

*REPORT ON:
Consultation Process Rouge Valley Health System (RVHS)
Mental Health (MH) Implementation Plan*

CE LHIN Board of Directors

June 2008

RVHS MH Consultation Report – Slide Outline

- What was the consultation all about?
- What was heard, and from whom?
- What are the prevailing tensions & key issues coming out of the consultation?
- What was learned (recommendations)?
- What action steps are to come and to be performed by whom?

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RVHS MH Consultation Report – What was the consultation all about?

- **What Was It In Response To?**
 - RVHS *MH Implementation Plan*, and indirectly *RVHS Deficit Elimination Plan*, and the *Peer Review Report*
- **Why Was It Held?**
 - LHIN commitment to:
 - community engagement and local health planning
 - mental health and addiction as a system priority
- **What Did It Look Like?**
 - Organized stakeholder/public consultations
 - Mail/E-mail feedback
 - Feedback Letters from Stakeholders/Planning Partners:
- **Who organized and reported on it?**
 - RVHS and the LHIN organization co-hosted the 3 formal events
 - Most of the informal feedback was directed at various staff at the LHIN organization
 - Report prepared by LHIN staff for the CE LHIN Board of Directors for release to the RVHS Board of Directors and the public thereafter

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RVHS MH Consultation Report – What was heard, and from whom?

It needs to be recognized that the responses in the next 3 slides are those we received, and we don't know how broadly these opinions are held and that they only represent certain sectors and interests

- *Consumers & Families:*
 - concerned about losing their psychiatrists – want beds to stay in Ajax
 - access and distances problem for friends and family
- *Union Representatives :*
 - feel the LHIN and RVHS had broken the law
 - consultations should have been held before the decision to transfer - beds should stay in Ajax
- *Friends of Ajax Pickering Hospital:*
 - In addition to similar indications as the union representatives, were critical of RVHS management
- *Service Providers:*
 - focussed on the details of the transfer expressing concerns, wanting further explanation and providing feedback on issues of access, transportation
- *Police & EMS:*
 - expressed concerns about off-loading delays, travel times, escort issues, *forming* of patient issues, treatment delays

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RVHS MH Consultation Report – What was heard, and from whom?

- *Psychiatrists at RVHS:*
 - expressed their distress at the bed transfer - felt RVHS Board did not have full information
 - contravention of the *Peer Review Report*
 - unmet psychiatric needs in Ajax and compromised safety will result
- *Mental Health and Addiction Steering Committee:*
 - supported plan - that it will present opportunities to improve the quality of MH care in both sites,
 - recommended best practice review of *medical/psychiatry beds*
- *Whitby Mental Health Centre:*
 - supportive of RVHS within the context of their fiscal challenge
 - identified the importance of an integrated system of care
- *Durham West Collaborative:*
 - Suggested RVHS caught in no-win situation between Peer Review recommendations and deficit elimination, and a public wanting continued enhancement of service
 - provided recommendations for rebuilding trust
- *Consumer Survivor Network:*
 - indicated support for the re-direction of resources saved from institutional restructuring into community, out-patient and emergency services

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RVHS MH Consultation Report – What was heard, and from whom?

Feedback on Improving MH Implementation Plan

ACCESS

- reasonable wait and transfer times
- continuity of care
- ability to access MH services closer to home
- off-loading & boundary issues for police/EMS
- transportation provisions for consumer/family
- discharge planning

PARTNERSHIPS

- RVHS become more active in LHIN MH committees
- enhanced MH service partnerships with other Sch. 1
- leverage advisory capacities of MH&A SC
- advisory committees to support plan implementation
- on-going advisory and evaluation support
- enhanced partnerships with community sector

QUALITY SERVICES

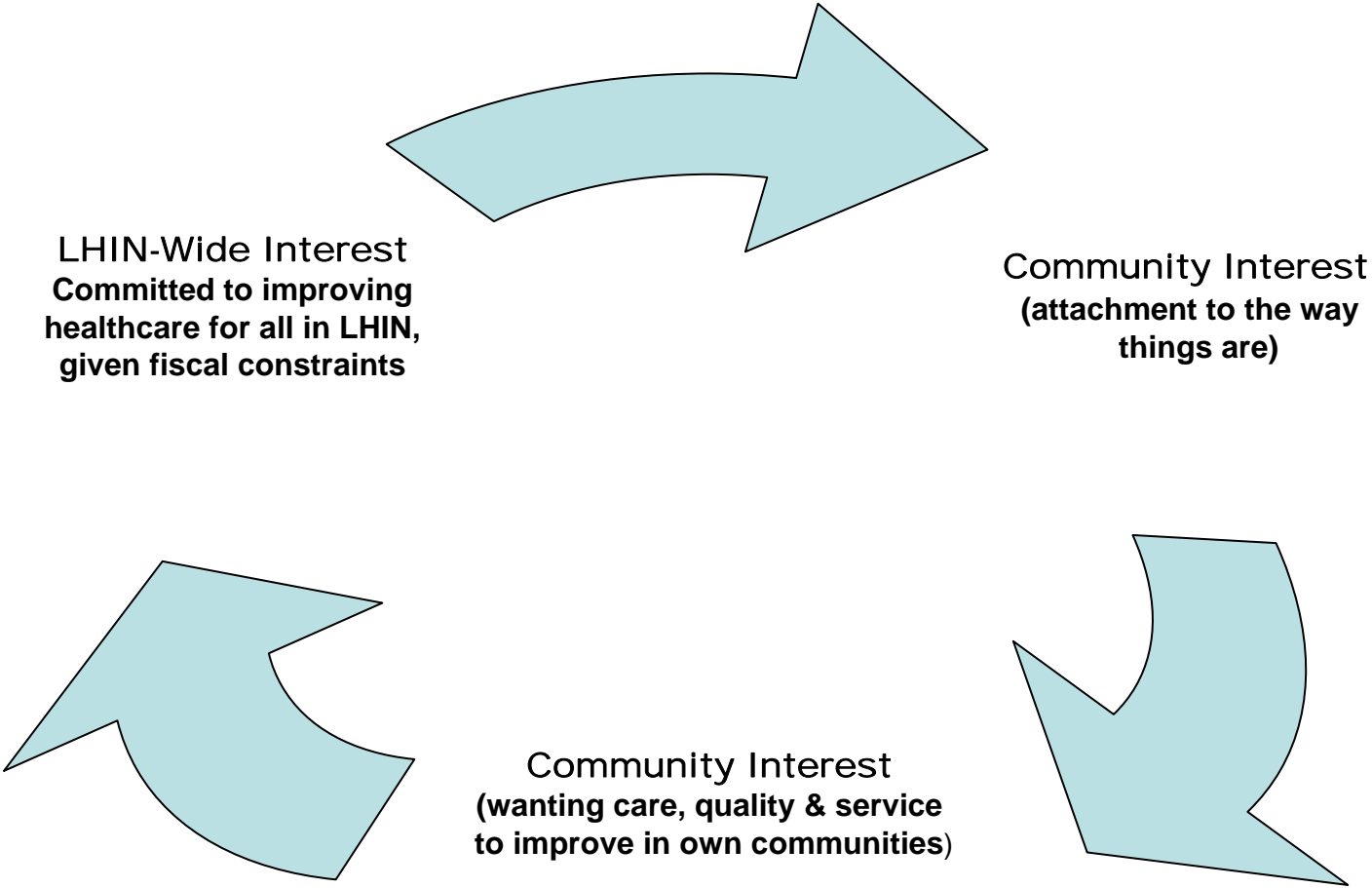
- best practice review of medical/psychiatric beds
- equitable psychiatric coverage across both sites
- better crisis intervention, more crisis beds
- quality and compassionate care
- consider police/nurse teams (already existing)
- shared care between PHC and psychiatrists
- Standardization (care maps, protocols, etc)

COMMUNICATION/EDUCATION

- dialogue, education, information dissemination
- stakeholders need to better understand healthcare system realities
- family education, coordination, between families and caregivers
- Innovative solutions-public forums

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RVHS MH Consultation Report – Prevailing *TENSIONS*



RVHS MH Consultation Report – Unveiling *KEY ISSUES*

Lack of appreciation for on-going community engagement	Lack of trust	local community expectations versus Ministry/LHIN expectations
Misinterpretation	RVHS in transition – and change has started	Judicial Review
fear and concerns of patients/ caregivers	Healthcare decisions looked at in isolation	Durham versus Scarborough & an old merger

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RVHS MH Consultation Report – What was learned?

What was learned led to six over-arching recommendations in the Report relating to:

1. **Improving the RVHS *Mental Health Implementation Plan***
2. **Development of on-going evaluation as implementation proceeds**
3. **Broader system service improvements learned from RVHS process, that the LHIN organization, service providers (in particular RVHS) can develop**
4. **Improving future consultations by hospital service providers (e.g., RVHS) & the CE LHIN**
5. **Improving effectiveness of consumer involvement in MH&A system planning**
6. **Raising public awareness of MH&A services “system” (Community, Hospital) as well as awareness of the mandate, goals and objectives of the CE LHIN including - communication strategies to support implementation, and ongoing feedback/dialogue**

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RVHS MH Consultation Report Recommendations

MH Implementation Plan

RVHS

- **Best practice review - *medical-psychiatric beds***
- **Full-scale independent evaluation – but first monitor change - access, efficiency and turnaround times**
- **Develop contingency plan to ensure equitable psychiatrist coverage between sites**
- **RVHS participating in and leverage advisory capacities LHIN MH&A committees**
- **Develop public web-page to document/announce progress**
- **Ongoing feedback and response mechanism throughout the implementation**
- **Establishment of broad-based community Advisory Groups in several areas (e.g. transportation, integration planning, medical psychiatry) to respond to issues concerning care, partnerships, communications, planning, etc.**

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RVHS MH Consultation Report Recommendations

Broader System Improvements

CE LHIN Organization

- **Web-page documenting LHIN consultation/engagement/integration protocols**
- **LHIN-wide initiative dealing with special needs of MH patients in Emergency Departments**
- **Explore the potential of further service enhancements in community MH services (e.g. expanded crisis services)**
- **formal mechanisms for informing, educating and discussing issues with public advocacy bodies**

All LHIN Stakeholders

- **LHIN planning partners continue development of a “basket-of-services” charter**
- **RVHS psychiatrists supported in working in the community**
- **Transportation/travel issues**
- **Consumer organizations, consider resources and greater opportunities for increased responsibility**

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RVHS MH Consultation Report Recommendations

Future Integrations/Consultations

All LHIN Stakeholders

- **Appropriate level of understanding and sensitivity to the consumer/stakeholder *value* struggles**
- **Trust is an issue and it's a two-way street and in part involves raising public awareness of what is true and what isn't**
- **Contemplated integration or change should convey the consultation/engagement processes that will be required and/or conducted prior to going forward**
- **Consultations should have pre-established clarity and agreement around expectations, process and outcomes**
- **Consultations should be held in forums that provide for equitable, inclusive and balanced disclosure and feedback**
- **Conduct “climate testing” and pay attention to what is discovered**

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RVHS MH Consultation Report Recommendations

Raising Public Awareness of MH&A Services

All LHIN Stakeholders

- **Broader commitment to prevention and health promotion for MH&A**
- **Anti-stigma campaign, begin to embrace a mental wellness continuum**
- **Advance the role and presence of psycho-geriatrics**
- **Services continuum of care in MH needs to be more seamless**
 - **move away from referring to hospitals versus community -this tends to intensify notions of “stigma” and “disease model”**
 - **adoption of a “recovery model”**

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