

Osler May25

[Start of recorded material 00:00]

Moderator: Good evening everyone and thank you for joining us tonight for our telephone town hall about healthcare services in our region. I would like to welcome you, my name is [Harjoka Rumatharu] and I'll be your moderator this evening. This is my third time participating in this event. I was born and raised in this area and still live in the community and I am very pleased to be helping out in support of our local healthcare organizations. Tonight we are here to talk about how our local healthcare system works and about how to access the services which are most important to you and your family. Here to speak with you this evening about these services and to answer your questions, our leader from local health organizations.

These leaders include [Scott McLeod], CEO of the Central West Local Health Integration Network or LHIN for short, [Cathy Kasimovitch], CEO of the Central West Community Care Access Centre. [Liz Roug], President and CEO of Headwaters Healthcare Centre, [Jeannette Smith], commissioner of Health Services for the region of Peel and [Matthew Anderson], President and CEO of William Osler Health System. We also have Doctor [Navid Mohammed], emergency medicine lead with the Central West LHIN. [Unintelligible 00:01:22] to help lend a clinical perspective to the conversation and to help answer questions as well.

Tonight the main objective is to take your questions and hear your comments. There will be a number of opportunities to ask questions throughout the telephone town hall. To be placed in the queue to ask a question simply dial star three on your phone at any time. Once again to be placed in the queue to ask a question simply dial star three on your phone at any time. We are 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 putting answers to some of our frequently asked questions during tonight's call. These responses will be available on the organizations website. For those of you just joining us, welcome to our discussion about how you can be better served by our local healthcare system. [Scott McLeod], CEO of the Central West LHIN will begin this evening by welcoming you and providing you with some information about the Central West LHIN priorities for healthcare in this area.

Scott: Thank you [Harjo] and good evening everyone. The Central West Local Health Integration Network or LHIN is responsible for planning, funding, integrating and monitoring the local healthcare system. That includes our hospitals, community care access centres, long-term care

homes, community mental health agencies and community sports service agencies. And the world local is quite deliberate. It reflects a fundamental belief that the healthcare needs of communities are best understood by those who live and work in them. Incorporating the healthcare needs of local LHIN communities told from the perspective of people who have lived experience is in keeping with the Ministers new action plan for healthcare entitled patients first.

It supports transformation of the local health system by placing the needs of Central West LHIN residents in patients at its centre. This telephone town hall comes at a time when Central West LHIN has begun to develop its fourth integrated health service plan. That's our strategic plan. The plan will outline our priorities for the next three years. These priorities will include our collective commitment to the development of an integrated system of health services that places patients first by improving access, that's providing faster access to the right care, connecting services, delivering better coordinated and integrated care in the community closer to home, supporting people and patients, providing the education, information and transparency to make the right decisions about their health, and making decision based on value and quality to sustain the healthcare system for the future.

So [in] the next six months the LHIN has a number of engagement activities planned to help shape and inform our strategic priorities. Tonight is one of those opportunities [we] want to hear from you. Tonight you also have an opportunity to help inform the landscape of our local health system. And you also have an equally important opportunity to gain a better understanding of how we as organizations work together to develop a more accessible and integrated system of local healthcare services that is more responsive to your needs and the needs of your families. I'm looking forward to our discussion ahead. Thank you.

Moderator: Thank you Scott. At this time we'd like to remind you for those that have just joined us at the telephone town hall, if you'd 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 healthcare organizations. We kindly ask that you keep your questions brief so that we can get to as many as possible. At this time we'd like to ask a question to get to know a little bit more about you. To answer each question please push the number on your phone that best corresponds with the options given to you.

So for our first question, is this your first time participating in our telephone town hall? Press one for yes, press two for no. For those who have just joined the telephone town hall, if you'd like to ask a question or make a comment, press star three on your phone. This is going to bring your question queue to [see] the leaders of our participating healthcare organizations. We kindly ask that you keep your questions brief so that we get to as many as possible. For our first poll results, seventy four percent of you have participated in the telephone town

halls before. Twenty six percent of you are new to the telephone town hall. Before we go to your questions, we'd like to ask Doctor [Navid Mohammed], emergency medicine lead for the Central West LHIN to introduce himself.

Navid: Good evening. My name is [Navid Mohammed] and I began working in this community eighteen years ago when I joined Osler as an emergency physician at a clinical general hospital. Since then I've held a number of positions at Osler as well as with our community partner the Central West LHIN. Our region is home to the fastest growing senior's population in Ontario and we've started to see a shift in the types of patients that have come to us for care. I've seen this first hand in the nursing department and throughout the community. Patients are getting older, they are living with chronic diseases, and they have more complex medical needs.

Tonight is a great opportunity to talk about the services that matter most to you and your families and to help you learn more about how to access them. I'm pleased to be here to support our partners and help answer questions this evening. If you have questions about your own personal healthcare needs please speak with your primary care physician.

Moderator: Thank you so much Doctor Mohammed. I want to remind you all that if you'd like to ask a question please press star three on your phone and that'll bring your question into queue to speak to our healthcare organization leaders. I'd now like to ask [Jeannette Smith] to say a few words on behalf of the region of Peel health services.

Jeannette: Thanks, I'm thrilled to be here on behalf of the region of Peel health services department. We operate five long-term care centres and provide public health services for residents living in Caledon, Brampton and Mississauga. LHIN's ambulance service stop by paramedics respond to over a hundred thousand 911 calls a year. We have many services that operate out of our long-term care centres including our adult day program where seniors participate in exercise, social activities and receive assistance with personal care and medical needs. The programs are available during the day, evenings and on weekends to allow us to better serve seniors and their caregivers living in the community.

Peel public health protects and promotes the health of all Peel residents. One of our key priorities is adjusting the increasing rates of obesity and diabetes in both children and adults. We are working with planners to design spaces to support active living as well as working with local schools to promote children's physical activity and healthy eating. Peel public health also provides free breastfeeding support and dental services for low-income children and seniors. 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](http://www.peelregion.ca). Thanks so much for having me here.

Moderator: Thank you Jeannette. So if you'd like to go back to our polling questions for the night, this is the second one for tonight. So before we go back, before we go to this question we'd like to remind you to please push the number on your phone that goes best with the options given to you for this question. Where do you currently go to get information about healthcare services in your community? Press one if it's the family doctor's office, press two for the pharmacy, three for the hospital, four for community care access centre, and five for the internet. Thank you for your participation so far in our discussion about how you can be better served by our local healthcare 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. And we have our results for the polls. Before we go back to the, before we go to the polling results we have a question and we'd like to open up the line now for the question. So first question is from Lorne. Lorne you're with us.

Lorne: Hi, it's not a question it's just a comment. Three and a half years ago my wife had a blood, a brain aneurysm. The paramedics showed up very quickly, they got her up to Brampton hospital, she was made stable, they found out what she had right away and they got her in another ambulance and got her down to Mississauga General Hospital to look at the, to be looked after. October the third I had a blood embolism in my lungs. I was going down, I got my wife came out and saw me. Again the paramedics got there in three minutes, they got me up to the hospital in Brampton and made me stable and I'm up back at work now so I'm just calling to say thank you.

Moderator: Thank you so much for that, we really appreciate it. We'd like to –

Jeannette: Yeah it's Jeannette. Thank you for the comments about the paramedics. Of course we love hear stories like that when they get there and get you to the hospital and the treatment you need as soon as possible so you get back to your family and friends so thank you so much for sharing.

Moderator: We'd like to go to our next question and that's from Gloria. Yes Gloria [unintelligible 00:11:49] ask your question?

Gloria: Yes, I have to agree with the gentleman before because I've been in the ambulance a few times with seizures and what I would like to ask is why the doctors not work together very well? Like I mean especially if you're coming from a different area and they're sending you to a regional hospital like William Osler. I mean I was sent immediately to neurologist and not assessed for other problems first with the seizures and twenty years later I still have the same problem and nobody seems to be able to find anything.

Navid: Hi it's Doctor Mohammed. I think and to answer the question why don't doctors work better together I think it's a difficult question to answer but I can tell you that what, the way physicians have traditionally worked over the years seems to now be outgrowing that

way of working. We have many patients that are coming to us from different areas. Many patients that are now being referred to family doctors from community care clinics or from family physician's offices. In the past what used to happen was that all physicians in the community used to be in the hospital and we all had a chance to see each other every day, discuss patients and discuss outcomes.

What's changed is that we've got now a set of physicians working in the hospital and a set of physicians working in the community. At Osler and at Headwaters and at our LHIN, we're really working hard to change that. One thing that we're doing is that we're creating our [amateur] care program and incorporating the needs of our primary care physicians within our community right into the program. So where we have a primary care planning table where we meet our community family care physicians, we get their input, we encourage them to be in the hospital and we interact with them on a much more frequent basis.

Other things that we're doing at all of our hospital sites in this LHIN is using telemedicine and today's technology to connect doctors, nurse practitioners, nurses, CCAC and nursing homes together. It's a journey that we've embarked on with significant planning and we really feel that over the next three or four years as we work together, some of the concerns will be allayed with the product that you see in the end.

Moderator: Thank you Doctor Mohammed for that. Before we go back to our questions we would like to go and say the results from our second polling question. So we asked where do you currently go to get information about healthcare services in your community. At fifty three percent, the family doctor's office, at thirty percent the internet, at eleven percent the pharmacy and at six percent the hospital. Thank you so much for your participation so far in our discussion about how you can be better served by our local healthcare 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. I'd now like to ask [Cathy Kasimovitch], CEO of the Central West Community Care Access Centre to say a few words.

Cathy: Hi everyone, it's Cathy. And just to remind those listening on the phone, if you don't recall what a CCAC is we are your local home care provider. We exist to help people stay safe and independent at home for as long as possible. We have care coordinators who are regulated healthcare professionals who can assess you and help you get the care you need at home. This care may include things such as nursing, physiotherapy and other therapy services, and personal support or assistance with the activities of daily living. We might also help you in accessing things such as [needle] delivery, adult day programs and a myriad of other services that exist within our community to support your health and well-being.

It's for both patients and for their caregivers. And when independent living at home is no longer possible we can also arrange for other

options such as a list of available retirement homes in the community, long-term care homes and other supportive housing options that are available within the community. We work really closely with our partners including everyone on this phone call to help people avoid the emergency department, get the care they need at home and return safely at home should they require a hospital visit. A recent example of an important partnership for us, our partnership with Headwaters and William Osler health system.

It's really seen us come together as partners and integrate on non-clinical or back office support functions to help us improve the care to patients and families in this region. Also by working more closely with family doctors and nurse practitioners we know that we can better link the care that your doctor provides with any of the in-home and community services you may need through the CCAC and that way we can wrap care around you as an integrated team of care. CCAC services and advice are covered by OHIP. We often tell people that if you need help but you don't know where to start, start by calling the CCAC. It's a simple phone number, three ten CCAC. It's free and you don't even need an area code. So if you're needing help and don't know where to turn, pick up the phone and call.

Moderator: Thank you so much for that Cathy. At this time we'd like to open the floor to the callers. If you'd 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 healthcare organizations. We kindly ask that you keep your questions brief so that we get to as many as possible. And we like to go to Marlin. Hello Marlin.

Marlin: Hi, I saw an ad in the Orangeville Banner a couple of weeks ago about a community paramedic program offered in Dufferin County. I have a few family members that are senior citizens and I'd like to know a bit more about the program.

Liz: Thank you very much Marlin, it's [Liz Roug], the President and CEO of Headwaters. Great question. We're really excited about our community para-medicine program. It really does act as a safety net for high risk patients or patients that have chronic disease and it was launched by the Dufferin Paramedics Service in partnership with the Central West LHIN and we really have found since implementing that program it's made it easier for seniors to get the care that they need. The disabled and people with a chronic illness. Dufferin County Paramedics provide wellness checks. They do safe home assessments, link checks, blood work, urine tests and just all; this prevents you from actually having to go to the emerg department.

They can also contact your family doctor and certainly ensure that they're providing the best care. The program as I said was funded by the Central West LHIN and it aims to reduce emergency department visits and also admissions to the hospital to increase our patient

satisfaction because it really is all about the patient and promote a healthier community.

Moderator: Great thank you so much. Thanks Marlin for that question. We'd like to go to the next question with Cassandra. Hi Cassandra. Hello Cassandra?

Cassandra: Hello?

Moderator: Hi, thanks so much for being with us today.

Cassandra: Thank you. My question is my sister just had a baby and she just got home from the hospital and where can she go for that breastfeeding help that you had mentioned earlier?

Jeannette: Oh hi Cassandra, it's Jeannette here. Congratulations on becoming a proud new aunt and thanks for calling. At the region of Peel we have public health nurses providing breastfeeding support to new families at our breastfeeding clinics, on our breastfeeding telephone line and we can provide home visits as well if mothers can't get to one of our clinics. You can visit our website, [breastfeedingpeel.ca](http://breastfeedingpeel.ca) to find out about where the closest clinic is and the hours of operation. You can call us at 905-791-7800 and ask to speak to a public health nurse about breastfeeding or you can visit our parenting in Peel Facebook page and ask a question about breastfeeding there.

We also have breastfeeding companions program which offers support for mothers who have breastfed their own children and all of our breastfeeding services are free so please pass that on to your sister and all the best.

Moderator: Thank you. We're going to go to the next question with Rebecca. Hello Rebecca?

Rebecca: Hi.

Moderator: Hi.

Rebecca: Two part, sorry I wasn't sure if it was the pre-recorded or live. I guess now it's a two part issue. I need to extend my gracious thank you to the CCAC. The nurses that have cared for me while I have experienced a very rare skin condition that I was very embarrassed to have to have anybody treat but I didn't want to be in a hospital, and having the CCAC come in to my home and the nurse has just been an angel and not only you know through the humiliation of the bandage changes and the pain of it physically, the emotional healing that has gone on for a very long time, I need to extend a very, very gracious thank you to the CCAC. Because I wouldn't have gone for care, I would've just toughed it out and treated myself so thank you.

Secondly, my real question is why is it going to take three years to implement a program in getting these resources out to, I know that the pocket that I live in in [Terracotta], there seems to be a big gap.

Because even though we're part of Peel, the family doctor I used to have used to make referrals up to Orangeville or Acton were very much closer and those are Halton. So the referrals and now I don't have a family doctor and I'm being told I could be up to ninety kilometres away and already being ill and being forced to travel that far I thought we had already tackled these issues years ago.

And finding out that we're not that much further ahead like it seems like we we're in a pocket in this area that we don't have, were it not for the CCAC I really think we would be in a really dire situation out in, I know in the Caledon area. I think Peel, further south of Brampton is in a much better position but I know I pay substantial taxes to live in Peel region and we don't get the same services.

Cathy: Rebecca it's Cathy. First of all I want to really thank you for your heartfelt appreciation for the great care you got from our organization and I'm delighted that we were able to be there and to help you in your time of need. And I think so that' sin answer to the first part of your question in response to the second part of your question, I think the reason that we're all here tonight and the reason that we all are working so hard together as a team is to identify those gaps in services within our region and to come together as health system providers to close those gaps.

And you I know the health human resource thing, the availability of health providers particularly in some of our less population regions is a challenge and some of the thing we're doing to address that are using technology better to try and make sure that if we can't get somebody out to you then we can have a form of electronic communication. Things like Skyping and things like email and things like telemedicine and tele-homecare where we can take the precious health human resources we have and use them more effectively to try and provide affordable access to everyone no matter where you live. Because you're right, it's important.

Everyone needs equitable access to health services within our LHIN and I know that in collaboration with our LHIN this is an important thing to all of us and we are working together as a team to try and make sure that we can get everyone fair and equitable access to the healthcare services they need. So thank you Rebecca.

Scott: And it's Scott, just a small follow up. In terms of accessing services, there is a resource that can match you if you require a primary care physician, that's healthcare connect and healthcare connect and the other comment I would make is that the boundaries of LHIN's are completely permeable. So just because you live in [Terracotta] you may want to access a primary care physician outside of [Terracotta] across in Halton. There's nothing to prevent that from happening but the key message would be healthcare connect is a number that we can match you with a primary care physician in your area.



Moderator: Thank you so much for your call. For those of us, so it's for those of you just joining us welcome to our discussion about how you can be better served by our local healthcare system. If you would like to ask a question or make a comment press star three on your phone and this will bring you into the question queue to speak to the leaders of our participating healthcare organizations. We kindly ask that you keep your questions brief so that we can get to as many as possible. At this time we'd like to now ask you a question. To answer the question please push the number on your phone that best corresponds with the options given to you.

So the question is, if you are not feeling well, where do you go to receive care? Press one for the family doctor, press two for the walk-in clinic, press three for the hospital's emergency department, four for calling Telehealth, and five for calling 911 While we wait for those poll results to come in I'd now like to ask [Liz Roug], President and CEO of Headwaters Health Care Centre to say a few words.

Liz: Thank you [Harjo]. I'm really excited to be here tonight with our local community healthcare partners. Headwaters Health Care Centre is an acute and continuing complex care community hospital located in Orangeville and it serves the communities in Caledon and Dufferin County. By offering care close to home and putting our patients first we aim to provide an exceptional experience every time which is our vision at Headwaters. For a full list of services and programs please visit us at [www.headwatershealth.ca](http://www.headwatershealth.ca). We all want to keep people in their homes longer and provide care closer to home. Headwaters will never be able to provide all the services needed to care for our community.

By partnering with organizations like we have here tonight we greatly improve access to services for the people living in our community. We've built partnerships to provide care close to home like regional cancer and dialysis programs with William Osler Health System and an IV and wound clinic with the Central West Community Care Access Centre. All to support our community with an alternative to the emerg department. Joining administrative functions with the Central West CCAC and Osler is another example of how we're partnering to better serve patients in our region.

We're very excited about our redevelopment and expansion project which will see more than eight thousand square foot expansions and renovation of our ambulatory or outpatient care and surgical services so that we're able to serve more patients closer to home. Just like this telephone town hall event we will all continue to work together to put patients first and ensure you get the access to the care, the best possible care that you need close to home.

Moderator: Thank you Liz. If you are just joining us, welcome to the telephone town hall. If you'd like to ask a question or make a comment press star three on your phone and this'll bring your question into queue to speak to the leaders of our participating health care organizations. We now

would like to go to the results of our poll. If you are not feeling well where do you go to receive care? Sixty five percent of you said the family doctor, twenty three percent of you said the walk-in clinic, the hospital's emergency department at six percent, calling Telehealth at five percent and one percent of you called 911. We'd now like to go back to our questions at the telephone town hall. Manny, thank you so much for calling us today. Hello Manny. Hello Manny are you with us?

Manny: Hello?

Moderator: Hi Manny, yes could you please ask your question?

Manny: Just, I want to know like how many minutes my physician can stay with me like when in one visit and how many questions we can ask like couple problems or just one problem we can discuss in one visit?

Moderator: Thank you so much.

Navid: Hi, this is Doctor Navid Mohammed. I think the question that you're asking is about your family physician and really it depends on how your family physician schedules his or her office. Most physicians will allot ten to fifteen minutes per patient on an appointment. If you ask for appointment that's longer or if you ask for an appointment that requires a complete physical then it is usually a half hour appointment. Or at least that's the way I used to schedule my appointments. So in that time you can get a significant amount of questions answered. If your family physician is not doing that then you might want to suggest to the receptionist when you call that you need some extra time and they will allot it to you.

If you go to a walk-in clinic, walk-in clinics are often overwhelmed with patients, especially after hours or on weekends and they do tend to limit the amount of time a physician will spend. And it's different from clinic to clinic but there are some clinics that will ask for a one complaint policy. In the ER, because you are in the ER for a longer period of time, from the time that you see the doctor, get a test done and get reassessed, there are a few options for you to ask questions and when I work in the ER I can certainly take a bit of time with a patient but that time is divided on two or three different occasions as results come back.

Moderator: Thank you so much. Our next question is with Michael. Michael hi.

Michael: Hi.

Moderator: Yes, we'd like to hear your question.

Michael: Yeah I said I just wanted to ask. My child is an autism and he doesn't take anything from anybody except from me so I just want to know what I could do to try making him not just with assistance be able to take [unintelligible 00:33:31] from people at daycare.

Jeannette: Hi, it's Jeannette from the region of Peel. You know what I would suggest you do is call Peel Public Health at 905-799-7700 and ask to speak to a nutritionist and they'll talk to you about some advice on that. Another resource is [Erin Oaks] that you might also want to talk to. They're an organization that deals specifically with children with special needs and if you look up them on the website or even if you call Peel Public Health, we'll give you the number for [Erin Oaks] and between those two organizations I'm sure you could get some support to make sure your child gets the nutrition they need.

Moderator: Great thank you so much. Thank you for being with us here at the telephone town hall. If you'd like to ask a question or make a comment press star three on your phone and this will bring you into the question queue to speak to the leaders of our participating healthcare organizations. We kindly ask that you keep your question brief so that we can get to as many as possible. At this time we're going break for a few moments to ask you a question. To answer the question, please push the number on your phone that corresponds best with the options given to you.

So our fourth question for tonight, the last time you felt unwell and received care how would you rate your experiencing, experience accessing the service? I'm going to say that one more time. The last time you felt unwell and received care, how would you rate your experience accessing the service? Press one for very satisfied, press two for satisfied, three for somewhat satisfied, four for somewhat dissatisfied, five for very dissatisfied. As we wait for those polls to come, the results to come in we'd now like to ask [Matthew Anderson], CEO of William Osler to speak with us.

Matthew: Great, thank you [Harjo]. Appreciate the opportunity to come and speak with everyone. It's such a great thing for Osler to be able to share information with you. For those listening who are not familiar with Osler, Osler is comprised of the Etobicoke General Hospital, the Brampton Civic Hospital and the Peel Memorial Centre for Integrated Health and Wellness which is under construction in downtown Brampton. At Osler we are continuing to shift traditional thinking about how patients receive care in hospital and the local community by increasing access to our outpatient services, creating innovative new clinical programs in our hospitals and expanding our telemedicine programs so patients can receive care while remaining at home.

To help support this and as Cathy and Liz have already touched on, Osler has entered into a number of exciting partnerships including the one with the Central CCAC and Headwaters Healthcare Centre which is allowing us the opportunity to align functions helping us to provide care closer to home. In pursuit of providing the best possible patient experience, in the past year we have reached major milestones on our building journey that will have a tremendous impact on the way we deliver patient care. We have begun construction of our new Peel Memorial Centre for Integrated Health and Wellness. Some of you may

know we did have a fire at the Peel Memorial Centre for Integrated Health and Wellness.

In fact probably more of you know about our fire than that we were building the hospital. I just wanted to assure everyone that construction is well underway. It was a challenge, any fire is a challenge but fortunately for us this fire did as minimal damage as possible and will not have a significant impact on our timelines or on our building. We've also, for those of you in the Etobicoke community, we have shortlisted teams to being to build a new wing at the Etobicoke General Hospital and we're slated to get that underway this summer. For those of you also in Brampton we've been working hard, although the [Branch in Civic] is a new hospital, we still have to build things and they changed us to redesign that space to serve everyone better.

At Osler our philosophy of going beyond has also inspired the creation of a new global health program which will enable us to explore ways we can contribute to the homelands of our local citizens while gathering valuable insights on practices that can be used to better meet the needs of our community. Community input is so important in bringing all these projects to life. That is why events like this are so special for William Osler. Thank you [Harjo].

Moderator: Thank you so much Matthew. We're now going to go back to our questions for tonight at the telephone town hall. Hi [Syeda], could you please ask your question? Hello [Syeda]? I think the line cut out. We'll go to our next question with Jesse. Okay next question with Anthony. Hello Anthony.

Anthony: Anthony.

Moderator: Hi Anthony.

Anthony: Yes?

Moderator: Hi. Could you please ask your question? Welcome to the telephone town hall.

Anthony: Yeah okay like I ask two question earlier, previously but now I'm going to make it brief, one question. I had asked why is the emergency [section] waiting too long for a patient to be cured or a patient to be answered? I have been there and waited so long for to see a doctor. I thought we previously addressed this but is still hope against hope.

Navid: Thank you for your question. When you come into the emergency and you see the nurse initially, we will triage a patient or group the patient according to the severity of their illness. You will be given a ranking of either one, two, three, four or five and one, triage one patients are the ones that are seen the fastest and as you go down they become less and less urgent. We have been working since 2007 with the assistance of our local health integration network to decrease our wait times. And

even though it seems like that we might still have long wait times, we have actually decreased our wait times over the last eight years by about forty five percent. But we're not stopping.

As we move further, we're introducing more and more initiatives to try to decrease our wait times. In the next few months we'll be adding more doctors, we'll be adding nurse practitioners, we'll be trialing emergency department patient concierges to help answer patient questions and we're also trying out what we call physician navigators which will help physicians answer patient's questions and answer the patients faster. We're not where we want to be yet and I'm sorry about that. But I'm confident that over the next few years our wait times will come down.

Matthew: Hi there, it's Matt speaking just some additional comments to Doctor Mohammed's. I think emergency room wait time is a big challenge all across our province and we are working harder to improve things. I think as well and I mentioned earlier how important these phone calls are as input to us. One of the questions that [Harjo] asked about, where do you seek care, where do you seek information? Those are the things that are important for us to learn so we can see if there are better ways that we can get access to services for all of you. And also the caller who spoke earlier from the Caledon area on some of the support that she's received in the home. This is another very big part of what we're trying to do in Central West LHIN is work together all the way from public health with the CCAC, the two hospitals, hospital groups in your area being Headwaters and Osler.

And all in conjunction with our LHIN as we try to find ways that we can bring services into the home and maybe prevent people from needing to come to the emergency room in the first place. And even prevent them from necessary needing to leave their homes if we can get more services into the home. So these are the kinds of things we want to do so it's an addition. Doctor Mohammed was correct. All the things we need to do inside our hospital to try to improve wait time. But we're all working together as a system to see if there's a different way that we can provide care and less reliance on the emergency room and other ways that you're going to be able to access services in your community.

Moderator: Okay, we're going to go to our next question. Thank you so much Matthew for that. The next question is from Jesse. Hi Jesse.

Jesse: Hi there. Hi I have a question actually we moved from Mississauga to Brampton and I'm trying to locate a new family doctor in this area. I'm having a hard time finding where to go and how to go about finding a doctor that who, family doctor is not overcrowded and the services that are available for me in this area. I don't know where to contact or where to look for that.

Jeannette: Hi Jesse. We actually have a service that, provincial service that can help you with that. It's called Health Care Connect. Scott actually mentioned it earlier in his remarks and there is a one eight hundred

number I can give you. It's 1-800-445-1822, you can also go online and if you just go online and Google Health Care Connect online, you'll find there's forms you can fill out and you can become registered online without even having to make a phone call. But either way either pick up the phone or go online and you can get registered and then once you are registered you will get matched with a family doctor in your area that's taking new patients.

And so we'll reach out to you, we'll make sure we understand what your needs are and we'll match you with a family doctor in your area. And within this particular LHIN, our match rate is very, very high, it's well into the nineties so we've got a great success rate of connecting people up with available family doctors within our LHIN.

Moderator: Okay we have our next question, thanks so much for that. It's going to be with Ben. Hi Ben.

Ben: Patient for recovery for stroke. I when I go to doctor or emergency they take the blood. When, should I ask for a copy of that one? Copy of the blood check. They're supposed to give that one no?

Matthew: Yes, thank you Ben it's Matt speaking. I'm going to talk a little bit about what we're trying to do across the system and then maybe I'll ask Doctor Mohammed to make a couple comments about specifically what goes on in the office. Just wanted to let you know that making sure that people have access to all of their health information is extremely important to all of us here in Central West LHIN and again in partnership together between the CCAC, the two hospitals and with the support of the LHIN we're doing a program where we will provide all of your information available electronically to you through a secure website. So you'll be able to go on and get access to that information.

It'll start with the information from our three agencies but will grow over time to include information from other resources like your community lab and that sort of thing. So that's what we're going to do from a system perspective to try to make sure that you can get access to that information as soon as that information is available. We're just starting to introduce that program this year, just in this month really so that'll roll out over the next little while. So that's what we're going to do at system level. Perhaps Doctor Mohammed can comment on, in the meantime, what you can do with your doctor in the clinic.

Navid: When you come to the emergency, when your visit is over you can always ask for the results of all of your investigations whether it's an x-ray a CAT scan or a blood test result. What we don't do is we don't give out to the patient their whole medical record and sometimes people will ask for their whole chart and we ask you to go to health information for that. But any test you have done, for example a blood test and if you want to take a copy of the result for your own record or for your family doctor, you can just ask the physician or the clerk in the emergency and we'll just print it up for you and give it to you.

Moderator: Thank you so much Doctor Mohammed. So we're going to go back and announce the results from our last poll question. We asked the last time you felt unwell and received care how did you rate your experience in accessing the service? Thirty eight percent of you said satisfied, twenty eight percent very satisfied, twenty two percent somewhat satisfied, seven percent very dissatisfied, five percent somewhat dissatisfied. Thank you so much for being with us here at the telephone town hall. If you would like to ask a question press star three and your question will come into the question queue to ask your question to the local healthcare organization leaders. We're going to go back to Maria. Hi Maria. Please ask your question for tonight.

Maria: Hello, hi there.

Moderator: Hi.

Maria: Well I don't know if I have a question or I know I have an answer and I don't even have a comment. It's just so hard it's like you know –

Moderator: - Do you have a question for us?

Maria: Yeah I have a question. What's the difference between a family doctor, a doctor that knows you for twenty five years even though he can be a prick. What's the difference between a family doctor and I don't know a private like a walk-in clinic?

Navid: Hi, it's Doctor Navid Mohammed. A family doctor is a physician that knows you very well. Often knows your family as well, knows your medical history, knows your allergies and knows the nuances of what kind of treatments will help you depending on the type of patient you are. So that's why we'll always recommend that patients connect with their family doctors and we also try to encourage the family doctors in the community to have better access for their patients in terms of having quicker appointments or urgent appointments. Going to the walk-in clinic is okay if you have a problem and you can't access your family doctor and you can't wait but you must understand that at a walk-in clinic the physician does not know you as well as your family doctor.

Might not know all of your medications, the interactions, the allergies or what's worked for you before what hasn't worked for you before. So a walk-in clinic is okay when you're in a bind but whenever you possibly can, it's best to access your family doctor.

Moderator: Thank you Doctor Mohammed. We're going to go to our next polling question. To answer the question please push the number on the phone that corresponds best with the options given to you. So our question is, would you recommend this call to friends or family? Press one for yes, press two for no. 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 initiative. The

group plans to continue to hold more telephone town hall meetings in the future and hopes 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 website so that you can refer 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 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 before we go we'd like to announce the final results for the final question on the polls. We asked would you recommend this call to friends and family? Forty, sorry ninety three percent of you said yes and seven percent of you said no. Thank you so much for being with us and have a wonderful evening.

[End of recorded material **51:10**]