

# Rural and Northern Health Care Report

## Recommendations

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## Introduction

The report by the Rural and Northern Health Care Panel contains a number of recommendations intended to help the government in the development of its Rural and Northern Health Care Framework. Below is a plain language version for easier interpretation of the terminology.

### Recommendation #1

**Create a single point of focus within the Ministry of Health and Long-Term Care (MOHLTC) for rural, remote and northern health.** Identifying one person, group or section responsible for rural and northern health will increase accountability in this critical area, and make it easier to define and monitor standards for increasing access to health care

### Recommendation #2

**Establish a process to identify strategies and guidelines to improve access to health care services for First Nations communities.** First Nations communities have unique and complex health care needs. Any plan to improve access to health care in rural and northern communities must consider these, while also considering the needs of remote, isolated and distant non-aboriginal communities.

### Recommendation #3

**Continue to explore innovative ways of attracting health professionals to communities in rural, remote and northern Ontario.** There is a constant need for doctors and nurses, as well as nurse practitioners, pharmacists, dieticians and other health care professionals. Any plan to attract these professionals to rural and northern communities must also be integrated into the broader strategy to attract health care professionals to Ontario.

### Recommendation #4

**Explore ways of better integrating Emergency Medical Services (land and air) with the planning and delivery of local health services in rural and northern Ontario.** Currently, Emergency Medical Services are organized at a municipal level and funding and delivery models vary across different regions. This can create barriers to access, particularly in a region as vast as northern Ontario. Better integration with Local Health Integration Networks (LHINs) will lead to increased collaboration and coordination, resulting in better patient care.

### Recommendation #5

**Explore ways of better integrating Public Health services in rural and remote Ontario.** As is the case with Emergency Medical Services, public health services and

delivery models vary from region to region. This can create imbalances and fragmented services. Better integration with LHINs can help to correct those imbalances.

#### **Recommendation #6**

**Support a ‘local hub’ model of health planning, funding and delivery in rural, remote and northern communities.** By integrating services across different health sectors and across different communities in rural and northern Ontario, all parts of the health care system can work together to deliver the best possible care to patients.

#### **Recommendation #7**

**Create a culture of collaboration and coordination amongst health care providers in rural and northern Ontario.** Clearly identify roles and responsibilities and putting in place the necessary infrastructure to support a better system of referrals, more efficient patient transfers and better overall access to care.

#### **Recommendation #8**

**Improve and strengthen relationships between academic health sciences centres (teaching and research hospitals) and local providers in rural, remote and northern communities.** Bigger hospitals have much to offer in the way of support to local providers, and formal networks should be established to enable and encourage that support. This includes telemedicine, patient transfers, remote consultations and the sharing of best practices.

#### **Recommendation #9**

**Engage local communities to actively participate in the decision-making process for health care planning, funding and delivery.** The very best way to identify and meet local health care needs is to consult with local communities. Improved collaboration and dialogue between the public, health care providers and LHINs is a critical component of any plan to increase access to health care services.

#### **Recommendation #10**

**Conduct a review of how best to improve planning, coordination and funding of inter-facility transfers.** Moving patients from one facility to another can be difficult, particularly in rural and remote areas. Improving access to care means improving the ways in which we move people between the facilities where they receive that care.

#### **Recommendation #11**

**Conduct a review of how best to enhance community-based non-urgent transportation solutions.** The availability of non-urgent (i.e. not Emergency Medical Services or ambulance) transportation services is very limited in many rural, remote and northern areas of the province. This results in residents either not being able to travel to access care, or incurring high out-of-pocket costs while doing so. The new rural and northern health care framework must contain measures to enhance non-urgent transportation in areas of the province where it is lacking.

### **Recommendation #12**

**Increase the availability of clinical and education technology.** Electronic information management holds great potential to improve health care, and that is particularly true in rural and remote areas where travel can be difficult and there may be relatively fewer health care providers. Any plan to improve access must take advantage of services such as eHealth, telemedicine, and simulation learning, and should include incentives to encourage their use by health professionals.

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