

# Results from a '25/10 Crowd Sourcing' exercise, London Middlesex Primary Care Alliance, November 29, 2017

For more info on the exercise see: <http://www.liberatingstructures.com/12-2510-crowd-sourcing/>

What is the biggest hurdle patients face in the LM sub-region?	What will be the first step to improving this issue?	Rating
<b>Access to IHP resources</b>		<b>106</b>
Access to services	Increase inter-professional teams to be able to make referrals to	21
Equal access to all IHP's or groups/programs i.e. not everyone has access to FHTs or programs (suboxone, chronic pain etc.)	Look at duplicate services in community - put more funding in the right places	19
Patient across the LM sub-region don't have equitable access to services provided within PC - IHPs, programs etc.	Develop an inventory of professionals, services and programs already offered in PC	18
Lack of access to funded allied health professionals	Failure to recognize/implement lifestyle change in overall health promotion	17
Access to PC services		16
Access	More team based care, increased investment in PC which may mean less tertiary care - focus on prevention	15
<b>Access to specialists</b>		<b>54</b>
Wait times to specialist care, specifically MH	Centralized hub for referrals, start with one specialty willing to give up control and move bookings to one central location - nephrology, ophthalmology, ortho-joint	21
Long wait times for specialists esp. spine	Online way to acknowledge a referral is received and to check its status	19
Accessing joint replacement surgery in a timely manner (patients are often left suffering for too long)	Increase OR time/availability, non-surgery treatment resources	14
<b>Access to services</b>		<b>51</b>
Wait times	Centralized bookings	20
Patients gaining access to primary care quickly enough to avoid visits to walk-in clinics or EDs	Different funding model for primary care	16
Time, North American lifestyle, barrier to eating/exercising/sleep, barrier to accessing, barrier to mental health	Nation-wide 2 hour mid-day break, exercise, mental health, access team services	15
<b>Communication between sectors</b>		<b>39</b>
Lack of coordination between hospital and community physician during admission and time of discharge	Facilitating an open exchange of personal phone numbers between hospital and community physicians (e.g. encrypted directory, brief PR blitz)	16
Knowledge transfer to patients about their health status, implication to them, knowledge of meds	Get a better understanding of problems, variety of media/communication tools	12
Access	Ensuring providers are working to full scope - overlapping professions sometimes "wasteful"	11
<b>Social determinants of health</b>		<b>31</b>
Access to supports beyond traditional medical needs including housing, food security and sense of belonging/integration	Expand the concept of integration to include more social supports	21
Housing of people who have behavioural issues that limit their ability to live in present community setting. They take up a hospital bed for a long time unnecessarily	Create more supportive housing	10