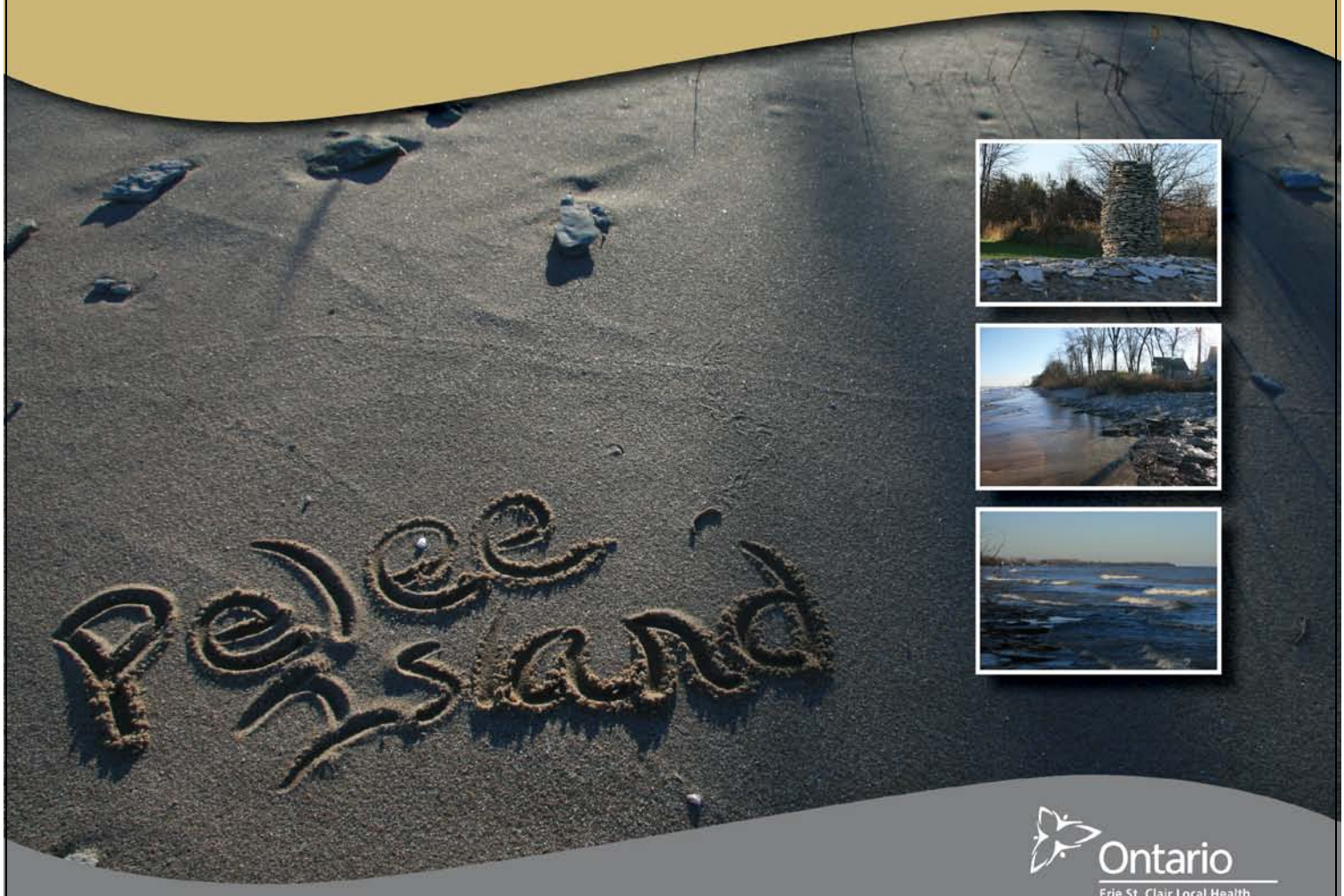
Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
www.eriestclairlhin.on.ca

Agenda Item 12.5

Pelee Island Health Care Task Force

Report to the Erie St. Clair Local Health Integration Network Board of Directors on the Pelee Island Health Care Task Force Report

December 13, 2011



Ontario
Erie St. Clair Local Health Integration Network
Réseau local d'intégration des services de santé d'Érié St. Clair

Table of Contents

Executive Summary

The Township of Pelee is made up of nine islands in Lake Erie and is the most southern point in Canada with Pelee Island being the largest of the islands. There are approximately 190 permanent residents on the island. However, between May and November of each year, the population swells to approximately 3,000 with summer residents and tourists. There is no road access to the island and it is serviced by ferry in the spring, summer, and fall and by air only during the winter months.

The Underserviced Area Program (UAP) and Northern Health Programs of the Ministry of Health and Long-Term Care (MOHLTC), provides annual funding to operate nursing stations in rural and remote communities such as Pelee Island that have no access to primary care services because of geographic isolation and insufficient population base. Recently, the nurse who had been staffing the Pelee Island Nursing Station retired, and as a result of this attrition, Leamington District Memorial Hospital (LDMH), the sponsoring agency, realigned the services and hours of operation for the nursing station.

The 911 emergency response system is available to residents of the island. Medical emergencies result in the dispatch of paramedics who are available 24/7. In most circumstances, paramedics are trained to stabilize patients and transport them to the nearest centre that can provide definitive care - typically a hospital based emergency room. However, for Pelee Island, the closest emergency department is on the mainland and transportation services to the mainland are intermittent, sometimes unreliable, and at times not available at all. Therefore, consideration must be given to options available for the flexible combination of staffing, either at the nursing station or on-call, to provide 24/7 year-round care for patients requiring urgent/emergency care when transportation to definitive care might be delayed.

In response to the above events and recent changes, and at the request of the residents of the island, the Erie St. Clair Local Health Integration Network (ESC LHIN) facilitated the creation of a task force, in order to examine the current situation, consider and respond to the health care needs, and to advance specific recommendations for improvement and sustainability of health care for Pelee Island residents and visitors.

The aim of the task force process was to understand Pelee Island's health care challenges in order to develop safe, effective, efficient, and implementable health care solutions. As a result of this process the task force developed a list of options, subjected them to a feasibility analysis, and was able to produce recommendations that can be integrated into the existing system. These recommendations are an attempt to provide comprehensive health care solutions in a consistent manner, for a population that is faced with challenging and unusual issues with respect to access, transportation, and appropriate care in urgent and emergency situations.

This report provides a summary of the process that was followed to obtain consensus and advance the high feasibility recommendations of the task force, while also providing an inclusive report of all of the options considered. This report will be provided to the ESC LHIN Board of Directors for endorsement and then to the Ministry of Health and Long-Term Care for their review and actions.

Background

Through the Underserviced Area Program (UAP) and Northern Health Programs, the MOHLTC provides annual funding to operate nursing stations in rural and remote communities that have no access to primary care services because of geographic isolation and insufficient population base to support the services of a full-time family physician.

The nurse who had been staffing the Pelee Island Nursing Station retired July 1, 2011, and the sponsoring agency, Leamington District Memorial Hospital (LDMH), restructured the services and hours of operation for the nursing station in accordance with the Nursing Station and Northern Health Clinic Guidelines. (See Appendix 1).

The situation that now exists requires innovative solutions for sustainable health care across the continuum of care (i.e. primary care, urgent care, emergency care).

Current Status

LDMH continues to sponsor the Pelee Island Nursing Station through the Underserviced Area Program (UAP), and since July 1, 2011, Registered Nurses (RNs) and a Nurse Practitioner (NP) from LDMH have been working at the nursing station. These RNs and NPs commute from the mainland and are not contracted for after hour service.

The primary care branch of the MOHLTC provided additional funding to the Harrow Family Health Team in order to enhance service with on-call support after regular nursing station hours of operation from September 15, 2011, until December 31, 2011.

ESC LHIN Response

The ESC LHIN, as stewards and managers of the health care system in this region, are responsible for guiding the system transformation into its most effective state. Toward this end, the ESC LHIN convened the Pelee Island Health Care Task Force (PIHCTF), chaired by an independent physician – Dr. Martin Lees. The task force analyzed, evaluated, and made recommendations regarding services to support sustainable health care on Pelee Island. (See Appendix 2 for a complete list of membership).

Task Force Aims:

- To comprehensively understand the health care challenges currently on Pelee Island and to determine what long-term sustainable health care services needed to be in place for the continuum of care
- To identify and recommend other options available for sustainable health care delivery

- To evaluate the current state and identified options applied to the quality criteria of feasibility (See Step 2 of the Health Care Options Analysis section)
- To develop a process to continually monitor potential service changes and ensure they align with the larger health care system

The timeline for project completion was by December 1, 2011. There was communication and check-in points with the community through postings to the ESC LHIN website including post-meeting communiqués, media releases, Facebook, Twitter, and newspaper advertisements. The outcome of the process is this written report with final recommendations for review by the Ministry of Health and Long-Term Care endorsed by the ESC LHIN Board of Directors.

Activities and Process

The task force took into consideration feedback that a large majority of people on the island already had access to primary care provided through health care providers on the mainland and were supported otherwise through the island nursing station scheduled hours of operation. Therefore, the main focus of the task force's attention became urgent and emergency care. The following seven meetings and two community consultation sessions were held by the task force.

Meetings:

- September 20/11
- October 5/11
- October 18/11
- November 1/11
- November 8/11
- November 15/11
- November 28/11

Consultation sessions took place on Pelee Island and on the mainland on:

- September 23/11 – on Pelee Island
- November 23/11 – on Pelee Island and at LDMH (through webcast capabilities)

Task Force Understanding and Education

To comprehensively understand the health care challenges currently on Pelee Island, the task force considered the following as evidence and background materials: (See Appendices 3 – 8 for all presentation resource materials).

- Emergency Medical Services
- Community Care Access Centre
- Gateway Rural Health Research Institute
- Ontario Provincial Police
- Snapshots of Emergent Care: A Knowledge Building Exercise
- An Environmental Scan - Telemedicine Models Of Care At Remote & Rural Nursing Stations In Ontario

A wide variety of information and data review resources/processes were considered, including:

- The Pelee Island Transportation Study
- Small Hospital ED Report & Recommendations
- Rural and Northern Healthcare Report

(See Appendices 9 – 16 for a selection of resource materials. See the ESC LHIN website for the complete list of all resources).

Options Creation and Review Process

The task force worked through the following steps to create a list of options:

1. Reviewed all received and suggested options and recommended any other options available for sustainable health care delivery
2. Worked through an analysis process as defined in the Health Care Options Analysis
3. Presented the options to the community of Pelee Island
4. Reviewed the community feedback, examined and reprioritize recommendations, identified key challenges, and summarized options into a consolidated report

Health Care Options Analysis

Step 1:

The task force reviewed all options received from the public and added additional options for consideration. The options were then categorized into "on-island/off-island" considerations in the following categories:

- Electronic Records
- Public Education and Lifestyle
- Research and Links with Educational Institutions
- Transportation
- Staffing: Recruiting/Retention/Incentives
- Staffing: Scheduling
- Telemedicine (Ontario Telemedicine Network - OTN)
- Expand the Role of the Nursing Station
- Other/Agreements/Process/Added Services

Step 2:

The task force applied the following feasibility criteria for decision making:

Feasibility Criteria	Consideration (with respect to general standards of care)
Access	How is the resident's access affected with the option?
Community Direction	How preferred might the option be to residents?
Cost	How much does it cost in terms of time and/or money?
Legislation	Is health care legislation governing the option (e.g. Ministry of Health and Long-Term Care, Ambulance Act, etc.)?
Other Policy	Are there other health care related policies to consider (e.g. hospital policy, etc.)?
Technical Effort	How many technical (computer/electronic) considerations are involved?
Other	Are there important factors involved (e.g. special agreements, changes in legislation, etc.)?
Safety	How safe is the option?

Step 3:

Assessed each option against each feasibility criteria and through consensus of the Likert Scale values, determined the final score as outlined in the table below.

Feasibility Criteria	Scoring (based on consensus)
Access	Measured with respect to the access of a patient to the standard of care • **Accessible (1) to Non-Accessible (5)**
Community Direction	In comparison to the standard of care, what is needed versus what is liked most by residents • **Needs (1) to Likes (5)**
Cost	Overall measure of cost (time/dollars) with respect to other options • **Possible (1) to Highly Prohibitive (5)**
Legislation	As it relates to health care legislation only • **Required (1) to None (5)**
Other Policy	As it relates to other health care specific policies • **Required (1) to None (5)**
Technical Effort	Technical considerations (electronic, computer-based) • **Easy (1) to Hard (5)**
Other	Other important factors (e.g. special agreements, legislative changes, etc.,) • **Possible (1) to Prohibitive (5)**
Safety	Potential level of risk to a person • **No Harm (1) to Potential for Harm (5)**

Step 4:

Summarized the options feasibility based on the final results of the task force scoring into the following categories:

High (H) - Good feasibility with best of effort, cost, and legislated requirements met

Medium (M) - Feasible with some limitations

Low (L) - Poor feasibility due to one or more major feasibility criteria issues

Leading Recommendations - High Feasibility

The following section identifies and describes, in greater detail, the leading recommendations that were considered highly feasible by the task force. These recommendations were generated through concensus.

Of note, although the Likert Scale method used was a uni-dimensional measure for each category, it provides for a measure of feasibility that incorporates a number of criteria when considered with respect to their value in health care. It is envisioned that multi-dimensional analyses may be able to further differentiate among criteria, but it is quite possible that the consensus of these results would be similar, if not the same, as those provided in this report.

Recommendation Category: Other/Agreements/Process/Added Services

It is recommended that the sponsorship agency responsible for Pelee Island Nursing Station be changed from the existing hospital sponsor to a primary care sponsor.

It is also recommended that Pelee Island continues to pursue a 'remote' designation. Existing government programs may be pursued as a result of Pelee Island having changes in the "remote" designation with an equivalent Rurality Index of Ontario (RIO) greater than 40, would aid in further supporting the health care needs of residents and visitors.

Rationale:

- This direction provides for diversification in the service agency models including staffing commitments and contractual service obligations for management of health care services
- Outcomes of a Request for Service (RFS) will include value-added incentives not accessible otherwise through the current sponsorship arrangement
- Changes in the "remote" designation of Pelee Island would permit new opportunities for support through applications to federal/provincial programs (e.g. travelling nurse program)

Challenges:

- Request for Services (RFS) needs to be issued, and then reviewed in consultation with the existing sponsor to ensure standards of care are maintained
- Costs and organizational responsibility for changing Pelee Island federal or provincial designations are significant factors to consider

Recommendation Category: Staffing Recruiting/Retention/Incentives

It is recommended that a variety of methods/strategies be adopted to recruit and retain staff on Pelee Island. These include, but are not limited to, the following:

- Preference should be given to candidates willing to live on the island
- A mix of full-time and part-time positions would provide the necessary staffing for 24/7 service
- Upgrading the staffing quarters at the nursing station
- Employment packages could be designed with input from the successful candidate
- Retired physicians/nurses who would share flex-time hours with their colleagues would be considered
- Due to the relative isolation of Pelee Island, islander-offered incentives could assist with recruitment and retention for those candidates who would live on the island and could include any of the following:
    - financial (base rate as per other remote areas; stipend; on-call)
    - flexible working hours
    - vacation allowance
    - accommodations
    - transportation (both to and from and, on the island)
    - meal allowance
    - annual bonus tied to completion of a full year's service

Challenges:

- Making residency of the island a qualification requirement may eliminate candidates
- Sources of additional funding would have to be found
- Supply of suitable temporary housing is limited on the island
- Limited resources for groceries and restaurants (seasonal)
- Transportation to and from the island for employees living on the mainland is not reliable year-round and less so in the "off-season"

Recommendation Category: Staffing and Scheduling

It is recommended that the nursing station provide primary care based on fixed or flex-time schedules to meet necessary care of the local population within 48 hours of need.

It is also recommended that 24/7 year round on-call coverage should have a flexible combination of staffing to attend to and stabilize patients requiring urgent/emergency care.

Rationale:

- Staffing with an RN and NP provides level of care that currently exists
- The spirit of the recommendation strives to continue to meet island concerns
- A patient with an urgent condition could receive medical attention for an extended period of time as a result of unreliable transportation to mainland medical facilities
- Provides a high level of care with 24/7 support
- Nursing station would not need to be open for scheduled visits 8 hrs/day

Challenges:

- Handoff process of patient from Emergency Medical Service (EMS) to nursing station must be well defined
- Physician must provide consistent nurse guidance (telemedicine). Further, medical directives, standard protocols, and a defined scope of practice would need to be developed. Skills would need to be maintained through education
- After hours on-call would be a cost consideration, as would transportation and temporary housing
- Due to accountabilities with multiple employees, conflict may arise with respect to responsibility for patient and liability in the case of a poor outcome
- Requires experienced nurses

Recommendation Category: Transportation

It is recommended that formal agreements (protocols) be developed with the following organizations: Air Ambulance Services, Ministry of Transportation - Ontario (MTO), Owen Sound Transportation Company, Ontario Provincial Police, and the Canadian Coast Guard Auxiliary (Colchester, Ontario) to provide medical evacuation when appropriate depending on the patient's circumstances.

It is also recommended that protocols and/or directives be developed for the use of private air and water craft as supplementary transportation supports.

Rationale:

- Pursuing this recommendation provides a mechanism to use all available transportation options as needed. Existing crews for the Ontario Provincial Police and the Canadian Coast Guard Auxiliary are on call 24/7, with a one hour response time
- All members of government-funded organizations (i.e. police and fire service) are trained in First Aid and Rescue and, in addition, government-funded organizations are properly insured and authorized for rescue and transport
- Core operating funding comes from the Air Ambulance Services, Ontario Provincial Police and the Coast Guard
- This recommendation will allow for the efficient use of resources in appropriate patient circumstances

Challenges:

- While existing ferry and air transportation services are not consistently available and predictable (weather conditions), the transportation requirements relevant to primary care needs of the community are being met through means provided by MTO assets (the Pelee Island Transportation System). However, the unreliable nature of those transportation services has the potential to impede access for those seeking primary care off the island, as well as obstructing the primary care providers bringing services to the island
- In regards to emergency care cases, the provincially supported Air Ambulance Services provides a suitable method of evacuation (weather permitting). The main gap in transportation is more closely related to urgent care cases. These are cases in which patient acuity does not meet air ambulance service criteria under existing protocols, yet there is potential of adverse patient outcome if faced with existing public or private modes of transportation
- Protocols need to be developed to address the need for higher medical authority (nurse/paramedic) to accompany patients on transfer
- Protocols need to be developed and negotiated with the potential alternative transportation providers

Recommendation Category: Telemedicine/Enhanced use of Technology

It is recommended that the use of telemedicine, via the Ontario Telemedicine Network (OTN), be expanded to improve yearly round the clock access to health care services for residents and visitors of Pelee Island.

Rationale:

- OTN is a comprehensive province-wide telemedicine network that uses advanced telecommunication technologies and electronic medical devices to support the delivery of clinical care, professional education, and health-related administrative services across Ontario
- In 2010-11, over 134,000 patients received care using OTN
- Telemedicine reduces the time, cost, and risk of travel for patients and their families, minimizing the disruption of their daily lives, as well as enabling the inclusion of family and local clinical supports assisting the continuity of care
- Of note - telemedicine also provides access to specialists, allied health professionals, and to emergency care that would otherwise be unavailable in this community
- The Pelee Island Nursing Station is an active OTN site with a newer clinical video conferencing system that can support this model of care
- OTN connects members over a robust, private, and secure video network that is managed by the government of Ontario and has access to a 24/7 technical service desk to support after-hours call management
- OTN members have access to a large number of training materials, reference guides, and self-directed online training modules. Regional staff are available to conduct on-site training to reinforce personal learning

Challenges:

- Technology and equipment - The telemedicine network and equipment must be reliable and provide high video quality and resolution to support the diagnostic needs of the care being provided. Essentially, it must be easy to use and to maintain (technical support must be available locally for routine equipment maintenance)
- Trained telemedicine staff - Health care professionals providing telehealth services shall have the necessary education, training, and ongoing continuing professional development to ensure they possess the necessary skills for providing safe, quality health care using telemedicine technologies. This includes training in coordinating both scheduled (primary) and unscheduled (urgent/emergency) care using OTN's online self-scheduling application and call-connect procedures
- Consultant/provider relationships - The service is dependent on relationships with remote (off the island) health care providers willing to support the use of telemedicine including specialists, family physicians, and allied health professionals. Engagement with primary care providers, community agencies, and acute care hospitals will be critical to fostering these relationships and developing a sustainable model of care

Recommendation Category: Expanded Role of the Nursing Station

It is recommended that the primary care role be expanded on Pelee Island. This role should include chronic disease management and prevention, healthy lifestyle promotion, education and activities, senior care, and home care. Links via OTN and liaisons with mainland organizations would be an integral part of this approach.

Rationale:

- Incorporating these additional services supports healthy lifestyles and promotes health maintenance and disease prevention in the community
- A robust effective program can serve to mitigate the remote location of the island with transportation and environmental issues directly affecting the adherence of clients to health maintenance activities
- Aims to provide sustainable community health services that are typically limited to the mainland
- A decrease in the cost and stress of travel would encourage participation in personal health management and prevention. The use of the nursing station would be potentially maximized with these additional services
- Expanded primary care may have the benefit of mitigating certain urgent and emergency events

Challenges:

- The coordination and scheduling of staff for the desired activities
- Access to appropriately trained and educated professionals to plan and deliver the health maintenance programs would have to be secured

Recommendation Category: Public Education and Lifestyle

It is recommended to provide funding for a Community Action, Awareness and Education Plan. The objective of the plan would be to involve island residents and visitors in enhancing health awareness and preparedness for urgent/emergency events. The plan would include defined responsibilities for chronic disease management and prevention, ongoing health education, and the primary care of residents and visitors. The plan would include targets for the training of island residents in CPR and First Aid. Under the plan, basic CPR and First Aid material would be located at key locations on the island as well as in police and fire vehicles.

Rationale:

- Complements the enhanced EMS capability (that has recently evolved to the current trained paramedic services from the previous volunteer base services)
- Education of the public in health awareness and the training in the basics of emergency first response promotes community self-reliance and cohesiveness
- The opportunity to support nursing staff and EMS through educated assistance can strengthen ties to the clinic nurse and promote a decrease in urgent and emergency incidents

Challenges:

- Ongoing training and education of this community volunteer group would be required. Maintaining motivation and initiative would be a consistent challenge for the clinic nurse as well as the community

Recommendation Category: Research and Links with Educational Institutions

It is recommended a satellite teaching opportunity be created. This opportunity will allow nursing students to gain experience in a remote community.

As a long-term approach, it is also recommended that a linkage be made with both the Windsor medical school and nursing programs for the rural placement of students and residents.

Rationale:

- Provides improved access to care
- Exposes students to the Pelee Island location and rural care. This may assist in future recruiting
- Provides supplementary staffing resources

Challenges:

- Requires training programs and the agreement of potential student placements
- Requires clinic nurse to receive teaching orientation
- Students require significant supervision

Options – Designated as Medium Feasibility

The following table identifies the categories where several medium feasibility options were provided (based on scoring, these options had some noted limitations). Though not addressed comprehensively in the leading recommendations section of this report, these options may have future value as the environment and the situation on Pelee Island continues to evolve. (See Appendix 17 for further details).

Options – Designated as Low Feasibility

The following identifies the categories where several low feasibility options were provided. Based on scoring, these options had poor feasibility due to one or more major feasibility criteria issues. (See Appendix 18 for further details).

Discussion

Arguably the greatest challenge faced by rural and remote Ontarians is the problem of timely access to health care providers. 'Rural' is typically characterized by larger, more closely settled communities, while 'remote' is typically characterized by small populations dispersed over a vast area. Increasing shortages of physicians, other health care professionals, and supports in rural and remote regions mean that either many residents must travel for care or better health services are needed to accommodate issues that geography dictate as a result of distance. Generally, communities that lack health care professionals have a greater need for telehealth technology, and are often obliged to send their residents to urban areas for treatment and care.

In many rural and remote communities there are significant challenges to be addressed for providing appropriate and sustainable health services. Throughout the course of the work of the task force it became apparent that to be successful in the future and meet the health care needs of Pelee Island, the following barriers needed to be considered and resolved:

- Insufficient funding and investment – this is a recognized issue in most rural and remote areas
- Inflexibility in existing funding streams – inability to move resources across programs, limits innovation
- Hospital-based sponsorship and inability to provide incentives
- The shortage and distribution of the health care workforce in rural and remote areas increases geographic inequalities in health care provision
- Poor coordination and fragmentation in health program funding, which limits continuity of care
- Insufficient integration to other parts of the health care system (IT/Telehealth, outreach services, multi-disciplinary teams)
- Poor infrastructure impacting the coordination and integration of care (e.g. transportation, technology)
- Inadequate health service monitoring and evaluation

A key question that this process attempted to address is:

What service model(s) would work best in a remote area such as Pelee Island to minimize barriers such as distance and affordability, and maximize access to: 1) primary care 2) urgent care 3) emergency care? (See Appendix 19 for definitions of service levels).

In considering service models/health care options it is important to review the factors that must be accommodated within the health care delivery model, namely:

- Knowledge workforce supply – generally the per-person supply of practitioners decreases with increasing rurality and remoteness
- Geographic isolation – the sparsely populated and distributed rural and remote population translates to long distances between key service centres
- Capital costs and funding – establishing and maintaining infrastructure in rural and remote areas is quite costly

In light of these factors, various kinds of innovative health care models have been successfully developed in remote and rural areas across Canada and Australia. Generally, they are classified into five different types of models:

- Discrete Services: A single practitioner, such as a general practitioner, is supported in providing health care to a local community by a third party that takes responsibility for practice ownership and management. Conditions – this option exists because population catchments are sufficiently large to support them. Essential service requirements are more easily met even though supports are needed to address some aspects of services (i.e. workforce recruitment and retention)
- Integrated Services: This model provides a single point of access to a range of health services and health practitioners. Conditions – the need for service integration increases in order to maximize economies of scale and efficiencies in communities where individual services or competing services are not sustainable. A single point of entry to the health system through locally available access pathways is important to coordinate patient care
- Comprehensive Primary Health Care Services: This model provides an expanded scope of services which also aims to address underlying determinants of health. Conditions – this option ensures a comprehensive primary health care service is available in small, isolated, high-need communities where there are few, if any, alternative ways for delivering appropriate health care

- Outreach Services: This model describes situations where services are provided from one location to another periodically. This type of model is often referred to as a 'hub-and-spoke' model. Conditions – same for Virtual Outreach Services, see below. Outreach models often co-exist with other model types
- Virtual Outreach Services: This model uses technology-assisted measures to overcome long distances and a lack of health care professionals. Examples of these models include programs such as telehealth. Conditions – this option addresses the health needs of communities with populations too small to support permanent local services by providing access through virtual or periodic visiting services. Coordination with existing services is critical

Currently, within Canada and other countries there is no coherent national approach for addressing issues specific to rural and remote communities. Evidence further indicates that there is no one model capable of servicing the health needs of diverse and remote communities.

Moreover, rural and remote communities are unlikely to receive the range of medical and health care services characteristic of larger urban centers. Because 'no one size fits all', the focus of service models/health care options advanced in this report draw on various aspects of the models outlined above (namely Integrated, Outreach and Virtual service approaches) in order to ensure that key service requirements and community needs are being met for short-term primary, urgent, and emergency care. This approach requires systemic changes relating to:

- Sponsorship – administration component and key elements such as the development of medical directives, standard protocols and scope of practice
- Infrastructure – virtual outreach services through enhanced use of technology and improved/augmented transportation options
- Workforce supply including innovative financing arrangements, staffing and scheduling
- Expanded primary care model – single point of access to a range of health services on the island with an integration model focused on health promotion and early intervention aligned with innovative urgent and emergency response capacity
- Mechanism(s) for monitoring progress against agreed upon indicators and targets, ensuring quality and accountability
- Health strategies focused on outcomes – with the overall objective to improve health and access to health care

The task force members support the leading recommendations outlined in this report for the following reasons: Firstly, in order to build and sustain effective remote health care services we need to build robust systems which consist of linked and interdependent components. Service sustainability further requires systemic solutions with respect to funding arrangements, knowledge workforce, infrastructure, management, and community engagement. These issues have been considered and effectively addressed in this report.

Secondly, access to care is supremely important, meaning in this circumstance that health care services require appropriate local presence. The task force recognizes that while some administrative functions and levels of care (emergency care) can be centralized in order to maximize efficiency, the need for, and benefit of localized service with respect to primary care (health promotion and health maintenance) and urgent care is evident. Finally, the ESC LHIN, as facilitator in this process, supports the task force recommendations outlined in this report with the following caveat:

> "That a comprehensive implementation strategy and evaluation framework be advanced immediately which outlines actions and responsibilities, monitors progress, and evaluates impacts and outcomes for the proposed systemic changes".

This caveat will ensure that, with changing circumstances, adequate consultation and involvement by all those affected will continue, suitable coordination of activities will be experienced, careful timing will occur, and monitoring will proceed in order to ensure that the objectives are being met and unintended effects are minimized.

Conclusions

Pelee Island is faced with a unique situation that impacts access to required health care services. To ensure equitable and timely access to health care, the task force in a relatively short period, developed a set of recommendations and other options that collectively forms the framework for sustainable and effective primary, urgent, and emergency care services for the Pelee Island population. The recommendations, obtained through concensus, thoroughly met the task force's feasibility criteria.

The leading recommendations proposed in this report, along with the additional medium and low feasibility options addressed in Appendix 21, are system solutions that draw on an integrated model of care approach that exemplifies new methods to sponsorship, infrastructure enhancements, knowledge workforce stabilization, and better coordination of health care system resources.

Through dialogue with the MOHLTC and the anticipated process of turning the leading recommendations and additional medium and low feasibility options into action, new possibilities may arise that will evolve these leading recommendations and options into a more sustainable health care model for Pelee Island residents.

It is also suggested that the leading recommendations in this report and the additional options noted as above in the appendix, may be viewed as viable considerations for other rural and remote communities that experience similar unsustainable service situations.

Next Steps

With the endorsement by the ESC LHIN Board of Directors of the leading recommendations within this report, the report will be forwarded to the MOHLTC for its review and action. It should be noted that the timelines surrounding health care access issues on Pelee Island are pressing and require resolution in a timely manner. Therefore a dialogue with the MOHLTC needs to take place quickly in order to further advance the leading recommendations in this report into actions.

In closing, as with any report, until decisions are made and actions taken, there is not a definitive end point to the issues identified by the task force. However, we do look forward to experiencing immediate, medium, and long-term solutions through the actions of this report and we encourage conducting assessments at predetermined intervals in order to assess progress towards solutions for the issues identified and the leading recommendations proposed herein.

The ESC LHIN would like to thank all the task force members. The work completed could not have been done without the dedication of all members. Many volunteer hours provided the expertise and energy to work collaboratively to define the great work within this report for the common goal of improvement and sustainability of health care for Pelee Island residents and visitors.

APPENDIX

Table of Appendices

Table of Appendices (cont'd)