



Town of Thessalon – Virtual Townhall Meeting on Healthcare

Held on Zoom, Tuesday April 5th 6:30-8:00pm

Summary of Questions & Answers

1. What are the expected results of the Thessalon Town Hall Healthcare meeting?

- The purpose of this Thessalon Town Hall Healthcare meeting is to answer questions that have arisen because of the physician shortages and increase awareness of the work that is currently being done to recruit physicians.

2. What exactly will happen on a day that there are no physicians available to cover the hospital? What is the difference between ambulance bypass and closure?

There are several circumstances that may result in the by-pass of a site including:

- No on-site physician coverage.
- No nursing staff available for the department.
- No physical space available to care for additional incoming patients – which would initiate the organization's Surge plan.

The absence of a provider or nursing staff may occur at times when a physician is required to accompany a critically ill patient during transport to Sault Area Hospital (for example), unexpected illnesses or life events. In most circumstances, this results in a time-limited bypass. If there is no scheduled physician available to provide Emergency Department coverage – this may result in periods where the organization would be required to enact the Ontario Health Emergency Department Closure protocol.

Anticipated duration of the Emergency Department closure may be:

- Short Term (e.g. single shift or day)
- Medium Duration (e.g. more than a single shift or day)
- Long Duration (e.g. sustained closure over several days).

In any circumstance, the Closure protocol is initiated at least 2 weeks from a potential closure and the work begins between the organization and Ontario Health.

At minimum 48 hours before the potential closure after every possible effort is made to ensure 24/7 coverage the communication plan must be enacted. The communication plan, in collaboration with Ontario Health and the Ministry of Health is required to notify organizations who refer to the Emergency Department services, neighbouring hospitals, ambulances services, Ontario Provincial Police, local fire department, and the public through all reasonable means. The communication would include:

- The extent of the service reduction and the expected duration.
- A number to call for Telehealth.
- Where ambulances will take patients who call 911, and which nearby facilities people can choose to travel to on their own for emergency services.

In addition, the North Shore Health Network has internal protocols in place regarding maintaining workers on site during a closure and response for potential walk-in patients.

Every effort will be made to avoid emergency department closures.

4. *Why is the Family Health Team model more favourable for new graduates?*

- The Family Health Team model is more attractive to a physician as it provides access to health care professionals. This also includes administrative support to run the clinics. Our medical learners and residents are being trained in clinics that have access to a team of nurse practitioners, registered nurses, registered practical nurses, social workers, dietitians and other professionals who work together to provide primary health care for their community.

6. *Since the North Shore Health Network has three sites, can physicians from Blind River and Richards Landing be forced to cover shifts in Thessalon?*

- No. NSHN does not employ physicians or control any aspect of their contract and would not be able to force physicians to cover an alternate site.

7. *What is the status of the acute care beds at the Thessalon site?*

- At this time the Acute Care beds remain temporarily closed due to ongoing infection control concerns related to the COVID-19 pandemic.

8. *What is currently being done to recruit physicians? Do we offer incentives?*

- The municipalities, townships and First Nation communities are members of the North Shore Health Network Recruitment Committee where we meet quarterly to discuss recruitment and retention issues. The municipalities, townships and First Nation communities contribute annually to fund a Recruiter position. Our recruiter

attends medical school events, supports the communities with locum coverage while recruiting physicians. It is important to note that all four communities that have physicians are offered the same recruitment incentives. These incentives include: \$6,000 in relocation assistance or a \$100,000 interest free loan. \$6,000 housing incentive along with a \$10,000 signing bonus paid out over 5 years. The Ministry of Health and Long-Term Care also funds a Northern and Rural Recruitment and Retention Initiative that is paid out over four years.

9. *Do we have a questionnaire for the locums to see what their concerns are and if they would be willing to return or not?*

- Yes, we have a survey that is available to our locums and our recruiter is in touch with the locums to get feedback on their experience in our community. We utilize the feedback that is received to improve the experience for our locum physicians.

10. *What do our municipalities, townships and First Nation communities do to support our locums when they are in the community?*

- As previously mentioned, all our partners are contributing to the full-time Recruiter position while also contributing to incentives for our physicians. We also have many volunteers throughout the community that support our recruiter in finding accommodations, also assisting with entertaining our locums such as dinner or even providing a tour to them. When we have learners and residents, we have volunteers who join our recruiter on these activities as well.

11. *As residents become increasingly frustrated trying to access medical assistance, who should they be reaching out to locally?*

- Please direct all inquiries to the Minister of Health, Christine Elliott– [email – Christine.elliott@pc.ola.org](mailto:Christine.elliott@pc.ola.org)
 - Phone - 416-327-4300
- MPP, Michael Mantha Queen's Park: email – mmantha-qp@ndp.on.ca
 - Phone – 416-325-1938

12. *How is the proposed family health team to be governed?*

- The FHT will be governed by a board, moving forward all boards need to be skilled based, if approved all communities would need to be represented

13. Summer is approaching and with increased tourists, which could increase needs of the hospital, where would emergencies be bypassed if required?

- If a by-pass is required, it would depend on the site impacted as to where ambulances would take patients who call 911. A notice would be posted on the site as to which nearby facilities people could choose to travel to on their own for emergency services. It is likely that people would be directed to another North Shore Health Network Site (i.e. Blind River or Richards Landing – Matthews) or the Sault Area Hospital.

14. How would people get their prescriptions filled?

- Residents should call their local pharmacies to initiate a prescription refill process with their home clinic

15. Why is this crisis not in the social media?

- Information has been widely shared to the media and in public venues such as Council meetings. MPP Mantha has been openly pushing the issue of this crisis in the House as well. Open meetings and updates have been provided for over a year and every municipality and first nation community was provided with a resolution to send on to the Ministry of Health in December. This issue has not been hidden, covid restrictions have meant communicating in a different way and we will continue to do that.

16. How many locums complete the exit questionnaire?

- Locums, medical learners and residents have access to the exit questionnaire. Our providers are very good at providing us with feedback either through the exit questionnaire or directly to the recruiter. The feedback that is provided goes back to the recruiter and the committee to help improve their experiences.

17. Considering international unrest and increased numbers of immigrants, is there criteria in place to ensure quality and equivalent doctors?

- The NDP is working to expedite the process to have internationally trained physicians available to practice in Ontario, there are many individuals who are internationally trained, but the evaluation process and criteria is tedious

18. Why do we not have family health teams in our area?

- Currently the family health team model exists in Blind River, the existing Rural Northern Physician Group Agreement (RNPGA) contract here was established in 1996 to solve the issue of underserviced areas, however, the scope has changed since then and the demands, the contract is rigid, you must provide family practice

and emergency care. In 2017 they tried to develop a family health team and were unsuccessful but are currently trying again.

19. What can we as residents do to support the family health team?

- We did receive lots of letters of support from municipalities already in addition to the physicians endorsing the application. MPP Mantha provided the Minister of Health the application in person. Residents can individually write letters to the Minister to support the application. This is a solution that has worked in other areas such as Marathon and Espanola. There is currently a need for administrative assistance and the FHT model will provide that.

20. What process is in place to support physician spouses?

- The committee and recruiter work together to help find the physician's spouse a position in their field.

21. What is the status of the East Algoma health team?

- It is no longer happening, the ministry has informed us that it will not happen, either east or west, we need to join a larger team in order to be considered.

22. If the existing contract needs to be changed; how soon could this possibly happen?

- Although we are not in control of the timeline from our perspective it can't happen soon enough. At times the process is slow and tedious but we have to continue to push through.

23. Are there any plans to make improvements at the Thessalon Hospital?

- The North Shore Health Network is one of the tenants in the building that belongs to ADSAB. A number of investments have been put into improving the physical building to date and will likely continue.

24. Will all clinics stay open to do blood work?

- Clinics will remain staffed with occasional locum coverage, in the past, physicians have not been allowed to come and just do primary care, but because of the crisis, locums to just do primary care without the emergency coverage and vice versa.

25. Can we offer upscale housing to attract physicians?

- The option to build a new home, unfortunately the funds are not there. Socially we have been trying to get them involved and offer as many incentives as we can.

26. Is there a plan to hire more recruiters?

- Unfortunately, there are bigger issues at play than having just another recruiter. That is not likely the solution. We have a full-time recruiter working hard to ensure ongoing physician coverage.

27. Would it be prudent to require students to serve for a certain time frame in the north?

- We need to make our doctors and locums feel comfortable to be here and in their skill set. By making people come to practice where they don't want to be, it may not be a positive experience for yourself or the doctor. Doctors here are on their own a lot of the time and it is hard medicine; we must try to help them feel at ease. People will go into a family practice residency – many go into ER; Family residency is a specialty itself. We need to have training in rural medicine.

28. What is happening at Algoma Manor with no physician?

- The Manor requires a medical director and a doctor to come visit the residents. They went to a nurse practitioner model and with a nurse practitioner acting as the medical director with the backing of a doctor in Sault Ste Marie.
- The NP Clinic is mandated under a separate model and any questions can be forwarded to them for response.

29. As of this afternoon, on Friday we can't book appointments for 8 weeks, what will happen now?

- Everyone who was a patient will remain patients at clinics.
- Front line workers hearing some real distress – give education with hope...we are working on it.
- Contact Mike Mantha, he will walk them over to the minister. Complaint form or question form.

30. Can a physician agree to coming here without signing a contract?

- Yes, they can come as a long-term locum without signing an agreement with the Ministry.

31. Could we get a walk-in clinic with a remote doctor?

- Elliot Lake team has done this, operating through telehealth, but it does require funding. This Municipality is funded for 3 days a week.

32. There are a number of people who are unable to travel for their primary care. Can we organize a shuttle service with proper funding and staffing?

- The Trefry Centre offers transportation for residents in Central Algoma to Sault Ste. Marie.
- Transportation is a separate need and we need volunteers. Contact Cheryl McKay if you would like to be a driver.

33. The MOH offers the option of Registering for Health Care Connect; however, you need to remove yourself from your current provider's patient list. This requirement puts a person in a difficult position. Any suggestions?

- Unfortunately, currently that is the only process to become eligible for Health Care Connect.