



**MANITOUWADGE GENERAL HOSPITAL**

*Quality Service, Pride, Trust & Teamwork*

*Manitouwadge Community  
Health Care Centre*

*Partnerships for Health*



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## Local Health Hubs for Rural and Northern Communities

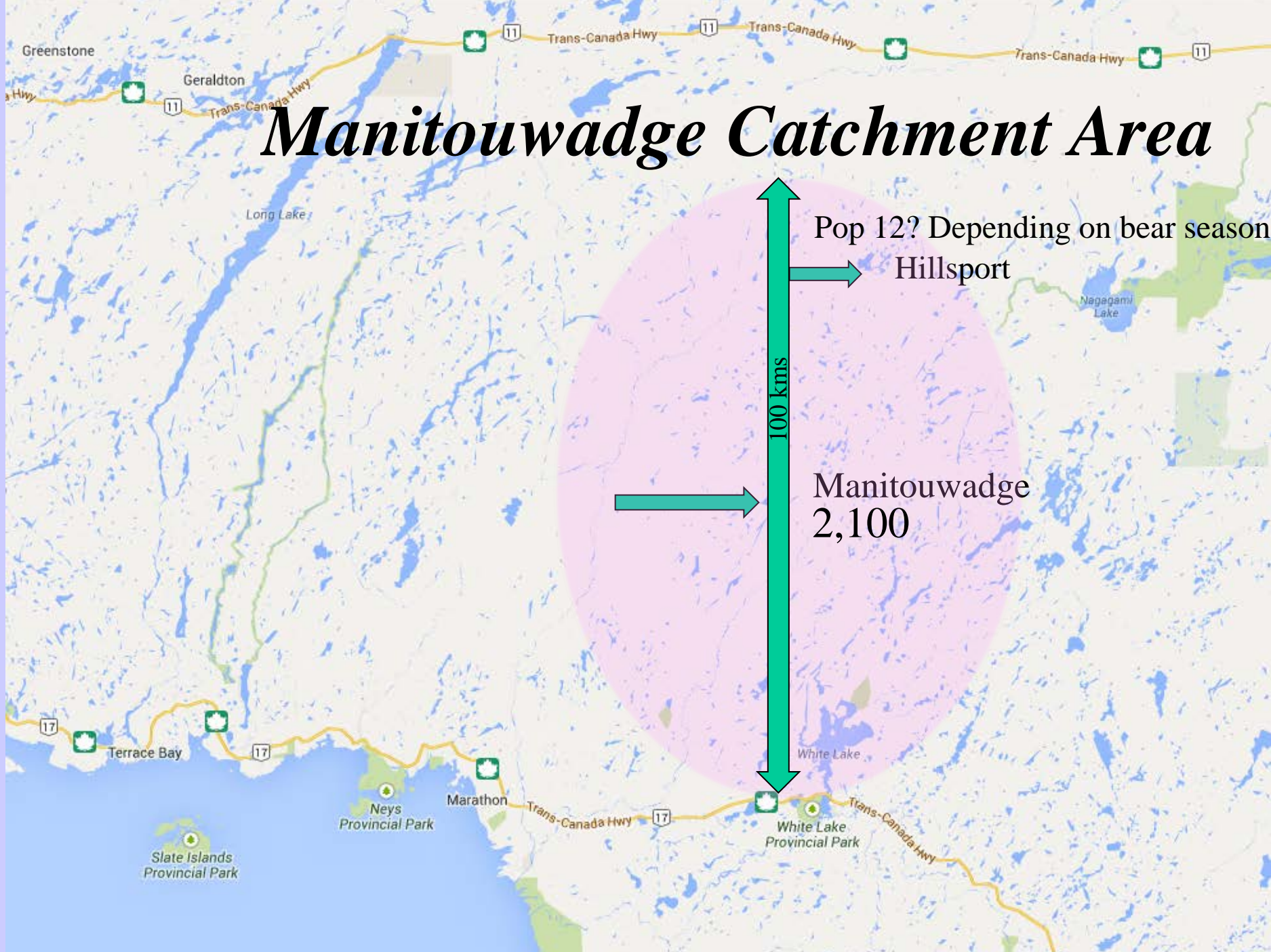
*An Integrated Service Delivery Model Whose Time Has Come*



## *Local Health Hubs*

- What does a Local Health Hub look like?
- Why it matters?
- What can it do for your community?

# *Manitouwadge Catchment Area*



Pop 12? Depending on bear season

Hillsport

Manitouwadge  
2,100

100 kms

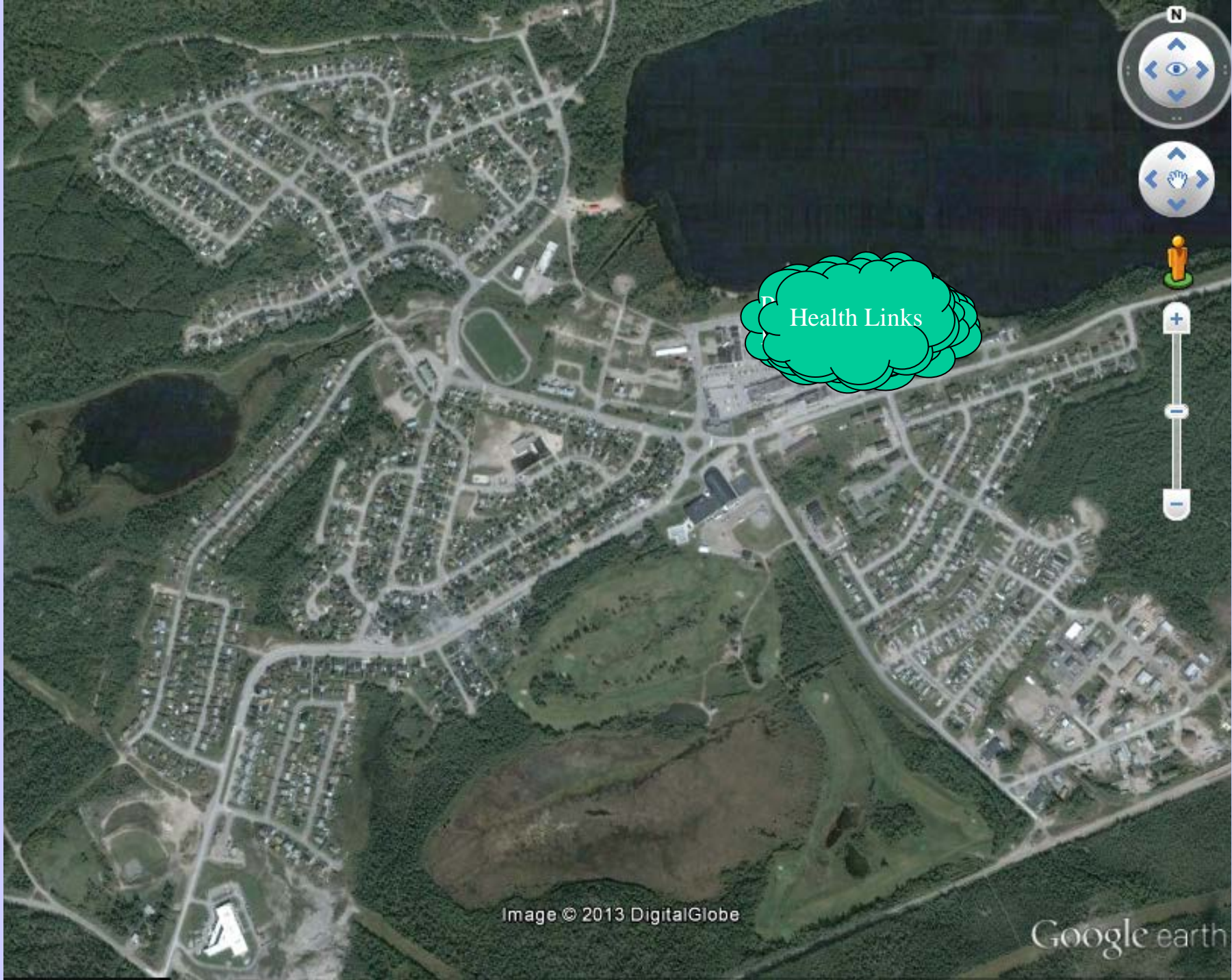


EMS

Optician  
PACE  
Adult MH&A  
Children MH  
Victim Services  
Community Paramedicine

9 Acute care beds  
9 LTC beds  
Emergency  
DI/US & Xray  
Laboratory  
Rehab  
Telemedicine  
FHT  
Diabetes Educator  
myCare  
Public Health  
Senior programs  
myRide

Primary Care Dental



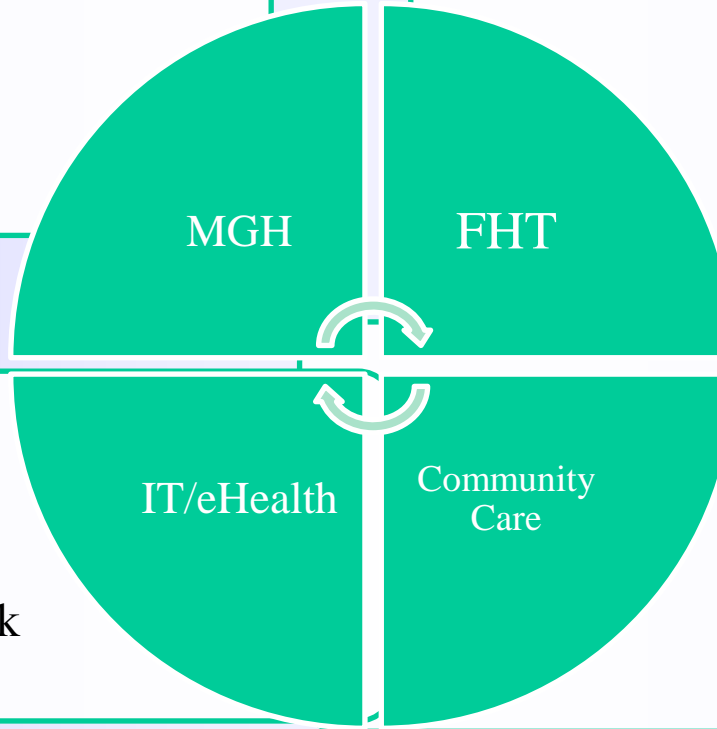
Health Links



## *Integration that meets the needs*

- Governance
- Corporate resources
- HR
- Admin/Finance
- Privacy

- Clinic Management
- Diabetes Education
  - Wound care
- Discharge Planning (S.W)
- Urgent Care clinic



- Shared Records
- Telemedicine
- Shared computer network
- Integrated IT services

- Home visits
- Public Health
  - myRide
- Continuity of Care
- Community Paramedicine



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## *myCare*

- Funded per visit
- Nurse Imbedded in FHT
- Shared RN can be at hospital, home, clinic, or FHT
- Improved services!!!







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## *FHT Social Worker*

- FHT Located in Hospital
- Provides Discharge Planning
- Liaises with Primary Care
- Older Adults Program
- LTC Fitness Leader





## *Why does it matter*

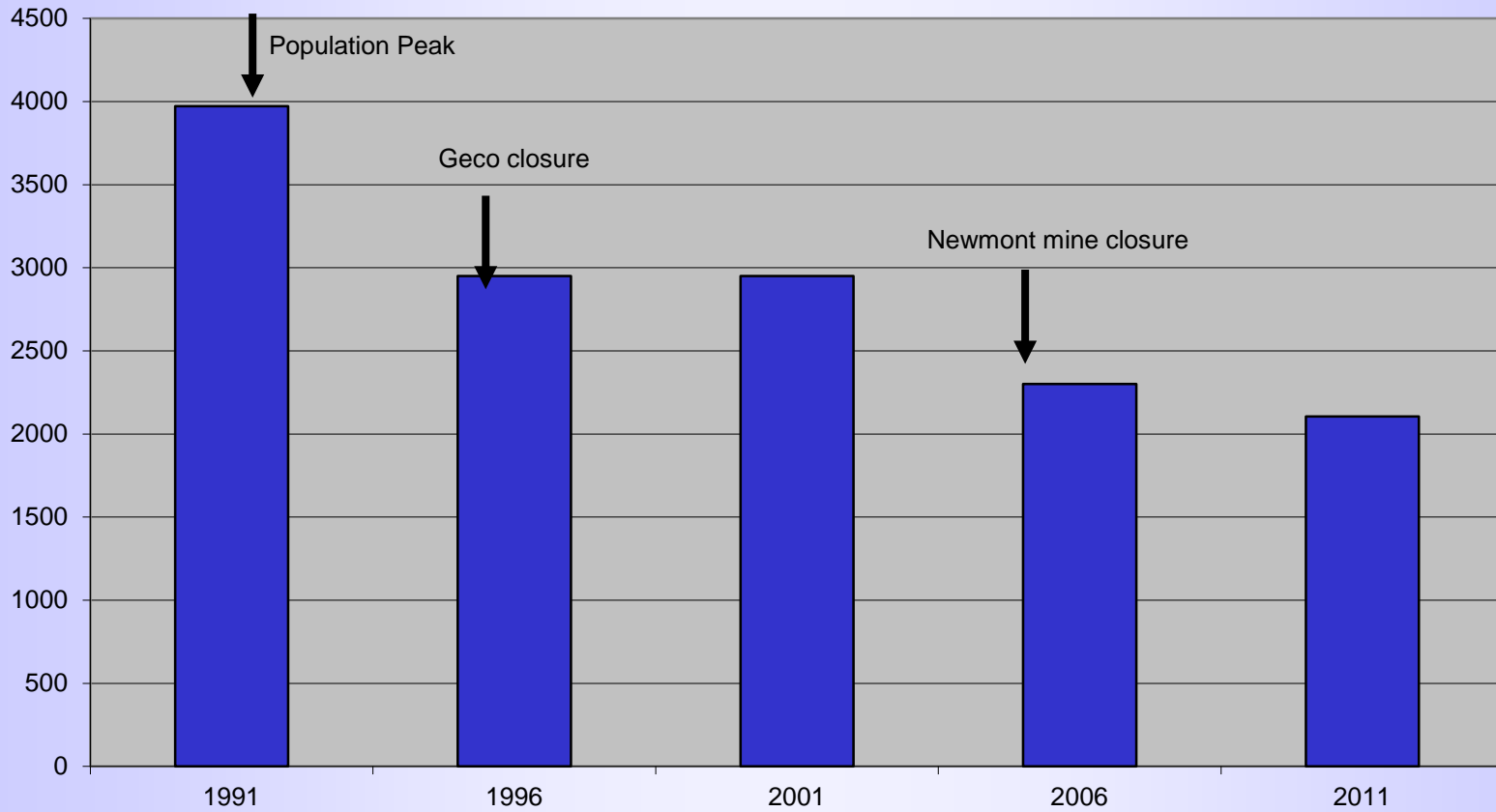
- Reduced annual ED visits >than 2,000/yr.
- Reduced wait time for Home Nursing care
- Kept residents healthier and longer at home
- The goal needs to be no wrong doors to access health services.



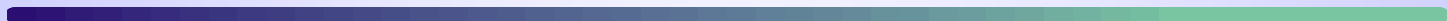
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Manitowadge Total Population 1991-2011



Manitowadge Population Changes 1991-2011

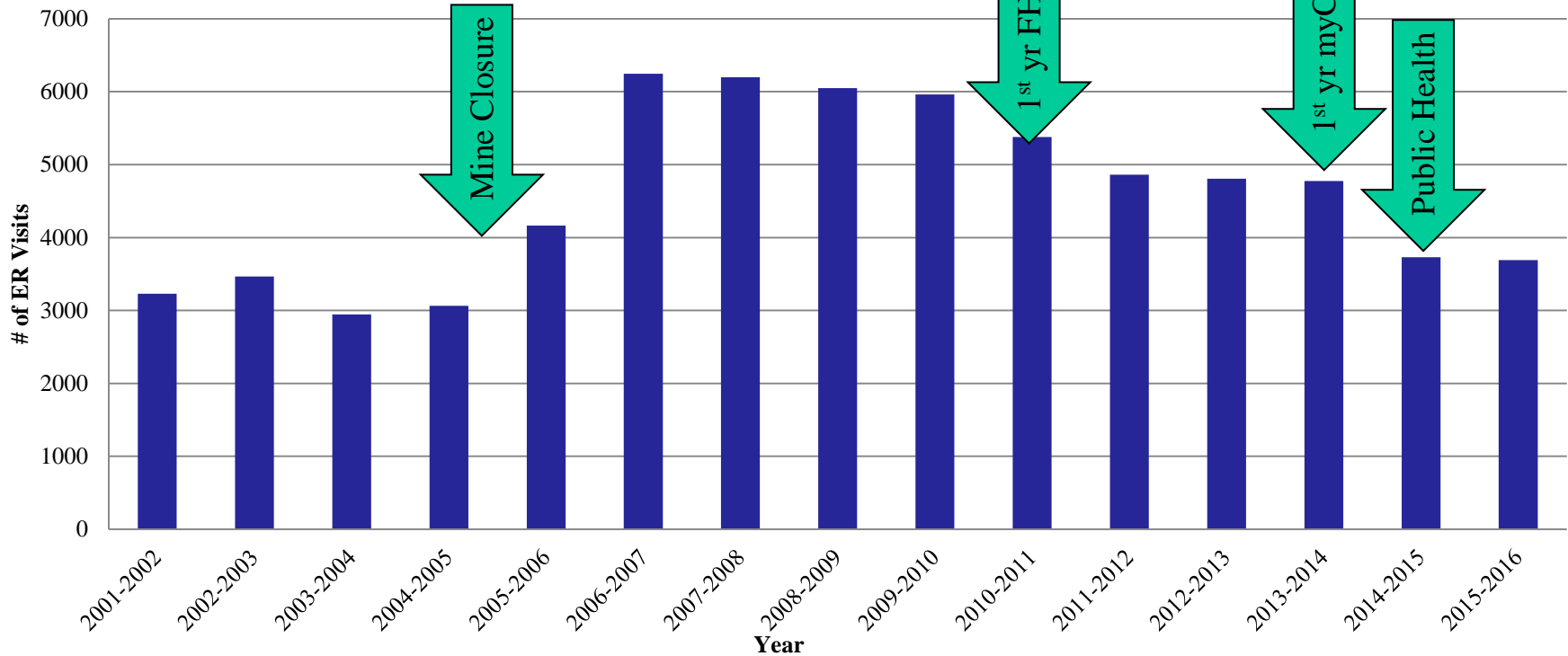




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## Manitouwadge General Hospital ER Visits by Year

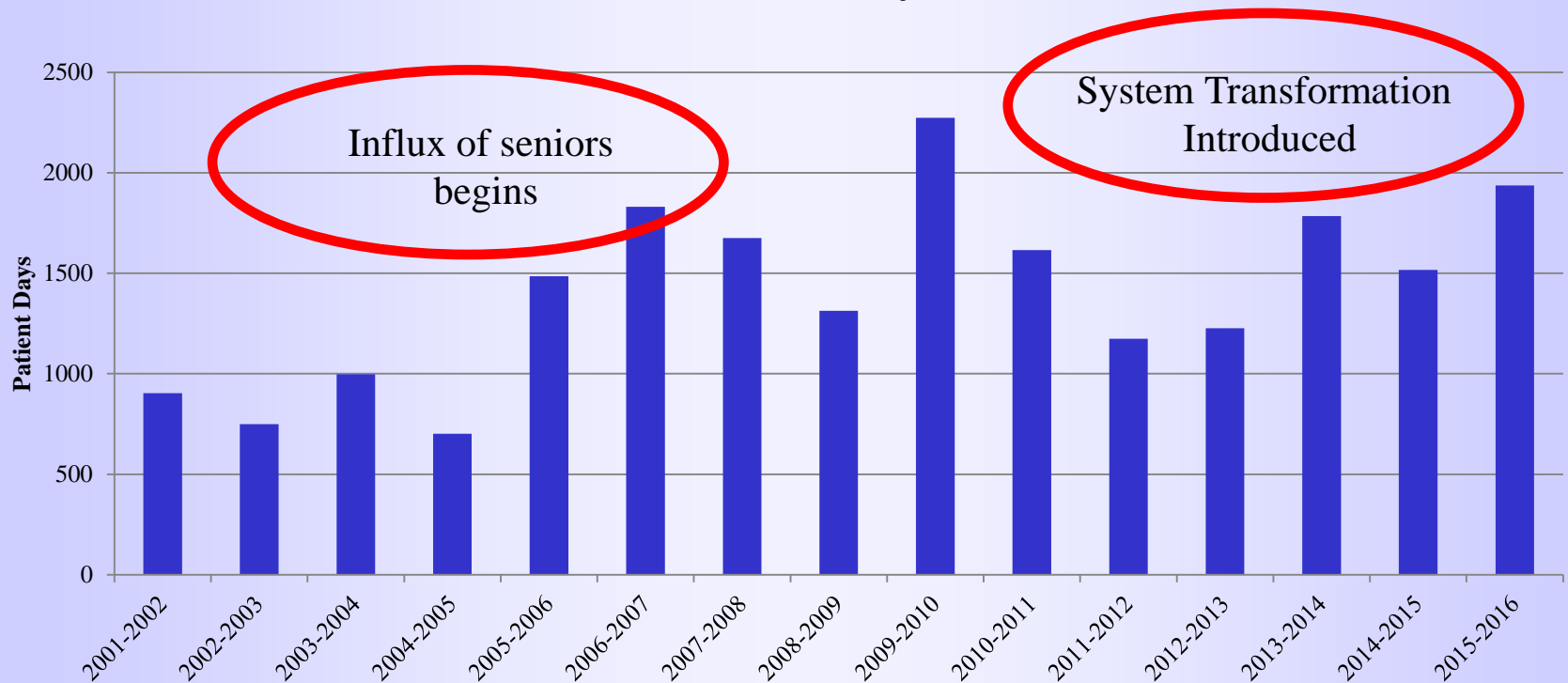




# MANITOUWADGE GENERAL HOSPITAL

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## Manitowadge General Hospital Acute Patient Days





## *Patient Stories*

- Refractory wound care
- Home care smoking cessation
- Shut in Friendly Call Service
- Peritoneal Dialysis



## *System stories*

- Register outpatients in Meditech at clinic
  - Coordinate well baby visits with RN, Dietitian and MD as needed
  - Coordinate diabetes referrals to Educator or Dietitian
  - Refer patients from ER to Urgent care or FHT
  - Amend forms to stream patient flow
-



## *Other wins...*

- Improved French Language services at clinic
- Improved staff training
- Health links navigation
- Improved capacity to manage sick time
- Standardized forms and processes
- One number to call for local health services





## *Our integration journey has;*

- Improved patient transition/navigation
- Improved outcomes
- Increased local job security
- Brought care closer to or in the home
- Improved provider communications
- Strengthened Primary and Community Care
- Reduced hospital visits



## *What needs to happen next?*

- *Municipalities need to be engaged and supportive of vertical integration.*
- *Begin to speak about integration now, don't wait to be convinced it is the right thing to do, it takes time. Embrace uncertainty.*
- *Have faith; The best wins in this journey were not planned or predicted, but were just beyond the horizon, out of sight and became our greatest successes!*



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*For more information...  
just ask!*

- 807 826-3251 ext. 150
- [jbourgoin@mh.on.ca](mailto:jbourgoin@mh.on.ca)

