

**NHH BOARD EXTENDS ITS "SHARED CHALLENGE, SHARED SOLUTION" COLLABORATIVE BUDGET STRATEGY TO INCLUDE PUBLIC INPUT**

NHH will be moving forward with the creation of a Citizens' Advisory Panel (CAP) this fall following unanimous approval of a plan by the Board at its August 27 meeting. The CAP will provide advice to the Board in developing a contingency plan for balancing the budget through changes in services in the event the Hospital is unable to balance through other means.

**Financial Outlook**

Despite our best efforts, and the efficiencies gained as a result of our *Shared Challenge, Shared Solution* collaborative budget strategy launched last December, NHH continues to forecast an operating deficit. Our operating costs continue to rise, the demand for our services continues to grow, and our revenues are not keeping pace with inflation. By the end of this fiscal year, NHH will have run three consecutive years of operating deficits in order to maintain the level of services our community has come to expect and value.

This approach is not sustainable in the long run. Like any business or household, we simply cannot keep spending more money than we receive. Despite the financial challenges facing hospitals today, there will be no bailouts. In the words of Health Minister David Caplan, published in a Toronto Star article earlier this year: "We want hospitals to fund their operation with the existing resources and we do not want them to run a deficit."

In August, the Local Health Integration Networks (LHINs) introduced the "Framework for Making Choices" as part of the government's guidelines to assist hospitals in developing their service and budget plans for the next two fiscal years, 2010/11 and 2011/12 (see related article on right). Work is now underway at NHH prepare these plans.

Hospital boards cannot make the decisions referenced in the Framework for Making Choices on their own. Any planned changes in hospital services must be approved by the respective LHIN board. In addition, the Local Health System Integration Act, 2006, requires health service providers to "engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services."

At NHH, regardless of the requirements of the Act, we strongly believe that it is not only prudent, but of significant value, to engage our community when making these types of decisions. While these are difficult times that require difficult choices, the best outcome can be achieved by having a 2-way dialogue with our community.

As such, your NHH Board has mapped out a plan to facilitate public input in such a way that representatives from the community have a meaningful opportunity to participate in the decisions shaping our Hospital's future. The approach has been developed using the public input received from our April telephone survey regarding community engagement preferences.

**"Collaborative" of Experts to Oversee the Citizens' Advisory Panel**

NHH's approach involves the establishment of a "collaborative" between four parties:

- the Hospital Board providing governance oversight;
- external consultants from MASS LBP with expertise in public engagement;
- researchers from Queen's School of Business with expertise in resource allocation decision-making and program evaluation; and
- funding partner, the Northumberland Community Futures Development Corporation.

Together, these four parties will support and oversee the Hospital's first Citizens' Advisory Panel (CAP).

**CAP Terms of Reference**

The membership of the Citizens' Advisory Panel shall consist of 28 volunteer residents from within NHH's west Northumberland catchment area. NHH Board Director Lynda Kay shall serve as Moderator, in a non-voting capacity, and as such provide a vital link between the Board and the CAP. The responsibilities of the CAP shall include the following:

- develop a Decision Making Framework for Service Prioritization ("Framework"); the Framework will guide the decision making process by identifying principles, values and considerations that should be applied when prioritizing Hospital services that are provided to the community;
- apply the Framework in determining which services are "core" and "non-core" for purposes of providing strategic direction to the Hospital;
- apply the Framework to develop contingency plan models / scenarios;
- provide advice on potential service integration strategies for Hospital services with other health service providers; and
- provide a formal report to the Board of Directors outlining the Panel's advice and recommendations.

Queen's University will provide an independent and objective third party evaluation of the CAP process, which will help NHH improve the process for future initiatives.

**Selection of CAP Members**

Similar to the method used for selecting a jury for a court of law, members will be drawn, at random, from the community at large. Later this month, MASS LBP, the consulting firm retained to assist in the facilitation of the CAP, will use a civic lottery process to mail invitations to 5,000 households in west Northumberland. The letters will invite one eligible member of each household selected to put his or her name forward for consideration as a Panelist. No specialized knowledge about the Hospital or the health care system is required. Panelists must be 18 years of age or older, and be available to participate in the CAP meetings. Staff, volunteers and physicians with privileges at the Hospital are not eligible to participate in the CAP.

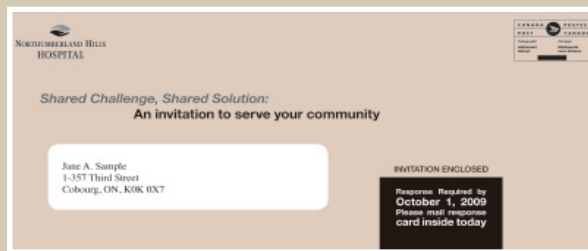
In early October, MASS will randomly select 28 citizens from among the applications received to serve as CAP members. Steps will be taken to ensure a balance of participants by age, sex and geography. No less than fifty per cent of the Panel's members will be recent patients or family members of recent patients of the Hospital.

A considerable commitment will be required by candidates who decide to put their name forward for participation. The CAP will meet from 9:00 AM to 4:30 PM on five Saturdays planned from late October to early December. In addition, the public will be invited to participate in a "public roundtable" meeting that will be facilitated by CAP members, which will further expand the reach of this community engagement. The public will also be invited to follow the progress of the CAP, and read the same background information shared with the CAP, on our updated website, scheduled for launch next month.

It is our intention to facilitate community input into our budget balancing options in a manner that is proactive, transparent and inclusive. As the LHIN sets out in the HAPS Guidelines referenced above: "Health needs and priorities are best addressed when the community providers, health service providers and the people they serve had input that informs the making of decisions."

**Please watch your mailbox this month for the envelope shown below. Thank you in advance for your consideration.**

**John Hudson, Board Chair**  
**Robert Biron, President and CEO**



**LHINs release new "Framework for Making Choices"**

On August 19, the Local Health Integration Networks (LHINs)—14 community-based organizations established by the Government of Ontario to plan, co-ordinate, integrate and fund health care services at the local level—released guidelines that are to be used by Ontario hospitals for the development of operating plans and budgets. These plans will be incorporated into the Hospital Service Accountability Agreements for 2010/11 and 2011/12. The 39-page document, titled Hospital Accountability Planning Submission (HAPS) Guidelines, is available on the Central East LHIN website at [www.centraleastlhin.on.ca](http://www.centraleastlhin.on.ca).

Within that document, the LHINs introduced a Framework for Making Choices, which will guide hospitals in preparing service plans and budgets for the next two fiscal years. In addition to optimizing operational efficiencies, the Framework for Making Choices requires hospitals to:

- realign or remove health services not consistent with LHIN or Ministry of Health priorities;
- transfer services more appropriately delivered in the community;
- identify and evaluate integration opportunities; and
- realign or remove low demand health services.

"The ultimate goals of the HAPS," notes the Guidelines, are to: "1) ensure the best possible patient/client experience; and 2) plan within the resources available." Stakeholder engagement is recognized in the HAPS Guidelines as essential to the success of long-term health system planning.

For an update on NHH's community engagement program related to the preparation of its 2010/11 and 2011/12 service and budget plans, please see the message from Robert Biron and John Hudson, on the left.

**Local Students Honoured With NHH's 2009 Health Professions Scholarship**



NHH Board Chair John Hudson is shown with scholarship recipients Hilary Dickson (left) and Emily Taylor at the August 27 award presentation.

**Save the date!**

**Upcoming NHH Foundation events**

- Thursday, October 8** – Survivor Thrivers presents "The Power of Pink" at Cameco Capitol Arts Centre. Call 905-885-1071
  - Saturday, October 24** – Gigantic Pumpkin Drive at Davis' Independent in Port Hope.
  - Saturday, November 7** – 9th Annual Gala – "An Evening at the Savoy" featuring Chef Jamie Kennedy. Details at [www.nhhgala.ca](http://www.nhhgala.ca)
- For information please contact the Foundation office at 905-372-6811, ext. 3065 or visit [www.nhh.ca](http://www.nhh.ca)*

**Upcoming Auxiliary events**

- Thursday, September 10 and Friday, September 11** – TAG DAYS! – Auxiliary volunteers will be out in a number of locations in the Cobourg/Port Hope area collecting money in support of Auxiliary projects benefiting the Hospital.
- Sunday, November 22** – Poinsettia Tea, Best Western, Cobourg. Tickets on sale October 1.

**Feedback on our hospital communications?**

Please email or call Jennifer Gillard, Director of Communications and Community Engagement, at: [jgillard@nhh.ca](mailto:jgillard@nhh.ca) or 905-377-7757