



William Osler Telephone Town Hall Nov 25

Harjot Ghuman-Matharu:

Good evening everyone and thank you for joining us tonight for our third telephone town hall about health care services in our region. I would like to welcome you, my name is Harjot Ghuman-Matharu and I will be your moderator this evening. This is my second time participating in this event. I was born and raised in this area, still live in the community and I'm very pleased to be helping out in support of our local health care organizations. This evening we are pleased to welcome a new voice to the conversation, Dr Frank Martino, Primary Care Lead for the Central West Local Health Integration Network and Chief of Family Medicine at William Osler Health System has joined us and will be speaking to you in just a few minutes. Tonight we are here with Dr Martino and five other health care leaders to talk about how our local health care system works and about how to access the services which are most important to you and your family. Over the course of the next 45 minutes we will hear from Scott McLeod, Chief Executive Officer of the Central West Local Health Integration Network or LHIN for short; Cathy Hecimovich, CEO of the Central West Community Care Access Centre; Matthew Anderson, President and CEO of William Osler Health System; Liz Ruegg, President and CEO of Headwaters Health Care Centre; Janette Smith, Commissioner of Health Services for the Region of Peel as well as Dr Martino.

Tonight each health leader will speak for a couple of minutes, however the main objective is to take your questions and hear your comments. We're going to try to keep these remarks brief so that we can get to as many questions as possible. There will be a number of opportunities to ask questions throughout the town hall. To be placed in the queue to ask us questions simply dial star three on your phone at any time. We're certainly going to try to answer as many of your questions as we can this evening. For those that we cannot get to you can stay on the line after the call and leave a voicemail message. Calls will be returned to you within forty-eight hours. The host organizations will also be posting answers to some of our frequently asked questions during tonight's call. These responses will be available on the organizations websites. For those of us just joining us, welcome to our discussion about how you can be better served by our local health care system. Scott McLeod, CEO of the Central West LHIN will begin this evening with some information about his organization and its priorities for health care in this area. Following thought, Dr Frank Martino will speak briefly about how this region is working together to better coordinate care for patients. Please stay on the line if you would like to ask them a question and dial star three.

Scott McLeod:

Thank you, Harjot. I'm pleased to be here with the local health service partners tonight to have this opportunity to speak with the community about what's important to you when it comes to health care. The role of Central West LHIN is to work closely with the local health service providers in Brampton, Caledon, Dufferin County, Malton, North Etobicoke and Woodbridge to improve access to services. Through your valued input the LHIN brings a local voice to help make our system work more like a system, ensure value money for money through improved accountability, improve access to care and the experience of patients and clients and ensure broader participation and a broader public perspective. Knowing what's important to you was behind the LHIN's recent 11.2 million investment in new and expanded community and home-based care. This investment means more seniors will be able to live independently in their own homes and will help seniors avoid visits to the emergency department and premature admissions to long term care. It would also mean that individuals living with serious mental illness will have access to more community resources to better manage their needs and avoid

emergency department visits. We look forward to continuing this important dialogue with you through tonight's town hall and will use the insights you share with us to further inform the LHIN's strategic plan and it's ongoing work with our local health partners.

Harjot Ghuman-Matharu:

Thank you, Scott. I would like to remind you again that if you would like to ask a question tonight simply dial star three on your phone at any time and we will be speaking with you. At this time we would like to ask you questions to get to know a little more about you. To answer each question please push the number on the phone that corresponds best with the options given to you. Which age group does the majority of your household fall into, dial one for under twenty years of age, two for twenty to forty years of age, three for forty to sixty years of age, four for over sixty. For those who have just joined the telephone town hall, if you would like to ask a question or make a comment press star three on your phone. This will bring you into the question queue to speak to the leaders of our participating health care organizations. We kindly ask to keep your question brief so that we can get to as many as possible. Thank you for your participation so far in our discussion about how you can be better served by your local health care system. We'd like to now announce our results from our first polling question. For under twenty, 6% of you are under the twenty demographic, twenty to forty 11%, forty to sixty 27%, over sixty 56%. Thank you for participating in this poll. During this section of the discussion we'd like to give Dr Frank Martino, Primary Care Lead for the Central West Local Health Integration Network and Chief of Family Medicine at William Osler Health System an opportunity to say a few words. Following Dr Martino, Cathy Hecimovich will be providing more information about CCAC services.

Dr Frank Martino:

Well thank you very much, Harjot. Good evening folks, I'm Dr Frank Martino and I live and work in Brampton and I've been here for the last twenty-two years. I actually practice family medicine as a busy family health team in downtown Brampton. At our health family team we have over forty thousand patients enrolled and are cared for by about seventeen physicians within our group. While I serve as the Chief of Family Medicine at Osler, I'm also the Primary Care Lead for the Central West Local Health Integration Network. Part of my mandate is to make sure that the services you receive in your family physician's office are well integrated with the other health care services throughout the LHIN so that you have access to the care you need when you need it. Many of you may have heard of Health Links and we'll be certainly speaking more about that this evening. This is a joint initiative involving the LHIN, family doctors, the Central West CCAC, hospitals and community health care providers. Our goal is to better coordinate care for seniors and other residents living with complex conditions so the patients receive care faster, spend less time waiting for services and are supported by a team of health care providers at all levels of the health care system. There are already four Health Links established throughout the Central West LHIN, with the fifth Health Link on the horizon we'll have covered the whole geography of the LHIN very shortly. I'm pleased to be here tonight Harjot so thank you for the invitation.

Harjot Ghuman-Matharu:

Thank you Dr Martino. At this time we'd like to open the question period for the first time this evening. Our first question is from Arun Sharma. Arun welcome to the third telephone town hall.

Q: Arun Sharma:

I believe it is Arun Sharma that you're looking for?

Harjot Ghuman-Matharu:

Yes.

Q: Arun Sharma:

Okay. My name is Arun Sharma and I am a volunteer with William Osler Etobicoke Community Advisory Council and I live in Etobicoke and there are many single senior citizens living alone in my neighbourhood. Are there any home care services funded by Ontario government available for them, if so where can one find them? This question is for the panel.

Cathy Hecimovich:

That's a great question, Arun. It's Cathy Hecimovich, I'm the CEO of the Central West Community Care Access Centre and the role of the Community Care Access Centre is to help people find access to home and community care services that meet their particular needs. So anyone at all can call the Community Care Access Centre and we will do an assessment and based on that assessment we will arrange for whatever services that individual person might need. I can give you the phone number that you can call, it's 905 796 0040 and that's the Central West Community Care Access Centre. We'll provide access to home care services as well as information around other community services that someone might be interested in accessing.

Dr Frank Martino:

Maybe I can add something to that. Often patients may be intimidated to call CCAC or the Community Care Access Centre directly so I encourage them to go to their family physician and family physicians are fortunate in our region to have a direct line to the Central West CCAC and that's not a line that goes to phone answering or voicemail, there is a warm body on the other end of that line. So it allows us to access those care coordinators that can then decide what those important services the patient in the community needs and get those services out to them. So don't forget, if you are intimidated with making the call yourself have your family doctor do that.

Harjot Ghuman-Matharu:

Thank you so much Dr Martino and Cathy. So those who have just joined the telephone town hall is hosted by the Central West CCAC, Central West LHIN, Headwaters, Osler and the Region of Peel Health Services. If you would like to ask a question or make a comment press star three on your phone, this will bring you into the question queue to speak to the leaders of our participating health care organizations. We kindly ask that you keep your questions brief so we can get to as many as possible. We'd now like to go to a question from Gia De Souza, you're with us at the telephone town hall, hello.

Q: Gia De Souza:

Hi. I have a question that's in regards to my father-in-law actually. So he's seventy years old, he's got type 2 diabetes and in the last couple of years he's had a few mild heart attacks, he's got some heart issues as well. Dr Martino mentioned something about Health Links, I'm just wondering if you can provide some more information about that and is that something that would be appropriate for my father-in-law.

Dr Frank Martino:

That's a very good question Gia and we're discovering who these patients are in our region that are these complex patients, often they're elderly but they may also be younger patients

with multiple disease processes that are really a challenge to the health care system. First of all let's identify those patients and your father may fit in that category and then we need to develop care plans for them, coordinated care plans so that they can navigate the health care system in a coordinated way and your father may be one of those patients, he may have heart disease, he may have diabetes that may have affected his kidneys, his mobility so that the family doctor is the person who can then make the referral to the Health Links team or the Health Links team may recognize that he is one of these complex patients and start that process and what will eventually happen is multiple care providers will get together to develop a coordinated care plan for your father-in-law.

Scott McLeod:

If I could just add one additional thing. There is depending on the conditions, if your father-in-law has congestive heart failure we have a really interesting pilot in Central West with William Osler as the lead where you can actually get equipment installed at home to monitor the management of the condition and prevent emergency department visits and ultimately admissions to the hospital and that's been going on since February-ish timeframe and the results are really quite remarkable.

Harjot Ghuman-Matharu:

Thank you Dr Martino and Scott McLeod. We'll go to the next question from [Fitz Stubery], you're with us at the telephone town hall.

Q: [Fitz Stubery]:

Yes.

Harjot Ghuman-Matharu:

Welcome. Yes, you have a question?

Q: [Fitz Stubery]:

Thank you. Yeah my question to Dr Martino is if I had an appointment set up with the gastroenterologist and it has taken three months and I still haven't seen him, can I request my family doctor to have me see another gastroenterologist?

Dr Frank Martino:

That's a perfectly reasonable question. You know there may be reasons for you to see the gastroenterologist but I'm not going to get into that with you tonight and I think that's a discussion between you and your family doctor, that gastroenterologist may be the preferred referral gastroenterologist for your family doctor or that gastroenterologist may have a certain area of expertise or interest that your family doctor would like him to use to address your concern. So sometimes those may be reasons why he's referred you or she's referred you to this gastroenterologist. On the other hand if you feel the wait is too long and you think it is a problem that can be managed by a variety of gastroenterologists then you should have that conversation with your family doctor. In the Central West LHIN we have about seven gastroenterologist at Brampton Civic and about another four or five at Etobicoke General and Liz do we have a practicing gastroenterologist up in Headwaters, we don't but that gives you quite a significant number to choose from and I'm not sure what their wait times are and what the problem that you were referred to but having that conversation with your family doctor and often it means picking up the phone, speaking to a colleague and saying I have a patient

who needs to see you sooner than later and trying to facilitate that appointment happening sooner.

Harjot Ghuman-Matharu:

Thank you Dr Martino. If you would like to ask a question or make a comment press star three on your phone, this will bring you into the question queue to speak to the leaders of our participating health care organizations. We kindly ask that you keep your questions brief so that we can get to as many as possible. Now we'd like to ask you a question. To answer each question please push the number on the phone that corresponds best with the options given to you. Where do you currently go to to get information about health care services in your community? Dial one for family doctor's office, two for pharmacy, three for the hospital, four community care access centre, five media such as the newspaper or radio. Thank you for participating so far in our discussion about how you can be better served by our local health care system. If you have a question for one of our hosts please dial star three on your phone to be put into the question queue. We'd now like to announce the results of our second polling question. 68% of you get your information about health care services at the family doctor's office, 6% of you at the pharmacy, 4% at the hospital, 9% at the community care access centre and 15% from the media. During the next section of the discussion we would like to talk about options for you to receive care in your home and community. Here to discuss these options for you is Cathy Hecimovich, CEO of the Central West Community Care Access Centre. Following Cathy, Matthew Anderson from William Osler Health System will be saying a few words. If you would like to ask a question of either Cathy or Matt please press star three on your phone and stay on the line.

Cathy Hecimovich:

Thank you so much Harjot. The Community Care Access Centre or CCAC exists to help people stay safe and independent at home for as long as possible. Our care coordinators are health care professionals who can help you get the care you need. This may include care in your home such as nursing, physiotherapy, assistance with personal things like bathing or dressing or access to other services available in the community like an adult day program or Meals on Wheels. When independent living at home is no longer possible we can also arrange for options such as a long term care home or access to a supportive housing, supportive living arrangement. As a community care access centre we work closely with our health system partners including everyone on this call to help people avoid emergency department visits wherever possible and to return safely home should they require a hospital visit. Working closely with family doctors and nurse practitioners is also a big priority for us. By working closely with your family doctor we can better link the care your doctor provides with any in-home or community services provided through the CCAC or other community agencies to better help meet your needs. CCAC services and advice are covered by OHIP. We often tell people that if you need help but don't know where to start you can start with the CCAC. You can simply call 310-CCAC on you phone, it's a free call, no area code is required and we're here to help.

Harjot Ghuman-Matharu:

Thank you so much Cathy. At this time we would like to open the floor to our callers. For those who have just joined the telephone town hall hosted by the Central West CCAC, Central West LHIN, Headwaters, Osler and the Region of Peel Health Services. If you would like to ask a question or make a comment press star three on your phone, this will bring you into the question queue to speak to the leaders of our participating health care organizations. We

kindly ask that you keep your questions brief so that we can get to as many as possible. We'd like to talk to Mary, thanks so much for calling in to the telephone town hall. Hello Mary.

Q: Mary:

I'm very clear on whatever CCAC provides so the information I'm looking for is my mother she turned a hundred August 16th, she is still alive of course and so she choose to stay at home until she dies here. So it's not a problem to me nor is she a burden, it's just a responsibility that I have chosen to do because she would do the same for me. So what support is there for me if at some point way on down the road I need additional support other than the little that I'm getting from CCAC which they have cut back and it's limited? What I'm also concerned about is the fact that and this is the second part to the question, if she had chosen to be in a nursing home she would get a lot more help from the government. The people in the nursing home are getting a huge amount of help and the families who have chosen to do this and you have already paid tax into the system is not getting the support they should be getting from the government, it's going to the people in the nursing home and I don't think that is a fair way of assessing our seniors in this country.

Harjot Ghuman-Matharu:

Thank you Mary, we would like to answer your question.

Cathy Hecimovich:

Mary you're doing an amazing job looking after your mother, that's definitely a work of love for you and I understand that you're very committed and very passionate about caring for your mother at home and I really congratulate you on that, it's a wonderful thing that you're doing for your mother. It can be very, very hard as people age and continue on the aging process, they want to stay at home and over time access to more and more services is the thing to do to help them stay at home. So I would certainly encourage you to continue talking to your community care access centre case manager because she will be happy to come out and reassess your mom and make sure that she has access to increased services as her needs increase. I also encourage you to stay in close touch with your family physician to make sure that your mom's health care needs are properly assessed and that there's good communication between the people providing care in your home and the family doctor. You may also want to consider some other options to help you care for your mom. There are for example adult day programs where your mother could go and spend some time during the day, give you a little bit of caregiver relief for the services you're providing. Your mom can also go and spend short periods of time in a nursing home in a short stay or respite situation if you want to spend some time away, get a break from care giving and that is available to you as well. So I really encourage you to reach out to your family doctor and your case manager, care coordinator from the community care access centre to have an ongoing conversation about your mom's care needs and look at what options are available here in the Central West LHIN, there are lots of choices to help support your mom.

Harjot Ghuman-Matharu:

Thank you so much Cathy. We would like to go to the next question from Olive, Olive thank you for calling in to the telephone town hall.

Q: Olive:

Hi, this is Olive. I have a question. What's the general wait time for patients who are going in to long term care that can only afford basic accommodation at this time, the average wait time?

Cathy Hecimovich:

Hi Olive, it's Cathy from the Community Care Access Centre and I'll answer your call because we do the access into long term care beds in the area. It really does depend on what choices for homes that your mom is making. Our average wait time can be as little as forty-five to fifty days for some of the homes that have some beds available but for some other homes depending on where and depending on your mom's specific care needs the wait can be longer, much longer. And so if your mom wants access to a basic bed, approximately 40% of the available beds are basic beds so that can make the wait a tiny bit longer for a basic bed versus if you are able to access private beds, sometimes that can make the wait a little bit shorter. But the best thing to do is to go to the website for the Community Care Access Centre and it's www.ccac.ont.ca and we have wait times for every long term care home listed by home on our website. So you can get the information there on the Community Care Access Centre's website.

Harjot Ghuman-Matharu:

Thanks so much Cathy. If you are just coming in with us to the telephone town hall and you would like to ask a question please press star three on your phone and you will come into our question queue. We have a question from Loraine.

Q: Loraine:

Hello.

Harjot Ghuman-Matharu:

Hello Loraine, thank you for calling into the telephone town hall.

Q: Loraine:

Thank you. Over the next twenty years the proportion of seniors aged sixty-five and over in Ontario is predicted to almost double and this demographic shift produces great challenges and will significantly affect our health care system and I'm wondering how do you predict that it's going to be affordable and that seniors of the future will be maintained with a healthy, safe and relatively independent lifestyle and have a quality of life? The government does have a leadership role to play in this but I'm just curious as to where you see this going with the prediction of such an increase in seniors.

Scott McLeod:

Thanks Loraine for the question, it's Scott McLeod answering. The first part of the question I'm going to answer which is about the planning role and that's something that the LHIN is involved in actively. We are currently just in the process of doing exactly what you were talking about which is a long range study focused on the needs of the population but with a specific focus on seniors and it's a twenty year time horizon that we're looking at. So it's exactly what you're talking about. At the end of the study we'll be able to know where we should be investing in additional services to meet the needs of the seniors' population as we all age and I think Matt may want to add something to that from the acute care side.

Matthew Anderson:

Thanks Scott and thank you Loraine for asking the question. It's Matt Anderson speaking from William Osler Health System. It's just a great question about the future of our health care system and one of the things that we're doing even inside a hospital that is more known for inpatient services is really looking at how do we work differently with our community to

promote health and wellness. Certainly the right way to go about this is to keep people as healthy as possible, as per the earlier caller and some of Cathy's comments how do we help people stay in the home and some of the things that you heard from Dr Frank Martino in how do we work with primary care to provide supports to people out in the community and keep them healthier longer. So it might be a bit of a surprise to callers to hear that a hospital is thinking that way but it's really our vision and the hospital's plan to try to work with the community to help keep people healthier for longer.

Janette Smith:

And it's Janette here from the Region of Peel, Loraine. I just wanted to add in you've raised a great point and our regional council we currently provide a number of services for seniors, long term care, social housing for seniors and we've set up a steering committee of regional councillors to start looking at this demographic shift and look at the planning that all our health system partners are doing. In fact a lot of the people in the room with me here have made presentations to look at what's the best role the region should play in the future, how can we be more prepared, how can we plan our communities differently and what can we do to support seniors in the community in partnership with others. So thank you for asking.

Dr Frank Martino:

If I can just add one point there, we're starting to realize in primary care that we need to anticipate patient's needs as they get older and there's a lot of research going on now looking at advanced care tools that family doctors can sit down with their patient and say Mr X or Mrs Y you're now sixty-five or seventy and let's look to the future and see what your needs are going to be in ten, fifteen and twenty years, where are there going to be issues that we're going to start to have to deal with now to prevent more dramatic outcomes in the future that we don't want to see. And so I encourage you to speak to your family physician and say you know I'm now seventy and what is my mobility going to be like and what can I start doing to improve that, what is my cognitive ability like and what can I do to improve that and what is my general health going to be in twenty years and what preventative actions can I put in place so I will be healthy when I'm eighty-five and ninety and at home and doing the things I want to do with my grandchildren.

Harjot Ghuman-Matharu:

Thank you so much. Now we'd like to ask you a question. To answer each question please push the number on the phone that corresponds best with the options given to you. Is there a specific health care topic that you would like to discuss for a future town hall? Press one for access to family doctors or specialists, two for mental health and addiction services, three for senior services, four for chronic diseases and diabetes services, five for health and wellness. For those of you just joining us welcome to our discussion about how you can be better served by your local health care organization. Please press star three if you would like to ask a question and your name will come into the queue. Now we'd like to turn to Matthew Anderson from William Osler Health System. Matthew will be speaking to us about how as part of a community plan Osler is going beyond to deliver patient inspired health care without boundaries. Following Matthew we will hear from Liz Ruegg from Headwaters Health Care Centre.

Matthew Anderson:

Great, thank you Harjot, much appreciate it that I get this opportunity to speak to everyone. It's a great opportunity for Osler to share information with you. Osler is comprised of Etobicoke General Hospital, the Brampton Civic Hospital and the Peel Memorial Centre for

Integrated Health and Wellness which is under development. Just like the caller a couple of calls ago, Loraine mentioned this is a very important time for us in health care in our community. In June Osler launched a new strategic plan that's seeing us interact with our patients and families and health service providers in new and different ways to ensure patients get the care they need where and when they need it most. The goals that we have set out in our plan will result in a multitude of benefits including fewer ED visits, better management of chronic disease in the community and the opportunity for people to receive the care they need virtually in their community or in their home. Putting together such a plan we went out to speak with the community, we used tools like this one the telephone town hall, we also were out in various community forums to get input in helping us to establish these important new initiatives as part of our vision. These events are very important to us, we appreciate you taking the opportunity and you'll continue to be part of our future. Thank you.

Harjot Ghuman-Matharu:

Thank you, Matt. We would like to now announce the results from our third polling question, is there a specific health care topic that you would like to discuss for future telephone town halls. 19% of you said access to family doctors or specialists, 16% for mental health and addiction services, 28% for senior services, 28% for chronic diseases and diabetes services, 9% for health and wellness. For anyone just joining us welcome to the health care telephone town hall hosted by the Central West CCAC, Central West LHIN, Headwaters, Osler and Region of Peel Health Services. At this time we'd like to open the floor to our callers. If you would like to ask a question or make a comment press star three on your phone, this will bring you into the question queue to speak to the leaders of our participating health care organizations. We kindly ask that you keep your questions brief so that we can get to as many as possible. We'd like to talk to Susan, thank you so much for calling in to the telephone town hall.

Q: Susan:

Good evening. My question is just pertaining to what is the progress that we're at with the Peel Memorial Hospital.

Matthew Anderson:

Great, thank you Susan it's Matt Anderson speaking from William Osler Health System. So we're making some great progress there, just to recap a little bit of where we're at. So the Peel Memorial Hospital we have now demolished the hospital and got it down to what's called a ground field meaning that the ground is now ready for us to start building. In June we went out to the last stage of our procurement process or the process that we use to establish who is going to build the hospital, that step ends this December. We get into a contract negotiation with that vendor over the winter time with a goal of having the contract signed before we hit spring. So right now our objective is that in early spring we'll be out doing shovels in the ground and getting moving with building the hospital. I hope that covers the update.

Harjot Ghuman-Matharu:

Thank you so much Matt. We would now like to speak with George, thank you so much for calling. George, do you have a question for us for the telephone town hall? Hello, George? Okay we'd like to go to the next question from [Katya].

Q: [Katya]:

Yes, hello.

Harjot Ghuman-Matharu:

Yes thank you so much for calling in with us.

Q: [Katya]:

Yes I would like to ask the question why in the hospital here, in civic hospital there is no ultrasound at night for emergency. I was last here with my grandson and we came three or something home after midnight and then we had to go for 7:30 or eight in the morning again because there's ultrasound and one of my relatives also told me that she was in the hospital and she had to go the next day for the ultrasound. Like that's to me just mind boggling.

Harjot Ghuman-Matharu:

Thank you [Katya].

Dr Frank Martino:

That's a very good question. So I work in the emergency department at Brampton Civic and it's frustrating sometimes for emergency physicians that we can't have all the services we have at two in the afternoon at two in the morning. If there is an emergency service that needs to happen at three in the morning, it will happen at three in the morning whether it's an ultrasound, an MRI, a CAT scan, whether it's a surgeon that has to come in to perform an operation or whether it's a cardiologist that needs to come in and do angioplasty and help someone suffering a heart attack. That will happen whether it's two in the morning or two in the afternoon. If a particular investigation can wait till the next morning then we will defer that to the next morning. We can't have people and staff the hospital the same at two in the morning the way we do at two in the afternoon. I must say we are fortunate at Brampton Civic and at Etobicoke General that once ultrasound sort of ended at two in the afternoon but now our techs and the radiologist stay till later into the evening and most stay till about nine, ten o'clock so that we can get those services into the evening. In a perfect world and I think for the emergency physicians that perfect world will be to have those services around the clock and we're looking at that and looking at strategies on how to make that happen.

Harjot Ghuman-Matharu:

Thank you so much. Now we'd like to ask you a question. To answer each question please push the number on the phone that corresponds best with the options given to you. If you were feeling unwell how do you first access health care in our community? Dial one for the family doctor, two for the walk in clinic, three for the hospital's emergency department, four call Telehealth, five call 911. Thank you for your calls. For those of you just joining us, welcome to our discussion about how you can be better served by our local health care system. During this next discussion we'd like to discuss some thoughts on how you're working together to make the system work for patients and their families. Here to discuss these options for you is Liz Ruegg, President and CEO of Headwaters Health Care Centre. Following Liz, Janette Smith from the Region of Peel will close out our remarks. Please press star three on your keypad if you would like to ask question for either of them.

Liz Ruegg:

Thank you Harjot, I'm really excited to be here with our local community health care providers this evening. This is also a great opportunity for us to hear from you. Headwaters Health Care Centre is an eighty-seven bed acute and complex continuing care community hospital located in Orangeville and we serve the residents of Dufferin County and the town of Caledon. For a full list of the services that we provide please visit us at www.headwatershealth.ca. It's really

important for us to keep our residents in homes longer and provide care close to home. Headwaters will never be able to provide all the services that are needed to care for our community however what is important for us is to be able to provide access to those services by partnering with organizations like the ones here tonight. For example we've built partnerships to provide a regional cancer program, a regional orthopaedics program and mental health programs so that you can receive care closer to home. Our recently announced redevelopment will enable us to expand these programs and services to reach more patients. We have also joined forces with the Central West Community Care Access Centre to provide an IV and a wound clinic to provide our residents with an alternative to the emergency department. William Osler, the Central West LHIN and the Ontario Telemedicine Network have all got together to provide tele-home care to keep you healthy and at home. Just like this telephone town hall event we will all continue to work together to put patients first and ensure that you get the best care possible close to home.

Harjot Ghuman-Matharu:

Thank you, Liz. We would now like to announce the results for our fourth polling question. We asked if you are feeling unwell how do you first access health care in our community. 49% of you said the family doctor, 21% the walk in clinic, 11% the hospital's emergency department, 15% by calling Telehealth and 4% by calling 911. At this time we'd like to open the floor to our callers. If you would like to ask a question or make a comment press star three on your phone, this will bring you into the question queue to speak to the leaders of our participating health care organizations. We kindly ask that you keep your questions brief so that we can get to as many as possible. We'd like now to speak to Ed, thank you so much for calling and being with us for telephone town hall.

Q: Ed:

Hello I'd like to know if there is hyperbaric therapy, that is high pressure oxygen therapy for diabetic neuropathy to prevent loss of limbs?

Harjot Ghuman-Matharu:

Thanks so much for your question Ed.

Dr Frank Martino:

So that is a very experimental area of practice and it is not conducted in our region but it is centralized in Toronto. The hyperbaric chamber is I believe at UHN, at the Toronto General Hospital which is the regional referral centre. Right now the capacity to do that for diabetic neuropathy is quite limited and it's in the experimental phase. The majority of hyperbaric treatment is for other conditions.

Harjot Ghuman-Matharu:

Thank you so much Dr Martino. We would like to go next to [Norgas], thanks so much for calling in.

Q: [Norgas]:

Yes. Hello, my name is [Norgas]. I have a question that you are interconnected with the provincial and are you interconnected with the Halton Region and the Wellington/Waterloo and is there a contact that I can follow you?

Harjot Ghuman-Matharu:

Thank you so much for your question.

Scott McLeod:

It's Scott McLeod, I'll start with a bit of an answer. I'm thinking that you're talking about the information systems of the different providers being able to speak with each other. There is an initiative underway currently called Connecting GTA which is really at the base of it is enabling patient information to flow seamlessly between hospitals, community care access centres, the labs, diagnostic etc. That work is at a stage of getting out and in the next few years we'll see an ability for information to flow much easier. I don't know whether Matt or Liz would like to comment about interconnectivities in different parts.

Liz Ruegg:

So it's Liz from Headwaters and definitely we have what we call Reach Portal as well which makes it possible for physicians to access any tests, so any type of lab test or diagnostic tests that you've done, certainly Halton would be one of the regions, they would be able to access that through the Reach Portal. Also through the GTA packs they're certainly able to access copies of your x-ray reports from Toronto and any of the other hospitals certainly within this region we're you've had tests.

Harjot Ghuman-Matharu:

Thank you so much. We'd like next to go to Wanda, thank you so much for calling in do you have a question for us?

Q: Wanda:

Yes, hi. I was recently visiting my mother at the Niagara Health System, she was admitted for various symptoms through the emergency department and I'm from out of town so after having worked a full day and then driving down there, had they had kind of limited visiting hours I would have had to wait till the next morning but they actually have a fantastic policy of no visiting hours and I didn't know what that meant at first when I heard it on their IVR but apparently they mean no visiting hours meaning that you can stay as long as you want and I was wondering if anyone from Osler has contacted anyone from the Niagara Health System to consider implementing something of that nature because I thought it was just phenomenal.

Liz Ruegg:

So it's Liz from Headwaters in Orangeville so thank you very much for that question Wanda. Certainly having open visiting hours is something that's very critical I believe to the recovery of patients and we have open visiting hours at Headwaters as well. There are times though depending if you're in the ICU or if a patient was in a four-bed room there might be a need at times to limit the number of visitors out of respect for other patients in the room. But for the most part it's open visiting hours.

Dr Frank Martino:

So several years ago at Osler we looked at our visiting hour policy and we expanded our visiting hours. I still remember visiting hours starting at two in the afternoon and that means that family members couldn't be at the bedside to help mom or dad or their children or their loved one receive lunch and help feed them during the lunch hour. So we expanded our visiting hours. Certainly you talk about something that is exciting, that is patient centred and certainly something at Osler that we're going to be exploring in the months and years to come.

Harjot Ghuman-Matharu:

Thank you so much. Now we'd like to ask you a question. To answer each question please push the number on the phone that best corresponds with the options given to you. When it comes to our local health care system what do you have the most questions about. Dial one for wait times, two for access to family physicians and specialists, three for the availability of services close to home, four for transportation to attend appointments, five support at home. Our final speaker this evening is Janette Smith, Commissioner of Health Services for the Peel Region.

Janette Smith:

Thank you, Harjot. Good evening everyone, I'm thrilled to be here on behalf of the region and Peel Health Services Department. If you don't know us we operate five long term care homes and community support services for older adults, we operate paramedic services or the land ambulance and respond to over ninety-five thousand 911 calls per year and we provide public health for residents living throughout Peel Region. With recent funding from the LHIN we have been able to expand the community support services we operate out of our five long term care homes. We now offer bathing services and provide more evening and weekend hours. These enhancements allow us to better serve frail older adults living in the community and their caregivers. One of our key public health priorities is addressing the increasing rates of obesity and diabetes in both children and adults. This includes working with planners to design buildings and outdoor spaces to support active living and working with local schools to promote active breaks and active transportation to and from school. This fall we partnered with the school board to put on the Peel Student Food Expo. This unique event brought students and food service providers together to develop new healthy and delicious food choices for students in their cafeterias. For more information on any of our programs residents can call Peel Health at 905-791-7800 or visit our website by going to www.peelregion.ca. Thanks so much.

Harjot Ghuman-Matharu:

Thank you Janette. We'd like now to announce the results from our fifth polling question. We asked when it comes to our local health care system what do you have the most questions about. 29% of you said wait time, 12% said the access to family physicians and specialists, 26% availability of services close to home, 7% transportation to attend appointments, 26% support at home. Now we'd like to open the floor for final questions from our listeners. Once again if you would like to ask a question or make a comment please press star three on your phone, this will bring you into the question queue to speak to the leaders of our participating health care organizations. We kindly ask that you keep your questions brief so that we can answer as many as possible. There are no more questions tonight so now we would like to say once again we appreciate you spending part of your evening with us. Our local health organizations will be using feedback received during this call to help inform their ongoing integration initiative. The group plans to continue to hold more telephone town hall meetings in the future and hope that you will join them again. As I mentioned at the beginning of the call, the host organizations will summarize the questions frequently asked this evening and post the information on their websites so that you can revert to it for more information about their services and how they work together for the community. If you have a question that you would like to leave for the host organizations you can also stay on the line after the call and leave a voicemail message, calls will be returned to you within forty-eight hours. Thank you again for joining us and have a wonderful evening.