 13 |
| Why are so few people here today? | 14 |
| What role might the HOPE Centre play in Public Health?..... | 14 |
| What kinds of primary health care programs/services would we like to have specific to seniors?..... | 15 |

Primary Health Care must include long term care housing for seniors and disabled? 16

How are children and families supported on the island now? In the future? 16

What kind of mental health/addiction issues would you like to see addressed on the Island..... 17

How can we improve on our existing transportation system to make sure people get to care on time?..... 17

What other models for health care are there in other isolated communities?..... 18

Topics raised at the workshop but for which no discussion was recorded..... 18

WHY CAN'T GOVERNMENT PROVIDE MONEY FOR ON-CALL?

1. Describe the topic:

- With stats showing that this year Gabriola has saved the Nanaimo Hospital \$400,000--

2. What is going well?

- VIHA agreed to supply all emergency supplies. It is accepted that this is good savings on the global community

3. What is not going well?

- Not enough stat's, actual savings to show in efficient ER
- VHA not funding ongoing equipment
- Changes to MOCAP, confusion have lead to a stalemate

WHAT INCENTIVES DOES THE PROVINCIAL GOVERNMENT PROVIDE TO ENCOURAGE ANOTHER DOCTOR TO COME TO THE ISLAND? WHAT INCENTIVES CAN THE ISLAND PROVIDE?

1. Describe the topic:

2. What is going well?

- Patients find that the emergency room here works better than in Nanaimo

3. What is not going well?

- There is a "shortage" of housing for doctors arriving
- Doctors need a manageable call schedule (also need to attract a Locum)
- Clear articulation of incentives needed to attract doctors
- Pilot programs come and go
- Need to recruit according to a welcoming philosophy, doctors should be able to arrive and just unpack their suitcases
- Lion's Club?
- How can we support in terms of helping with administration
- Provide housing, child care, time off and encourage a good balance of life versus work
- How do we get the people on the island on-side – stop the Undermining!
- Create a stable, functional environment
- Provide stability, promote the 'lifestyle' – housing, memberships, social
- What about the concept of doctors being paid per patient for managing their entire health (rather than 'piecemeal – by the visit)

WHAT ARE THE BASIC REQUIREMENTS TO MAINTAIN OUR PRESENT CARE RE:
DOCTORS?

1. Describe the topic:

2. What is going well?

3. What is not going well?

- Not enough doctors to share on-call burden
- Dr's not being paid to be on-call (i.e., available to be called out)
- Paramedics are
- Other similar communities do get paid this!
- History of doctors NOT providing on-call on Gabriola due to burden on lifestyle/stress
- If doctors called out lose \$ by not being able to see own patient due to fatigue or being away when supposed to be seeing regular patients
- Misconception that dr's earn a lot of money – but what doesn't get considered is they have overhead – pay their staff, rent, etc.
- On-call issue is big because it not only provides compensation but helps to attract new physicians
- Stability is an issue too – knowing that we have physicians available here allows us to choose to move our healthcare here – thus doctors more willing to locate here because of stable patient base
- Issues around 'splitting' patients – seeing more than one physician – one on Gabriola and one in Nanaimo
- We need to know what the government is actually planning for health care
- New Zealand model? What can be implemented here?
- Improving integration/communication between different health agencies on the Island
- Maybe healthcare funding on the island can be redistributed to meet our needs and priorities

HOW CAN GHCS THE COMMUNITY INSURE ADEQUATE ON-CALL COVERAGE FOR
THE TRAUMA ROOM FOR THE DOCTORS ON THE ISLAND?

1. Describe the topic:

- Adequate on-call coverage

2. What is going well?

- There is coverage(?)

3. What is not going well?

- Only one doctor covering 24hr call
- On call funding
- Recruit physicians to cover

HOW CAN EMERGENCY FUNDING BE ORGANIZED

1. Describe the topic:

- Organization of emergency funding

2. What is going well?

- None
- We don't know
- VIHA has responded somewhat and supported meetings...
- GHCS has raised funds to establish an emergency facility and provide some equipment...

3. What is not going well?

- Streamlining of funding pathways
- A lot of ass-covering, a lot of talk, nothing gets done
- Recycled emergency equipment? Substandard equipment
- Pathways which can lead to adequate funding – which VIHA subgroup?
- Physician recruitment
- Quality of equipment
- Adequate compensation for physicians
- Implementation of existing funds are being hampered by inter-government dysfunction

WHY DON'T WE USE MORE NURSE PRACTITIONERS TO AID DOCTORS?

1. Describe the topic:

- How are nurse practitioners funded? Salary
- Parameters – full scope of practice, have a roster of own patients
- Need physician to support nurse practitioner

2. What is going well?

- Opportunity for community to define what Nurse Practitioner can do and what 'we' need
- Opportunity for educational awareness of NP roles from VIHA so community could decide roles

- Opportunity to free up doctor
- Opportunity to reduce workload re: complex patients
- No resistance from MD's – just needs to be planned through challenges for 'win-win'

3. What is not going well?

- May not work as well in small practice setting
- NP's are novice in practice
- Application for NP is required – physician endorsement
- NP can't fully replace MD re: on call
- Team approach required to ensure MD's don't lose\$
- MD's on call situation means "no life" at home
- NP won't remove on-call issue 24/7
- Nurses vs doctors
- NEXT STEP: GHCS needs to look into this Issue and Plan

HOW CAN WE DEVELOP NURSING AND FAMILY PRACTICE TRAINING INTO THE LOCAL SYSTEM?

1. Describe the topic:

- As I am the only person interested in this question, I will contribute what I know (others joined)
- There are ++ nursing students who need experience in areas of the community. A Health Centre can easily become a placement centre -- contact Vancouver Island University School of Nursing to negotiate this
- UBC has a family practitioner residency in Nanaimo Dr. Beerman is the contact
- Nurse Practitioners have traditionally been hosted by family doctors and this will continue – could use More of them
- Nurse Practitioners – has a pay scale been established? Yes. Nurse Practitioner is practicing, paid by VIHA, at the Medical Arts Centre
- Can Nurse Practitioner be on-call for the emergency room on Gabriola?
- Feel we need pain management services on the Island – either by nurses or whoever provides pain management. Often these problems can be solved with assistance at home instead of going to the ER in Nanaimo

2. What is going well?

3. What is not going well?

HOW DOES HOME CARE GET INTEGRATED INTO CLINIC?

1. Describe the topic:

- Co-location of home-care services at clinic
- Improved communication between practitioners

- Broken network when it moved to Nanaimo

2. What is going well?

- Caseloads are being managed
- Staff are Island residents

3. What is not going well?

- No centre for Home Support on island
- Scheduling should be done from Gabriola
- Home support hard to get
- Gaps in service, frequency, access
- Lack of education of islanders about how to access services, what is available
- Needs assessment needs to be done
- Identify # of persons living alone

WHY ISN'T HOME CARE HELP ORGANIZED OUT OF GABRIOLA?

1. Describe the topic:

- Need continuity of care and sharing of information between all care providers. Use of volunteers – family support etc. – need to be coordinated by someone
- Include Hospice in care planning

2. What is going well?

- First responders
- Nurses
- Drop-in clinic (not having to access services in Nanaimo ER)

3. What is not going well?

- Need for greater collaboration between services
- Use of volunteers could be better coordinated
- Not knowing how to access Home care services
- Suggest articles for local newspaper – Welcome Wagon
- Lack of nurse practitioners

WHAT IS THE PURPOSE OF THE GABRIOLA HEALTH CARE SOCIETY

1. Describe the topic:

- To provide a center for services that could encourage doctors to stay and incorporating some more government services

2. What is going well?

- ETR now here
- The doctors have stayed
- The community has supported with \$
- The purpose is gradually changing as needs are being identified

3. What is not going well?

- The ETR seems to be sidetracked
- Government interference
- The change in____? Has not been adequately presented
- Unintended consequences
- Interactions/relationships
- Two opinions: questions about what the history is? GHCS: we did what we said we were going to do – brought a whole pile of issues
- When GHCS achieved the purpose, I don't understand how it got morphed into that? GHCS: because the society was strongly supported by the community. I was not treated well when I said I didn't know enough to support it.

WHAT KIND OF PRIMARY SYSTEM TO WE ENVISION?

1. Describe the topic:

- Primary healthcare vision – would like to see a central hub

2. What is going well?

- ETR
- Community support very strong (not unanimous)

3. What is not going well?

- Has been loss of community care services because of funding cuts. Could a coordinated facility reverse this trend?
- Not enough doctors to staff ETR
- Central – under one roof
- Multidisciplinary coordinated care
- Appropriate to local needs
- Visiting spec. Care e.g. counseling
- Chronic care services / home care
- Acute care (all hours)
- Training – NP's, FP's – University and colleges
- State of the art technology for telemedicine
- Evaluation

- Coordinator to manage

WHAT INDICATES COMMUNITY OWNERSHIP OF A BROAD DEFINITION OF HEALTH CARE?

1. Describe the topic:

- What defines health care system ownership?

2. What is going well?

- Articles in newspapers
- Formation of the Society
- Community funding of clinic
- Able to attract____

3. What is not going well?

- Broader voice in community to expand ownership. How to be done
- Missionary aspect

WHAT EXISTS THAT WILL PROSCRIBE WHAT WE CAN DISCUSS AS TO THE FUTURE?

1. Describe the topic:

- What's available, what restricts, and what we want

2. What is going well?

- The Clinic

3. What is not going well?

- Back to the broader concept of health care – what can we do to be preventative?
- Broadening the perspective/meeting needs
- Model: update NY – health provides outside circle tem approach focused on patients
- Accessibility better addressed in one place/under one roof
- Coordinated team-based approach
- Home support Must return to Gabriola
- Lack of coordinated services – everything falls to volunteers and neighbours to help out
- Mental health issues – no support
- No drop in or access to counseling
- No \$ for support
- No crisis response available

- No public education around services available
- Integration and access to a team under One Roof clears the way for patients to find the programs and services they need in their own community

HOW DID AN ETR CAMPAIGN 'MORPH' INTO A PLAN FOR 'EVERYTHING UNDER THE SUN?'

1. Describe the topic:

- The ETR has changed to include all aspects of the Health Care system.
- Need to focus on what is important

2. What is going well?

- We are talking!

3. What is not going well?

- Lost focus of what the original movement was all about. The ETR should be the focus
- What do we Really Need?
- Walk in clinics – changes the whole concept of Dr/patient
- One problem per visit – is this Useful?
- Need 4 – 5 doctors – full and part time
- What if MOCAP does not come through?
- Nurse practitioners for first contact! – somewhat less expensive (NP about \$35 per hr)
- Mental health – don't have the staff to cover the positions
- Home care nurses – not enough staff
- Take a second look at what is Reasonable – not a Wish List

WHO WOULD YOU LIKE TO SEE IN THE PRIMARY HEALTH CARE TEAM?

1. Describe the topic:

- The range of different health care providers
- Including parish nurses, navigators – someone who can provide direction to community members - the first point of contact
- Keep it narrowed down to allopathic – those already covered by the BC Medical system
- Importance of integrated care – doctors, home care, nurse practitioners, public health nurses
- Services working and talking together

2. What is going well?

- there are some services but could they work better together
- need more services for services

3. What is not going well?

- The Ideal team would include:
 - Doctors
 - Acupuncture
 - Nursing groups/teams/homecare 24/7/midwifery nurse/public health/mental health and addictions/palliative care/chronic disease/education on a wide range of topics/nutritionists/targeted service for adolescent health issues
 - Social groups
 - Would like a wider range
 - Average age of patients is 60
 - Allied health – physio, occupational therapist, counselors, therapists on relationships, school health, family wellness
- Communication to all Islanders about what is currently available
- Need more on prevention and education
- Need a local navigator who knows people
- Need to work together as a team with review of Membership – including clerical, IT, office manager
- Services that are available and accessible, consistent and predictable, some permanent and local core members, and others brought in
- All needs to be supported
- Team needs good leadership
- Pay attention to accessibility = friendly, warm, welcoming
- Need more than a reactionary approach and more of a population health approach, recognition of ____, respecting choice and making informed decisions
- Need to keep young families here and need to work strategically with community partners and older families – cradle to grave

WHAT INFORMATION/DATA IS REQUIRED TO SUPPORT PLANNING?

1. Describe the topic:

- Need for community size
- Detailed demographic
- Service utilization
- Total community profile
- Comparison to other Islands
- Should data focus on summer or winter population
- Health services data demographics
- Population health data

2. What is going well?

- Awareness that we need better data
- MOH & VIHA prepared to work on getting data
- Rough estimate of winter population, no
- Supermarket sales – could be looked at
- Malaspina college working on data
- Awareness that a community profile is needed

3. What is not going well?

- Available census data is not pinpointed
- Ranges of summer and winter population
- Actual stats are limited
- No data currently is used for planning, information not being shared
- Data not well shared with community
- Dialogue and sharing data for planning with community
- Data needs to be used to plan a business case for primary health care services
- Don't know what to plan for because we don't have data to trend forward

HOW CAN WE INVOLVE PATIENTS AS PARTNERS IN HEALTH CARE?

1. Describe the topic:

- Involving patients in taking responsibility for their own care

2. What is going well?

- People are more educated and have more access to information (computer info, know their bodies, lifestyle information available). We need to make people aware that they are a partner in taking responsibility for their own health. This is starting to happen – more support for active plan health education in elementary school, prevention. Practitioners must take time to explain what self-management is, respect their client, build relationship.

3. What is not going well?

- If don't have a personal GP, no relationship.
- Physicians not looking at whole person – giving annual check-up, physicals – assembly line feel. Patients are at the mercy of the doctor – we need them, they don't have time to listen to what their patient wants to do. We need more doctors. We need to support our doctors more.
- Depression screening, substance abuse clinics
- What are the rules in different clinics? Only one item can be brought to the doctor for discussion

HOW CAN WE USE TECHNOLOGY TO ACCESS SERVICES?

1. Describe the topic:

- Video conferencing – potential use for specialist care, etc.
- Increased physician efficiency

2. What is going well?

- Electronic medical records – some physicians on Gabriola already using effectively
- “Gabriola is electronically progressive”

3. What is not going well?

- Obstacles – transition to electronic records
- Consider a media centre for health education
- Planning the clinic will need to incorporate information technology
- Could we use technology to increase access during the night?
- We could utilize the health professional’s _____with technological support and access to hospital services

HOW TO MEASURE OUTCOMES WITHOUT VIOLATING PRIVACY

1. Describe the topic:

- People with drug addiction/mental illness need information about treatment and which is working. Caregivers need to know what is happening with the person without violating privacy

2. What is going well?

- (VIHA employee responds -) Databases where medical information is held is more secure than banking information. Electronic info usually more secure than paper records.
- First responders are excellent. Have been no ‘leaks’ of patient info. Feel that the professional code of silence is working.

3. What is not going well?

- If a person goes to NRGH how does the doctor there get info re GP’s records because GP’s here don’t admit to hospital.
- How do we influence doctors here to be part of an electronic system? Some doctors here DO have electronic records. Hopefully, this info can be communicated from doctor to doctor
- Believe patients should have access to their own records, under FOI
 - Q: does MOH or VIHA look at info from clinics to measure what needs are?
 - A: No. Specific programs will have outcome measures

RUMOUR: VIHA rejected #'s which were measured on Gabriola concerning how much was saved by the ambulance taking the patient to the clinic instead of to the ER. (Need more GP coverage for the emergency room here to be more effective.)
NEED #'s of how many attend this clinic emergency room to be recognized by VIHA as money/time saved.

WHAT POPULATION DO WE NEED TO INCREASE THE EXISTING SERVICES?

1. Describe the topic:

- What services are we talking about? How much service does an island get – what is it based on? Population or politics?
- How are statistics gathered – if you are a temporary resident your service need starts here – does it get recorded that way? That is a problem
- 50% of residents seek health care off-Island – doctors don't have privileges at NRGH
- Lifetime relationship with doctor
- There are hospitalists in Nanaimo – work only in hospital – take any patient who does not have a physician

2. What is going well?

3. What is not going well?

- More home support needed
- Average age 55-60
- Need more service
- Care givers need relief need help – burning out. Chronic disease management
- Gabriola isolation – distance/ferry restrictions/ statistically what is the quota/capacity for service?
- Consistency of services necessary
- Need for a 7 day a week support.
- Need assisted living resource on Island (there are retirement buildings but these are for those who are independent)
- Main need for increase in existing services is home support for all ages when they need it
- Emergency Room is Essential to the population of the Island
- The role of nurse practitioner in support of seniors and physicians

WHERE AND HOW DO WE LOCATE FUTURE CLINICS (ONE HEALTH CENTRE)? DOES IT INCLUDE A HOSPITAL?

1. Describe the topic:

- Plan for future in the long term.
- Is the Fire Hall property feasible?

- Commons?
- Central focus is desired

2. What is going well?

- some emergencies are handled on Island

3. What is not going well?

- Helicopter not landing due to lack of approved landing zone.
- Up until now decisions were made independently

WHY ARE SO FEW PEOPLE HERE TODAY?

1. Describe the topic:

- People are working, looking after children, etc.
- There are pros and cons to every and any time that could be picked - accessibility
- It's Sunny today

2. What is going well?

- Website
- Blog
- Exchange of ideas, thoughts, concerns

3. What is not going well?

- Require a variety of 'points of contact' e.g., workshops, mail out with postage paid return envelope for people to send questions
- 'what do you need to maintain your health'
- 'human' initial point of contact for health care/GHCS who is known and knows how to access help, information, resources

WHAT ROLE MIGHT THE HOPE CENTRE PLAY IN PUBLIC HEALTH?

1. Describe the topic:

- Thinking about the role of prevention in the community and how it can be delivered

2. What is going well?

- Programs for under 19 yrs. When issues arise referrals can be made to appropriate services re: addictions.
- 5 staff trained in "Triple P" for parents of children and teens
- Gathering place is a resource for teens which can support healthy behaviour – drug and alcohol free – well established as the normal culture

- Full range of prevention based services for children and families
- Immunization clinics, breast feeding support, day care, teen support, pre-school, after-school program
- Teens love their programs and do come which keeps them out of trouble and provides an audience for healthy initiatives
- This becomes an ongoing strategy to support our community

3. What is not going well?

- Currently, funding comes from a variety of sources, mostly based on fundraising
- Overall, funding support is poor for prevention
- For prevention you need a consistent long term service that becomes a part of people's lives
- Fundraising itself takes time and energy away from service delivery
- Hasn't been much of a connection between Health Care on the Island and Hope Centre up to now – but there is a desire to work together
- Need an exercise in strategic planning together

WHAT KINDS OF PRIMARY HEALTH CARE PROGRAMS/SERVICES WOULD WE LIKE TO HAVE SPECIFIC TO SENIORS?

1. Describe the topic:

- Programs and services for seniors and people with disabilities

2. What is going well?

- seniors have social/recreational programming through the Rollo Centre
- great volunteer support

3. What is not going well?

- No assisted living at all
- We need to integrate assisted living into any seniors housing with on call assistance
- Transportation is a barrier – no bus, no handi-dart
- No health based informational programs for seniors
- Adult day care?
- Meals on Wheels?
- Need to be sure we reach seniors in need (isolated)
- Need to have a seniors needs assessment
- Life line program?
- Food security assessment
- Confidentiality issues – small community, people fear disclosure
- Respite beds
- There is nothing being done on Gabriola for seniors with health issues

- We need to coordinate “interagency” ongoing monthly meetings to share information and make recommendations
- No central decision making process

PRIMARY HEALTH CARE MUST INCLUDE LONG TERM CARE HOUSING FOR SENIORS AND DISABLED?

1. Describe the topic:

- Need for integrated options – ‘the Commons’
- Office space, community gardens, elders eco-housing, respite care
- Incorporation of bath program, day programs
- Want to make Gabriola senior friendly
- Mobile granny flats

2. What is going well?

- 2 seniors housing options – apartments/condominiums, small housing units (private rentals)
- Community gardens, orchards
- Community planning – interested parties have commenced planning process
- Neighbourhood watch – looking out for each other
- Ambulance Society pays for home help for Society members on the Island – care and equipment, cleaning, meal, etc

3. What is not going well?

- Need to deal with regulatory bodies – Islands Trust, etc., for institutional rezoning (approval for 26 units allowed within zoning) (26 acres)
- Shortage of appropriate seniors housing

HOW ARE CHILDREN AND FAMILIES SUPPORTED ON THE ISLAND NOW? IN THE FUTURE?

1. Describe the topic:

- What is happening for children/youth/families in terms of prevention and what else is needed or could be provided?

2. What is going well?

- Hope Centre – peer mentorship
- Youth involved in services provided on a continuum serving a range of ages
- Relationships with youth/children
- 4H Club on Island

3. What is not going well?

- Future (not happening) providing health services for children youth during times when children/youth gather
- How to engage introduce families to health services by collaborating with existing services in the community , i.e., the Hope Centre – brings in youth and family addiction services or youth clinic or immunization

WHAT KIND OF MENTAL HEALTH/ADDICTION ISSUES WOULD YOU LIKE TO SEE ADDRESSED ON THE ISLAND

1. Describe the topic:

- Need more public awareness of mental health and addictions problems and needs
- Needs to be raised early in schools
- Education, intervention

2. What is going well?

3. What is not going well?

- There is a lot of secrecy
- Use of peer counseling and support in schools
- Counseling and support services – availability at emergency clinic
- Walk-in crisis clinic where anyone can present/access with a crisis, mental health issue, addiction issue
- Local self-help groups for support – AA, NA
- Approximately 30 people living homeless on island
- Need more integration of RCMP in the community

HOW CAN WE IMPROVE ON OUR EXISTING TRANSPORTATION SYSTEM TO MAKE SURE PEOPLE GET TO CARE ON TIME?

1. Describe the topic:

- Transportation on the island and to and from the island

2. What is going well?

- the community is generous with picking up hitchhikers during the day
- growing awareness for necessity for integrated planning
- rising cost of gas is making people re-evaluate

3. What is not going well?

- Bad ferry service

- No guarantee of schedule and availability
- No public transportation on island – can we sustain it? How about ride share?
- Lack of community consensus – is a bridge inevitable?
- If there was a bridge would everything we are discussing now be irrelevant? (No.)

WHAT OTHER MODELS FOR HEALTH CARE ARE THERE IN OTHER ISOLATED COMMUNITIES?

1. Describe the topic:

- Fee for service and top up if salary does not reach expected level
- Walk in vs. Family physician
- Hazelton (50 years ago) some minor surgery, babies, on call, fractures, etc.
- Public health nurse, mental health
- Church involvement in health care
- Galiano full time doctor \$250,000 per year salary sets a precedent
- Need to get an exact job description and honour it
- Doctors in clinic – salaried positions – duties divided up internally
- Use medical student practicums for training, recruiting, 1-2 months
- Year round students?
- Students initiate treatment under supervision?

2. What is going well?

3. What is not going well?

TOPICS RAISED AT THE WORKSHOP BUT FOR WHICH NO DISCUSSION WAS RECORDED.

- How does the ambulance service integrate with an emergency treatment room?
- How can the naturopathic practices be integrated into Gabriola care?
- How about hospital privileges in Nanaimo?
- How can government assist and support integration of services?
- How do we address the unique situation of rural plus Island health care delivery?
- Do we provide assisted living (with health care) on the Island?
- Extending home care to people who have procedures in locations other than Nanaimo, how can “Gabriola” help to provide this?
- Stuck in Nanaimo after visiting the emergency room. What can we do to change that?

APPENDIX C—THE CAFE SESSIONS

CONTENTS

| | |
|--|----|
| Appendix III—The Cafe Sessions | 19 |
| A. Community Dialogue and Engagement..... | 20 |
| B. Potential Community Vision and Partnerships..... | 23 |
| C. Prevention and Self Care | 28 |
| D. Medical Emergency services | 32 |
| E. Chronic Health Care and Education..... | 36 |
| F. Primary Health Care throughout the Lifecycle..... | 37 |
| G. Mental Health and Addictions..... | 38 |
| H. Health Care Worker and Physician Retention | 39 |

COMMUNITY DIALOGUE AND ENGAGEMENT

GROUP ONE

- Often people are only engaged if there is a “need” -- i.e. they are “sick”
- Concept of a disaster training day (like earthquake preparedness)
- A demonstration project
 - Volunteers
 - Announce that it will happen but no one knows where or what.
- Using the press/newspapers
 - How to control the message and avoid hype
 - Press releases – regular
 - Helps with ensuring the correct or accurate message goes out
 - Expand the media circle to include Nanaimo papers.
 - In the press
 - timeline/history of the process – EACH TIME –
 - make sure everyone has the background.
- “Central access point” for health care
 - A “building” increases this performance
 - A “magnet” for the community
 - Its more tangible
- “Store front concept”
 - Current clinic too out of the way
 - Maybe a “central” GHCS/GHCF office.
- People need to know where the money comes from and where it’s going.
- Having tangible things to report
- Put a human face on the issues – will the current doctors leave due to burnout?
- Being clear on the facts
 - i.e. how many doctors do we have: 1, 2, 4?
- Many “facts” require substantiation and statistics
- Improve education of public on what happens in health care
- Can GHCS collect statistics
 - Concerns over privacy
- Provincial election coming this fall – ensure candidates are aware and addressing our issues.
- Statistics – emergency – can we quantify by time of day (during office hours vs. Overnight?)

GROUP TWO

- How to educate and inform Gabriolans
 - Media

- Website
- Bulletin board
- Newspapers – regular column and invite questions
- We really need to “explain” what integrated health care is AND what it would provide
- Timeline/history – how did we get to this point?
- Be sure to focus on FACTS (not persuasion)
- Clarify on-call funding
 - Impact on Doctors
- All questions are valid and ensure members of the community are treated with respect.
- Invite questions, complaints, suggestions, criticisms (positive and negative)
- Defining the “jargon” would be helpful
- Suggestion box
 - Allow for anonymity
- Surveys?
 - Go out in mail
 - Mail in or drop off (Rx)
 - Survey could be picked up
- Key Point
 - Ensure we are listening to everyone
 - Ensure we are sending out accurate, factual, information in a clear way (simple language) in a variety of ways (media, website, bulletin boards)

WEB LOG

- We could always outlaw imported food and grow all our own locally thus eliminating the nonsense in our lives that cause our illness. We need to take responsibility for ourselves. These systems are failing and will continue to fail us. The current medical paradigm functions mostly as a population control and wealth siphoning program.
- Have you heard of the Peckham Institute that was started in London, before and during WWII and was very successful? It looked after the community in a very poor part of London, making sure that mothers to be and their children were looked after before they became ill. A little like the Well Baby Clinics we have had in the past. They expanded to look after the whole family.

The clinic closed when National Care came in, which seemed only to look after illness.

- I would like to see a facility on Gabriola which looks after the wellness of the community, not just the illness. Prevention is very important to us all — take care of the whole body and mind. I am pleased that the health care system now covers acupuncture and physiotherapy for those on income assistance. I would like it to be

available to all as I have found acupuncture to be very helpful.
We badly need more doctors on this island as the ones at the Twin Beaches Clinic are very overworked. Perhaps some nurse practitioners or paramedics such as we have on the ambulance service would be helpful.
Thank you for giving me this opportunity to express my views.

- We were very disappointed in the public meeting today. We were led to believe that VIHA and the MoH were going to “Define Primary Health Care”, as stated in their advertising, and explain what primary care might look like on Gabriola. Instead, we got a bunch of health care society members blowing their own horns and developing endless wish lists for services that are completely unrealistic for a population the size of Gabriola that is in such close proximity to services in Nanaimo. It was a colossal waste of tax payer’s money, government employee’s time, and the energy of the few people, outside of the health care society and foundation members who actually bothered to attend.
- Clear statements of progress and objectives from GHCS directors themselves, published in the local papers will be read, and will augment and clarify the enthusiastic reporting that GHCS has enjoyed. The website will remain a useful tool, and possibly RSS feeds for the most enthusiastic observers.

A. POTENTIAL COMMUNITY VISION AND PARTNERSHIPS

GROUP 1

Vision

- Need database & needs assessment – current dearth
- Definition of which community we are trying to provide for
 - Permanent - - grossly underestimated
 - Summer residents – expansion of permanent residents not transients
- Business planning on Island
 - Similar issue re: planning
- Because of lack of database can't have a hospital -- census numbers too low.
- Vision of combining traditional and non-traditional with central location
 - close to village
 - services located together
- Current dispersion of services – trend as well
- The important thing is that they are integrated
 - They can be dispersed but need to communicate and integrate
- Assisted care facilities need to be on island and need to be linked into health care
- Census data is not telling the facts about Gabriola population – especially for health care and social services
- Five year vision
 - Affordable housing
 - Public transportation
- Well co-ordinated system of health and social services
 - More co-ordination
- Lots of societies working together
- Central area selected public health facility
- Community land trust with cluster housing
 - When people have adequate housing they are healthier
- Establish definitively the [number of] summer and winter residents
 - Use village market, RCMP, Post Office
 - Demographic breakdown
 - May be expensive but well worth it

Partnerships

- All societies should be part – PHC, etc.
- All the physicians on the island, all the health care providers, physiotherapists, etc. (alternative and traditional)
- How can the commons be a partner?
 - Provide land for assisted living and other projects (i.e. home support, food, clinic)
 - Need to figure out how to do it

- Costs
 - Regulations
 - Etc.
- The island health centre
 - Financial manager
 - Public, private funds
 - Local management.
- Council of societies to create co-ordination of societies
 - Needs
 - Focus
 - Sharing of information
 - Actions
- Consensus on vision – soul stirring!
- Government – they should be involved as much as we can drag them in
- Foundations – lots in the United States – can we access
- Grant to access funds
 - Data
 - Council
- Some individual or group that can make decisions
- Moral persuasion makes it happen – not a government body
- Mechanism to translate decisions into actions
- Need funds to make things happen after goals, vision, soul stirring occurs.
- Visioning brings funds – and people who can make it happen
- Vision
 - Database – current census data don't work – we need this information for planning
 - Full coordination & integration of traditional and non-traditional
 - Health
 - Social services
 - Societies
 - Etc.
 - Focus on assisted living is crucial
 - Council/coalition of groups
 - Vision
 - Sharing
 - Implementation
 - Funding
 - Skilled people

GROUP TWO

Vision

- We will all be so healthy that we won't need health care:
 - No smoking
 - No addictions

- Riding scooters & bikes
- Reality – That health officials will recognize the uniqueness of geography & population
- It is happening today – exciting
- It is a start
- Establish relationships so that it is ongoing – not just a one day wonder.
- Not only aging population that we need to focus on – we had an issue with a seven year old –
 - Now that we have ETR the [greater the number of patients] that can be treated here the better.
- Immediate response to emergencies has made a big difference vs. going to Nanaimo.
- Comes out in dollars – especially when you count ambulances, etc.
- Vision – Reduction in risk
 - If you are healthy you don't feel the risk but when something happens you feel the risk
 - Identifying potential risks and using that information to start moving toward a vision
 - One concern for people as they age is access to health care
 - Some have moved off the island as a result.
 - Turn the risks into a to-do list
 - Chronic Disease management
 - Education re various risks
 - Responses to mitigate risks
- We do not have the population base for an operating room – our vision is really about all the emergency services on the other side of the line
 - Enough physicians and other medical practitioners on the Island to provide emergency services (other than operations)
 - Maternity? May need C-sec.

Partnerships

- Don't like the term – suggests commercial arrangement..
- Health care providers should be co-ordinated and integrated.
 - Groups like
 - Hope Centre
 - Children, teens preventative support
 - School
 - Home and community care
 - Partner with walking groups, recreation, etc.
- Need co-ordinator
 - To help get groups together
 - Might need funding
 - To increase relationships outside of narrow bands
 - Co-ordination and communication is the key
 - Certain funds are allocated for specific activities – when you put them all together you increase impact.
 - Need certain types of people to co-ordinate and bring groups together.

- GHCS should provide at least an information transfer to assist co-ordination
- Access to information in information system
 - Need to ensure privacy while ensuring information is available to the relevant health care provider

- WEB LOG

- I am very much in favour of one Health care unit on Gabriola. I would be interested if the future of the centre would accommodate all health professional units presently located in different locations on the island.
Would this new healthcare unit accommodate ultrasound services as well moving the Lab into one location?
I am a senior citizen and have difficulty getting around, especially having to go to Nanaimo hospital for these particular services on occasion.
If land is available near the location presently occupied by the Gabriola Ambulance could this healthcare centre not be combined to form one unit for all healthcare access?
- I'm not sure we have a clear handle on the growth that is occurring. See how many lots are coming out of dormancy? Many on our road. We need to act now to have a stable base of physicians and other professionals who are secure enough to commit to the practice for the long term. Also, I believe the actual costs of off-Island health care are hidden. We have never sought the allowed ferry reimbursement etc. It is in keeping with social and environmental goals to have local services, and it speaks to the challenges at NRGH. We shouldn't be dissuaded if the numbers don't crunch this year!
- The more healthcare fragments we can associate the better. Home Care and hospice care are big ones. Any integration is better than none, although I don't know how well it's being done already.
- Anyone who has had to spend up to four or five hours waiting for treatment in that hell hole they call an emergency room in Nanaimo will understand why we need a facility here on Gabriola. If even a fraction of the Gabriola emergency room patients could be diverted from the Nanaimo facility, it would not only be a tremendous physical relief for many patients, but I am sure an economic benefit to the entire health system.

We moved to this Island with our eyes open, knowing many services would not be as accessible as elsewhere, but I think it is clear we are not asking for anything unreasonable for our population base. It is also clear the community is behind it as noted by the financial commitments everyone has made to establish the temporary facility.

SUMMARY

- Prevention is the key
 - Identifying risks
 - Turn assessment of risks into a vision
- Integration and co-ordination of various components of health care system
 - Include voluntary groups (i.e. GESS, Walking Group)
- Emergency Care
 - Operating line
 - Standards of care
- Issue –available resources
 - Physicians and health care practitioners and volume
- Partnerships – many groups on the island provide support
- Need good co-ordination to increase relationships outside of current bands.

B. PREVENTION AND SELF CARE

GROUP ONE

- Opportunity – trails and walking path creation and maintenance
 - Elderly and others enjoy experience “off road” and “mental health promotion”
 - Barriers to trails
 - Highways and transportation
 - Island Trust & Ministry of Transportation report/paper (Plan for Community) not being implemented
 - Issue – Accessibility of trails
 - For all
 - Shorter walks
 - “Wheel friendly”
- Opportunity – Seniors gardens
 - Accessible to seniors with canes
- Opportunity - Rollo Centre
 - Address social and recreational opportunities
 - Barrier – Rollo doesn’t do health based programmes. Mandate to do volunteer programming.
- Opportunity – Gathering place
 - Outstanding youth health prevention services
 - Mentoring,
 - Keeps active focus
 - Kids
 - Assistance in rural setting for positive creativity
- Issue:
 - Substance abuse and addiction
 - Opportunity – AA programme
 - Disclosure is an issue in small town
 - Smoking – Policy of smoke free in community programmes
- Opportunity: Programme proposal: “Keep Well”
 - Volunteer driven programme
 - RN
 - Pharmacist
 - RD
 - Etc.
 - Keep people out of doctors offices
 - Senior programme
 - Model from North Vancouver
 - SFU evaluation of programme
- Opportunity: Information on internet
- Barrier: Provincial/VIHA chronic disease programme not available
 - No programme run on Gabriola

- No Nanaimo programme lead
- Barrier: Public health focus is on Child and youth
 - No funding for adults and seniors
 - No dietician services provided on the Island
 - Conflict between access to food and food safety
 - Opportunity: Farmers are engaged in a dialogue
- Opportunity: People for a Health Community
 - Offers programmes for high risk groups
 - Women's issues
 - Food bank
 - Employment support/transition
 - Disability applications
 - Lots of disability interests
 - Barrier: Not enough mental health support and service
- Mental health
 - Confidentially and privacy issue
 - Safe house? Is it still in the works?
- Future: Building on services by sharing
 - Interagency sharing
 - Think tanks for funding, support, resources.
 - Need VIHA at the table
 - Need all service providers at table
- Opportunity: Home and community care environmental risk assessments being provided VIHA in _____
 - Medication assessment being done
 - Enhanced communication with pharmacist and MD
 - Food security part of environmental assessment
- Food bank – Monday and Tuesday
 - Approximately 40 people for services
 - Soup kitchen is only available Monday and Tuesday
 - Emergency food cupboard
- Barrier: Transportation is an issue
 - Barrier to access to Nanaimo and Gabriola
 - Opportunity: Small town mentality is a benefit to “taking care” of at risk groups.
 - Opportunity: New transportation society
 - Ride share programmes
 - Bus
- Issue: Access to pool for exercise
- Opportunity: Local business support
 - Gymnastics
 - Yoga
 - Sports commission
 - Access to sports
 - Need to ask if subsidy is required to pay for sports opportunities
- Opportunity: Health information is available from pharmacist
 - Barrier: Prenatal classes

- Available?
 - Awareness of service and topics/information available
- Required: Public education of services that are available across the age span
 - Need strategy to access information
 - Media
 - Word of mouth
 - Updates
 - Challenges to keep information up to date/current
- Opportunity: Hire a co-ordinator for all volunteer services

Group two

- Opportunity: Exercise
 - Swimming pool
 - Warm
 - Cost – needs to be accessible
 - Walking group
 - Needs variety of pace – active vs. less active
 - Yoga and other exercise options
 - Cost
- Barrier: Access to dietician
 - How to access needs to be communicated
- Opportunity: Senior friendly community
 - People for a Health Community gathering information and sharing
- Opportunity: Need to get to everybody
 - Mail
 - Newspapers do not get to everyone
 - Pharmacy is a good location
- Barrier: Transportation
 - To services
 - To fitness
 - To food
- Barrier: No services for special learning
 - Special needs services limited
 - Should be ongoing in adult population
 - Adult education -- no focus
- Opportunity: Family, friends, support to increase participation, support
 - ? Special education in school.
- Barrier: Music opportunities for children and adults
- Barrier: Expense to Connect/access associations in Nanaimo
 - i.e. Diabetes
 - i.e. Cancer
- Opportunity: Alzheimer group on Island
- Opportunity: Alternate therapy exposure
 - Acupuncture

- Homeopathic medicine
- Physiotherapy
- Barrier: the cost.
- Pool
 - Home care
 - Supports programming exercise
- Opportunity: Youth group – “Gathering Place”
 - Prevention focus
 - Youth – preschool, middle, teen
 - Mentorship
- Opportunity: Commons support of
 - Seniors gardening
 - School garden club
- Access to
 - Therapy dog programme
 - Music therapy
- Companionship
 - Visiting programme
 - Awareness of where services would benefit
 - Solutions to isolation
- Barrier: No parish nurses
 - Provides information and resource connectivity
- Future:
 - Support People for a Health Community to enhance independence through awareness of services and access to services
 - Volunteer registration
 - Support for volunteers
 - Prevent burnout
 - Commons working on assisted living
 - Need to get the “team” together (including business community) to share strengths and assets
 - Education
 - Pharmacy
 - AA
 - Tobacco
 - Alcohol
 - Drugs
 - Barriers:
 - Privacy, confidentiality
 - Alanon – off island

C. MEDICAL EMERGENCY SERVICES

GROUP ONE

- How and who defines an emergency
 - Patient driven
 - Has to respond to call
- Risk in our community
 - Overwork
 - Underequipped
 - MDs underpaid for emergency call during office hours
- ** Our “clinic” is not recognized as emergency dynamic
 - No way to bill
- Lack of effort between rural physicians, BCMA, and Ministry of Health to resolve MOCAP gap
 - Lack of co-ordination
 - Lack of responsibility to resolve problems
 - This is a retention issue for rural doctors
 - No voice
 - No statistics
 - Not on political agenda of BCMA
 - Not linked to other doctors
 - Community voice is key
- Key message
 - Community voice is key in making and “supporting doctors” which leads to successful service provision, retention, and recruitment
 - Greater communication between parties involved in emergency services
 - Clarify roles and obligations of VIHA in emergency service provision
 - Public information
 - What is available
 - Seniors
 - Others
 - Who to call. When.
 - One piece of paper covering both clinic hours and off island numbers
 - Need to balance burn-out vs. 24 hour on-call
 - Need to look at other community on-call models.
 - Clarify VIHA’s obligations to community
 - Better Ambulance Society care role.

GROUP TWO

- Challenges
 - Community resistance to expanded clinic
 - Need another physician/resources
 - What do “we” mean by emergency services?
 - Population growth
 - Ferry constraints
 - 24/7/365 availability and coverage
 - Walk-in traffic
 - Physician retention
 - Practice size
 - Connection/Privileges at NRGH
 - Access to patient care data
 - Continuity of care
 - How do we respond to emergencies in a marine/coastal world?
 - Dynamic and transitional population
 - Attracting physicians
 - Range of services provided is limited.
- Solutions
 - Stable full service family practice would help with capacity to respond to episodic care needs.
 - Practice support programme/Integrated Health Network
 - Remove 50 person per day limit on FFS billings
- Key message
 - Focus on ways to create a sustainable practice for local physicians including shared on-call (sharing the pager)

GROUP THREE

- What do we have
 - No 24 hour emergency care unit on the island
 - Emergency boat
 - Need inventory of what is available on the Island
 - Ambulance service
 - First responders
 - Uncertainty as to what to do in case of emergency
- Challenges
 - Little control of changes in health system
 - Set up response
 - Change
 - Poor communication
 - Confusion
 - Setup
 - Change
 - Etc.
 - Public unclear as to what or who to call

- Opportunities
 - If we had additional doctors we could have a pager system
 - Challenges of providing on-call
 - Setup of emergency room
 - Equipment
 - “over night” capacity
 - Link between island and Nanaimo emergency room to circumvent delay
 - Need to strengthen two-way communication
 - Goal is to not forward emergency to Nanaimo, but to stabilize, treat on the Island where possible
 - 75% stabilized
 - Need to create trackable statistics for reporting
 - Location of clinic
 - Where are doctors (Silva Bay)
 - Population concentrated
 - Central
 - Ferry/Village
 - Educate people about how it works now
 - First aid
- Personnel needs of clinic
 - Doctor
 - Nurse practitioner
 - Mix of skills and scheduled
 - “Remote backup”
 - Links to nurse and home care
 - 6/12/24 hour observation bays with nurse care
 - “Observation Hospital”
 - Tumbler Ridge
 - Set goals for diversion of patients from Nanaimo and track the savings.
- Key message – Emergency services goal:
 - Small “observation hospital” staffed with a mix of doctors and nurses which is centrally located with our growing population knowing how to access it.
 - Trackable statistics

WEB LOG

- My immediate concern right now is that the doctors we currently have may burn out due to the doctor shortage. How long can a doctor be expected to see patients all day and be on call for emergencies through the nights? Tell me what practical & specific things I can do as an individual to help support the doctors. Tell us how to put more pressure on the Vancouver Island Health Authority and others who control the hiring of another doctor? I have written letters, once, when I saw specific info, names & addresses, in the Sounder but now I have forgotten who to send my letters to. How about organizing systematic public writing/phoning campaigns to put pressure where it’s needed? Give Gabriolans the names, addresses, gov’t depts. we should write to or

call and do it often. Maybe print postcards to send to these officials who ignore our issues and get people to sign them like the Amnesty International model? Inundate them with mail. Maybe print a form stating our case in the local newspapers and get the public to cut it out, sign it, & mail it? If politicians & bureaucrats knew of specific personal anecdotes about how emergency measures here have been lifesaving in nature it would make our situation more 'real' to them. Would campaigns like these help support the doctors and emphasize to officials the need here for more doctors? The squeaky wheel concept.

- The potential exists here for a model that will answer some of the great challenges faced by ER's at hospitals like NRGH that collect from surrounding communities. I think the physician on call model, quite possibly with nurse augmentation, is sensible since we need the physicians here anyway, but compensation and adequate numbers are a big issue. We may have to extend ourselves past what a straight fee for service situation would sustain in the short term. It would pay off, people will seek to have a local physician when they realise they are available and are here to stay.
- Let's keep the focus of this facility on "emergency situations" for now. This is where the desperate need is. Other services that do not require on the spot diagnosis and care can still be dealt with in Nanaimo. There are many health/lifestyle issues that would be nice to address, however they are not life threatening. Other health services can be added as funding is available and when the main issue has been dealt with. Life saving is the big issue, let's concentrate on that.

D. CHRONIC HEALTH CARE AND EDUCATION

Considering that chronic conditions include diabetes, hypertension, arthritis, heart disease, asthma, COPD and depression, a significant proportion of the residents of Gabriola will at some time require chronic health care and education

Some of the challenges facing those with a chronic condition include:

- Limited diabetes services
- Inadequate communication regarding lab testing
- No rehabilitation program e.g. for heart disease
- Transport problems
- Acute exacerbations of chronic conditions often require admission to NRGH and with appropriate facilities the patient could be stabilized and remain at home
- Follow-up of treatment often involves the cost of leaving the island
- Lack of day programs and respite for patients with severe chronic conditions
- Patients with more than one chronic condition can present with some complex health problems

Some of the solutions discussed:

- Glucometers serviced and checked on Gabriola for diabetics
- Educators as part of a team to visit Gabriola
- Integrated services; doctors, nurses, public health, home care etc
- Patients becoming pro-active in their own health care
- Health care providers have a responsibility to encourage patients to participate in managing their chronic condition
- Follow-up offered locally, either one to one or group support

WEB LOG

- Living with diabetes, I have been very glad to have a local physician and expanded hours for the MDS labs, since there is regular on-going monitoring to be done. I wonder if there would be a surprising response to education clinics for something like diabetes. Now it is out of NRGH. I would pursue some additional info on insulin delivery, but dealing with NRGH is a barrier. Appointments far in advance, requiring a town day are a disincentive.

KEY MESSAGE

- Locally accessible chronic health care to focus on education, prevention, monitoring, patient self-management and peer support.

E. PRIMARY HEALTH CARE THROUGHOUT THE LIFECYCLE

- Lack of knowledge re services available
 - Solution: pamphlet describing/listing services
 - Make pamphlet /information available locally
 - Need access to information for patients and caregivers re diagnoses/what to expect.
- Challenge –home care changed from comprehensive to narrow and services were lost
 - Home care needs more people, increased hours to be willing to do more
 - Need for respite care
- Better & timely information /coordination to improve transition home from hospital
- Timely access to home care
- Solution to home care – move administration/management back to Gabriola
- Need to co-ordinate agencies offering services/equipment to ensure not wasting/duplicating resources
- Solution to home care – increase staff & make use of nurse practitioners
- Need for meals on wheels/transportation to support people to stay in homes
- Support for public transportation including \$\$\$ from government.
- Explore alternatives to public transport
 - Jack Bell Foundation
 - Dedicated local vehicle adaptable to needs of community (transport to events, appointments, shopping)
- Provide access for other needs (social contact, reading material) to prevent isolation for seniors and care givers.

Key message: Need to support people and caregivers at home through increasing home care services, transportation, co-ordination of available services and education.

WEB LOG

- Palliative care -- Local doctors are important for this. When our family faced this issue, there was enough experience and support to maintain IV's and colostomy's etc in the home. This might not be the case for all families. Is there a nurse available for this now? I don't know. There should be. The late Dr Metten was a kind help. Dr's can't be spread too thin and still do this.
- Elderly -- Is it true that home support workers are forbidden or discouraged from calling 911 without the approval of their supervisor? Gimme a break!

F. MENTAL HEALTH AND ADDICTIONS

GROUP ONE

- Local coordinator (on island?)
- Role for nurse practitioner and home support.
- Better integration.
- Possibility of legalization of “drugs” combined with education – “decriminalize”
- Support on island NA&AA – more information in public domain.
- Integrated health care
 - All professionals working together
 - “Patient centred”
- Reach-out to “the out of the loop”

GROUP TWO

- Providing an outreach capacity
 - Proactive case finding
- In-office counseling on regular/consistent basis
- Awareness and education on mental health and addiction
- 30 homeless
- Housing for mental/disability clients with appropriate support.
- **Partnerships (Hope Centre, etc.)
 - Teens and seniors
 - VIHA & community wisdom
- **One point of access for all VIHA services
 - A broker
- Paid peer support
 - Self-help
 - Social, vocational, educational
- Increase self-worth of individuals.

G. HEALTH CARE WORKER AND PHYSICIAN RETENTION

- Number of physicians?
 - Minimum of five (VIHA)
 - Need to attract 3 more
 - One physician per 1,500 population (per VIHA)
 - Maternity leave and sickness coverage?
 - Locums?
- Attract physicians – don't like on-call
- Contract teamwork
- Electronic conferencing
- Adequate numbers
- Lifestyle of physician
- Family practice training programme
- Housing
 - To attract and retain
 - Incentives by community
- Recruiting fairs?
- Who to contact at VIHA??
- Nurse practitioners?
 - Insurance issues?
- Fee for service vs. Salary?
 - Other methods?
 - Ladysmith model?
- Comprehensive payment arrangements
 - "Hybrid" model (ref. Tofino?)
 - Nurse practitioners take income away from fee-for-service doctors?
- Doctors still need to be on call even if nurse practitioner.
- Other models? Pender Island?
- *Paid on Call \$\$*
- First responders are fantastic
- Recruitment fair? Gabriola style?
 - Retention – teamwork
 - Society – designated group - - Welcome Wagon style.
- Physician sabbaticals?
 - Student doctors
 - Locum trials
 - purpose built apartment as a part of the final clinic
- Limited licenses
- Continuing permanent family practice physician preferable
- Navigating the system
 - Simplified, accessible, understandable.
- Demonstrate excellence on Island
 - Patient and doctor retention go hand in hand.
- Special needs, multiple illnesses

- How to *co-ordinate* treatment
- Bring Home Support back to Gabriola
- Quarterback/co-ordination/direction
 - How
 - Who

WEB LOG

- I attended the workshop today for a short time. I was impressed by the number of people who turned out. Clearly, GHCS has the attention of the community and represents us all. It was, however, very hard to hear all of the wonderful recommendations and hopes for the future. I have for 20 years been a resident, and every doctor during that time has had problems with the same issue: emergency coverage. Until our doctors are not flogged with overwork doing 24/7 emergency coverage and until they are fairly compensated, as doctors in other communities are, I sadly, remain pessimistic about the future. I am crossing my fingers that Gabriola clearly qualifies under the new criteria for additional funding (i.e., MOCAP) expected July 1.
- On call work must be compensated, and adequately shared. The calls are there, the diversion from Nanaimo is happening (twice in our home). The community partnership and leadership is here. Can the Dr's hang in until the red tape gets cut and the dots get connected? If not we are back to square one. The problems nationally with the viability of practices are well known. I heard a CBC radio programme on it. The money will be spent regardless; between EHS, travel costs, even our gasoline! If we worry less about shuffling financial burdens onto other departments and agencies, we will have enough net resources to fund a great system. Let's break the mould!
- Adequate funding for emergency service doctors is a must. What professional wouldn't expect to be properly compensated for their services? These people save lives for crying out loud! What is the problem with getting them adequately compensated? Everyone seems to understand this except the bureaucrats who if there is any justice, would have their compensation rolled back as they were deemed non essential.

KEY MESSAGE

- Health Care team with co-ordination which will attract and retain permanent physicians
- *Supportive* information technology
- Home care integration/co-ordination/communication
- Understanding the process
 - Navigating the system
 - Both patient and care-giver

- Recruitment and retention off all staff across the board
- Assisted living Incorporating
 - Tele-health
 - Tele-medicine
 - Information technology
- Accessing timely information
 - Nurseline?

APPENDIX D— SUMMARY OF EVALUATIONS

CONTENTS

| | |
|--|----|
| Appendix IV— Summary of Evaluations..... | 19 |
| What worked for you?..... | 43 |
| What didn't work for you? | 44 |
| What would you want more of?..... | 45 |
| What will you tell others about today? | 46 |
| Further comments..... | 47 |

SUMMARY OF EVALUATIONS

A total of 37 evaluation forms were submitted.

WHAT WORKED FOR YOU?

- Talking with a variety of people from different areas of interest.
- Non-confrontational.
- Group work interesting.
- Small group discussions on specific topics.
- Excellent suggestions by group members.
- Focus groups generate good ideas and raise new issues. Extremely informative.
- Well organized.
- The information that was provided.
- Information moving to VIHA & MOH.
- Everything I went to.
- Lots of interesting themes.
- Well planned. Excellent discussions.
- Good discussions. Hope some messages got through to VIHA.
- A good opportunity.
- Great process that encourages safe dialogue and positive ideas – focused discussion.
- Hearing concerns of community members.
- Questions set as agenda – having choice of which discussion groups to participate in.
- The clear leadership of the leader of the group and messages we want to send.
- Organization, well run. Facilitators good at getting topics from audience (AM) and committee(PM).
- Focus patient centric.
- The ability to come and discuss all the problems that are here on Gabriola.
- The organization and input from many.
- The focus in a positive way.
- Hearing the “Common Thread” of the combined topics.
- Getting questions out for discussion at the beginning.
- Good start – generating questions from the group.
- Very nice to hear everybody’s opinion.
- Very enlightening – a broad exposure of views.
- Collaboration, open forum and safe to speak out.
- Good exchange.
- Good format to receive and process ideas.
- Liked the interactive format.
- The “Open Space” process really showed the diversity of ideas/concerns that inhabitants of the island have about the “health system”.
- Good facilitation and process.
- Good format – very informative about what is currently available. Also learned about perceived gaps in the system.

- Networking and sharing with community.
- Round table discussions – felt that the government and VIHA people were listening and well-informed.
- Many opportunities for input.
- Formula for information exchange.
- Sticking up for myself when I was the only one with an unpopular viewpoint.
- Group work interesting.

WHAT DIDN'T WORK FOR YOU?

- There wasn't much that didn't work.
- Length of day.
- 9AM – 3PM on Friday is not a good time – people working not able to attend.
- A group member that had a personal axe to grind! However, the facilitator and the group members did manage to deal with the topic. (Not much anyone can do about one disaffected negative person.)
- One focus group was virtually hi-jacked by a highly negative person.
- A bit noisy – but this is Gabriola.
- Acoustics.
- Time used.
- Couldn't get to all the discussions.
- Discussion of more than 1 year. It is time for VIHA to act.
- Couldn't hear very well in the afternoon sessions.
- Not sure where the next steps go. Who leads?
- Scope of community members seems limited. Perhaps time of day or day of week?
- Didn't know about it ahead of event. (but that could be my fault – I don't always read the papers.)
- Zero.
- Not aware of anything not working.
- Nothing didn't work.
- Somewhat hard to hear group discussions.
- Some issues didn't get discussed as not much interest in some questions – which were nevertheless important.
- I think that the purpose of primary health care does not include mental health and home care. However, they are also important.
- Need more people involved.
- It was great – Ian did a fantastic job of facilitating!
- Disrespect for questions asked. Tendency to drift off focus on the cafe groups.
- I think it might work better to have outside professionals available for questions.
- While many concepts/ideas were laid out, I am unclear who or which organization will take this material and translate it into concrete actions and objectives.
- Lack of acknowledgement that some services may be restricted due to financial constraints, critical mass, etc.
- Somewhat repetitive in afternoon process.
- All good.

- People that think that Emergency Health Care and lack of doctors are the only topics worth solving.
- All day session – too early start.
- Having people roll their eyes at me.
- 9AM to 3PM on Friday is not a good time – people working are not able to attend.

WHAT WOULD YOU WANT MORE OF?

- Perhaps plans for follow-up discussion – where to go from here? Next steps?
- Concrete steps forward.
- Communication, communication, communication.
- I would want more focus on the specific topic – sometimes we got a little off topic. Facilitators could have a quick lesson on getting us back on track!
- More focus on the health care centre, physician retention, more attention to coordination of various groups/societies.
- A swimming pool!
- Doctors on call 24 hours a day and nurse practitioner – or more than one – to relieve the pressure on present doctors.
- Doctors and nurses – Emergency facilities 24/7.
- Pool and exercise therapist.
- A swimming pool. Preventative and post op. Surgery. More doctors for emergency calls. Gab. Doctors on call are very tired. Small hospital (4 beds) 24 hour care and specialized emergency equipment & RN.
- Feedback.
- Stats and hard information. \$. Action!
- Firm commitment and action by VIHA.
- \$ to keep our clinic running successfully.
- Identification of what is possible from MOH and health care industry.
- More people involved?
- Variety of community perspectives.
- Doctor support.
- Preventive medicine, dietician (i.e. PHC) access to midwives.
- Support of alternative referrals: i.e. homeopathy, Feldenkrais(?), acupuncture, chiro., herbalism, naturopath.
- ____ more of today – then more specialized groups to carry discussions further.
- Solution.
- Need more input from the Provincial Government in our need for more Health Care.
- Strong follow-up and being listened to.
- These brainstorming info groups should be better advertised.
- Lunch
- Home support back on the island will help doctors.
- Physicians – one or two more to prevent burnout of the ones we have.
- Repeat the process 6 or 9 months from now.
- Information which is designed for the lay person – more open forums, more public information on GHCS.

- Good clear info.
- Hopefully we don't need any more!
- Fewer topics leading to defined action steps.
- Information summarized – formation of plan with involvement of all key players.
- More young people's opinion.
- Opportunities to dialogue with VIHA managers.
- Action – implement some of ideas.
- Listening skills.
- Communication, communication, communication.

WHAT WILL YOU TELL OTHERS ABOUT TODAY?

- Well organized day. Ideas developed to start moving forward with.
- Excellent support for community involvement.
- That the energy, commitment of the volunteers is exemplary.
- They should have come to have their voices heard; however, they should send in their responses on-line!
- Very mixed attitudes, but overwhelmingly positive.
- Very interesting and pertinent.
- There is still hope for improvement in our Health Care.
- The above.
- Good discussion..
- Worked well, lots of opinions were expressed.
- Get involved.
- Coordination/teamwork/awareness.
- Important experience.
- Great community engagement process!
- Gabriola residents and the community are working towards developing a coordinated effort to address the health care concerns on the Island.
- We need to continue to support our doctors and we want to more thoroughly understand what roles VIHA plays.
- Self evident truths – but the need for health education and information is lacking.
- Discussion groups well done.
- Useful information.
- That is was a wonderful opportunity to discuss all the needs.
- A very active and positive day with a vision. Ministry of Health and VIHA please come through on the vision.
- Everyone could have benefitted even just to listen to all the suggestions.
- It was an excellent way to open dialogue and collect info.
- I need to focus on the “definition” of Primary Health Care. Lots of work needed on our Health Care on the Island. A good start.
- Good meeting.
- Should have been there.
- Look out for a report on this day and become more involved – I hope it will be in the paper as well as on line.

- Lots of info. More needed.
- Well run exercise, good chance of the messages at least getting through to the Minister.
- The missed a great opportunity to be heard and help guide the future of health care on Gabriola.
- Encourage people to attend.
- About information that was shared.
- What exists on Gabriola.
- Will encourage others to start trying to get involved.
- Should have been there.
- Good listening.
- Mostly it was people who are already sold, nay-sayers stayed away.

FURTHER COMMENTS

- Excellent day! I look forward to the results of all our work being made public.
- View of services as divisions without good public communications.
- More actions. Less talk.
- Thanks for the lunch!
- Excellent process to engage in – the facilitation and organizational style made conversations possible.
- Thanks for keeping us informed of meetings.
- Working with what health provision already exists – publicizing and offering alternatives that are possibly Island driven (i.e. independent of Big Daddy – The Feds & Provincial Health Care).
- Happy that we were given this opportunity to voice all our concerns regarding our Health Care on Gabriola.
- Our island definitely could benefit from a Care Committee that would pool all the skills from various workers & volunteers to make our daily living needs addressed whatever they may be.
- Working together with doctors and other organizations. Since home support has been taken to Nanaimo the system has fallen apart (5 years ago).
- Number one issue for me today was that we need to coordinate our resources – arranging interagency meetings will lead to more coordinated efforts and reduction of duplication. More health based programs for seniors.
- More info and meetings to clarify.
- Not all residents feel welcome at Hope Centre or Gathering Place.