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**LOCAL HEALTH INTEGRATION NETWORK**  
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*du Nord-Ouest*

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**New Directions,  
Emerging Opportunities:  
A Health Human Resources Forum  
in the North West LHIN**

**Table Discussion Summaries**

# TABLE DISCUSSION SUMMARIES

## New Directions, Emerging Opportunities: A Health Human Resources Forum in the North West LHIN

June 19<sup>th</sup>, 2006; Fort William Historical Park, Thunder Bay, ON

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During the Table Discussion portion of the Health Human Resources Forum, participants were assigned to one of seven small groups to provide input to the following questions:

1. **What would a comprehensive, phased, health human resource strategy look like for the North West?**
2. **What are the practical solutions to address the real and perceived barriers to achieving such a strategy?**
3. **What expertise and role could each forum participant contribute to a strategy?**
4. **What are some of the examples of successful innovations addressing health human resources in the North West that may be unknown and/or that could be utilized in other communities and settings?**

Responses from each of the seven small groups were recorded on flipcharts, and are outlined below.

**Question 1: What would a comprehensive, phased, health human resource strategy look like for the Northwest?**

### Group 1:

- Conduct an inventory of what resources we have and what we need to meet both current and future needs
- Use Evidence-Based for supply and demand
  - Data within the model should be current
  - Data within the model should be regularly refreshed and updated
  - Data needs to be validated and provide future indicators
- Focus and identify future needs including demographic changes – i.e. shifts in full-time needs, increase needs and increased youth out migration
- Match resources to client and community needs

- Although the impact is long-term it is important to value prevention/promotion and early interventions
  - Health promotion provides value to consumers – “Bang for Buck”
  - Need to link the concept of prevention/promotion and early interventions to measurable indicators
  - Need to evaluate how this shift in care would impact on human resource needs
- Identify the main priorities that need to be accomplished and the process of achieving the priorities using a phased approach
- Allow for flexibility within the communities to identify their priorities
- Need to include all stakeholders including community/municipalities; consumers; council; industry; education; etc. in order to achieve buy in
- Including consumers/survivors will increase awareness and understand impact to them
- Consider the economic situation to each community
  - Need to assess the economic impact on all aspects of the community – i.e. spouse, employment, health, education
- Need to collect a comprehensive inventory of existing resources including current and future needs – i.e. technology
- Need to look at strategies to delivery health programs (educate) close to home including life-long learning opportunities as a strategy to increase retention
- Need to consider the impact of not working together to find a solution
- Find strategies to recruit within each community
- Look at capacity within the organization and where can sharing of resources occur
- Need resources to support and connect recruits so practitioners are not working in “silo”
- Retain leaders

## **Group 2:**

- Need to identify and build on what is already working well
- Everyone needs to work together – municipalities, education system, providers, provider organizations, province, etc.
  - Communities need to work together
  - More concentrated effort to plan together amongst providers on HHR
- Need to identify strengths and attractions of all communities (region)
- Define roles of each community and rather than having communities competing with each other for resources they need to find opportunities to collaborate – this will require clearly defining who does what, how they could share professionals, what a regional (or sub-regional) plan looks like – e.g. numbers and kinds of professionals, what each community has to offer, where services might be based, who takes the lead in recruiting, etc.
- Share professionals and give the professionals choices e.g. It may be that there is not enough work for a therapist in one town or organization – but that amongst themselves they could come up with a job that would be interesting and varied and share this professional – look at opportunities for people to provide the same services for more than one town or organization and also (see point below) for that person to expand their

scope of practice and provide more than one service – this could enrich the work and make it more attractive

- Realize that not all communities can have all services – the professional may not live within the community
- All partners in Thunder Bay recruit together need to expand partnerships with other communities in Northwestern Ontario
- If Northwestern Ontario is too big come up with geographical partnerships that make sense to the communities and region
- Explore options for professionals to work to and expand their full scope of practice
- Utilize an interprofessional approach to expand scope of practice and find innovative solutions

### **Group 3:**

- Should satisfy and meet the needs all the health care professions within the region
  - Strategy needs to be flexible
  - Should address the need for relief staff within smaller communities in the region
  - Include non-regulated health care providers who don't have a professional classification – e.g. community support services
- Strategy needs to be achievable – apply the SMART (specific, measurable, attainable, realistic, timeframe) principle
- The strategy needs to be comprehensive and include all aspects of health human resources – “Think big”
- Conduct an inventory Health human resources, current needs and future shortages
  - Identify databases that are currently being used
  - Data includes – type and number of each HHR, current needs, future needs
  - Data needs to be regularly updated and available to the region
- Look at combining roles – sharing resources among the communities – i.e. do we need 7 people in 7 organizations doing the same work and or providing the same services?
- Need to identify and market the demographic and environment uniqueness of our region.

### **Group 4:**

- Professional staff are aging and we need to recognize today's reality
- Strategic plan needs to keep in mind that not all groups have the same characteristics (i.e. paramedics) and one solution will not solve all the issues
- Need to identify the groups impacted by human health resource (HHR) shortages
  - This needs to be accomplished through an integrated discussion consultative process
- Common strategic plan including mission statement needs to be developed. This plan needs to be developed and owned by all.
- Need to conduct an environmental scan of all health care providers. Include all professional groups, and stakeholders.

- A fundamental principle that needs to be developed and included within the strategic plan is standard of care expectations for the population living within Northwestern Ontario. Volunteer groups needs to be included in delivering the standard of care principle.
  - In developing the standard of care, barriers such as geographical challenges need to be considered.
- Different timelines may be needed

#### **Group 5:**

- Integrated strategy for Northwestern Ontario LHIN
  - Inventory of vacancies
  - Integrated recruitment
  - Strategy to decrease “poaching”
  - Equality with salaries/benefits across the region
- Recruitment – conduct a survey
  - HHR inventory including: current needs, future needs
  - Succession planning
- Databases - Examine existing databases – i.e. CNO has a website that includes: age, # of nurses, etc. that is broken down into geographical regions
  - Check with other professional organizations to see if a similar database exists
  - Planning can begin based on the available data and survey results – i.e. retirement data
  - Information obtained can also help with succession planning
  - Build on database information for Northwestern Ontario to include: all health care professionals, professional experiences (skill base) and resources
  - Currently there is a known HHR gap with middle and senior management
  - Need a leadership mentorship program to build and grow local leaders
- Networking – conduct an inventory of Best Practices for all professionals – set this up on a website
- Mentorship – aid professionals to gain hands on skills
  - Need to lobby for funding
  - Challenge is finding time to provide mentorship opportunities – need to look at providing relief time from normal duties to provide mentorship
  - Nursing secretariat funding for older career nurses to be relieved to provide mentorship is a model that could be implemented with other professional groups
- Need for cross-training
- Education – referral to other centres
  - Need for organizational support for secondments to other organizations to share and expand knowledge and skills
  - Establish partnerships with other organizations within area or outside area for an exchange of workers who can then educate peers and colleagues on learning experiences
  - Establish a Northern exchange program – short-term placements

- Identify and develop short-term and long-term strategies for HHR e.g. Strategies to deal with current issues and then strategies to deal with succession planning
- Sharing of community services – i.e. laboratory
  - Development of a shared service model
- Gain board, management and staff's willingness to participate and share resources
- Need to develop and strengthen multi-disciplinary teams within the plan
  - Identify people's strengths
  - Outcome – job satisfaction and retention
- Link activities of the NOSM with regional staff for on-going educational sessions (e.g. Shared learning through teleconferences; or bring in speakers of common interest and share costs)

#### **Group 6:**

- Think tank of individuals across the region to examine models – i.e. mentorship
- Conduct an inventory of Health Human resources for Northwestern Ontario
  - Search available databases that include: numbers of HHR, number of full-time equivalencies, part-time, etc.
  - Include demographics – gender
  - Examine national databases with corresponding labels
- Include language capacity to meet needs of Northwestern Ontario population
- Need to check individuals working as multiple providers – some data might be available from the College of Nurses
- Need to develop an inventory of available positions in HHR in the region
  - Need to look at the ideal ratios of HHR needed for the region
  - Need to make a list of essential services within the region that require HHR
- Need strategies to create wage parity across the health care sector to reduce movement
  - Need to acknowledge (disclose) the wage ranges across our region
- Survey educational programs for rates of entry vs. rates of retirement
- Survey available leadership positions
  - # of retirements – look at succession planning
  - Build succession plan for leadership in the region
- Need to create strategies to increase full-time position for all HHR across the region
  - i.e. full-time 3-6 months in a community

#### **Group 7:**

- Include all health care providers in a meaningful way in the development of the plan. Include mental health, rehab and addiction providers
- Ensure that there is clarity and transparency in the planning process and allocation of resources

- Consider the need for opportunities for promotion and career building for young health professionals. They may want the opportunity to do more than direct care as their careers evolve. In the absence of opportunities, young health professionals with an interest in other than bedside care will be forced to relocate to larger urban centres with more potential for career advancement.
- Equity across the health care human resource continuum is important – i.e. salary, working conditions. Long term care, mental health and community sectors cannot be competitive with acute care in salary and workload
- Any plan needs to be comprehensive across the continuum of health care providers. Incentives for one exclusive group act as disincentives for other members of the care team
- The importance of work/life balance and quality workplace settings should not be minimized as a soft concept. The promotion of the northwest as an area that offers real work/life balance and healthy work cultures for health professionals would be very powerful. If these values were imbedded in all activities re HHR they might become the “northwest brand”. This would most likely make the northern, less hurried lifestyle much more appealing when compared with life in large urban centres. It would also help to offset loss of the amenities found in large cities
- Recruitment for shorter periods of time must be acknowledged as the new normal

**Question 2: What are the practical solutions to address the real and perceived barriers to achieving such a strategy?**

#### **Group 1:**

- Ambulance collaborating + working in hospital (BC model) e.g. Nipigon used to have their ambulance workers work in the hospital when on duty but not transporting clients. This helped the hospital and provided meaningful hours for the ambulance crew; however, unions no longer allow.
- Centralized strategy but decentralized implementation – need flexibility and recognition of uniqueness
- CCAC – smooth transition for clients from hospital to home. Starts with CCAC case managers in the hospital – need one access point to health system.
- Improve communication between and amongst the communities
- Communities need to make a commitment to meaningful jobs for home trained professionals
- Unified Northwestern Ontario approach + strategies that will support retention within the region vs. only one community
  - All players need to be at the table
  - Needs to be integrated leadership and planning
  - Work with unions towards Northwestern Ontario mobility
  - Northwestern Ontario education opportunities to support the youth; life-long learning (update skills) and support the transition of the worker to the northern communities
- Utilize everyone to their full scope of practice

- Lobby for funding initiatives that match need – i.e. Full-time positions mandate vs. part-time
- Market all allied health care professionals in a positive light
  - Focus marketing strategy for Northwestern Ontario
- Start introducing health care careers to the young early – i.e. grade school
- Top up the “0.6” Occupational Therapy with multi-skilled opportunities like H +S etc to bring to full-time

### **Group 2:**

- Expand technology to address geographical challenges
- Break down protectionism within the organizations and professionals
- Improve data collection process
  - Use the data we already have – i.e. Romanow report
- Increase/ Expand long-term planning
- Avoid focus on “sexy” issues
  - Look at current needs – i.e. Long-term care, foot care, home-care, therapies and/or dieticians
- Need wage parity within professions and across health care sectors
- Collaboratively priority, develop objects, and build a plan that is manageable
- Start mentoring at a young age within the aboriginal communities – look at culture at all levels including education
- Change teaching model to be more culturally sensitive

### **Group 3:**

- Geographical barriers
  - Need to increase and or improve technology – linkages used to facilitate education, professional development – i.e. videoconferencing
- Dual HHR roles and functions – e.g. radiology and ultrasound have been combined into one position in one community
  - Should reflect the needs of the communities
  - Can lead to full-time employment – i.e. could potentially create more full-time positions with this type of flexibility and skill development
- Need a multi-pronged approach to predicting future needs
  - Data bases can be flawed and therefore should not be the only method of predicting HHR future needs
- More emphasis needs to be placed on prevention and early intervention services
- More emphasis on community support services in supporting people with disabilities and chronic conditions to alleviate pressure on acute care system
- Encourage people to access support within the community – i.e. currently there is a cost for physio, dieticians, etc. within the community but the same service is free in the hospital setting.

- Consider more ways to apply a one-stop shopping continuum of services at one-site – e.g. Family Health Team approach
- Retention – Have health care providers (employers) fund the learning opportunities with the understanding that the Health care professional will stay afterwards

#### **Group 4:**

##### *Barriers*

- Geography – real and perceived – vast geographical distances. Need to overcome our limitations to dealing with this problem
- Have a complex number of needs – need to consider different ways to utilize health care professionals
- Need to examine the issue of generalists versus specialist (specialization)
  - Need to understand different health care professional's scope of practice
- Need to lobby for funding
  - Need to examine alternative funding models that focus on standard of care
  - Need to understand and examine the variation in funding for health care professionals across the health care system
  - Funding variations have limited student enrolment – Difficulty in finding the right placement for the needs of the student

##### *Solutions*

- Help decrease student debt, alter tuition costs
- Payment/stipend and or incentives for clinical placement
- Increase use of technology for education (basic, CED and applied degrees)
- Develop or look at a new model for educational institutions that is negotiated between the clinical practice setting, education, and community

#### **Group 5:**

- HHR Database – for the Northwest that can be accessed by all providers in the Region (e.g. Through a common website – LHIN) - this should be linked with a provincial database (e.g. Through the provincial Health Human Resources department of the Ministry) – can be used as a planning tool and support coordinated efforts for recruitment and retention
- Develop a process of sharing resources – i.e. staff (esp. with communities who have limited resources – rotate staff to travel – need to prevent burnout)
- Collaborative engagement – all groups/sectors talking within and without the community to address HHR issues– i.e. need union buy in
- Consider incentive program
  - More challenges exist with recruiting professionals vs. non-professionals
  - Ask the workers what are the desired incentives for recruitment and retention
- Lobby for regulation of personal support workers

- Engage the workers about retention and recruitment strategies - involve them in local committees (including other agencies/sectors for joint planning at the local level)
- Develop a “grow your own program” – including: cost
  - Lobby for educational dollars – challenge finding money
  - Need to measure outcomes of program – expectations of years back for imputed dollars
  - Invest Recruitment and Retention dollars toward this program
- Technology – expand usage and share between and amongst organizations, professionals etc. to share information and to provide a learning environment
- Expand educational opportunities
  - Conferences and learning rejuvenates and excites staff
  - Encourage employee attendance at conferences
  - Formal sharing information gained from conferences with other professionals and non-professionals
  - Development of a Regional Education Centre or Program with community dollar input that utilizes a distance model of teaching including road show
  - Need for educational institutions to be more flexible, create educational change as required by region.
- Utilize shared models of services
- Develop and utilize multi-skilled workers
  - Nurses locked into role definition based on CNO
- Need to become more flexible in the planning process and decrease our traditional process of planning
- Health care professionals need to work to their full scope of practice

#### **Group 6:**

- Reimbursement for travel back to home community for clinical practicum
- Examine Apprenticeship/Internship programs
- Create incentives to stay (tuition reimbursement)
- Create a traveling regional locum program for all professionals
- Sponsorship programs – i.e. NP – for all allied health services
- Incentives for employers to take on apprenticeship programs
- Need for paid educational leaves
- Need full-time positions for NPs – i.e. – one for each Long-term care home
- Common curriculum – Year 1 and 2 at the university – then branch to health profession
- Prepare all HHR for multi-disciplinary teamwork
- Identify clinical leaders within each community to support “home grown” professionals
- Streamline the approval of privilege process for NPs across the region + sectors as well as the referral process
- Lobby for legislative regulations for Health professions to increase access to full scope of practice

- Increase UP funding to sponsor individuals in transition learning within the clinical setting
- Keep people in their own community – i.e. tied to service
- Expand pilot strategies – similar to Dryden for other allied health professionals

#### **Group 7:**

- Funding for full time equivalents is important. As was identified in the morning presentations, it is virtually impossible to recruit for anything less.
- Funding is needed to support innovation
  - Need sustainable funding for projects once their success is determined
  - Projects need success indicators that are tied to the funding
  - Support is needed for clinical /research/education for clinicians and managers in the form of time and fiscal resources
- Health care providers must practice to their full scope
- Need to identify the experts and champions in relation to building quality practice settings and recruitment and retention
- Health care expertise does not have to be local
- Need a complete data base on health human resource needs and available positions
  - Need to look at existing databases
  - Databases need to include region specific information
- On site daycare would be well received by young parents working in health care
- Agencies need to become creative re: development of health positions – it was suggested that all of the resources be put on the table when making decisions in order to prioritize in relation to client needs, rather than always staying with the status quo
- Expansion of technology
  - Utilization of North Network
  - Needs to be a balance between specialists and generalists in regard to patient care
  - Need comprehensive access to services across the continuum
  - Identify successes
- Explore the successes
- Explore application of Best Practice
- Grow these successes wherever possible
  - Need to develop strategies that will help in building interprofessional trust and support

**Question 3: What expertise and role could each forum participant contribute to a strategy?**

#### **Group 1:**

- Need an extensive marketing campaign for Northwestern Ontario that included what we do, our life-style etc.

- Need to have more facilitation groups to strategize current and future needs
  - Northwestern Ontario is familiar with being creative and developing home-made solutions
  - Need to do more
- Need to identify and celebrate our successes with Northwestern Ontario not just within the community
  - Need inter-organizational communication
- Recognize and look for other players “outside” the community that have influence and skill in communication strategy development
- Need to integrate all key stakeholders and players
- Recognition that many Northwestern Ontario residents are and have the ability to be multi-skilled – need to recognize this and use it
  - Need to work together with health care professions who are transitioning to other roles so as not to lose them or needed programs
- Need a commitment to a common vision for Northwestern Ontario
  - Need to let go of organization and sole community
- Need to become a leader in cultural diversity
- Educate the young about the broad range of health care careers – start in junior and middle school (include the concept of health care careers within their curriculum)

#### **Group 2:**

- Partnership with all key stakeholders – i.e. providers, education, municipalities, politicians
- Recruitment - Lobby for municipality funding
- Marketing – need to identify what strengths exist within the community (region) – i.e. clean air, lakes, etc. Also need to protect our strengths
  - Need to develop a collaborative strategy on marketing – i.e. “hunting” may not appeal to everyone
- Engage participants at next stage of implementation
- Strategy – process needs to be give and take between unions, employers, professionals etc. in order to develop and implement a new model
- Can learn a lot about HHR from the front line workers

#### **Group 3:**

- There are opportunities within the region for cross-training
- Representatives from all components of the health sector and from all parts of NWO need to be involved in the strategy development
  - Communities need to be given the option to offer feedback, give advice and input
  - Each community is unique
  - Needs to be ongoing involvement
- Develop community training sites

- Each community has expertise to draw from
- Train within the region – leading to retention
- Develop regional recruiting partnerships
  - Introduce health careers at the school level
- Create diverse opportunities for part-time positions to help address retention
  - Strategy with the part-time workers
- Offer multi-cultural learning opportunities

#### **Group 4:**

- Help decrease student debt, alter tuition costs
- Payment/stipend and or incentives for clinical placement
- Increase use of technology for education (basic, CED and applied degrees)
- Develop or look at a new model for educational institutions that is negotiated between the clinical practice setting, education, and community

#### **Group 5:**

- Equal participation
- Support, develop and maintain a HHR database that is shared (each organization committed to provide information to a central portal)– i.e. web-based
  - Need to develop a template
  - Need a working group – Integrated HHR group
  - Identify sub-specialty - include: interests, skills
- Develop inventory of resources – i.e. midwifery, language, culture, etc.
- Look into Health Science North grants that are current used to recruit and educate PT/OT to include other allied health professionals
- Create a database that includes: vacancies, HHR status
- Check with university/college to determine potential number of health professional graduates (e.g., how many want to stay and work in the North West – also look at projections or graduates to know potential candidates for employment in the Region)
- Connect with students at a younger age to introduce health careers – grade school, high school
  - Partner with the Board of Education to include health care careers and admission requirements into the curriculum
- Self-funded leave of absence days – already utilized in Nipigon
  - Decreased sick time by 60%
  - Buddy system for new hires with someone who has similar personal and professional interests – utilized in Red Lake
- Recognition and in-house administration training program – Pinewood Court
- Incentives – staff bonus for recruitment of other staff – if the staff member stays for at least one year – School Board
- Need opportunities for secondment

- Look at Health Canada's "Locum model" as a possible solution to acquiring services in difficult to serve areas
- Provide short-term housing e.g. "camp on the lake" - Longlac
- Look at other models used for recruitment and retention of professionals that exist in other areas that could work in the North West
- Customize recruitment based on incumbent – i.e. single vs. married vs. family, etc.

#### **Group 6:**

- Institutions can create clinical placement opportunities
- Medical school can prepare teacher instructors to work as clinical teachers (preceptors, multi-disciplinary team members) – cross fertilization
- Use medical/nursing professors for research
- Continued access to nursing strategy initiative funding for mentorship programs and late careers
- Communities to support financially – clinical placement
- Increase marketing of available HHR education offered in the region
- Develop a partnership between health care facility and High schools – re: career marketing + educational planning
- Provide access to database for OT/PT from medical school
- MOHLTC – access database for LTC
- Obtain access from Francophone Affairs on French speaking health care professionals – need

#### **Group 7:**

- Experience with integrated strategies. One member of the team identified that she has experience in the area of working from the ground up with financial resources to identify the services most needed by mental health clients. In order to do this, it was necessary to approach health human resource planning from a client centered perspective
- Business plan development
- Client centeredness, professionalism – as values shaping the strategy
- Support for the expansion of clinical research
- More inter-professional education. Nurses, social workers, physicians and all health professionals should have enhanced opportunities for collaborative learning as undergraduates. A member from the education sector identified the possibility of having influence in this area.
- The First Nation's perspective – Anishnawbe Mushkiki is a microcosm of an integrated health system with all HHR resources working well together to their full scope of practice
- Expertise in the areas of building community capacity, establishing a database and electronic health records were other areas of expertise identified by the group members

**Question 4: What are some examples of successful innovations addressing health human resource issues in the Northwest that may be unknown and/or that could be utilized in other communities and**

**Group 1:**

- Red Lake is not able to manage its own back office activities so they have an arrangement / contract for Dryden to provide that function
- BScN program currently being offered in 4 communities
- Wait-time strategy program for i.e. knee replacements
- Thunder Bay is including angioplasty within their cardiac service
- Geraldton and Nipigon and Thunder Bay are sharing services
- Desire for CDM (chronic disease management) strategies in communities – i.e. Timmins and Moose Factory
- Addictions staff work for several organizations and look at themselves as part of an Addiction Program
- Return of service arrangements – i.e. Psychiatry, NP, PT, OT, MD
  - Look regionally not within the community
- Regional recruitment strategy between the 7 Northwestern Ontario communities and 5 other communities
- Municipality Grants for return of service
- Rehab Network to support and connect recruits
- Sharing of limited Health Human Resources – i.e. Atikokan, Thunder Bay – Dieticians
- Tele-health
- Immerse recruits into the community experiences – Dryden
  - Welcome
  - Community programs
  - Embrace their families
  - Expand beyond the doctors

**Group 2:**

- Some communities are purchasing a “House on the Lake” and or free incentives
- Integrated Services for Northern Children
- Traditional healing and food program at Meno Ya Win
- St. Joseph’s General Hospital – wellness initiatives – i.e. walking for wellness; subsidizing gym membership
- Northern Bursary Program
- Tele-health – used for education and clinical issues
- Distant (community based) dialysis program

- Learning partnership program for rehab professionals through Health Sciences North
- Electronic Health Record – (EHR) - Meditech
- NOSM – integrated community experience in Aboriginal communities – well received
- Retention of new employees - Community relations coordinator for Thunder Bay partnership with hospitals
- Reinstate structured nursing program – funded by Health Canada

### **Group 3:**

- Distance education – taking the courses to the people
- Technology – videoconferencing capabilities within the region for distance education, aboriginal communities
- Lots of sharing between St. Joseph’s Hospital and Thunder Bay Regional Health Science Centre
- St. Joseph’s have speech pathologists working within the schools on a fee for service basis – partnerships with the Board of Education
  - Helps to address the part-time worker problem
- Human Resources staff on a retainer basis to 5 other hospitals on the North Shore
- CNIB involved in trans-disciplinary approach in region – early intervention facilitator works closely with Integrated Services for Northern Children (ISNC)

### **Group 4:**

- Aboriginal role models return to their communities to speak and interact with the youth about health care careers and opportunities.
- Partnerships with clinical practice agencies, education, Long-term care agencies, and nursing (BScN, PN)
- Examine worker demographics and meet their needs to aid in strengthening the community – i.e. daycare on site, healthy workplace initiatives
- Creative work schedules
  - How do we promote intersectoral dialogue that is currently limiting the flexibility to creative scheduling (labour laws, etc)?
- Late career initiatives expanded to other health care sectors – i.e. 80 (usual work) – 20% mentoring
- City of Thunder Bay has a health care professional week
- Certificates of appreciation to preceptors (LUSN)

### **Group 5:**

- Have “on the ground” flexibility – i.e. .6 FTE; part-time, etc
- Sioux Lookout assists with housing and travel expenses for the first three months – limited to professional workers
- Northwest Community Health Care – staff house for NP/Physicians in Longlac (free)

- Helps with exposing professionals to the nurse
- Helps with getting locums

#### **Group 6:**

- OT/PT Learning Partnership Program (new grads linked with Senior clinicians)
- Mentorship (RNAO) – regional model
- LTC – nursing strategy – new graduates/late career/mentorship
- On call program – merged roster with St. Joseph's Care Group and Thunder Bay Regional Health Services
- Host employers concept - Shared positions – i.e. could be anyone's employee
- Communities of practice – 10 teams meet across the region – i.e. mobilities/neurology (Rehab) coordinated by 2 individuals
- Tele-health consultation
- Shared NPs across 3 LTC + TBRHSC
- Regional BScN program
- Community learning sessions – ½ day medical students with all health professionals
- Coop high school program working with healthcare professionals
- Summer student programs – to increase exposure to health care

#### **Group 7:**

- Moving on After a Stroke
  - Positive impact on health professionals
  - Support
  - Regional Stroke System
- Municipalities understanding of health care as an infrastructure issue for example Dryden took responsibility for its need to recruit and retain health care professionals
- Use of technology
  - North Network
  - Anishnawbe Mushkiki
- Existence of strong formal and informal networks (we know each other)
- Northern Studies Stream – integrated model
- Decentralized learning
- Pain Symptom Management team