

Report on the 2019 NDG Community Health Forum

On October 20th 2019, the NDG Senior Citizens' Council sponsored a community health forum organized in collaboration with the NDG Working Group on Health and the NDG Community Council. The African-Canadian Development and Prevention Network (ACDPN), Hear Entendre Quebec and Prevention NDG were also engaged regularly throughout the process in order to address issues of access and cultural sensitivity in the discussions. The goal of the forum was to inform the residents of NDG and surrounding areas about the resources that exist through institutions supported by the Centre Intégré Universitaire de Santé et de Services Sociaux for the Center-West of Montreal (Hereafter CIUSSS-CODIM), as well as many of the local community organizations, in particular as they relate to health and health access. Further, the event aimed to create a discourse between the health and social service providers, encouraging participants to open a dialogue regarding the gaps in services experienced by residents so that the Working Group on Health could be better informed for future action.

Resources and access to information

In order to help residents connect with the many important local organizations that support the health sector a room at the forum was organized to showcase resources and support programs. Organizations present included ACDPN, Amy Leitner Consulting For Seniors, Cavendish Users Committee, NDG Senior Citizens' Council, The Depot, Prevention CDN-NDG, CIUSSS-CODIM, Hear Entendre Quebec, Evasion, NDG Community Council, Perform Center, Gay & Grey, and LogisAction.

Thematic Workshops

Two sessions of hour-long workshops were held in the afternoon, with participants choosing from two concurrent thematic sessions: **What the CIUSSS-CODIM Has to Offer, Cultural Barriers to Access, Why I Need a Family Doctor, and Accessing Mental Health Services**. The workshop thematics were drawn from the experiences and issues of the working group on health, as well as informed by resident interviews conducted over the summer.

What the CIUSSS has to offer workshop

Presentation by: Marilyn Mahoney
Moderated by: Sheri McLeod

The presentation was an overview of the broad mandate of the CIUSSS with regard to both its medical and social responsibilities, including prevention, psychosocial assistance, and other specialized services. Covering Birthing Centers to CHSLDs the CIUSSS has a role in supporting people throughout their entire lives. They are also responsible for the oversight of Family doctors.

Barriers to Access workshop

A presentation was given from 7 outreach workers from Bienvenue NDG led by Genevieve Polese, who shared the issues faced by the diverse populations they serve.

Moderated by: Jeremy Varvaris

The presentation focused primarily on the experiences of new arrivals and their experiences with the healthcare system. Issues that were most salient throughout each group were similar to the responses from the average population, mainly with regard to wait times. The main issues raised related to bias were regarding respect and patience. During the group discussion period of the workshop, various other themes emerged. These included ageism, cultural sensitivity, and the importance of self-advocacy. The issue of self-advocacy was also discussed as a problematic expectation for someone who may already deal with additional struggles to access, and whether they should bear the onus of needing to advocate, or whether professionals need to be more aware and sensitive to patients needs.

Why I Need a Family Doctor workshop

The guest speaker, Dr. George Michaels, a family doctor and director of a Group de Médecine Familial (GMF) in NDG, presented his experience with operating a GMF. Patients who are registered with one of the GMF doctors are seen by appointment. These patients can also be seen without an appointment, depending on the availability of doctors on a given day. The GMF only serves patients who are registered with one of its doctors.

Dr. Michaels also presented a model of community based front-line services being promoted by the College of Family Physicians of Canada –The Patient Medical Home (PMH). The PMH model resembles the ideal GMF where nurses, social workers and other health care professionals are allocated by the CIUSSS to work within a GMF in a multidisciplinary team. He noted that most GMFs are currently in need of more doctors.

Dr, Michaels urged workshop participants who do not have a regular family doctor to register on the waiting list to obtain a family doctor through the “Guichet d’accès à un médecin de famille” (GAMF). Application forms can be obtained online or from the receptionist at a CLSC. He advised people who were waiting to be assigned a family doctor after registering with the GAMF to use a ‘walk-in’ clinic in their community, and use the same one whenever they need to see a doctor. Walk-in clinics, including Super-Clinics, see patients who are not registered with a family doctor. Patients should advise the healthcare workers they see that they are registered with the GAMF. It might be possible for one of the doctors at the walk-in or Super Clinic to accept them as a new registered patient.

Discussion among workshop participants raised a number of issues they had confronted in using these primary care services: there is a lack of triage of people presenting at walk-in clinics and Super Clinics which means that people with more serious illnesses are not prioritized; when clinics are very busy, staff do not refer people to other clinics within a reasonable distance where they may be seen more quickly. Also there seems to be no guarantee that a patient registered with a doctor in a GMF will be taken on by another family doctor in that GMF if their doctor retires, moves away or takes an extended leave.

In many cases the 'orphaned' patient must re-register with the GAMF, and loses access to the other health professionals they saw at the GMF.

Accessing Mental Health Services workshop

Presentation by: Mark Demaine of the CIUSSS Mental Health department

Moderated by: Marlo Turner-Ritchie

The presentation gave an overview of the various entryways into the mental health system as well as describe the services that are able to intervene in crisis situations.

In the discussion period participants expressed that they were unaware of many of these services and lacked the ability to receive support from any of these services. The issue of advocacy and care taking was also raised. It was raised that in all health systems it is important to have the consent of the person undergoing treatment, but this is a particularly difficult issue to deal with in the field of mental health where those who are often in need of help might irrationally reject it. One participant shared that in her personal experience this issue left her feeling helpless to help a relative who suffered from mental health issues and was unwilling to accept treatment.

Plenary Panel

After the workshops the Forum participants were gathered together for the plenary panel to bring questions and issues they had, either externally or developed through the workshop discussions, to be answered by officials from the CIUSSS and other important representatives of the institutional health system. The panel guests were Alan Maislin, Chairman of the board of the CIUSSS-CODIM, Jean-Phillipe Payment, Assistant Commissioner of the office Ombudsman, Elizabeth Sexton, President of the Cavendish Users' Committee, George Michaels, M.D., and Elliot Zelniker Coordinator of Frontline Youth Services.

The panel was moderated by Marlo Turner-Ritchie and took place over a period of about an hour and a half. The goals of the dialogue were to illuminate where solutions existed but were difficult to find or unclear to citizens, as well as to highlight to panel members issues which had not been previously raised to help identify gaps in the system. The panelists briefly introduced themselves and contextualized their position in the healthcare system for the audience.

Looking Towards the Future

The discussions within the workshops and the plenary panel painted in a largely positive light the healthcare system in NDG and the Center West territory. In particular issues raised about the areas senior population were met with understanding, and assurances that problems were actively being studied and addressed and that it would be an ongoing effort to improve access to and quality of care.

In relation to mental health, discussions primarily centered on the difficulty in navigating the system. Many residents expressed mixed feelings after the workshop; they were impressed with the existing system, but troubled regarding how little awareness they had about it and how to access it for themselves or loved ones. Access to psychosocial assistance is no doubt hampered by the shortage of social workers which was raised as an issue during the plenary panel.

The working group on Health Access will seek to meet with officials from the office of the Ombudsman to discuss the complaints process and what information is recorded during the process. The goal is to address why the number of complaints is so low despite what the working groups public consultations reflected in terms of overall satisfaction with the healthcare system. Further questions were raised during the plenary panel about what proportion of complaints might have come to the ombudsman from residents who are from minority populations, in particular new arrivals and cultural communities. It is important to uncover this information in determining to what degree the issue of cultural sensitivity might be under-addressed within the CIUSSS.

Question: What is being done to address ageism and how it relates to access and quality of care? This question is informed by discussion with seniors that expressed they felt treated with a lack of dignity.

Mr. Maislin

The CIUSSS has many active geriatric programs, and we are one of the provincial leaders for studying issues facing elders, including elder abuse. While there is an ongoing issue with a lack of long term care homes, the quality of care is better than it's ever been. The CIUSSS is also developing 'Planetree'; a person-centric program to sensitize and develop our personnel to treat people with dignity and feel taken care of. We think of people as 'persons' not patients. I would like to think/hope that Planetree will have a dramatic effect in addressing what you are talking about. There are so many systemic problems. We are trying to address why doctors don't like dealing with geriatrics. Because they aren't a 5-10 minute visit. They take time, not as much as an autistic person or an 'intellectual deficiency person'. We're going to be addressing the issue through planetree.

Question to Mrs. Sexton and Mr. Payment: What are the most frequently raised issues by residents in the community? Can you identify any issues particular to physician provided services or superclinics?

Mrs. Sexton

Access to home care, we try to help them access these if they have issues getting people to visit. Also calls about residents that feel the residence is unclean, we work to assure maintenance is improved. Another issue, a few years ago, was with visitation during outbreaks (ex. influenza). We worked hard with the CIUSSS to create a protocol for visits even during these times. We help people through the complaints process (like writing letters) with the ombudsman's office and work closely with the office to try and solve issues.

Mr. Payment

We receive about 2000 complaints per year. Including issues regarding elder care, CLSCs, GMF practices, and residences. More than half of the issues are communication problems. That is, between the person receiving care and the caregivers. The miscommunications from the staff and the expectations of care. The rest might be more technical, such as the practice of doctors.

Question: I have gone through three different social workers over 8 months. How are you supporting staff to address the issue of burnout so that the patient-centric model can provide sufficient continuity of care?

Mr. Maislin

This is a systemic issue. We have a big shortage of social workers in the system, and we are unable to fill the jobs, in part because the sick leave system is a disaster. People can be on leave for years for nearly any reason, and have their job secure whenever they return. As a result people don't want to take on replacement contracts that don't offer any long term security. It depends on the person on sick leave and whether they are legitimately sick. The cost of sick leave to a budget is in the millions for each institution. 2-3 million of our 13.5 million \$ deficit is due to sick leave. We also need over 100 nurses, without PAB or housekeeping. It's a tough system to work in and it's not attractive to work in the healthcare system. 'People keep telling me it's cuts cuts cuts, but i'm not sure'. Five of seven people in the Ombudsman's department don't have permanent jobs. So there are issues that need to be addressed by the ministry.

Question: Is anything being done to address sentiments of discrimination, lack of cultural understanding, and undertreatment of black residents and residents with double minority status within the health system?

Mr. Maislin

In my understanding this issue has not been raised to me, I am not aware that this is a problem in the Center West. If this happens to anyone they should call the ombudsman and see how fast we act. We are also the only CIUSSS to publicly stand against bill-21. We need to know about these issues, it has to bubble up so we can deal with it. It's been maddening to hear we've had this problem. We will be proactive about these issues. 'I'm shocked to hear this'.

Mr. Payment

I would hope to see these issues cross my desk so that we can reach out to improve sensitivity where it is needed. In the case that insensitive comments are made they should be immediately spoken to by their superiors.

Question: What is being done in various institutions to increase user confidence in the complaint system? In interviews many residents felt unsafe in the process, how are you combatting that perception?

Mrs. Sexton

Recently we've started going to each nursing home and various sites with the complaints commissioners to introduce them to the population to help people get to know the face to increase trust. Residents also have regular meetings with us and we invite the Commissioner after which people can have one on one discussions. The CUC also has a confidential complaint line for guidance or assistance in the process.

Mr. Maislin

A lot of people don't want to make complaints because they fear retaliation. Families are worried that disclosing who they are might lead to retaliation. The issue if they don't want to be identified in a complaint is that we can't formally follow-up with no complainant. Hopefully Planetree will help, it won't be the end all be all. The other issue is in this system we can't fire anyone. We can't fire incompetent people. We all know someone who doesn't care or is lazy and should be fired. To deal with that is next to impossible. In the Ombudsman department, the CUC, and in management we are working diligently to remove incompetence.

Mr. Payment

The goal of the complaints process is not retaliation. It's not to have someone sacked either. It's for the improvement of the quality of care for yourself and others. To those scared to speak I would say this: first the health act stipulates that there may be no retaliation against a complainant and that your complaint is not filed with your medical records anywhere. Your complaints are not about a person, but on the act that occurred that made you feel wronged, to address and change those actions.

Mr. Zelniker

When a user isn't satisfied with a service they also can deal with issues at a lower level by speaking with a manager to address things more 'in house'. Most people are happy to resolve things at this level before escalating. It's not about 'telling on the person' but about improving the services.

Question: Is the number of complaints being as low as 2000 per year not likely more of an indication that people don't trust the complaints process? Or lack access? Also how many of these complaints were from minorities or new arrivals? And are Doctors willing to report each other?

Mr. Payment

We don't have those numbers. Our system currently doesn't ask for more than names and phone numbers. We don't know about handicaps or race. That's standard practice. In fact, I don't want to know unless racism is a direct part of the complaint, I wouldn't want to be biased by the knowledge.

Dr. Michaels

We don't know when writing a prescription necessarily what side effects might present unless a direct note from the file was ignored. It would be a case by case basis. Most issues as mentioned by the Omb are related to communication. Care is paramount, it doesn't make up for gross negligence but that's rarely a problem. It's much more frequently about how people felt about treatment. It's important to remember that people have individual challenging issues in a big system. Ongoing experiences flavors the contact, and can create challenges.

Mr. Maislin

If people don't complain we are going to live with a mediocre system. It is very difficult in this system to find the incompetent people and get rid of them. No doctor I know will report on another doctor. It's up to us as citizens.

Question: What is being done about educating healthcare staff who are in contact with people from different cultural backgrounds? Having strong cultural understanding might help prevent different complaints.

Dr. Michaels

This is a question that goes to the heart of family medicine. The challenges with lifelong patients and continuity. Doctors form relationships of care with the patient and advocate on their behalf. We train our family doctors to do that. Having a doctor follow you through your life cycle is important.

Mr. Maislin

I'm not familiar with programs that address that issue in particular. I say that optimistically however, before today I wasn't aware this was an issue, and so we haven't acted on it.

Question: What is available for caretakers who are responsible for people with cognitive decline and what support is available? In particular for people not presenting with strong enough symptoms for a diagnosis.

Dr. Michaels

It's a reality that people are living longer. With this there's more dementia/alzheimers. Caregivers first and foremost, and family members are carrying the bulk of this issue. The CIUSSS