Building VCH's Story: What is our future?

The VCH Senior Executive Team are having strategic discussions in order to:

⇒ Clarify and articulate a 3-5 year 'future state' in alignment with the Ministry of Health policy papers and True North framework
⇒ Identify how to increase the impact of our strategy and balance transformational change with stabilizing the foundation *(includes incremental change to continually meet budget, quality targets as well as redesign)*
⇒ Identify and agree on the most important strategies, measures and targets to move us towards our future state
⇒ Ensure all strategic initiatives are aligned and support our strategies (emphasize or discontinue work as required)
⇒ Identify the most important gaps/barriers to work on in order to accelerate change, reduce effort and improve our capacity for implementation

VCH leadership wants to understand and communicate where we want to be in 3-5 years so that we can:

o Focus resources more effectively
o Explicitly recognize where we can make the most impact (and not put time into areas where we cannot)
o Make decisions on what we choose to do, resource or emphasize
o Create measurable strategies with clear targets so that we know if we are having the desired impact and course correct quickly if we are not

The 8 statements declare what VCH wants to accomplish in 3 – 5 years:

Feedback gathered at CEAN Spring Forum April 22, 2107
✓indicates that others agree with comment

1. People are empowered to manage their own health and wellness

How do you feel about this statement?
- as an ideal aspiration yes I feel it is important
- apprehensive
- as long as it doesn't mean someone else empowers me
- this is an ambiguous statement
- for those with mental illness who lack insight this won't work
- Makes me feel respected; that I also have knowledge and awareness of resources that many doctors don't know about
- look forward to a positive movement in the right direction; for involvement in our own health and wellness
- many older people and others may not be used to this newer preventative wellness thinking in this statement
- culture shift which takes a long time; plus doctors don't push this newer thinking

- people need support on the journey
- very patient-centred
- education empowers people
- communication empowers people
- provide people with appropriate, culturally sensitive tools and spaces to empower them in their health and wellness. Offer all types of care (integrated multidisciplinary healthcare services) including alternative - i.e. homeopathic etc. Also an intake person (patient navigator/coach) to help support patient through the various services. People maintain their own documentation and health records – teach them how.

What do you like about this statement?
- the word empowered and the encouragement to be self managers; active in your health and wellness, a manager and decision-maker ✔
- puts clients and patients on a more equal level with doctors
- in general I like the idea of people being empowered as much as possible ✔
- implies there is hope for the client
- it's impossible to have good healthcare without it
- I am in favour of patient involvement ✔
- it's the patient's life; ideal for them to make their own choices, more likely they will continue treatment

What don't you like about this statement?
- does not always happen
- it ignores the existence of family caregivers who are necessary because there are many people who can't manage their own health
- more support for family caregivers in **all** aspects of care including financial
- people with mental health problems are often told what is best for them; they are not consulted but talked down to by health professionals
- I blame the professors who taught the psychiatrists for the above ⇑
- some people may be too sick to advocate for themselves
- I fear that vulnerable people will be abandoned by the system and expected to go it alone in order to save $$
- they are not empowered!
- sometimes this is translated as blame- "you are not better because you are not trying"

2. *People are supported in their choices near end of life*

How do you feel about this statement?
- yes, yes, yes
- sad
- I don't think the system is there yet
- a "good death" is a valid "treatment" option at end of life
- more information is required on how this can be done
- ambivalence because of MaiD
- moving in direction of progress ✔

- not everyone's choices are allowed by new legislation
- something to aspire to
- needs more research
- positive
- create accessible and appropriate palliative care in a form desired by patients
- universal accessibility of MaiD, performed according to patient/family wishes

What do you like about this statement?
- I like the possibilities it suggests
- there is an attempt to do this; resources are not always sufficient
- I like the theory/concept - voices (heard) choices (enacted)
- it should be considered - no ifs, ands or buts
- nothing!
- need more support from health care providers
- this would be ideal
- that what is important to each person is different so each person is valued as unique
- **That** is what empowerment looks like
- respectful/dignity
- helpful to family members
- Excellent and timely

What don't you like about this statement?
- I want support spelled out e.g not forced MaiD without good treatment/pain/hospice options
- choices; but what about actions and location? someone wants MaiD but is not permitted in current care home
- It assumes too much that is not the reality of a certain segment of the population ✓
- education is needed on legal/moral aspects
- If you want hospice care but there are no hospice beds; then what?
- I'm not sure how it will work in the real world; as opposed to theoretical
- what is a person's choice puts them in a more vulnerable position?

3. *The majority of health needs are met at home and in the community*
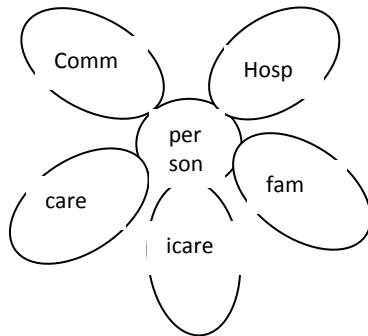
How do you feel about this statement?
- something to aspire to ✓✓✓✓
- don't lose sight of the acute/hospital resource needs
- values prevention and Home is Best
- recognizing increasing pressure on family\support networks
- depends on funding and staffing
- this assumes people have family/friends that will give significantly of their time and support for health care needs
- assumes family can provide this; many families are struggling

- not always possible
- need to create integrated holistic community based health clinics and adequate home and congregate care services - accessible

What do you like about this statement?
- long term healing will likely happen here, so let's start here
- as long as 'hospital' care remains an open system i.e. not closed/exclusive of community care concerns
- love the person-centred/self-management philosophy - see diagram below

Comm   Hosp

per son

care   fam

icare

- keeping people at home if that is what they want
- would be nice if a fact; not wishful thinking
- it's an unrealistic dream
- to would be nice to stay home
- less pressure on hospital room availability
- this might be good with sufficient supports for patient and care giver
- excellent and timely

What don't you like about this statement?
- some people don't have a home or safe community
- agree with above; where would these folks receive equivalent care?
- what homeless and disadvantaged
- simplistic; assuming that family/friends will pick up the lion's share of the work
- health needs are so varied, I have my doubts about the reality of this unless one has deep pockets and lots of help
- home care not funded for many who would really benefit; even a few hours a day
- not everybody has family members to provide the service
- sounds like more unpaid work for mostly women (provide decent pay) and a way for gov't to save $

4. *Hospitals are there to deliver specialized care that cannot be provided in the community*

How do you feel about this statement?
- concern re: openness to **all** care
- step in the right direction

- this is how it should be ✔
- hospitals should be part of the community; being in hospital shouldn't mean being temporarily out of the community
- community is there to deliver specialized care that cannot be provided in hospital!
- community should be first line of defense to alleviate burden in hospital ✔✔
- good allocation of acute and specialized interventions
- full spectrum of services in the community, accessible and available to all should be the norm

What do you like about this statement?
- establishes priorities in care
- hospitals can be overburdened by providing care that could be provided in community
- sometimes people are in hospital that could be in the community
- if it means supporting primary care clinics/homes in the community then I am for it ✔✔✔
- good idea
- forward thinking
- proper role of hospital

What don't you like about this statement?
- it implies that community care is as good as hospital care
- some people have to travel to urban areas for specialized care
- community care needs to be improved first

5. *Timely access to appropriate surgical services*

How do you feel about this statement?
- generally with all specialties we need more supply to meet demand
- not in rural areas!
- it is clearly good
- it's about time
- good; recognized there is to long a wait for elective surgeries
- very complex
- aim for this
- public needs to be educated about what "surgery" entails and why there are such long wait lists
- needs a lot of funding to achieve it
- this is an untrue statement

What do you like about this statement?
- timely - get specific
- what is timely when on a wait list?
- need clarification on timely
- it is vague
- yes agree it is vague when you are in pain and suffering

- this needs to happen
- word appropriate is good; recognize some surgeries may not be in the patients best interests
- most important to avoid advance of disease/infirmity

What don't you like about this statement?
- appropriate; to whom? sounds judgmental ✔✔
- what is timely when you are on a wait list?
- not sure what timely and appropriate mean ✔✔✔
- timely is very expensive
- it cannot be done in every part of the province
- appropriate needs to clarified

6. Enhanced Clinical information systems within and across the continuum of care

How do you feel about this statement?
- I hope it will destroy the silos in care e.g tertiary, community, acute
- consolidation
- great idea
- critical to provision of safe patient care
- we need EMR systems that can talk to each other across HA's
- positive; it will be great to have clinicians, patients and families able to access info
- necessitates education/support for clinicians
- sounds good
- key to progress
- how is it relevant to me?
- this is needed
- the whole system needs to incorporate high security of data and true continuum of care to include integrated alternative care providers

What do you like about this statement?
- will cut down on so much bureaucracy
- using technology for good
- empowers the client
- hopefully results in more efficient care
- it is what should be happening
- forward looking ✔✔✔
- patients and all caregivers should have the same database
- sounds fancy but doesn't explain much
- patient information not always available when needed - need a network - sorry!
- might improve communications

What don't you like about this statement?

- I'm not sure if the creators of this message realize that most people with psychotic disorders don't have access to adequate psycho education programs about their illness
- confidentiality; policies and principles and ethics will apply
- having timely communication of patients health needs trumps confidentiality
- statement seems incomplete; what about it?

7. Value is rewarded through aligned incentives

How do you feel about this statement?
- I would hope that I add value (to the community) and that the things that motivate me are aligned with offered incentives
- I don't understand it ✔✔✔
- it is incomprehensible
- it is hard to understand; needs clarity
- very nebulous
- what does aligned incentives mean?
- who is involved?
- I don't understand it ✔✔
- Needs more work but the idea of proper incentivizing healthcare delivery is excellent and timely
- The very important vision of transforming the system to be more financially sustainable by possibly guaranteed salaries (including more GPs and the specialists) and rewarding them for keeping citizens healthy. This could be achieved by using services at the lowest cost per service through self-management, with access to alternative therapies (suggested, a voucher system giving patient a choice of how they want to spend it on what works for them).
- In a hospital setting, proper care should be rewarded to cut down on repeat admissions.

What do you like about this statement?
- it is written to get a person really thinking and reflecting

What don't you like about this statement?
- whose aligned incentives?
- it is not specific
- the meaning is not clear
- what incentives are to align with what?
- what to do when some people/stakeholders have different values?
- needs to be more clearly stated
- ?

8. Expanded access to care through telemedicine

How do you feel about this statement?
- proactive, improving services with the help of technology ✔
- need more continuous access especially in rural areas

- I like the inclusion of technology to access help/care
- do not like this; very technical
- it's ok but takes the personal out of care
- we need to have technological capability and compatibility
- this may or may not work to benefit patients
- feel we can use technology to bring health care to people that live in remote communities or have other challenges limiting ability to get to doctor
- incorporate appropriate technological advances in the provision of tele-medicine and remote care.

What do you like about this statement?
- access to specialists in rural and remote areas ✔
- so necessary in some areas; what are other options?
- super important e.g. also for young people whose lives revolve around their devices
- **all** regions should have it!
- I like the idea of not having to travel to doctor's office for every little concern
- increasing diversity of care options
- i agree; look at remote areas in other countries
- it saves a lot of precious limited health care $$ (at 48% of prov. budget) and is great for rural and remote and not having to leave home for those who have trouble doing that
- it empowers the consumer
- technology can improve quality of care and access if used wisely

What don't you like about this statement?
- do not agree with this concept
- will traditional services suffer, fear of change, needs to be coupled with lots of education expansion can mean too much change too fast be cognizant of that
- it removes the human care; that is needed at certain cases
- don't know exactly what telemedicine is
- I worry that it won't be my decision but the systems' as to when this gets used
- telemedicine for disciplines that rely on soft skills of medicine will not benefit from this

Other Comments
Share your thoughts, on the concept overall, of VCH making these statements....

- overall - excellent though wonder about the reality of them given lack of resources for more than adequate staffing at all levels and in all facilities whether in community or hospital or long term care structure
- to shift the cultural mindset of health care professionals (i.e. life prolongation) non judgment needs to be emphasized; to have patients centered care their voice must be acted on aside from individual health care professionals opinions, values and beliefs ✔
- how to better meet diverse needs e.g beliefs/culture
- a positive move; would like to hear of the progress and follow up also to see the outcomes