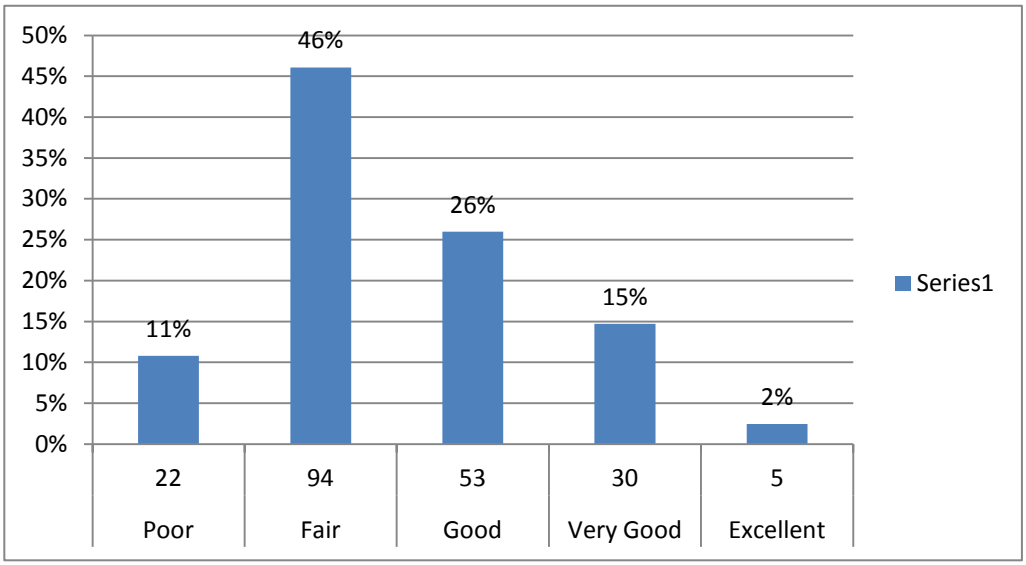
Constant Contact Survey Results

Survey Name: Health System Leaders Evaluation/Assessment Survey Of Health System Performance
Response Status: 204 Completed Surveys
Jun 08, 2015 3:00:20 PM

1. Rate the Leadership/Management Performance of the Wynne/Hoskins/Bell Team over the past year.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

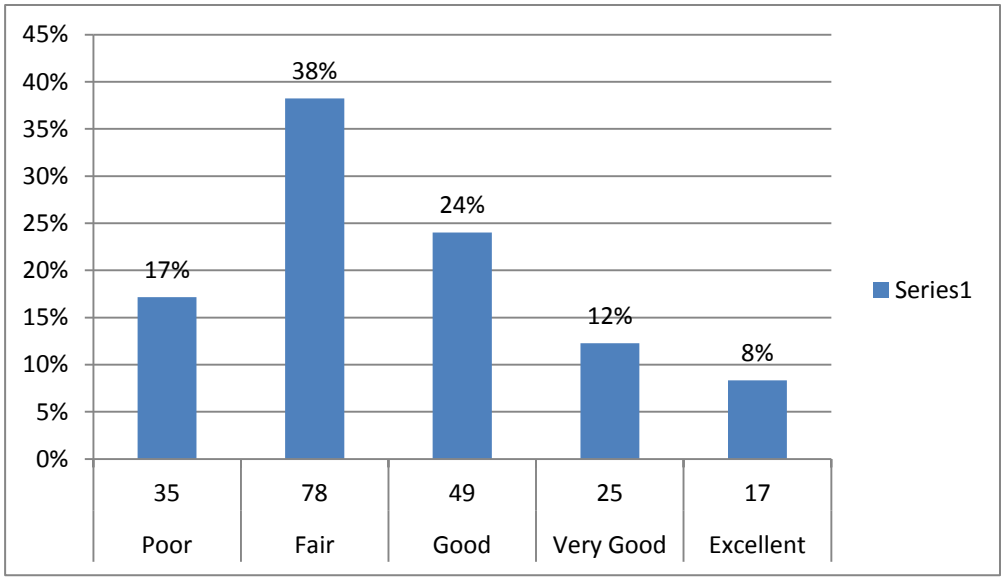
Poor	Fair	Good	Very Good	Excellent
22	94	53	30	5
11%	46%	26%	15%	2%



2. Rate the overall Policy and Strategic Leadership Performance of our Health Minister, Dr. Eric Hoskins.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

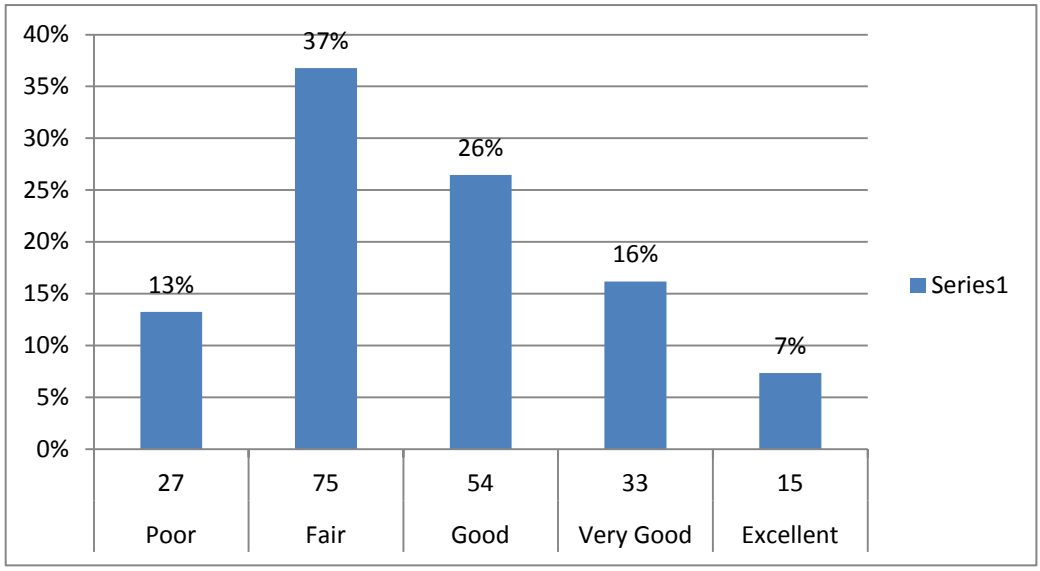
Poor	Fair	Good	Very Good	Excellent
35	78	49	25	17
17%	38%	24%	12%	8%



3. Rate the overall Management/Leadership Performance of Deputy Minister Dr. Bob Bell and the MOHLTC.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

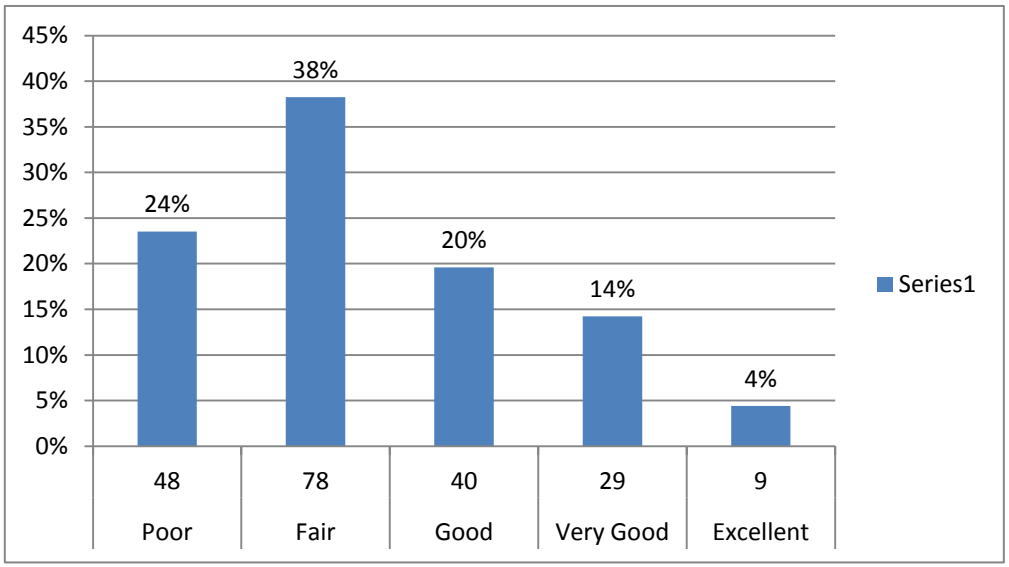
Poor	Fair	Good	Very Good	Excellent
27	75	54	33	15
13%	37%	26%	16%	7%



4. Rate the overall Management/Leadership Performance of LHIN Boards/CEOs/Staff.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

Poor	Fair	Good	Very Good	Excellent
48	78	40	29	9
24%	38%	20%	14%	4%



5. In the health services delivery system are CEOs/Chief-of-Staff/ExDir/Governance Boards who say that they are in stewardship ("in service to, rather than in control of") their organizations, and to their communities (the "owners"). How would you rate the level of stewardship behavior (collaboration/partnership/alignment) among these leaders at the local service delivery system level?

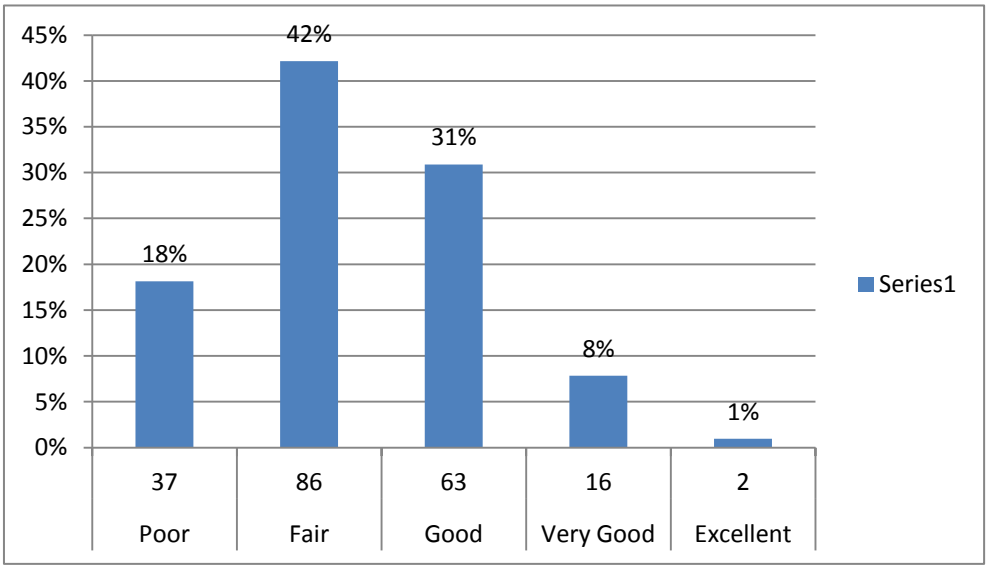
Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

Poor	Fair	Good	Very Good	Excellent
34	59	61	40	10
17%	29%	30%	20%	5%

6. Rate how effective provincial efforts to improve quality-of-care have been.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

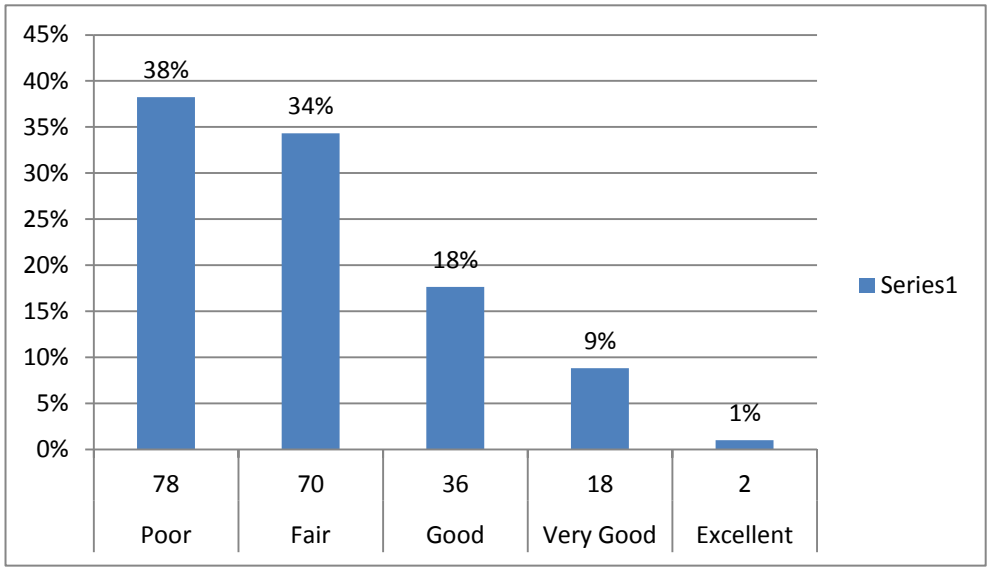
Poor	Fair	Good	Very Good	Excellent
37	86	63	16	2
18%	42%	31%	8%	1%



7. Rate your level of confidence in MOHLTC's response to the Donner Report on improving the Home Support and Community Care Sectors -- including the reform of the CCACs.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

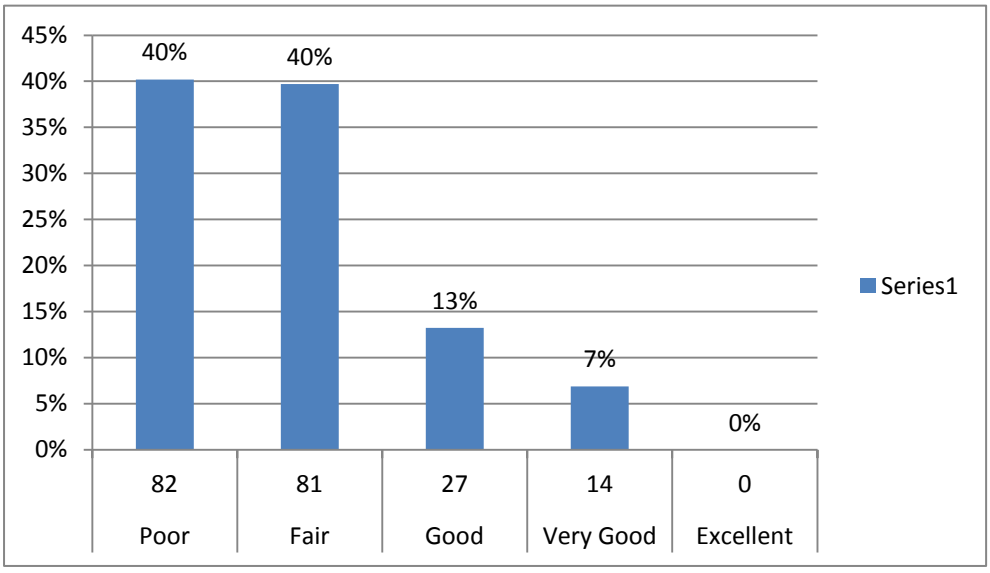
Poor	Fair	Good	Very Good	Excellent
78	70	36	18	2
38%	34%	18%	9%	1%



8. Rate how well you think the government's Primary Care Reform Program is succeeding at making "primary care the centre of the system".

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

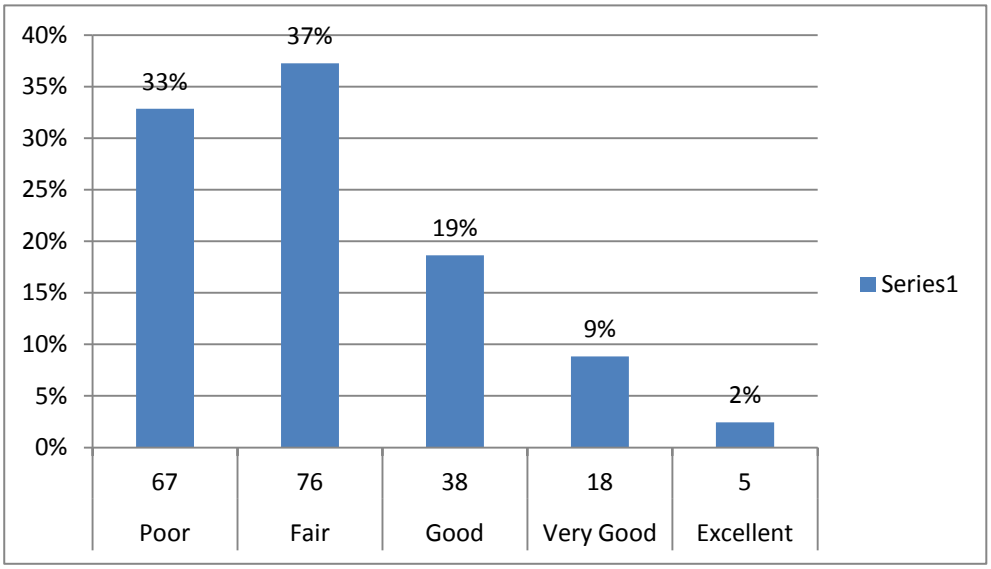
Poor	Fair	Good	Very Good	Excellent
82	81	27	14	0
40%	40%	13%	7%	0%



9. Rate your level of confidence in the Wynne/Hoskins/Bell's 2.0 Health Links Program -- targeted to the original 5% "Big Spenders" (mostly mental health and dying people).

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

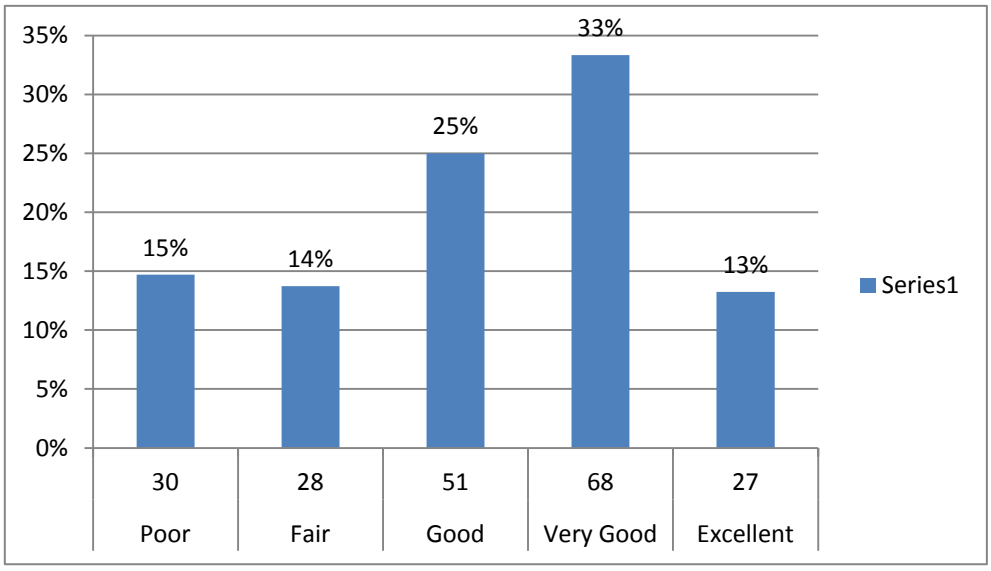
Poor	Fair	Good	Very Good	Excellent
67	76	38	18	5
33%	37%	19%	9%	2%



10. Rate the extent to which you think the Health Links structure/partnerships should also focus on the other 95% of citizen/users -- who are seeking a "seamless customer experience" across the continuum-of-care in their community.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

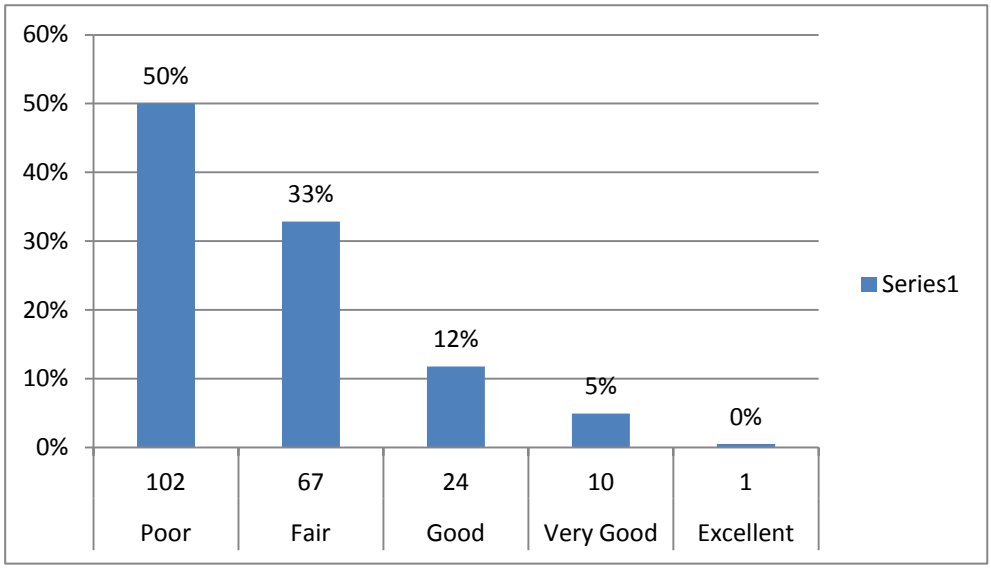
Poor	Fair	Good	Very Good	Excellent
30	28	51	68	27
15%	14%	25%	33%	13%



11. Rate the government's track-record at adequately investing in evidenced-based Illness Prevention and Health Promotion programs and supports.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

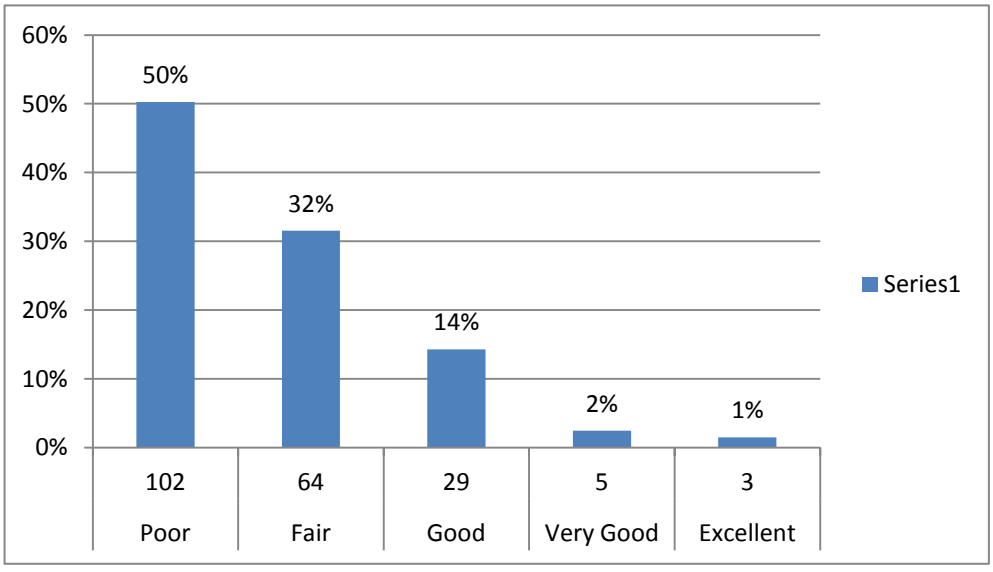
Poor	Fair	Good	Very Good	Excellent
102	67	24	10	1
50%	33%	12%	5%	0%



12. Rate the government's track-record on providing the level of money and support required for Mental Health Services that are meeting the needs of Ontarian adults and children.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

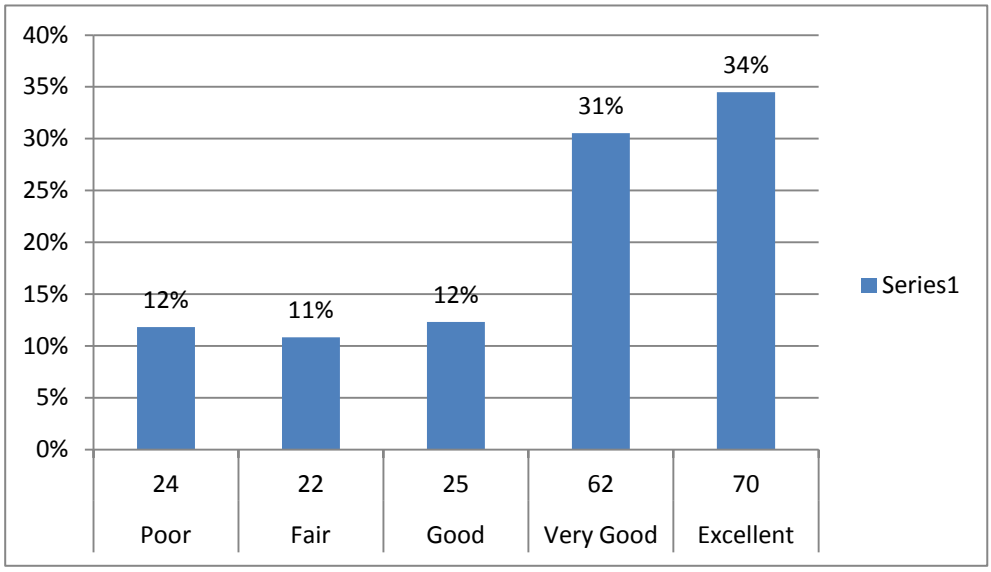
Poor	Fair	Good	Very Good	Excellent
102	64	29	5	3
50%	32%	14%	2%	1%



13. There has been a 45% increase in emergency department visits by children with mental health issues since 2006; and a 37% increase in hospitalizations. Rate your level of support for the idea of shifting resources from the acute care sector to strengthen our community-based children's mental health care "system" and improved mental illness prevention services.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

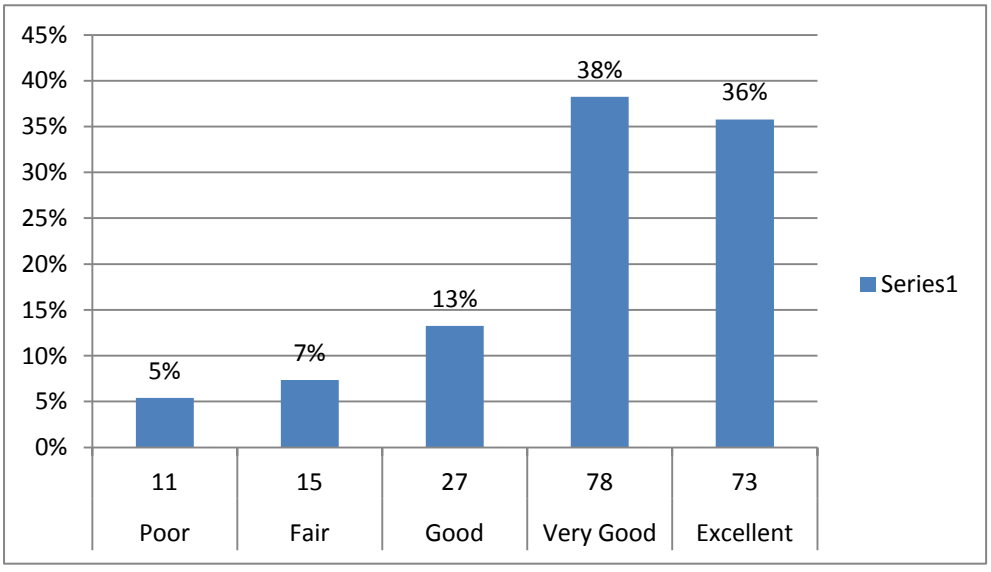
Poor	Fair	Good	Very Good	Excellent
24	22	25	62	70
12%	11%	12%	31%	34%



14. While 70% of Ontarians say they want home-based palliative care, most people die in a high-cost hospital bed (where we spend 43% of the $5 Billion annual). However, only 30% of Ontarians can actually access palliative care services. What would you think of a government policy making palliative care a "universal program" -- funded by savings made by "consumer choice" of shifting from hospital, to home or hospice?

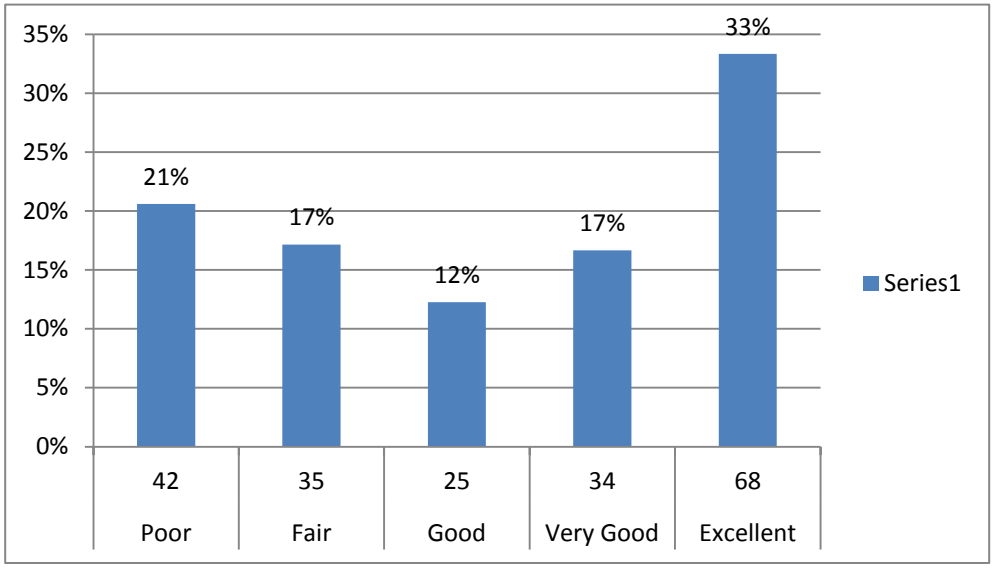
Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

Poor	Fair	Good	Very Good	Excellent
11	15	27	78	73
5%	7%	13%	38%	36%



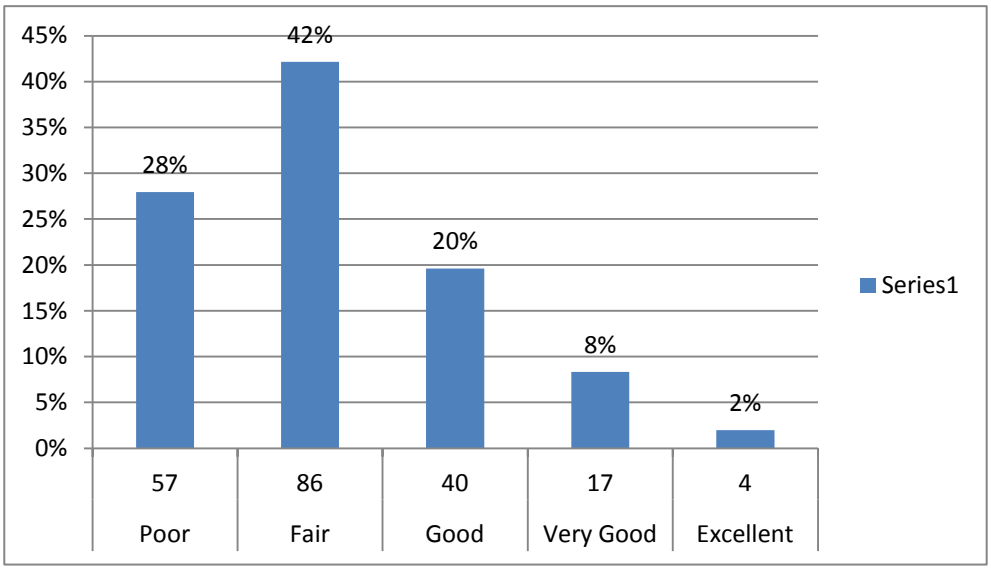
15. Health Minister Hoskins has ordered hospitals not to market and sell our public hospital services -- for profit -- to overseas customers. Rate your level of support for Hoskins' directive placing a Ban on "For-Profit Medical Tourism".

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Poor	Fair	Good	Very Good	Excellent
	42	35	25	34	68
	21%	17%	12%	17%	33%



16. Rate your level of confidence in the MOHLTC's three-year "bundled payment" pilot project in ten selected Ontario communities.

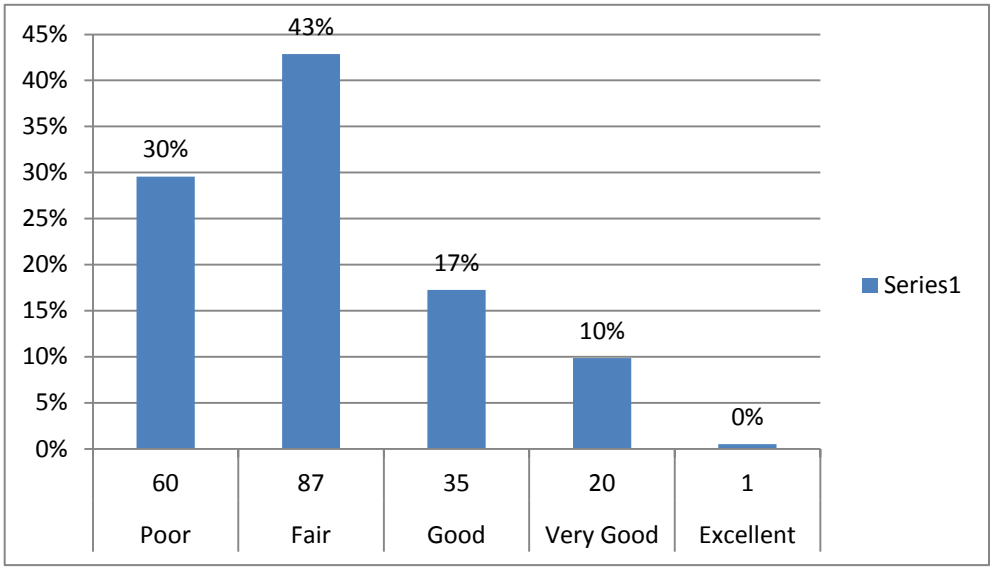
Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Poor	Fair	Good	Very Good	Excellent
	57	86	40	17	4
	28%	42%	20%	8%	2%



17. Before "bundled payments methods" are actually designed and implemented -- three or four years from now -- rate your level of confidence that the Minister's "Patient First" Policy Paper will still be meaningfully implemented over the next three years.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

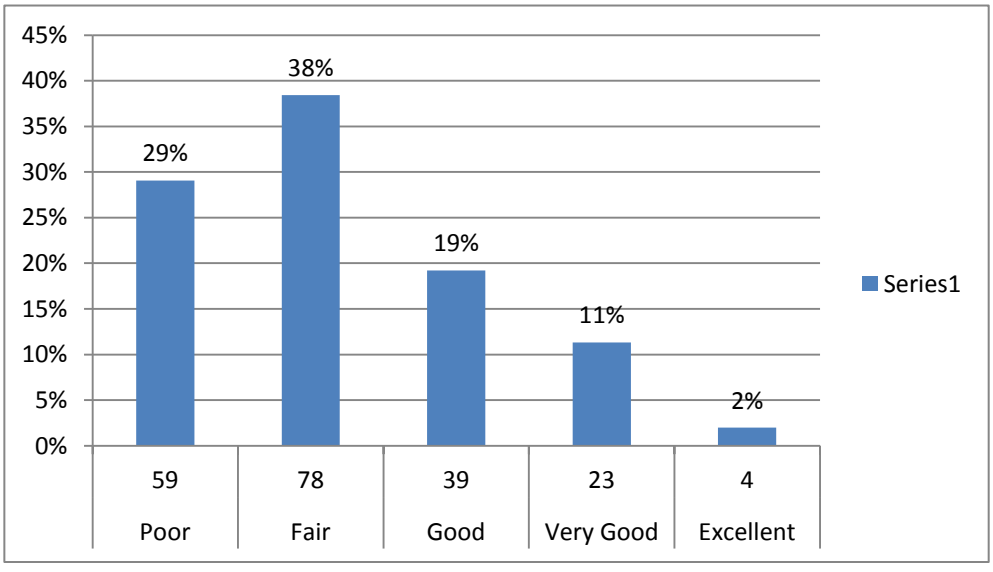
Poor	Fair	Good	Very Good	Excellent
60	87	35	20	1
30%	43%	17%	10%	0%



18. Reflecting on your LHINs track record on implementing their last three Integrated Health Service Plans (IHSP), rank how well you think your LHIN -- and their HSPs partners -- did at implementing these legally mandated local plans over the past 10 years.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

Poor	Fair	Good	Very Good	Excellent
59	78	39	23	4
29%	38%	19%	11%	2%



19. Provide two (2) suggested leveraged actions (maximum impact for minimum effort) that you believe would produce a Patient First/High-Quality/Cost-Effective/Customer-Focused/Accessible/Seamless health care services system at the community level -- that MOHLTC/LHINs and the HSPs could undertake during the second year of the government's mandate. - Responses

Answer	Respondent
Investment in Peers as professionals	Anonymous
Take Community MH services OUT of hospitals and invest in the community. Hospitals are a member of the community but do not have the life long supports that community agencies have.	
Create standards regarding population based service delivery to guide planning to assist in equitable and appropriate resource allocation.	Anonymous
Create standard provincial accountability agreements for HSP's, administer at the provincial level, consolidate 'munchkin' providers and get rid of LHIN's.	
Converting from a blame to learning culture	Anonymous
The Ontario Healthcare system is plagued with these types of efforts what is needed is a bold transformation of the system.	Anonymous
Transform the FHT/CHC/Nurse led clinics into geographical primary care organizations that support the patients in all family practices in a geographic area and incorporate community based services including CCAC functions.	
Move money and responsibility out of CCAC to primary care	Anonymous
shift resources from acute care to home care, home support, palliative care, health promotion, illness prevention, community-based mental health services, housing for mentally ill.	Anonymous
Blow up CCAC and oaccac	Anonymous
Tell LHINs to get out of the way and not strive to feed their CEOs' egos	
Shift funds from CCAC to community health centres to provide primary care based home care and enhance health promotion services.	Anonymous
Shift hospital IT funding to link with community and enhance primary care systems.	
Legislation to limit union control. High quality management teams (e.g. in hospital) cannot expand control in community without carrying the same union contracts - so community services, defacto get hospital union contracts.	Anonymous
allow multi-services to report to the same management team for better continuity. eliminate lhins - true local service	
patient advocates for elderly frail.	Anonymous
pushing ambulatory services to local clinics	
Change the method of HSP/doctor remuneration	Anonymous
Let community hospitals (non acute) act as lead agencies for service provision. This will enable us to achieve back office efficiencies which can be translated into direct services.	Anonymous
1. Have "open access" or "advanced access" as a mandatory component of ALL primary care alternative payment programs	Anonymous
2. Require 50% of all specialist consults to be done through OTN by 2017/18	
Reduce number of Boards and LHINs	Anonymous
Combine LHINs and CCACs	
Listen to Health Quality Ontario	Anonymous
Undertake a standardized program audit of all health services in the province, using comparative analysis, cost per unit of service, etc.	Anonymous
Revise the current LHIN-MOHLTC organizational structure, by standardizing governance, changing focus of LHINs to one of issue identification/validation, program auditors of health service providers.	
True engagement of the patient and hold the providers accountable for outcomes--providers are still driving the agenda and patient engagement is not a focus---patients should evaluate the service they receive and be asked to give suggestions for improvement that will be acted on	Anonymous
1. Reduce the number of LHIN to approximately half - but use 60% of the resources to bulk up the capacity of the remaining LHIN's. Revamp their legislative authority and policy direction to produce the aims listed in this question and use the 40% to help fund thiese aims.	Anonymous
2. Reduce the MOHLTC by 40 - 50 % and reinves those resources to meet those	

The sharing of information and the ability to do so is key to seamless care but is fraught with barriers particularly when sharing with community providers. Rather than continually initiating "new" programs fix the existing ones, accountability linked to activities the provider actually can control. CCAC care is out of Ministry control	Anonymous
(1) Make patients' OHIP cards useful by including all their information in them in order that patients can begin to control their access and way through the maze of health and social care. (2) Transform the primary care system to something that replicates the GP fundholding/commissioning approach in the UK.	Anonymous
Overhaul the LHINs and the CCAC so that they are focusing on what they need to focus on	Anonymous
1) Avoid all patient discharges from hospital to care in the home or other care facility on Fridays or weekends which is when support services are at their lowest staffing levels. 2) Make telemedicine and technology supports available for patients with chronic illness (COPD, CHF, multiple morbidities) so they can be monitored regularly at home.	Anonymous
1. require all hospitals to send a list of all patients (names/and services used) to all Primary care providers (to whom the pt is attached to) monthly. They have it for billing to OHIP - the system needs to share this information openly. This has to a be must do. 2. Attach CCAC case managers within all primary care settings.	Anonymous
IN Small rural and Northern communities make hospitals the "hub of all health care for their catchment areas.	Anonymous
Regionalize interdisciplinary primary care teams with a focus on getting the services to the most complex people.	Anonymous
Force horizontal integration to gain greater equity in access.	
It is time for the MOH to take a direction with some teeth rather than frittering around the periphery.	
Currently health records are stored in data arrays constelated around health care providers. This results in multiple records for a given patient and barriers to info flow. The ONE thing that would shift the paradigm to a real patient centred system, is patient centred health records.	Anonymous
Provide Hospitals with cost of living increases to pay for increases to wages.	Anonymous
Sharing of information is very limited across community stakeholders. Instead of creating new initiatives, look at fixing existing resources. We need a paradigm shift: lets not put hospitals as the hub of care, Community is where the costs can be reduced and higher quality/ efficient care is achieved. People live in the community not hospitals.	Anonymous
give the LHINs full funding and decision making authority	Anonymous
reduce ability of hospital boards to influence investment decisions being made	
NA	Anonymous
PAY NPs IN THE COMMUNITY: CHCs/FHTs/NPLCs A FAIR WAGE (no raise since 2006). This is a MAJOR retention and recruitment issue. There is >$25,00 wage disparity between hosp and community. We don't need a primary health care clinic with 20 doctors and 5 NPs - have the same clinic with 20 NPs and 5 consulting physicians. BETTER CARE, HUGE COST SAVINGS	Anonymous
>Dissolve the LHINs as they have no remaining credibility and impede change.	Anonymous
>Bring hospitals, primary care and CCACs under common geographic governance with one third of the Board elected from within family practice in the area.	
Focus on what the community agencies can offer! We are "expected" to provide maximum impact for a minimum COST. Community is customer-focused, and always evaluating themselves to be more accessible, more customer driven, more cost efficient, etc. Look at all of the agencies that have gone through Accreditation processes to be leaders in their comm	Anonymous
Less micromanagement on the part of the government in local programs. Cut LHIN and corporate healthcare CEO bonuses to zero unless a minimum measurable threshold of success (above 50% minimum...better to set the bar higher to above 75%)is acheived.	Anonymous
establish regional health authorities with real accountability to their communities.	Anonymous
accountability to system level as well as organizational level for patient outcomes for each HSP mandated by government	Anonymous
for on care integration and transitions of care and not structural integration as a priority	

Stop trying to decide who is the boss. put the money to were it makes sense at the front line level for direct assistance to clients and families. REDUCE THE LIHNS TO THE NUMBER OF CCAC'S- MERGE THEM- AND THEN THEY HAVE THE RESOUCES TO COMPLETE THEIR WORK, MAKE THEM ACCOUNTABLE NOT AS IT IS NOW 14 DIFFERENT LIHNS SOME VERY GOOD OTHERS TERRIBLE !!	Anonymous
-Seamless electronic medical records with interface capabilities throughout the system so that each provider has the relevant information to make informed decisions and patients don't have to repeat their story every time.	Anonymous
-federated pharmacare solution so that our population can access the meds they need to remain out of hospital and emerg	
1) Application of the mental health and addiction Service Collaborative model (local system planning) to the patient/client focussed Health Links model to focus more on integrated service delivery. 2) Put in place mechanisms that move the system away from a punishment/blame model to a responsibility/accountability model.	Anonymous
Support primary care so that patients can be treated at the first stage of care rather than having to go to hospital to get their care. Take into consideration rural areas where there are multiple hurdles to overcome to reach patients in order for care to be provided.	Anonymous
building css services, creating partnership	Anonymous
1. Stop adding more pilot project (e.g. bundled payments, health hubs) and truly support Health Links to demonstrate results. 2. Have the courage to redistribute acute care dollars to community and primary care services	Anonymous
Eliminate hospital boards and elevate LHIN boards.	Anonymous
Consolidate the smallest LHINs (lowest number of HSP's) into larger LHINs (Waterloo Wellington and HNHB; Central West and Mississauga Halton).	
Integrated QIPs and shared accountability agreements with patient input	Anonymous
1. Educate the communities at a truly local level - treat each individual community as a speciality area being taught by local knowledgeable and responsible citizens-not the LHIN or a recognized agency. People are getting jaded hearing all the pat answers - they want common sense and local answers. There is a feeling of no one actually caring.	Anonymous
Move out hospital extra vote programs into community based best practice services Provide primary care support to community bedded programs (eg. Crisis Beds)to divert from the hospital.	Anonymous
Redeploy funds within the system to community sector for direct service delivery to the population of kids that are seriously mentally ill.	Anonymous
Train boards of directors of hospitals directly on their role in the community not to preserve the hospitals and on they key questions they should be asking re vertical integration.	
1.improve access to data analysis 2. examine the impact study against outcome measures	Anonymous
hospitals need to be part of solution to move $ and resources to primary & community care so that patients can receive palliative care at home & can receive access resources outside of expensive hospital bed. implement one electronic record system for ALL system users from gp to CCAC to hospital	Anonymous
Provide real funding for community agencies. Stop flowing all the money to the CCACs and pretending that you are building home and community care.	Anonymous
Condense Ministry and CCAC authority and decision making into the LHINs and make a sincere effort to give regional planning a chance.	
E HEALTH LEADERSHIP IDS	Anonymous
Publish patient satisfaction surveys of primary care providers. Publish primary care and patient satisfaction surveys of specialist referrals and hospital discharges.	Anonymous
Increased transparency	Anonymous
mandated single IT system for province	Anonymous
more PSW in Home supports to help people in poverty to avoid negative health impacts	

1. Break down the barrier of sharing client information between providers mandating a data sharing agreement that would hold organizations accountable if found guilty of not following agreement 2. LHINs start to force integrations between like service providers cutting down on duplicate high priced long standing Executives	Anonymous
Integrate effectively the IHF sector and the hospital sector with a view to which serves patients best and eliminates competition and duplication in terms of DI and Lab services.	Anonymous
Facilitate collaboration and knowledge across /among the health care providers at the front line level through multidisciplinary system improvement think tanks	
Start to engage with front line Care providers	Anonymous
See answer to next question. MOHLTC - get out of the way. Solutions are at the local level.	Anonymous
invest in supportive housing, commit to the development of 26000 units over the next six years, increase mh spending to 9% of health spending	Anonymous
Fund a patient led organization	Anonymous
Funding housing initiatives that encompass support within housing.	Anonymous
Funding community mental health sectors that are demonstrating through quality improvement plans that the service they are delivering are effective in providing an effective and seamless health care service.	
Move community mental health services out of the hospitals and into the community to organizations such as CMHA.	Anonymous
Be courageous and re think large large psychiatric institutions - look at the success of other countries who have moved away from this outdated model of warehousing people.	
Do not assume that most people want to die at home. The other end of the sentence must include that "yes 70% want home based palliative care that does not include the burn out and financial ruin of my family". Remove the endless costly assessments and continue to build a universal accessible health record that is available to the front line clinici	Anonymous
Community based services for earliest interventions	Anonymous
Enforce standards of care for physicians	
Implementation of Bounce Back program across Ontario - a telephone based CBT coaching model for mild to moderate depression and anxiety that supports patients accessing their primary care providers - adding resources to that sector.	Anonymous
Increase funding for mobile walk-in clinics such as MOBYSS that was launched in York Region	
1. Finally devolve authority to LHINs so they can actually implement locally developed progs. & services to reflect their population needs. 2. Replace CCAC with local partners given responsibility and $$$ to deliver these services & hold them accountable through accountability agreements with their LHIN.	Anonymous
Make Primary care the centre of the system and integrate care through a bottoms up approach including a greater emphasis on care in the community.	Anonymous
We don't all come from a major city. Don't forget about the outer regions. (Northern and isolated areas.	Anonymous
increase minimum wage and ODSP and OW rates. That would do more to improve the health status of the population than anything else	Anonymous
More community based services in mental health and addictions. Shift power and money away from the hospitals.	Anonymous
Invest in Health Links, BSO expansion	Anonymous
Invest in community mental health services	
1. More transparency in terms of actions already proposed by LHINs to the agencies funded by them. 2. More integration in accessible services.	Anonymous
A "Details Matter" Initiative designed around eliminating noise (wasted effort and the creation of avoidable barriers that have not purpose when seen through the lens of person-centred care). Simple example that routinely occurs is when a vulnerable low income client is put on medications on discharge from a hospital that are not covered.	Anonymous
The MOHLTC/ ministries adopt a whole government approach to planning stop health system from disjointed planning eg.mental health for children and youth- MOHLTC, Min of ED and MCYS individual planning in this area	Anonymous
Funding training for service providers to develop expertise on the unique needs of transitional aged youth with mental health issue	

Rid ourselves of the over-priced CCAC organization and convoluted bureaucracy.	Anonymous
Reverse the decision to reduce physician salaries when the government states their priority is a provider for every unattached seniors. Really...what were they thinking. This salary reduction was a slap in the face, not an incentive to work in community CHCs.	
fund Health Links at the level first promised by MOHLTC.	Anonymous
Fully realize the potential of community support services in Ont. the poor cousin to the rest of us. They are driven by women, supported by women who bake cookies to sell to pay for the service.	
Implementing more FHTs	Anonymous
Expanding services in the NFP CSS sector.	
invest in inter professional social and health care teams that can provide a range of primary care, allied services, health prevention, and health promotion programs design these to be accessible and available to all populations	Anonymous
Invest in the physical fitness for all, public awareness campaigns, increased free sport and recreation, incentives..	
Invest in, and Increase the number of community health centres which already deal with the "5%" high users	Anonymous
Change legislation, making all primary care models accountable to the LHIN	
Invest in primary care and then let them lead. Starving the sector that can do the most to achieve mohltc/lhin strategic goals and add insult by micro management is is not leadership	Anonymous
Actually implement the recommendations in reports	Anonymous
Invest more & support Health Links - it is transformational	
follow through on Deb Matthews commitment to primary care	Anonymous
1. closer collaboration between community health services, particularly in rural communities	Anonymous
2. increased funding for community health services in return for increased performance	
The health links require more funding to manage system	Anonymous
Poverty mitigation would remove 50% of the 5% of "High Users" of the health care system!!!	Anonymous
n	Anonymous
Investment in Primary Care	Anonymous
Continued investment in primary care lead healthlinks that have system navigation at the core - making a huge difference no one is noticing	
Create a "communication system" so all of the providers in the system can "talk" to each other. Our EHRs are all different & primary HC providers don't get timely info on the treatment their clients get elsewhere.	Anonymous
The push is on to reduce ER visits, yet hospitals are funded on the number of visits. Let's shift those $ to P.H.C. & prevention.	
make all primary delivery/providers equitably accountable for funding they receive, and accountable to LHINs	Anonymous
eliminate all duplicate reporting, bureaucracy within Ministry of Health that takes up too much HSP staff time to comply with duplicate and triplicate reporting	
Concrete focus on primary care including addressing human resources to ensure a strong system	Anonymous
More focused investments in community (e.g. mental health, addictions, home supports, primary care)	
1) Increase the number of nurse practitioners and pay them a fairer salary	Anonymous
2) demand that physicians work in underserved areas	
restore funding for health links. We were making progress and have now had rug pulled out	Anonymous
Engage patients	Anonymous
Develop care plans for patients that cross all parts of the system, and are based with the patients and primary care	Anonymous
Mandate primary care as the "case managers" for all patient care	
Need a new m	Anonymous
minister	

Create and fund programs for those with concurrent mental health and addiction problems. Also many more mental health services for children.	Anonymous
Give LHINs authority over HSPs including MDs -- initiatives are agreed to by multiple parties in principle but then "there is no teeth" to action this	Anonymous
Just do something!	
Mandate a minimum 30% of governance board membership be comprised of patients/and or caregivers	Anonymous
Mandate that the LHIN's establish a joint HSP inter-sector planning table to implement the IHSP	
Continue with goal of trying to have every Ontarian connected to a Primary Care provider/organization and continue to make investments here, Go all the way and transfer primary care to LHIN's.	Anonymous
Ensure a robust trans system to ensure pts have access to their health care needs which will reduce them showing up at ER	Anonymous
Seamless access at all entry points to Health System	Anonymous
LHINs should be all inclusive of the total Health Care needs Drs'. included	
Fund and provide equitable salaries to community organizations to help recruitment and retention.	Anonymous
Hold those LHIN, CCAC and FHT' accountable. We have had review and no action on their performance.	
revamp physician remuneration	Anonymous
consider major changes to hospitals	
1. Focus on mental health by providing more support for community initiatives in psychotherapy and MBSR (mindfulness-based stress reduction) - psychiatrists, psychologists, social workrs;	Anonymous
2. Support "Art of Living Foundation" programs (yoga, breathing techniques and meditation)	
Abolish CCACs. They are very top heavy, offer little added value and have massive waiting lists. Send the dollars to the front line staff.	Anonymous
- Open up discussion on actual system reform. I don't expect them to do anything but admitting that the system is not sustainable,or relevant to the realities of 2015 would be a huge step.	Anonymous
- Focus on projects (Mental Health/end of life care) in one region before taking it across the province. Even staggering starts would allow shared learning.	
Revamp the home care system to one where there are standards across all communities and access to the services required within 48 hours.	Anonymous
Implement a long term care investment program, similar to the RESP where we plan and contribute to the cost of our services as responsible citizens.	
Hold primary care accountable to their patients ensuring timely access and comprehensive care that we are paying for but not consistently receiving	Anonymous
Either empower and insist that LHINs actually manage the Integration of care among providers or delete the layer as presently for many areas it is a bureaucratic layer that does not add value.	
Reduce SILOS at all stages of the system	Anonymous
Put Nurses in charge of all entry points for health care	
Focused, integrated, and standardised primary care and home care reform with clear deliverables and targeted outcome indicators.	Anonymous
Communication and suggested actions are vague leading to significant variations. Access to seed funding to make very targeted changes prior to removal of savings with the entire province working on the same initiativ	
1) Anchor the system in Primary Care	Anonymous
2) Do away with CCACs: a) transfer the 3,500 care coordinators and their full compensation funding to primary care; b) whole system planning for all sectors by the LIHNs with full accountability!; c) move the 250 Million savings from CCAC admin and structures to direct hours of home care.	
FORCE/ENCOURAGE CONSOLIDATION OF COMMUNITY BASED SERVICES	Anonymous
HOLD CCACS AND OTHER COMMUNITY AGENCIES MORE ACCOUNTABLE	
Double the support for community-based mental health and addiction programs	Anonymous
Require hospitals to consider all community based alternatives before admitting a patient for mental health problems	

Focus on primary care integration, lessening the gap between community and speciality services and improving access for hard-to-serve patients e.g. invest in scaling the SCOPE primary care integration project	Anonymous
Enable a broad IT solution to capture coordinated care planning in a sustainable way	
Re orient the system more to prevention and health promotion. Invest health spending where the money supports people to stay healthy. System remains far too down stream.	Anonymous
reform CCAC's	Anonymous
investment in public health	
Invest in Community Health Centres. Get on with implementing/adjusting specific models of primary care that will be effective.	Anonymous
Strengthen the community mental health system for children and adults to ensure accessible services and supports.	
Implement Pharmacare and increase access to oral health care	
Invest more money into mental health	Anonymous
Increase hospital base funding	
Stop ccac from having their hands in everyting but being good at nothing.	
Current cost reductions aimed a balanced budgets in all health care sectors have reduced total registered nurse positions in the province. More RNs are needed, not fewer as working to full scope if practice can provide higher levels of care for reasonable funding allotments. LHINS should include primary care NPs as consultants not just physicians.	Anonymous
eliminate CCACs and ensure hospitals, LTC, CSS and HC are all integrated in a seamless fashion	Anonymous
give LHINs more power and reduce the MOHLTC infrastructure.....	
Oooooo	Anonymous
Integrate CCAC functions undernew Board of community support organizations CHCs. Expand S.H.	Anonymous
Do away with the case managemnent function of CCACs and the managed competition model and integrate the CCAC functions into service delivery to save 10% on overall community-based home care service costs	
Expand the SMILE program in CELHIN province wide	
Define circle of care. Put the power with the team. there is still so much duplication and power struggles within the perceived team.Where are the efficiencies to provide quality, person centred cost effective timely care? Put it close to the home and not in the cold expensive institutional settings. Still high paid top heavy.	Anonymous
nothing comes to mind	Anonymous
1. Move to designated budgets for patients to be spent at HSP's and away from provider budgets.	Anonymous
2. Move to Health Links as the administrative unit for all health care delivery and eventually health care governance, eliminating the need for expensive and duplicative LHINs and competitive site specific boards.	
1. Put Sr. ED physicians at triage to start the patient assessment right away and give orders that can be enacted asap	Anonymous
2. Fund Critical incident teams in the ED to start the treatment of mental health patients sooner rather than relying on "consults" to come and see MH patients	
N/A	Anonymous
Remove public subsidy for CMPA and spentthemoney on patients	Anonymous
Abolish theCCACbureacracy	
Fully devolve decision making to Local level away from MOHLTC CENTRAL	Anonymous
eliminate funding silos	
1. Engage the community in planning in a really meaningful way	Anonymous
2. Determine what patient-centred means from a strategic and operational perspective rather than using the term as another flavour of the day cliche	
solve the local governance limitations to meaningful changes	Anonymous
restore fee for service in primary care as sole model.	Anonymous
pay physicians adequately to encourage physicians to see patients, stay in practice and choose family practice	

Allocate massive funding for palliative care such as at the Kensington Hospice. It would allow for much greater dignity and comfort in death at a much lower cost.	Anonymous
Allocate massive funding for adult community based mental health care through organizations such as CMHA and COTA. Apply spending planning restrictions on the likes of CAMH.	
no suggestion at this time	Anonymous
restructure CCAC and merge with LHINS including all community support agencies	Anonymous
align Primary Care to the LHINS and public health as well	
Analyze OHIP records of patients in their footprint to identify the major customer needs and determine the source of supply for the services	Anonymous
Integrating community and health services by sharing spaces and resources	Anonymous
Having a holistic, inter-professional model of primary health delivery	
unable to define at this time	Anonymous
Bring care coordination under Primary Care and eliminate CCACs.	Anonymous
RNs working at their full scope of practice.	Anonymous
NPs equitable compensation between home/community care and hospital care sectors.	
hkhjkh	Anonymous
1. Change patient rights regarding access to LTC facilities (i.e. reduce ALC's)	Anonymous
2. Merge CCAC's into Hospitals	
Start reading and understanding the evidence in the literature on health care and base the direction on this evidence. So much of what is done in the CHC is a make work project for which there is no evidence.	Anonymous
Stop making hospitals the centre of the Universe and either make CCAC accountable for their role or shut them down.	
Primary Care Accountability agreements with QIP's	Anonymous
Greater transparency of CCAC indicators	
Providing Access to Mental Health Services in the Community.	Anonymous
Reorganizing Health Care Services under the LHINs.	
Stop all pilot projects. Focus on improving the effectiveness of the primary care system. Build capacity in the community to take on more accountability for delivering effective services.	Anonymous
There are too many silos in Ontario. Rethink the structure, get rid of CCACs and give the LHIN's the tools to do the job, downsize the MOHLTC	Anonymous
Invest in community-based mental health services for adults and children	Anonymous
Provide increased supports for family caregivers	
have LHINs manage accountability agreements for FHTs	Anonymous
measure patient satisfaction with the system (not the silos)	
1. Bring all primary care under the LHINs	Anonymous
2. End the OMAs control of fee-for-service $ and direct to LHINS where all primary care would be accountable for evidence-based health outcomes.	
weaken the power of specialists and give more power to family docs and NPs	Anonymous
Older adult care strategy	Anonymous
1. evaluation of best evidence for client centered services,what models actually work	Anonymous
2. Involvement of heath economists in health research on outcomes.	
Redirect the focus to the 95%...using a health promotion/illness prevention philosophy. Government needs to create sustainable well paying jobs..maintain the middle class and reduce poverty...good health will follow	Anonymous
1.Focus on end of life care for complex patients.	Anonymous
2.focus on care for the most vulnerable	
Continue paying for performance at all levels based on evidence based outcomes. Target in on the key expenditure areas.	Anonymous
- Integrate health system services with funding to support shared accountability.	Anonymous
- Leverage networks wherever possible.	
Increased capacity for seniors in LTC facilities and training of staff to cope with geriatric mental illness	Anonymous
Acute children's mental health investments	Anonymous
Eliminate the zero dollar budget increase	

Eliminate the CCACs	Anonymous
Make HealthLinks mandatory	
additional strong focus on re-organization of CCAC's and their community services	Anonymous
more facilitated integrations within the system - vertical and horizontal, between acute care systems and other community care agencies	
1 - better web based information for people not familiar with the system to know where to access services following an acute event. 2 - Have a new X11 number to call for a stream of up-to-date informaiton on where to go and what to do. Keep up with the technology.	Anonymous
Not applicable	Anonymous
Provide better, coordinated home care service - like an integrated coordinate care model.	Anonymous
Move to comprehensive care response teams for patients with complex care needs. (Health Links strategic direction)	Anonymous
Palliative Care legislation - universal access.	
Patient Adviory Committees	Anonymous
Interprofessional Practice Rounds	
Provide central access points but ensure that information and referral services are separate but linkd to crisis services.	Anonymous
-increase investment in, and access to, Community Health Centres for populations most at risk of poor health.	Anonymous
-provide equitable compenation for providers working in primary care settings.	
-get rid of CCACs	Anonymous
- invest in the community since that is where the majority want their care delivered	
Give the LHINs more authority and power to make decisions and funding allocations at the local level - currently they are functioning as mere conduits for the MOHLTC and not living up to their potential.	Anonymous
1. Put patients in charge of a transparent complaints system where we can do something about the burned out, indifferent and careless providers giving us shoddy health care.	Anonymous
2. Reduce the employment benefits plans of all ON public servants, in all sectors, to match what the rest of us get from MOHLTC, for example, oral cancer drugs not covered!	
* Only contract with local HSPs that have completely autonomous authority to plan and execute strategic alliances and joint ventures.	Anonymous
* focus on cross functional constraints.	
Client and family participation in guiding the health system and its organizations - and make it an accreditation requirement	Anonymous
Greater investment in Primary Care, not less (ie: Managed entry into PEMs is nonsense!)	Anonymous
Integrate mental health services in the system: single coordinated point of access for all services, central registry, funded.	
Empower the LHINs as originally envisioned and cut the huge increase in ministry staffing that was created to manage the LHINs, or just cut the LHINs and put ministry staffing levels back to preLHIN days. Put the savings in front line services.	Anonymous
There is a need in coordination of community services but it should not be at the determinate of the urgent care requirements of the hospital	Anonymous
If the MOH has a "good" idea such as the Health Link or Diabetes Prevention Program initiatives, to make any difference in the system and ultimately for patients and caregivers, funding needs to be seem less. You cannot fund initiatives one year and then simply NOT fund the next. It is not fair to patients especially if proven to be successful.	Anonymous
reform the CCAC structure	Anonymous
implement David Price's Primary Care reform recommendations	
Consolidate mental health and addictions agencies as per the fed and prov studies	Anonymous
I have no suggestions	Anonymous
Higher usage/development of Nurse Practioners to ease clinic cases presenting to ER. Adjust hours to cover later in the evening.	Anonymous
Promote and mandate talks with patients and family members about realistic outcomes of admissions and provide education and support of DNR orders.	
o	Anonymous
Big focus on Home and Community Care Reform	Anonymous
Advancing Health LINKS in a more consistent way across Ontario	

Community support sector, CCAC and primary care integration	Anonymous
Support for LHIN 2.0 with more authority Build more LTC beds, using primarily investments from seniors who have the assets to afford to purchase and own their accommodation ..mirroring the highly successful life lease model, that has added much needed housing for seniors Significant increases in the governments contribution to LTC resident care. Get some savings from reducingChronicCare	Anonymous
Adopt Patients Canada's performance measures and reward HSPs for patient satisfaction scores	Anonymous
Stop tinkering with cross sectoral collaboration and pilot projects. We should move to a full regional model in Ontario.	Anonymous
Stronger alignment of physician payment approaches to health system priorities. Remove health care in the community from the CCAC Work with family centres/ offices/ clinics to provide health care in the community Build a strong primary care system, with RNs working to full scope and having the resource to provide patient centred care. Mandate all health care organizations to implement RNAOs Best Practice Guideline on Person- and Family-Centered Care Use Donner Report in conjunction with RNAO's ECHO.2 for guidance for how to strengthen all sectors.	Anonymous
Improve referral system for primary care to specialists - current system is broken - require all specialists to participate in a system-wide surgical waitlist program	Anonymous
XXX	Anonymous
Better integration and alignment of services across sectors/build services around the needs of clients, not around arbitrary ministry or program envelopes. Be bold.	Anonymous
Focus on Primary Care Population Health Create small geography vertically integrated "hospital-based care" and vertically integrated "community health services" organizations, i.e., Thus 2 entities within various geographies each with own admin and governance. Funding community via capitation; hospital via base and FFS.	Anonymous
Get rid of the LHIN, and the overpriced people running them. Actually fund hospital programs correctly. Keep people accountable, when tax dollars are wasted.. CCAC bail out for example	Anonymous

20. While the Leadership and Stewardship behavior of the Wynne/Hoskins/Bell Team is important, so is the behavior of our CEOs/Executive Directors/Policy Wonks/Public Servants/Board members/etc. What is your "best advice" to these important operational system leaders? What should operational leaders do to create better health services for people of their communities? What needs to change/improve/transform? - Responses

Answer	Respondent
Don't just acknowledge the input from the service users, implement policy changes that reflect the input rather than just saying "sorry, no new money for new projects" poor excuse for keeping the system the same "broken" way its been for far too long.	Anonymous
HSP leaders need to focus on their primary job, delivering high quality, efficient services. They need to support efforts of their partners. Transformation is a distraction!	Anonymous
Primary focus for overall coordination and system management is the direct responsibility of the Provincial Government under our Consitiution and Ministry of Health Act. Plan for a systems approach vs own specific services	Anonymous
Take on the role that the Health Links with patients needing secondary and tertiary care in a governance model that networks effectively with primary care organizations.	Anonymous
Embed mental health. Into primary care.	Anonymous
waiting for government to do the right thing is not a wise strategy--take action at the local level, integrate at the Health Link level. Support the shift in resources from acute care to community care and meet the emerging needs of the baby-boomers.	Anonymous
Make health links work by fortifying support for sub LHIN system integration	Anonymous
Need to have the infrastructure through the capital funding branch that will fund community space with room for growth. Cannot move services from hospitals without resources for space. A 50%shift of funding would give more than enough access.	Anonymous
Integrate - or at least actively collaborate on the delivery of community services	Anonymous

silo's need breaking down, this will be done most effectively by providing incentives to breaking down the walls between the silo's. Force and fear don't work, the Ministry needs to learn that more flies are attracted with honey.	Anonymous
Be willing to take a "risk" in implementing programs that will be effective but potentially politically unpopular. Easy to say but likely never to happen	Anonymous
Local providers need to get over their fears and egos and truly collaborate to produce real change.	Anonymous
True collaboration requires "super ordinate goals" - I.e. Goals that are system level and may eclipse organizational goals. The system still measures and rewards organizational level goals and these can negatively impact system goals. Must be alignment of funding and service planning that rewards HSPs that put system goals ahead of org goals.	Anonymous
Reduce the top heavy MOHLTC - Wasted money and too many approval levels.	Anonymous
Quit blaming everyone else	Anonymous
Standardize health services across the province - standardize LHIN operations, revise relationship between MOHLTC and LHINs. Currently, services being offered across the province are not standardized, despite claims.	Anonymous
Boards are been driven to a 'corporate Governance Model" that is based on compliance and consistency and we are loosing the "Mission" driven organizations who often 'challenge' the 'corporate' rules--compliance is used as a quality measure and CEO's and boards like it as it is risk adverse and allows for the "can't do" attitude rather than "can do"	Anonymous
The W/H/B teams should engage in policy leadership and overall accountability requirements. The CEO/ Boards etc should be the ones to manage the system within revamped legislation, the policy and overall strategic framework - with the aims as previously noted.	Anonymous
Stop looking for "who is in control" and focus on developing cooperative non-competitive partnering. All service groups and sectors need resources for their populations and the growing arbitrary approach to allocation of resources further enhances distrust etc not the building of relationships. Real public consultation and accountability is lacking	Anonymous
Learn how to effectively move away from micro-managing to a process of "enabling" patients and providers work together to deliver needed services. That will take a determined effort at re-socialization, but it is necessary.	Anonymous
Right now the LHINs play favorites - its who they like not about who is doing the best work. So much corruption in the LHINs right now.	Anonymous
Shift the discussion from care interventions to prevention and also to outcomes. Tell how many people have hip/knee replacement and return to work instead of % within targeted wait time. Shift to HEALTH instead of 'care'.	Anonymous
1. Leaders should be rewarded for cost savings - ie: if they don't spend there entire budget they need to be praised, rewarded for these savings. Then they should be encourage to spend it on local communities initiatives. ie: prevention activities. 2. there needs to be a provincial system to share information "NOW" not in 5 years.	Anonymous
Vertically integrate with other local health care providers.	Anonymous
System level accountability	Anonymous
Eliminate physician run boards of FHT's	
Be altruistic: Put the best interest of the public first and cease empire building.	Anonymous
Eliminate the LHIN's	Anonymous
Better representation with community initiatives. Stop developing partnering MOU's to build empires. Consultation is needed on the effectiveness of partnering MOU's from the customer being served. Their is enough community demand that everyone "can play nice in the sandbox"	Anonymous
the system needs to be person-centered so unless the non-front line staff at the MOHLTC are directly assisting individuals to navigate the healthcare system get rid of them	Anonymous
establish and publish service level agreements clients are to expect from FHT physicians (& other providers)to provide transparency re whether the system is delivery or not	
NA	Anonymous
STEWARDSHIP - support your workers, be aware of their physical and emotional stressors. SPEAK TO FRONT LINE WORKERS ON A REGULAR BASIS, they know where the inefficiencies are and how to improve the system.	Anonymous

Ontario does not have an architecture for its Health System. MOHLTC needs to be focused on legislation, incentive/funding design, and health strategy not program and LHIN micro management.	Anonymous
Meaningful local governance, decision making and change management ability are needed, not the placebo effect of the past decade.	
have an all door is the right door policy, and enforce it.	Anonymous
higher management needs to become more involved in the day to day challenges their frontline staff on a daily basis that makes their agency successful. Boards, in my experience, are an invisible entity. i know there is one, but who are they, and what is their role as it impacts (or not)	
Decrease the ever multiplying number of ADMs and better streamline the MOHLTC to provide more actionable leadership and less public service salary investment of the budget allotments.	Anonymous
Willingness to change behaviours and be mindful of their responsibilities to the health care system	Anonymous
focus on care outcomes and patient experience within an evidence based framework	Anonymous
focus on quality of care, patient experience and value for money as the measurables in the organization and the system	
merge Ministry's to many bosses. Save significant dollars on less ADMS --Stop making organizations responsible for things they have no control of and give sufficient dollars to the community sector to do the necessary work and then they can be accountable for it .Make it a priority TO HAVE AN electronic health record to implement HEALTH Links	Anonymous
Move services out of hospital. Our hosp system was designed for a different generation. Today's population requires accessible services that allow them to manage their care in the community. Partner with the private sector for innovation in approaches to care and service delivery.	Anonymous
Move away from frameworks/models/mechanisms that over scrutinize small players toward one which enables them to come to the table as partners with an equal voice. Remember to include implementation support as a key part of individual/HSP/system change. Good intentions are not enough.	Anonymous
Lead with soul. Every community is different so having a true understanding of your community's needs/demographics is key. Look carefully at having the right person doing the right job.	Anonymous
listen and work together with shared goals...leave your silo	Anonymous
Demonstrate courage in doing the right thing to promote collaboration and integration and strongly discourage silo thinking and turf protection.	Anonymous
Develop strategy based on population need, then decide on how to measure achievement of that strategy. Right now, LHINs pay less attention to strategy at any level than they do to achievement of 8 year-old performance indicators (MLAA).	Anonymous
Hesitate on the quick fixes to budgets via cutting and slashing. It is not QI - are as lean as can be in acute care - now a safety and risk issue if continue this pateh.	Anonymous
There is an overload of reports, ideas that never come to fruition and not enough meaningful action. Really listen to your community and provide meaningful responses to questions and ideas - not just pat answers. Many community members feel everything is already decided and there is no reason to participate.	Anonymous
Think in system terms and get evaluated on how the system as a whole not just the individual hospital/community agency is performing	Anonymous
Patients/Clients first - move from provider centric system to patient centric system.	Anonymous
Take the time now to envision, through a system lens, what a fully integrated mental health system looks like that supports kids, families and adults.	
Stop competing for control without accountability of the health care systems.	Anonymous
Reward success. Stop funding mediocrity. Pay for quality. Uniformity=efficiency is an uninformed idea. Replace the innovative edge the LHIN's have removed. Develop diversification. Your judge isn't trusted but it can be accurate. Be transparent about your calculations!	
Communication is key. Why can the hospital not inform primary care offices that a) patient is in hospital & b) patient is now discharged. Primary care cannot deliver on metric of 7-day follow up from hospitalization if we don't know patient was in & discharged from hospital!!	Anonymous
With every decision you make, stop and ask yourself, what is the impact on the care received by the client/patient.	Anonymous
Get out of your organization and talk to the people who use your services.	
Poverty, specifically the lack of food security and stable housing is the biggest social determinant of health.	

CREATE IDS.....SOMEONE ACCOUNTABLE FOR THE HEALTH OF A PARTICULAR POPULATION	Anonymous
Add to their accountability agreements measures of their success and failures at integration of the services they offer with the services offered by other providers in their regions.	Anonymous
Patients should get the bill that was paid on their behalf, so they can see where the money was spent. Then they should be asked to comment on that payment -- was the service good? Was the money well spent?	Anonymous
Also get more MRI machines.	
put ego's aside and patients/residents first.	Anonymous
work together to fill executive vacancies with mergers between community agencies	Anonymous
A change in attitudes from "me" to the "patient" and what is actually best for the patient in order to provide seamless quality care and follow up with the funds available. Walk the talk vs talking the Walk.	Anonymous
Count your fingers	Anonymous
To government - stop talking integration and actually give LOCAL decision-makers the true ability to make it happen.	Anonymous
To local decidion-makers- then just do it.	
need to focus on building community capacity in real terms	Anonymous
Create more patient partnerships	Anonymous
Need to ensure that decisions are based on data and not knee jerk reactions at a local level.	Anonymous
Stop fragmenting the system and ensure that programs that are alike are placed within organizations that have the expertise to support these programs. There have been many programs funded that have not been accountable.	
For mental health develop a system focussed on wellness and a philosophy of recovery. Hospital stays will be dramatically shortened by proven, researched based programs such as Assertive Community Treatment Teams where clients successfully graduate and live independently. Saves millions of dollars. Stop putting mentally ill people in jail	Anonymous
Stop the endless pilot projects and system reviews. make a decision, any decision	Anonymous
Collaborate and look for efficiency's - even if it means integration or amalgamation. Hospital and community needs to develop better partnerships.	Anonymous
I think that strong leadership continues to be required to break down silos and ensure collaboration and better integration of services.	Anonymous
1. MOHTL devolve more authority and responsibility to LHINs and local HSPs, and do not micromanage. Also do not alter funding commitments after work has started--done previously with Ag.@ Home initiative, and now with HLs implementation! 2. Local CEOs and Boards get serious about true collaboration that involves sharing all resources incl.$$!	Anonymous
Reduce/eliminate interference from policy wonks and public servants and increase leadership and decision making from community leaders and consumers.	Anonymous
Access to specialty services. Need more doctors to link with.	Anonymous
Rethink what you are measuring. Look at the canadian index of well being	Anonymous
Meet with the Boards and CEOs of other agencies and see where services can be rationalized and improved.	Anonymous
Health care needs to become part of the community discussion, not separate from. We as health providers need to engage and be engaged by our colleagues in municipal, education, business sectors	Anonymous
More input from the actual consumers of the system.	Anonymous
Stop thinking about the programs you deliver as menu options, or clusters of services, but rather as creative tools that you can shape, adapt and apply in supporting people to get their needs met.	Anonymous
The person's needs should drive innovation not fit be reframed to fit the limitations of a funding model.	
Understand that health is more than clinical care- health promotion is vitally important. Stop overly focussing on physicians and hospitals and figure out how to put the best supports around individual clients.	Anonymous
Secondly, take a longer view and avoid "quick wins" mentality when dealing with systems issues.	
Fund more salaried physician positions in CHCs.	Anonymous
Eliminate the CCAC. Have case management role become part of the hospital discharge process.	

Let the LHIN's do their job without interference from MOHLTC, turn them loose.	Anonymous
The not for profit community sector leaders need to advocate to have professional staff included in their service menu as the for profit sector does.	Anonymous
Work towards improved population health strategies	Anonymous
To enable innovation, investments must be made. To simply say do more with the same for community service providers when they are already lean, is not an appropriate response, and stifles innovation.	Anonymous
Vision, commitment and connect with patients you get paid to serve. Don't let barriers get in your way - don't let obstacles blind you from the goal. Stand up and make the difference to those who are desperate for help. One day it will be you.	Anonymous
Provide opportunities & set expectation's for leaders to be system leaders vs organizational leaders	Anonymous
Really listen to the needs of our communities not the needs of providers and organizations when redesigning care / the system	
invest in the social determinants of health and primary care	Anonymous
major reform is required for CCACs	
make operating and capital funds available for community hubs	
increase compensation for Nurse Practitioners	
Operational leaders need to be more effectively brought into the discussion on policy issues/directions at the LHIN and MOHLTC level so there is better understanding of the rationale for health priorities and more effective buy-in from the operational leaders. Many operational leaders feel detached from decision making on health policy issues.	Anonymous
Client centred over provider centred care...more case management....	Anonymous
Hospitals have to stop empire building!!!	Anonymous
n	Anonymous
Really putting the patient first and stop listening to groups that are just protecting their silos.	Anonymous
CCAC is not working.	
The LHINs in principle are a good idea but have become more operational and dictorial rather than foster partnerships.	
Invest in primary care, the patient always goes back there - CHC model - lots of service one location	
Improve funding for Community Health Centres who provide primary health care with s social determinants of health lens- i.e. create more of them and improve the pay scales so that they can attract quality staff.	Anonymous
need to be accountable to one master (LHINs), not multiple masters - LHIN, and various departments within MOHLTC. Operational leaders could better focus on one vision for local improvements if they didn't have to also comply with multiple, frequently competing requirements from a MOHLTC bureaucracy. LHINS need to advocate for this change too	Anonymous
Need to ensure more stewardship, more openess to change and redirection of resources, more focus on 'system' development and less focus on individual organizations	Anonymous
truly make primary health care reform a reality.	Anonymous
keep client as lens through which services are viewed. Maintain local links to real local communities, maintain local boards but ensure vertical integration as is being done through health links. Dont bail on a project that in many cases is making real progress.	Anonymous
Represent communities with which they reside	Anonymous
Dr K Smith is never seen or heard of in Niagara dies he really care about Niagara?	
We have leaders leading the NHS that have no vested interest in our community	
Need to create an integrated health service system that defines clear roles of all parts of the system, including public health, population health, determinants of health. See BC's framework as a good place to start.	Anonymous
Let the people at the front lines get on with their jobs and stop throwing money at problems they don't really understand	Anonymous
More emphasis on close coordination between primary care and all other sectors of health care.	Anonymous
Once they commit --- do it!	Anonymous
Engage patients/caregivers directly into the senior decision making/governance leadership tables	Anonymous
Make quality improvement plans public. Allow pay for performance with built in ethical standards.	Anonymous
Remove a good portion of the red tape. Let's try a variety of things to enhance health care depending where you are in the province, evaluate and take the ones that have the biggest bang and implement province-wide. But this evaluation has to occur with reasonable time or else we're back to red tape.	Anonymous

Reduction at all levels and make sure Seamless at all entry points	Anonymous
The system has become so risk averse and so staid in its performance we are failing to be innovative and pragmatic in doing our jobs. We are so tied up in paper work accountability agreements and data that we don't do our jobs. The beuracracy has run amock.	Anonymous
put the patient first	Anonymous
View the "big picture" and make primary care a top priority. "Collaborate" with all community partners. Protecting employment in acute care facilities should not be a top priority! Be open to "big" change. Support the expansion of "Family Health Teams" and diversification of staffing.	Anonymous
Listen to the palliative care experts regarding clinical priorities not the CCACs and the LHINs. The CCACs and LHINs are making decisions in a vacuum.	Anonymous
- Open up to the reality that the bureaucracy is dysfunctional and there needs to be an external and internal review, with the goal to review system leadership and break down the barriers created by the existing bureaucracy. - Examine optimization of scope of practise, not only for Providers but all levels of bureaucracy and governance.	Anonymous
We should better leverage our Hospital systems that are world leading and make CEO's accountable for integrated services with their communities. And establish an accountable group have an oversight view of standards and services across communities. Not the MOH beauraucrats who are too micro and lose the big picture far too often.	Anonymous
Continued real movement from fixed budgets to dollars following the patient however to accomplish this we need a transparent and real time funding system not a mystery formula that no one seems able to model and a timely understanding of our financial constraints prior to entering the budget cycle not 6 months into the present year	Anonymous
Stop the continuous Fiddling Via "Experts"	Anonymous
Share and coordinate efforts with each other.	Anonymous
Minister Hoskins and Wynne: Clear go forward vision to anchors the system in primary care and aligning all new policies and funding in concordance with such a vision.	Anonymous
Public Servants: Understand and respect the vision, and align programs and services accordingly, with a clear three year plan and measurable milestones and outcomes.	
BE CLEAR ON WHAT POLICIES AND PRIORITIES ARE....THERE IS TOO MUCH VAGUENESS IN CURRENT INITIATIVES AND THE PROFILE OF THE MINISTRY HAS BEEN STEADILY DIMINISHING	Anonymous
Take yourself out of the picture, put the patient and his/her family in it, and then do your planning.	Anonymous
Make yourself and all your staff take a high level course in customer service; set the standard, and enforce it.	
seriously work toward innovative mergers, collaborations and consolidations to serve patients better and seamlessly	
Policy wonks should be better informed re: "work on the ground" and visit selected projects	Anonymous
Move beyond the rhetoric of patient first and actually engage patients and clients in components of system design.	Anonymous
Understand and act in the role of governance versus operations	Anonymous
Exhibit ethical behaviour and have knowledge of the agency, work, etc. of those they are governing. Champion health equity and population needs based planning.	Anonymous
Focus on upstream strategies related to social determinants of health - income and housing.	
Ccac needs to be dismantled. Can't get a long term care bed. They are responsible for the alc problem. Too many managers and not enough frontline staff.	Anonymous
There need to be fewer high level managers and more providers working to full scope of practice to deliver meaningful, cost-effective patient focused care.	Anonymous
eliminate infrastructure	Anonymous
create a EMR that everyone can access with no need for 'signed confidentiality' agreements....waste of time! since we are professionals....regulated in majority of cases, and those that are unregulated can be managed locally by company	
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Focus on the patient or customer.State goals in terms of what outcomes will be better for the community client Develop 24/7 supportive housing and advocate for older adult's right to access services to meet their needs in their home/apt etc	Anonymous
Really consider conflict of interest. Create team that are not centred on power but quality care for all. There are too many that provide duplication of leaders (?)from one organization on one issue in 2015. Team with diverse backgrounds representing the people. Care close to and in the home.	Anonymous
Play in the sandbox with each other. Stop thinking donors and corporations, start thinking clients.	Anonymous
We need to integrate health care providers in the local community, putting "close to home" at the top of the patient care goals statement with "the right care at the right time".	Anonymous
1. Get out of your office and go to the front line on a daily basis to see how your hospital is actually working & where you can remove barriers to care 2. Pay your Sr. executives less base pay and make them earn their salary based on how their servant leadership actually helps the rest of the system meet it's performance metrics	Anonymous
N/A	Anonymous
Reduce preventable patient deaths and injuries Deal with the 5 percent of providers who cause much harm	Anonymous
Align portion of salary incentives with improvement in selected population health indicators	Anonymous
Remember your responsibility as public servants and put your responsibility ahead of your careers	Anonymous
remove all the useless layers where no patient care occurs and monies are wasted. example LHINs and health care connect	Anonymous
Put down the Hospital's self-defined and self-serving mission statement. Go into the community and ask the people what they need for their health care and NOT what the Hospital wants to do to them. Put the Doctors parking lot behind and away from the Hospital so that the people who are suffering don't have to walk by all the BMWs, Mercedes, etc.	Anonymous
no suggestion at this time	Anonymous
look at creating as many administrative consolidated functions such as HR/ OD, payroll and corporate entities for all community system partners	Anonymous
Implement achievable actions that will achieve the priorities of the MOHLTC	Anonymous
Decrease the number of silos and increase the cooperation, collaboration and integration of health care services that put patients/clients first with a health promotion and disease prevention model of care.	Anonymous
eliminate top heavy leadership structure quickly and effectively	Anonymous
Remove legislative and regulatory barriers that impede system transformation.	Anonymous
Come to consensus on principles and base decisions on principle - based rationale, not who will be elected in the next term.	Anonymous
;lhjkhkjh	Anonymous
1. Be patient and work with LHIN's and other providers to improve system access. 2. Ensure you communicate to your community and engage them in system change to the extent possible.	Anonymous
To advocated on behalf of the people that they serve and utilize the bodies of evidence that is available and advocate to stop duplication of services and promote wellness and health care hubs with one stop "shopping".	Anonymous
Less micro management from Queen's Park	Anonymous
Innovation requires risk yet the government is incapable of exposing themselves to risk - without innovation we cannot meaningfully change the system	
Work together for a seamless healthcare service (HOSPITAL TO COMMUNITY)to improve better outcomes for patients.	Anonymous
Reduce salaries of CEOs and use that money to help funding in community care for mental health.	
I believe you cannot just single out the CEOs etc. We have a business model that needs fixing and it starts with policy changes at both the federal and provincial levels.	Anonymous
Continue to develop partnerships with colleagues, don't wait for leadership from the bureaucracies	Anonymous
Create better alignment between the goals in the "action plan for health care" and the MLPA and SAA performance metrics. They are currently not aligned and therefore efforts in the system are not focused.	Anonymous

Listen to front-line workers	Anonymous
Involve patients in system level redesign	
Step back and put yourself in the position of a patient and try and navigate the system you are currently pro-porting to be seamless, effective and efficient - people-first is not just a lip service concept - it is living the experience through the eyes of a person seeking health and well-being services.	Anonymous
WE don't have much power. Give us some discretionary money	Anonymous
Hospital and CCAC CEO should not receive bonus money for performance. Performance targets are set by the CEO not by the Public	Anonymous
Enhanced focus on prevention, increased emphasis on quality of care through accreditation processes, Board development processes for voluntary Board that are affordable and achievable.	Anonymous
Jobs, education and reliable sources of healthy food..in the north...none of these items are ensured	Anonymous
1.include elements of OHIP billing in the LHIN allocation model	Anonymous
2. Move towards a comprehensive pharmacare program	
The system leaders need to measure and provide evidence that their efforts are being maintained on making a difference at a patient level. Without such evidence, during this time of significant and required change, the measures selected and reported on are typically a reflection of the organization's stability versus the service they provide.	Anonymous
- Think systems of care - beyond the four walls of your organization and ask what needs to happen to successfully keep people living at home.	Anonymous
need more cooperation at the service level between and among providers. Not forced but helpful cooperation	Anonymous
listen to others....leave your own agenda behind	Anonymous
Are all scorecards reviewed and agreed to at a LHIN/regional level?	Anonymous
Listen to the patients and their advocates,	Anonymous
Lead by example,constantly look for cost/efficiency opportunities, transform processes,	
remove waste in the government systems,	
it cannot always just be about the numbers. Policy makers need to get a better understanding of rural Ontario and the challenges faced by those living on lower incomes in underserviced areas. Closing a health care service because the one in the next city has capacity doesn't help the person who has no real way of accessing that service.	Anonymous
Not applicable	Anonymous
Integrated services - collaborate to ensure alignment is what is best for local communities / patients / clients	Anonymous
Knowledgeable Boards working together to lead community based redesign efforts that improve quality and reduce risks that will support integration of services.	Anonymous
Front line focus is key. Stay involved.	Anonymous
Ensure all services are available or know where to send patients if they need to leave their communities.	
Be prepared to let go of parts of existing Fiefdoms	Anonymous
-work with other parts of the health and social service system to identify, and solve, complex problems that are harming health.	Anonymous
-look at how ineffective CCACs and hospitals are at putting the patients first	Anonymous
LHINs should continue to focus on community engagement with local HSPs and the public for a better understanding of gaps in service and priority areas for health care funding, integration and quality improvement needs.	Anonymous
Create detailed accountability at every level of operations and USE it to serve patients rather than protecting and hiding those who are negligent. Give us some confidence that you will not tolerate poor quality care.	Anonymous
Learn to think, speak and act in the laymen's language of the people of their communities. Avoid becoming a Leadership and Stewardship cult.	Anonymous
Focus at least as much outside of your organization as inside	Anonymous

Put down defensive postures.	Anonymous
TRULY collaborate around common interests.	
Use evidence to make decisions on Health Policy and Planning, not random implementations based on election cycles and political showmanship.	
Use ACTUAL negation skills with the professionals in the system that make sense to all rather than basing all on $$	
I believe that an integrated, system approach to healthcare is a pipe dream until all the providers that are publicly funded are managed under one governance structure that is responsible for the strategic direction of the of the services and facilities for their region	Anonymous
Listen to the patients and their families. Just because the government says this is what is best for the population it is not necessarily what will assist the patients n their gurney through the health care system.	Anonymous
Continue to advocate for their community - putting patients and staff first.	Anonymous
Transparent and timely communication with MoH representatives.	
"Rip off the band aid" we need to act on the reforms that many sectors and advisors have given input and guidance, quickly	Anonymous
Stand up to them and demand the devolution promised in LHSIA plus the opportunity to implement. LHINs need to prove they can actually work in an integrated fashion on some big projects	Anonymous
I have no advice	Anonymous
We need forward thinking CEO's and Board members, much like at Collingwood General and Marine Hospital who are working hard to preserve what exists and improve and plan for the future. Slash and burn is immediate gratification but does not solve the problem. We need proactiveness instead of reactiveness, that is what CGMH promotes.	Anonymous
o	Anonymous
They need to recognize that their organizations have a responsibility for managing their siloed organizations as well has a responsibility for system performance	Anonymous
Put system befor org needs	Anonymous
Provide a continuum including seniors housing, life lease and non profit, adult day care, expanded LTC beds (# and amount & quality of care provided.	Anonymous
Ensure adequate resources are invested in care and service for the poorest of the elderly...while allowing those with resources (who wish to) to own the room they live in and leave it in their estate	
Get on with making reforms actually happen locally!	Anonymous
Invest in change leadership capacity within organizations	Anonymous
Engage the communities moreâ€give them a voice	Anonymous
Take extreme action with the CCAC Donner Report and look to removing duplication, and creating a strong home health care and primary care system. give the LHINs the authority they need without the extra baggage of CCACs.	Anonymous
Respect the skills and knowledge of Home health care providers to give quality coordinated care.	
Rise above your own organization, and truly identify what is best for the people you serve - it may mean that your position and your organization does not exist in its current form in the future	Anonymous
More listening to people and communities at the local level. What works in Toronto may not work in other areas.	Anonymous
Listen to the families and patients most directly affected by the health care, or lack of access to thereof and consider the geographical challenges and limitations that some communities may face.	
Stop protecting your turf. There is only one tax payer who is not getting the services s/he needs. Ministries need to stop hoarding resources and learn to work together. Walk the talk. How many more "special projects" do we need?	Anonymous
Invest in truly integrated, inter-professional coordinated, care for children & youth along the continuum of need.	
Voluntarily vertically integrate	Anonymous
Actually solicit the members of the community and the actual frontline workers, remember there are people who live outside of the greater Toronto area when making decisions	Anonymous