

The Framework for Implementation of the Major Actions Recommended by Health Accord NL

Objective

To outline a framework for discussion to improve health in NL.

This was written Nov. 2021.



Actions for Social Determinants of Health

- ✓ Inclusion
- ✓ Poverty reduction
- ✓ Childhood development
- ✓ Climate change and water management
- ✓ Housing insecurity
- ✓ Food insecurity
- ✓ An approach to basic income

Actions for Elder Care

- ✓ Non-ageism
- ✓ Aging-in-place with innovative solutions in the community
- ✓ Better management of the frail elderly
- ✓ Integration across care models
- ✓ Better end-of-life care

Framework for Community Teams

- ✓ Team: doctors, nurse practitioners, nurses, allied health professionals including social workers, elder care, mental health workers, others
- ✓ Formal links with social program teams and community organizations
- ✓ Optimal catchment population 6,000–7,000 and up
- ✓ All providers for a catchment area digitally connected to each other and to the people
- ✓ For smaller catchment populations, a solution for the provision of community services if necessary

Framework for Emergency Services

- ✓ A 24-hour, integrated, province-wide air/ground ambulance system, staffed by primary and advanced care paramedics, a single dispatch system
- ✓ A virtual emergency system supported by doctors and nurse practitioners
- ✓ Fast transport to the 13 hospitals, all of which have a CT scanner

Framework for Health Centres

- ✓ Integration with the community team
- ✓ Provide a model of urgent care consistent with the needs of the community
- ✓ Provide a holding bed or acute care beds as needed by the community
- ✓ Contribute to long-term care as needed by the community

Framework for Level of Services in a Hospital

- ✓ Three levels of hospital services — community (from catchment populations 10,000 to 40,000), regional (over 80,000), tertiary (over 500,000)
- ✓ Sustainability is important where volume of patients requiring a specialty service is small
- ✓ Access to specialists is enhanced by virtual care and by visiting specialists
- ✓ Regional hospitals need geriatric programs to link with other hospitals and community teams

Framework for Community Hospitals

- ✓ Partnership between the community team, health centres and the community hospital all linked virtually
- ✓ Base services include emergency, medical, elder care, mental health, diagnostic imaging, laboratory testing, and pharmacy
- ✓ Further services depend upon the need of the community, distance from a regional hospital, geography and sustainability of clinical teams

Quality and Performance

- ✓ Statutory NL Council for Health and Social Systems
- ✓ Evaluation of the health and social systems in the community, in addition to those in hospitals
- ✓ Learning health and social systems

Actions for Digital Technology

- ✓ Ensuring good virtual care is a reality because it is likely to benefit this province with its extended geography and high rural:urban population distribution
- ✓ Assure penetration of broadband 50/10 (currently at 72% of households, estimated to increase the whole province to 98% by 2026)
- ✓ Province-wide, integrated, health information system

Working Group on Readiness of Providers

- ▶ An approach to the mix and distribution of providers consistent with anticipated need in health and social systems
- ▶ Policies to recruit and retain the province's own graduates, an outcome dependent on making the structure more attractive to providers and orienting the education systems to the needs of the province
- ▶ Education focused on leadership, strengthening health equity, collaborating across social and health systems, working in team-based care, and improving health outcomes

Working Groups on Finance & Intergovernmental Affairs & Governance

- ▶ Collaborate with other government structures, particularly with the federal government to make and fund social policy, with Indigenous Nations to improve their health status, with municipalities and communities to implement social and health change
- ▶ Develop a governance approach to improve health outcomes which requires attention to the interface between the health system and social systems, between the provincial government and Indigenous governments, between community-based groups and the formal health system, and between publicly-funded services and privately-funded services
- ▶ Provide central governance of the health and social systems as it is necessary for many components of the structures, but decentralization of governance related to care delivery in regions. Develop an approach to integration of services relevant to health in regions

The Need to Lead, Plan and Manage Health Change

- ▶ There is a need to lead, manage and plan health change in the presence of:
 - a) demand created by the structure of Medicare
 - b) demand facilitated by the democratic process
- ▶ We require intelligent and committed leadership at the highest political and executive level of government, of health and social systems, and the private sector to:
 - a) engage effectively with the public around the necessity for change
 - b) create the capacity and willingness to plan for the longterm