NORTHUMBERLAND HILLS HOSPITAL

Report on the Community Engagement Process

Prepared by

Queen's SCHOOL OF BUSINESS

THE MONIESON CENTRE

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Executive Summary

In 2009, Northumberland Hills Hospital (NHH) in Cobourg, Ontario faced a challenge confronting many hospitals in the province. Despite a provincial mandate that it not run an operating deficit, NHH, an acute care hospital with 110 beds, expected to be doing so for a third straight year. For the fiscal year 2010 – 2011, the hospital forecasted a deficit of $1.8 million on a base budget of approximately $60 million.

NHH was also aware of another provincial mandate - that the hospital involve the community in its decision-making processes. Exactly how this community engagement process was supposed to work was unclear. There were no precise guidelines. NHH decided to be proactive and involve the community early in the decision-making process. As part of the community engagement process, NHH established a Citizens' Advisory Panel, also known as the CAP or Panel. The hospital expended a significant amount of time and staff resources in sustaining the engagement process, as did the CEO and NHH Board. The CAP's task was to come up with a plan that outlined possible changes to the hospital's services to residents of west Northumberland County.

Consultants retained by the hospital selected 28 representative members of the community who expressed their interest in serving on the CAP. (Because of extenuating circumstances, the CAP eventually ended up with 25 members.) The Panel was balanced for age, gender, and location. It gathered for five day-long meetings between late October and early December, eventually delivering a final report to the NHH Board in January. The final service plan recommended by the Board and approved by the Central East Local Health Integration Network (CE LHIN) largely mirrored this report. The CE LHIN has a provincial mandate to oversee all healthcare services and funding in the region.

This Monieson Centre report outlines the overall community engagement process, including the work of the CAP. It summarizes the results of a series of surveys completed by CAP members and members of the public, evaluates the CAP process, and offers recommendations. By and large, the CAP process worked very well. Members were satisfied with the outcomes, and felt they made a real contribution to the overall community engagement process and the decisions reached by the Board. CAP members thought the process gave the NHH Board a good understanding of the community's needs and concerns, and recommended the Board use a similar process in the future.

In the weeks after the Board decisions were made public, there was some criticism as was to be expected in the context of announcing service cuts. However, the hospital and the CE LHIN have committed to addressing the long-term and chronic health care needs of west Northumberland County. NHH, under the new service plan, will focus its efforts on acute care services, while non-core services will be provided elsewhere in the community. The plan sees the deficit eliminated by the fiscal year 2011 - 2012 while leaving 18 services unchanged. The Fast Track service will be integrated with the Emergency Room. Outpatient Rehabilitation and the Diabetes Complication Prevention Strategy Clinic will be closed, and a net total of 26 non-acute care beds will be eliminated.

In addition to consulting with various stakeholder groups, e.g. employees, physicians and the public, the NHH Board set out to be inclusive in its decision-making process. By establishing the Citizens' Advisory Panel, and in large part following the CAP recommendations, the Board's commitment to community engagement was demonstrated.

Introduction and Background

The Province of Ontario, through the agreement between the Ministry of Health and Long Term Care (MoHLTC) and the Local Health Integration Networks (LHINs), mandates that hospitals must have a balanced operating budget. Yet forecasts by Northumberland Hills Hospital administration showed a $60 million operating budget for the fiscal year 2010 - 2011 that included a deficit of $1.8 million. NHH was not alone, with hospitals across the province facing similar deficit situations. The 110 bed acute care hospital, along with all other hospitals across the province also faced the uncertainty of not knowing how much funding to expect. With the beginning of the fiscal year only 15 days away, the ministry had not advised hospitals of their budget allocation for the fiscal year beginning April 1, 2010. Still, NHH had to move to eliminate the budget deficit. It also needed to hear from the public. In fact, community engagement is mandated by law as part of the Local Health System Integration Act (2006). Although the province tells hospitals to involve the public, there is no precise direction on the actual process for engagement. NHH decided to proactively determine how the public process should work, knowing that a plan that gives community members a say in what happens at their hospital can reap lasting benefits. It can result in more support for the decisions that are ultimately made, forging a stronger bond between the hospital and the community it serves.

In April 2009, the hospital conducted a telephone survey of residents in west Northumberland County, which is the hospital's catchment area. More than 500 people responded, and NHH learned that residents thought Community Advisory Panels and public meetings would be the two most effective ways to learn the public's views on hospital services and priorities. They were also the two mostly likely methods to get local residents to participate.

The NHH Board acted on the survey results, passing the following resolution in June 2009:
"*NHH is to establish a Community Advisory Panel to address the immediate issue of developing a contingency plan for a balanced budget through changes in service should a balanced budget not be achieved through increased efficiencies and/or new revenues.*"
The Community Advisory Panel, later renamed the Citizens' Advisory Panel, or CAP, was created.

The CAP would give advice to the Board. (Please see Appendix 5 for the CAP Terms of Reference.) The Board would also hear from other stakeholders both inside and outside the hospital. Broadly speaking, the CAP's role was to develop a plan that outlined possible changes in the services NHH provided. It was also given specific responsibilities including:

- Develop a Decision-Making Framework for Service Prioritization ("Framework"). The Framework will guide the 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;
- Consider how new services may be introduced in the hospital in the context of the Framework and contingency plan;
- 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.

In establishing the CAP, the NHH Board chose to hear from the public before the Board made decisions on which services would stay and which would be reduced or eliminated. The clear intent was *not* to have the Board make decisions unilaterally.

Establishing the CAP

The Board and senior management at NHH invested a great deal of time and effort in establishing a community engagement process that would truly reflect the views of the people the hospital serves. It is clear they recognized a shared goal with the community of delivering quality health care services while recognizing there would be no easy answers to eliminating the budget deficit.

In order to form a Panel that would be representative of west Northumberland County, NHH issued a Call for Proposals to consultants with expertise in health care and change management. The consultants would be expected to:

- Assist with designing the Terms of Reference for the CAP;
- Assist in the selection of the participants;
- Plan for and facilitate transportation, venue, catering and any other accessibility needs of CAP participants;
- Assist with the development of a community engagement communication plan and, within that plan, CAP-related communications;
- Assist in the development of the learning curriculum and program;
- Assist in the preparation of key messages by the CEO and Chair of the NHH Board to the community regarding this process and outcomes;
- Facilitate CAP meetings and/or workshops with participants;
- Summarize citizens' recommendations; and
- Prepare a draft and final report for approval by CAP members and submission to the NHH Board.

NHH also wanted the community engagement process to be evaluated independently so that NHH and other hospitals could learn from the experience. The Monieson Centre, Queen's School of Business, was engaged to perform this evaluation, specifically to:

- Establish an evaluation methodology to measure the success of the CAP process and outcomes;
- Research and present "decision-making frameworks" for resource allocation decisions;
- Assist in developing a methodology to evaluate the education component and effectiveness of the CAP meetings; and,
- Participate as an observer in CAP meetings and workshops with participants (as required).

By implementing this strategy, NHH went beyond the norm to ensure there would be comprehensive consultation between the community hospital and the public it serves.

Key Organizations

Before explaining the CAP Process and its evaluation, it may be useful to describe key organizations involved in health care funding (Figure 1).

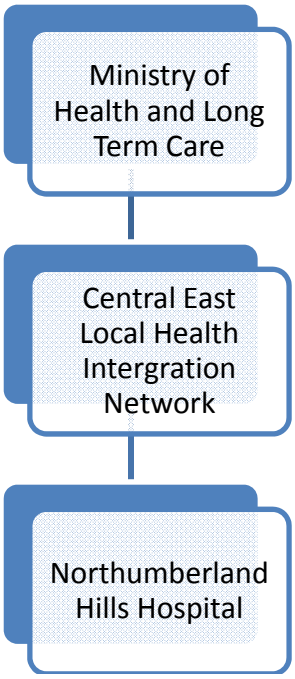


Figure 1

Province Of Ontario Ministry of Health and Long Term Care

The Ministry of Health and Long Term Care is changing its focus and embracing a new direction (http://www.health.gov.on.ca/en/ministry/default.aspx). As staff continue to work towards better health care for Ontarians, stewardship will become the ministry's mission and mandate. This new stewardship role will mean that the ministry will provide overall direction and leadership for the system, focusing on planning, and on guiding resources to bring value to the health system. The ministry will be less involved when it comes to the actual delivery of health care and more involved in:

- Establishing overall strategic direction and provincial priorities for the health system;
- Developing legislation, regulations, standards, policies, and directives to support those strategic directions;
- Monitoring and reporting on the performance of the health system and the health of Ontarians;
- Planning for and establishing funding models and levels of funding for the health care system;
- Ensuring that ministry and system strategic directions and expectations are fulfilled.

Central East Local Health Integration Network

The Central East LHIN (CE LHIN) is one of 14 local health integration networks established by the Government of Ontario as community-based organizations to plan, co-ordinate, integrate and fund health care service providers at the local level including hospitals, long-term care homes, community care access centres, community support services, community mental health and addictions services and community health centres.

LHINs are based on the principle that community-based care is best planned, coordinated and funded in an integrated manner within the local community because local people are best able to determine their health service needs and priorities.

The CE LHIN mandate is to determine the health service priorities necessary in its communities. It works directly with health providers and community members to develop an integrated health service plan for the area.

Northumberland Hills Hospital

NHH is a 110-bed acute care hospital located in Cobourg, Ontario, approximately 100 kilometres east of Toronto. The hospital opened in October 2003, replacing hospitals in Cobourg and Port Hope. It delivers a broad range of services, including emergency and intensive care, medical/surgical care, complex/long-term care, rehabilitation, palliative care and obstetrical care. NHH also offers a variety of ambulatory care clinics. In addition to these, NHH also sponsors a Community Mental Health Centre and an Assertive Community Treatment Team. The hospital serves the catchment area of west Northumberland County. A mixed urban and rural population of approximately 60,000 residents, west Northumberland comprises Cobourg, Port Hope and the townships of Hamilton, Cramahe and Alnwick/Haldimand. NHH employs close to 600 people and relies on additional support provided by physicians and volunteers. NHH is an active member of the Central East LHIN.

As outlined above, two organizations besides NHH were involved in facilitating the community engagement process: MASS LBP and The Monieson Centre, Queen's School of Business (Figure 2).

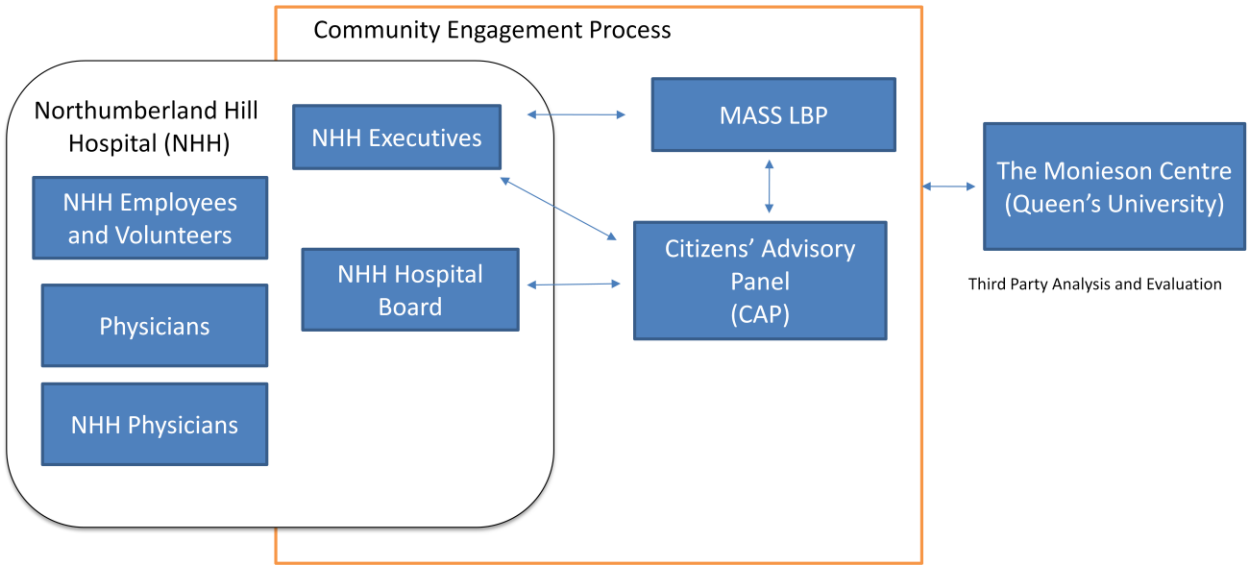


Figure 2

MASS LBP

MASS LBP (http://www.masslbp.com) was retained by NHH to facilitate the CAP process. MASS LBP works with governments and corporations to improve their efforts to engage and consult with citizens. It designs and delivers innovative engagement strategies that increase public understanding, legitimacy, and support for complex decisions and policy choices.

The Monieson Centre

The Monieson Centre at Queen's University (www.business.queensu.ca/knowledge) was retained by NHH to provide an arm's length evaluation of the community engagement process. The Monieson Centre brings leading academic research to business, government, and community audiences to create value through knowledge. Acclaimed researchers study issues such as governance, decision-making, corporate culture, innovation, change management, human resource management, and economics. Issues are studied theoretically and practically.

Overview of the Study

Objectives of the Study

This study set out to evaluate the nature and effectiveness of community engagement processes as they relate to the decision-making surrounding the operating budget for the fiscal year 2010/2011. It also investigated whether and how a Citizens' Advisory Panel improved hospital decision-making, and whether other hospitals in the province might benefit from a similar process.

Hospitals must seek public input. This Local Health System Integration Act (2006) requirement was featured in both KPMG's MoHLTC-LHIN Effectiveness Review (September 2008) and the provincial Auditor General's 2008 Annual Report on Hospital Board Governance. NHH developed a comprehensive community engagement program as part of its strategic planning exercises, thus allowing members of the public to give advice to the Board.

Methodology

Members of the Queen's research team (please see Appendix 8) conducted a literature review on decision-making frameworks for resource allocation and community engagement, especially in hospital settings. A presentation of the research findings was made to the NHH Board before the first CAP session. Research team members also attended and observed an NHH Board retreat where the CAP findings were presented. Key CAP processes and outcomes were documented.

The research team conducted surveys (please see Appendices 5 and 6) at the beginning, during, and at the end of the CAP process, and also at a Public Roundtable. NHH stakeholders, members of the CAP and community members attending the Public Roundtable were surveyed to find out if they thought the process was effective. CAP members were asked to participate in seven surveys. Attendees at a NHH stakeholder meeting and Public Roundtable were each asked to participate in one additional survey. A member of the research team observed each CAP session and the Public Roundtable. Key session observations and questionnaire result summaries were forwarded to the NHH administration and consultants so that any necessary format changes could be made for later sessions.

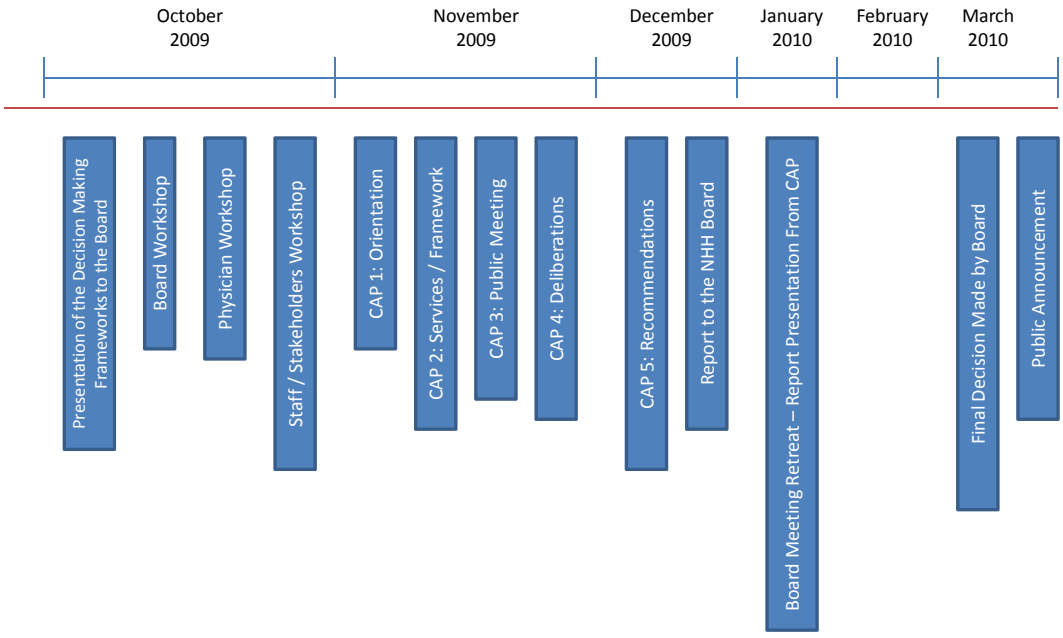
This report incorporates meeting observation commentary and survey data analyses. A summary case study was also written (please see Appendix 2). It is hoped that the case study will be useful to NHH and other health service providers as they consider future community engagement processes.

Recruitment Process

CAP members were chosen from households randomly selected from the west Northumberland community. MASS LBP, the consulting firm retained to help facilitate the CAP process, used a civic lottery to mail invitations to 5,000 households in west Northumberland County. One eligible member of each household was asked to put his or her name forward for consideration as a Panel member. No specialized knowledge about NHH or the health care system was required; however, potential Panel members had to be at least 18 years old, and available to take part in the CAP meetings. Staff, volunteers, and physicians with privileges at NHH could not be CAP members.

More than 100 people volunteered to be members of the Panel. In early October, MASS selected 28 citizens for the CAP. Membership was balanced for age, sex, and geography, although not for socio-economic status. Sixty-four per cent of the Panel members were recent patients or family members of recent patients at NHH, exceeding the fifty per cent requirement. The CAP met from 9:00 AM to 4:30 PM on five Saturdays from late October to early December. In addition, the public was invited to a Roundtable facilitated by CAP members that was meant to expand the reach of the community engagement process. The public could follow the CAP's progress through updates posted on the NHH website and media releases.

The process began in August 2009, after the NHH Board passed its resolution establishing the CAP (see Figure 3).



Note: The program design and identification of Citizen's Advisory Panel through civic lottery took place in August, September, and October of 2009.

Figure 3

Overview of the CAP Process

Presentation to NHH Board on Decision-Making Frameworks

A presentation on decision-making frameworks by The Monieson Centre to the NHH Board was an integral element of the community engagement process. (Please see Appendix 3 for the slides and Appendix 4 for the full report provided to the Board entitled "Resource Allocation Decision-Making Frameworks in Health Care".) A review of academic research highlighted key factors in making decisions: 1) decision makers should seek out information from different sources to weigh all sides of the argument; 2) they should establish a transparent and fair process by encouraging inquiry and consensus building; and 3) if possible, the decision should be implemented incrementally so that errors can be corrected.

The presentation also highlighted four different (yet inter-related) types of decision models: 1) Rational Planning Model, 2) Needs and Cost-Based Model, 3) Process-Based Model, and 4) Values-Based Model. No one model is considered superior to the others.

The Rational Planning Model is based on classical economics. It attempts to determine what a rational decision maker would decide given a particular set of circumstances and conditions. The problem is defined, criteria are set and then weighed, options are generated and then evaluated, and finally the preferred option is selected.

The Needs and Cost-Based Model prioritizes one criterion (e.g., needs or costs) and explicitly gives it more weight than other criteria. The prioritized criterion becomes the "overriding factor". Adjustments are made to allocations in order to direct resources to areas of highest priority. This model uses cost/effectiveness ratios (e.g., the cost of producing a particular amount of health improvement) to guide decisions.

In the Process-Based Model, authorities use screening questions to prioritize in advance what criteria (and sometimes what options) participants should use to make a decision. Participants are led through a series of prioritized "screening" questions and asked to consider them in evaluating the available options or courses of action. When an option satisfies all the screening criteria, it can be considered as a possible solution.

In the Values-Based Model, criteria are guided and determined by principles or values that are important to a domain or community. Decisions must be considered in light of organizational and stakeholders' values, as well as legal and financial constraints. The impact on stakeholders and/or sponsors of the organization, reputation of the organization, and impact on the local community must be considered when making decisions.

The presentation to the NHH Board also included a comparison of the Central East LHIN Decision-making Framework and the Framework for Making Choices (Hospital Accountability Planning Submission 2010-2012) with which Board members were already familiar.

The Board recommended that a **Values-Based Model**, that was subsequently presented at the first CAP session, be used by Panel members in their decision-making process.

Pre-CAP and Stakeholder Surveys

In addition to the surveys carried out at the end of each CAP session, two additional surveys were conducted. A pre-CAP survey gathered demographic information on potential Panel members, and the extent to which they were informed about health care services in general, and NHH practices in particular. Generally, the survey confirmed the selected Panel was balanced for gender, age and education. Sixteen members had been patients at the hospital. Panel members indicated they were generally well informed about access to healthcare services and programs and services offered by NHH. They were less informed about NHH's budget and the hospital's current method of making decisions about programs and services. However they indicated the CAP would enhance the NHH Board's decision-making on programs and services as well as the Board's recommendations to the CE LHIN on the allocation of the hospital's budget. The summary of this survey is found as part of Appendix 7.

The Stakeholders' survey showed a high level of stakeholder (e.g., employee, volunteer, and donor) knowledge about healthcare services in general and those provided by NHH in particular. Participants indicated they were less informed about NHH's budget, the extent to which they and their peers were involved in decision-making at the hospital, the hospital's current method of making decisions about programs and services, and the current method of making budget decisions. Stakeholders thought the CAP would enhance the NHH Board's decision-making on programs and services. They generally thought the Panel would strengthen the connection and represent the perspectives of the west Northumberland community. The summary of this survey is also found in Appendix 7.

Overview of CAP Sessions

The CAP sessions were structured to give Panel members a basic understanding of the health care system, and the specific organizations involved within the system, progressing through the five sessions so that Panel members had knowledge of services provided within the hospital as well as elsewhere in the community. Each session built on the previous one, allowing CAP members to use information gained in earlier sessions to aid in their decision-making at the final session. At the end of each session, Panel members were assigned "homework" in the form of a task or question, and asked to get input from family, friends and neighbours. The "homework" expanded the reach of the community engagement process and allowed CAP members to become better informed about the community's perspectives.

After each session, every CAP member was asked to fill out a questionnaire. The data was analyzed, and a summary was provided to NHH and MASS LBP to assist in making any format changes that may have facilitated a better outcome at the next session. (See Appendices 6 and 7.) The survey findings from each session are summarized in this section of the report, and the overall findings are summarized in the Conclusion.

CAP Session One

Activities

The first CAP session was an opportunity for members to meet and get to know each other, and to find out more about the role of the CAP and its mandate. They received a general overview of NHH and had a chance to learn and adapt the values-based decision-making framework

recommended by the NHH Board. Panel members were asked to form groups based on six values:

1. Accessibility
2. Collaboration
3. Community Needs and Responsiveness
4. Effectiveness, Safety, and High Standards
5. Relationships and Public Trust
6. Sustainability

Finally, CAP members received information about Ontario's health system.

Survey Findings

Panel members indicated that the session was well organized, and that the presentations provided the right amount of information. There was less consensus on whether individual members understood the tasks at hand (Figure 4), although members did feel they tried to produce results based on group consensus. The satisfaction with facilitators was high. Panel members were enthusiastic about participating in the Panel, with little anxiety noted (see Figures 5 and 6).

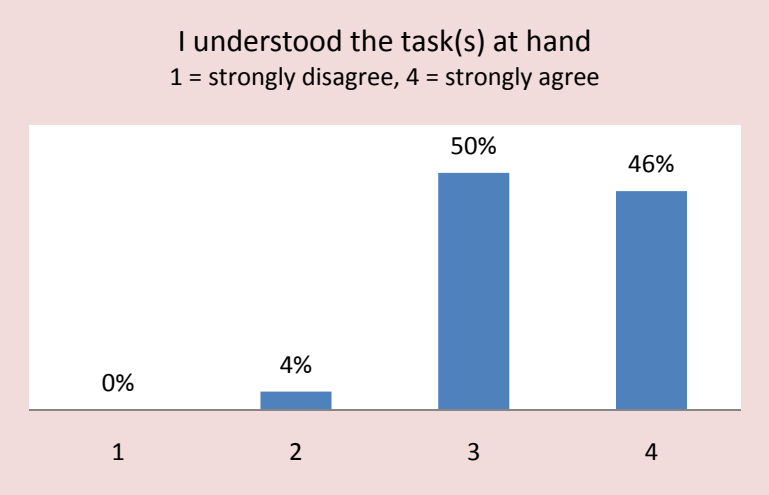


Figure 4

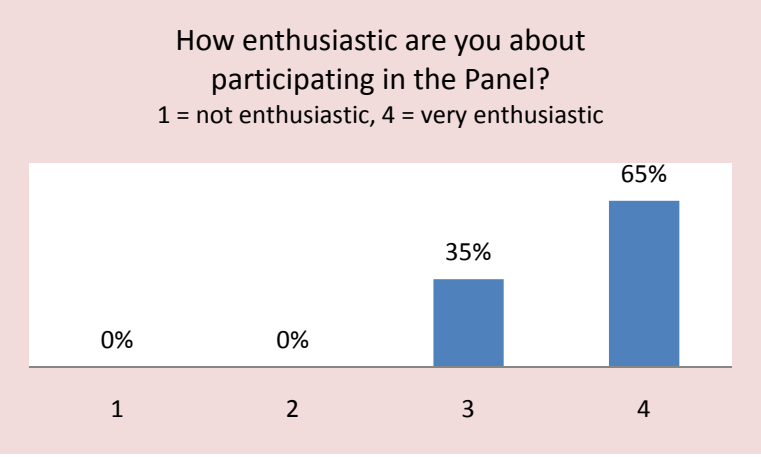


Figure 5

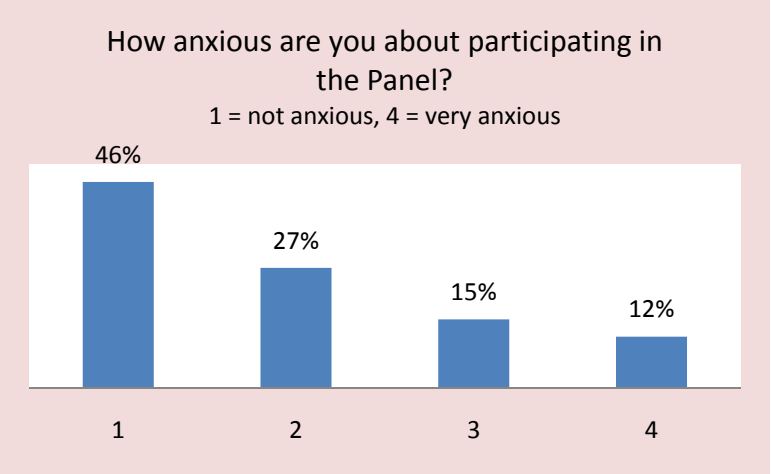


Figure 6

Comments by Panel members show the process was informative and the format and approach were quite effective. However, members felt there was not enough time to absorb the amount of information they received. They requested more time for group discussion and clearer directions on what could or could not be done regarding the decision-making framework. Logistically, they stated that more time was needed for lunch and breaks. Overall, comments about the community engagement process were favourable.

> "There was a good agenda and the facilitators adhered to it."

> "An excellent approach and focus. Very informative."

Queen's Observations

Panel members had a high level of knowledge about NHH. The session successfully introduced the decision-making framework, but Panel members did not have enough time to understand or adapt the framework. It was unclear whether all Panel members understood the structure of Ontario's health system and the roles played by various organizations within the system.

CAP Session Two

Activities

At the second CAP session, members learned more about the history of NHH and the community it serves. They toured the hospital in groups based on the decision-making value they had chosen in the first session, and met a wide range of staff and others involved with NHH. They also received key information about the services provided by NHH and by others in the community. Finally they received information about how hospitals are funded, budgeting at NHH, and the hospital's current performance.

Survey Findings

Although receiving quite high scores, there was less agreement at the second session on the organization of the session (Figure 7) and whether the appropriate level of information had been provided by the presentations (Figure 8). However, the format of the session, and the overall facilitation continued to receive high ratings.

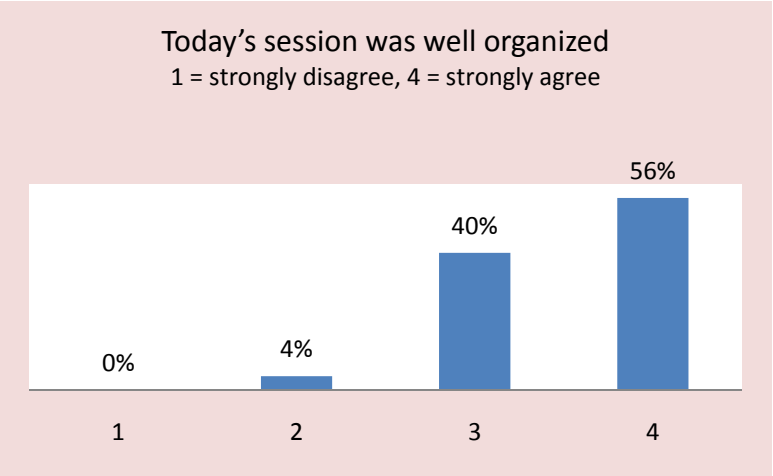


Figure 7

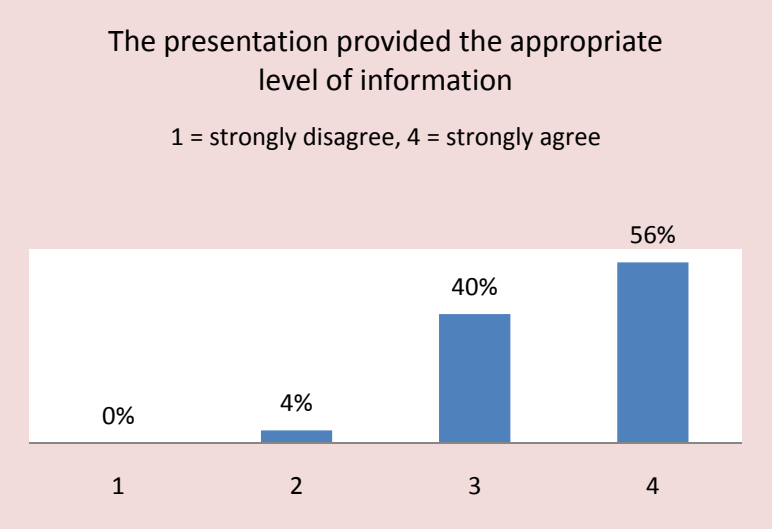


Figure 8

Comments by Panel members showed they generally liked the hospital tour and the financial presentation. Other Panel members noted there was too much information and not enough time to absorb the information that was provided. It was suggested that the agenda should be followed more closely and that the session be less rushed. Others pointed out that some discussion was off topic.

> "I liked the value placed on public input."

Queen's Observations

The hospital tour was a success, allowing for hands on learning. CAP members were prepared for the tour, leading to an effective question and answer session. The tour allowed Panel members to see the size of the hospital and the scope of services provided. Because the tour was grouped by the six values in the decision-making framework, questions were focused on each group's area

> "This area is ageing, and probably ageing faster than other areas. Can we somehow teach the government about how to service the changing demographics?"

of interest. Presentations helped Panel members understand the day-to-day roles and interactions among different organizations within NHH as well as outside the hospital. Questions posed during the tour gave members a better understanding of how hospitals are funded. Presentations also gave members a helpful mix of hard numbers, interpretation, and comments to further their understanding of hospital funding.

By the end of the second CAP session, the community engagement process appeared to be coming together as planned. Panel members were taking the process seriously. Two weaknesses were noted: both the first and second sessions did not follow the agenda timing, and it appeared there had not been sufficient time for discussion within groups.

CAP Session Three and Public Roundtable

The third CAP session was held at Port Hope Public High School, rather than at NHH. The school was also the venue for the Public Roundtable to be held in the afternoon. In the morning session, CAP members tried to show how each of the hospital's 23 services related to the six values of the decision-making framework. In the afternoon Public Roundtable session, community members were given the opportunity to learn about the financial situation of NHH, the services it provides, and the role of the CAP. With CAP members acting as facilitators, community members were asked to provide advice to the Panel to be used to identify core and non-core services, and service priorities.

Public Roundtable Survey Findings

Thirty-eight members of the public attended this session. Satisfaction levels for community members attending the Public Roundtable were lower than Panel members attending the CAP sessions. The venue was not rated highly (Figure 9), perhaps because of the location (Port Hope is several miles from the hospital) and the cold temperature of the gymnasium, and the presentations were not seen as providing an appropriate level of information. Facilitation received generally favourable scores, and participants enjoyed taking part, but did not necessarily feel the Roundtable accomplished something important (Figure 10). Nonetheless, the community members thought the Roundtable would enhance the work of the CAP and agreed NHH should use a Public Roundtable to obtain public input in the future. High scores indicated their willingness to participate in future Roundtables.

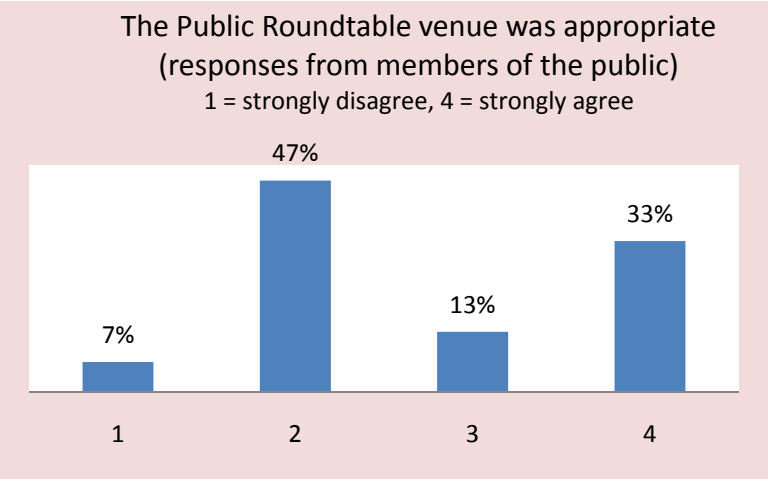


Figure 9

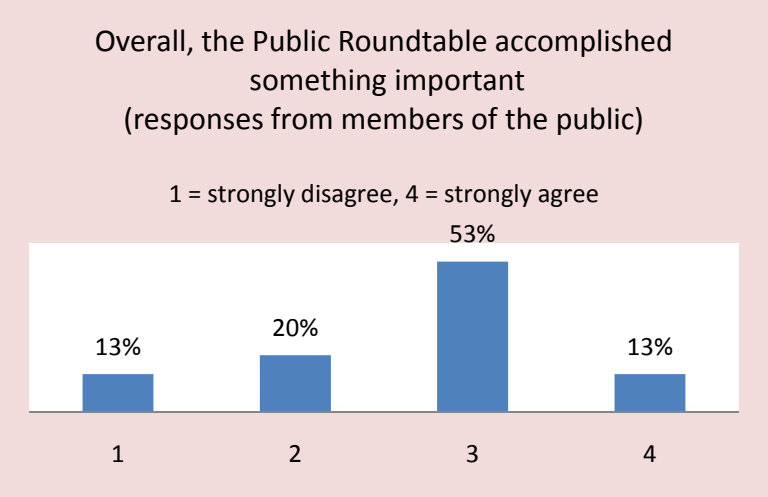


Figure 10

Respondents indicated they attended the Public Roundtable to learn about the financial issues facing NHH and to learn how the hospital operated. Of 14 respondents, 64 per cent thought the Roundtable was an effective way to engage the community in decision-making, while 36 per cent disagreed. Community members called for more specific and detailed information, including financial data, and generally cited a lack of guidance at the Public Roundtable.

> "The Roundtable allows people to voice their opinion on decisions made by NHH."

Community members were split on whether the CAP was an effective way to engage the community in decision-making. Those in agreement thought the process would make the NHH Board more aware of community needs, while dissenting comments suggested the Panel was "not representative enough". To improve a future CAP, members of the public called for more opportunities for CAP members to receive input from the broader community. They thought a future community engagement process could be improved by having more speakers with different views, creating a web-based feedback forum, increasing publicity, and finding a way to overcome the apathy of citizens.

> "I get the feeling there is a lot of fear in the community."

CAP Member Survey Findings (Public Roundtable)

Panel members were satisfied with the organization and facilitation of the Public Roundtable. They appreciated the opportunity for the public to participate and provide input, although they were disappointed with the low turnout (38 members of the public).When asked if the Public Roundtable met their expectations, five CAP members said "yes", nine said "no' and one was unsure. (Figure 11). As well as the low turnout, members found there was too much discussion about issues that they considered to be irrelevant, and suggested that some people who attended probably had biased opinions. Still, eleven CAP members thought the Public Roundtable was an effective way to engage the public in decision-making. Members also suggested more advertising might result in a greater number and diversity of participants.

> "It was refreshing to get the views of the community."

> "More outreach to the public is needed."

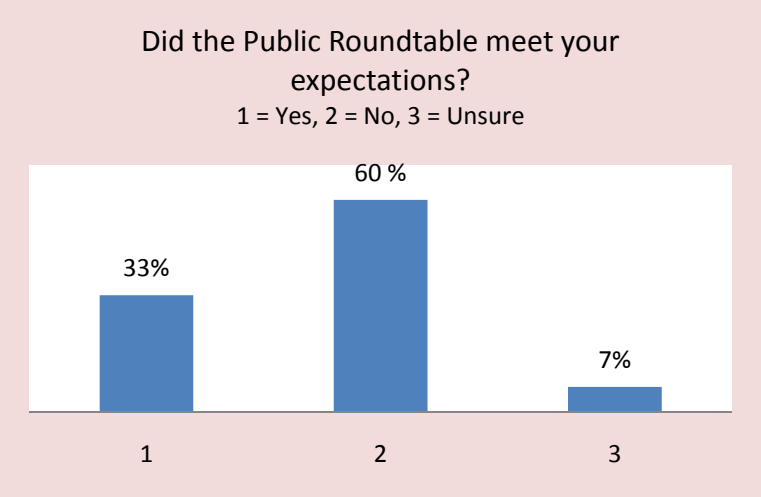


Figure 11

Queen's Observations – CAP Session Three - Morning

CAP members agreed that aligning the hospital's services with NHH's values was a good exercise. It allowed for discussion among group members to gauge the level of value placed on a service and for each CAP member to give serious thought to the task at hand. As one member of the Sustainability group commented, "We're here to save money without compromising sustainability."

Queen's Observations - Public Roundtable - Afternoon

CAP members were able to help the public better understand the CAP process and the financial situation faced by NHH. It was also clear that CAP members did listen to what the public had to say at the Public Roundtable about NHH, both generally, and in specific areas of the hospital services.

> "Everyone must share in the budget cuts."

Generally, the low turnout at the Public Roundtable meant the views expressed might not be a true representation of the views of the community as a whole. However, the very act of holding the Roundtable may have been enough to show the public that the CAP members were doing their best to make recommendations on behalf of the community.

CAP Session Four

Activities

CAP members used the fourth session to review what they had learned so far. They also received information about other health service providers, including the Central East Community Care Access Centre, Physicians, Long Term Care, and the Port Hope Community Health Centre. In addition, they also developed four scenarios that identified core and non-core services at the hospital. When CAP members began their deliberations, the hospital CEO chose to leave the room so Panel members could complete their work without feeling they were being influenced. However, the CEO was available to answer any technical questions.

Survey Findings

Panel members showed high satisfaction rates with the organization of the session, although there was some slippage with respect to the assessment of the appropriateness of the level of

information presented (Figure 12) and the format (Figure 13). Facilitation continued to score high.

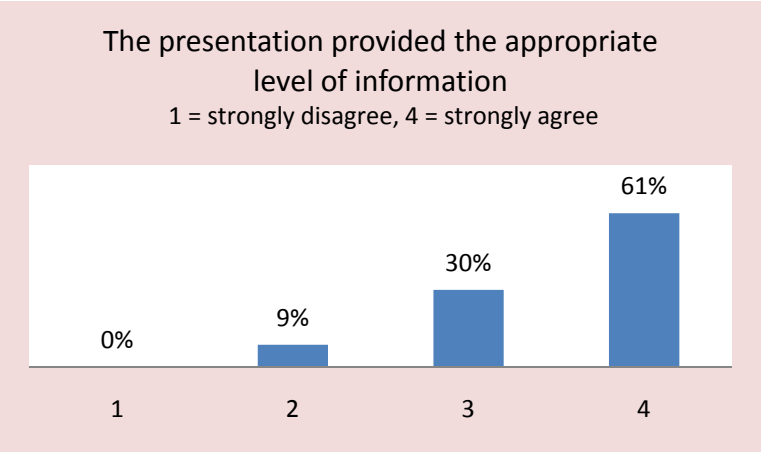


Figure 12

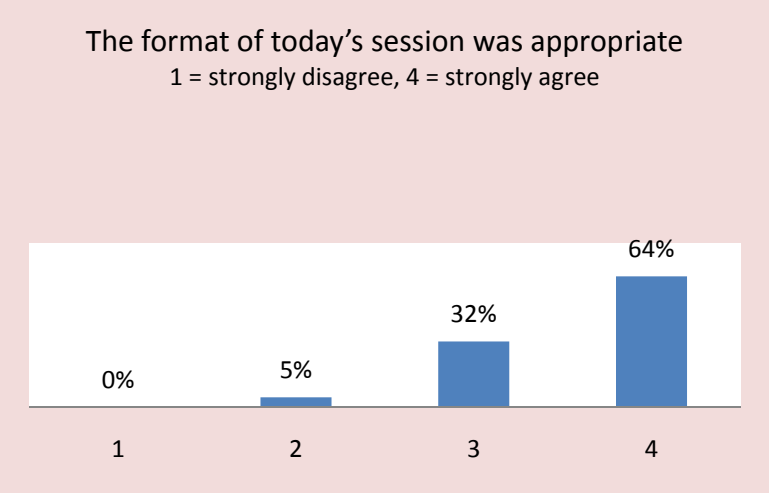


Figure 13

Panel members found the speakers and presentations to be informative and liked the group work and focus groups, although there were concerns about the size of some groups and also with time constraints.

"NHH is very efficient. The government needs to open its eyes."

Queen's Observations

CAP Members hear directly from constituencies in health system

The presentation on the Central East Community Care Access Center provided CAP members with essential information about the long term care services provided by the CCAC. Panel members also learned about a workshop held by physicians at NHH in which they discussed services that they thought had the potential to be provided in the community rather than the hospital. The

"The hospital is great, but the government has to realize the community is growing and ageing, and the hospital needs more money."

presentation on the Port Hope Community Health Centre provided information on the facility, staff members, budget, number of clientele and linkages between services provided by the Centre and NHH.

It may have been more effective to document insightful questions about long-term care and address them during the question and answer period for this session. In addition, a greater emphasis on the number of clientele and services provided by the Port Hope Community Health Centre may have been more helpful to CAP members.

> "This has been both a fascinating process and a frustrating process. Fascinating because I've learned so much, frustrating because there is so much to learn."

> "Why are people using the ER when they should be seeing a family doctor?"

CAP members begin to develop scenarios based on the decision-making framework

CAP members divided themselves into four groups based on the services they felt were most and least essential to preserving the values, mission, and future of NHH. The four groups consisted of two, five, six, and nine members. The groups were then asked to create a contingency scenario for the hospital based on the following: Name the scenario, create a vision and rationale for the scenario, calculate anticipated savings, and anticipate enabling factors and possible obstacles. The four scenarios that emerged were called "Essential Services: Continuity of Care", "Integrated Community Acute Care", "Essential Services", and Sustaining Our Strengths".

> "We looked at the services that make people feel good about NHH, what will they name in their will, give their money to, make them volunteer."

CAP Session Five

Activities

The fifth and final CAP session culminated with the preparation of the Panel's Final report to the NHH Board. CAP members reviewed the 23 services provided at the hospital and then held two voting rounds to decide those that were core services and those that were non-core. Core services were determined to be those that could only be provided in a hospital setting, while non-core services could be provided in the community. A service required the vote of least 15 of the 25 CAP members to be considered a core service.

In the first voting round, seven services were unanimously deemed as core, with a further ten receiving the required 15 votes or more to be placed on that list. The eight services that received less than 15 votes were further discussed by the CAP and, after a second round of voting, three were moved back to the list of core services. As in CAP Session Four, the NHH CEO chose to leave the room when CAP members began their deliberations, so Panel members could complete their work without feeling they were being influenced. However, the CEO was available to answer any technical questions.

The Panel's Recommendations on Core and Non-Core Services

The Panel had specific comments on those services marked with an *. The comments follow.

Core Services

The following services were unanimously determined to be core services:

- Diagnostic Imaging: Computed Tomography

- Diagnostic Imaging: Radiology (X-Ray)
- Diagnostic Imaging: Ultrasound
- Emergency Department
- Intensive Care Unit
- Medical/Surgical Inpatient Acute Care
- Surgical Services (Operating Room, Day Surgery, Recovery)

The following services were also determined to be core services:

- Diagnostic Imaging: Magnetic Resonance Imaging (23 votes)
- Satellite Dialysis Clinic (20 votes)
- Community Mental Health Program* (18 votes)
- Diagnostic Imaging: Bone Mineral Densitometry (18 votes)
- Diagnostic Imaging: Mammography (18 votes)
- Satellite Chemotherapy Clinic (18 votes)
- Ambulatory Care* (16 votes)
- Fast Track Service (16 votes)
- Inpatient Rehabilitation (16 votes)
- Maternal Child Care* (16 votes)
- Diagnostic Imaging: Nuclear Medicine* (15 votes)

Non-Core Services

The following services were unanimously determined to be non-core services:

- Complex Continuing Care*
- Interim Long Term Care*
- Diabetes Complication Prevention Strategy Clinic*

These services were also determined to be non-core services:

- Palliative Care Service* (8 votes)
- Outpatient Rehabilitation Service* (2 votes)

*Panel Comments in its Final Report to the NHH Board

Complex Continuing Care and Interim Long Term Care were discussed together due to their interdependencies.

**Community Mental Health Program (Core service with 18 votes)*

The value of providing mental health services in an acute care hospital is often underestimated. We recommend that the hospital continue its partnership with Lakeshore Mental Health and we affirm the value of the hospital retaining its capacity to respond to urgent mental health needs and act as a full partner in the provision of this integrated local service.

**Ambulatory Care (Core service with 16 votes)*

We affirm the importance of retaining ambulatory care services because of the role they play in attracting specialists and other physicians to NHH. Nevertheless, we advise the Board to examine whether the scope of ambulatory care services can be redefined to lessen the cost of these clinics and whether other community partners, like the Port Hope CHC or the Cobourg Medical Centre, could share in the provision of certain ambulatory services. In those cases where

specific ambulatory care services are already available in the community and can be accessed under OHIP, NHH should work to reduce duplication.

*Maternal Child Care (Core service with 16 votes)

We would like to affirm the public importance of this service and the praise that it receives. We understand that investments in the maternal child care program have created a quality service of which all residents can rightfully be proud. However, against the cost pressures faced by NHH, we worry that providing this same level of service may become unsustainable — especially as the service becomes increasingly popular with out-of-region patients. Therefore, we affirm the maternal child care program as an important core service that is of particular public value. We would advise the Board to examine whether savings could be found by contrasting the costs associated with the provision of such high quality maternal child care services at NHH to the costs for these same services at comparable hospitals.

*Nuclear Medicine (Core service with 15 votes)

We note how rare it is for a community hospital like NHH to provide nuclear medicine. We see opportunities to expand the profitability of this service and advise the Board to examine additional opportunities to promote this service.

*Fast Track Service (Core service with 15 votes)

We note that the Fast Track Service is widely misunderstood by the public and places additional pressure on emergency staff. It also creates an impression of the hospital as an easily accessible site for the provision of primary care. We recommend that the service be retained, but renamed to more clearly communicate its function. A public education strategy should be pursued to better define the service in the public's mind and manage expectations. For example, in the Fast Track waiting room an information board could provide information on walk-in clinics and other health care providers in the community. Special information on family physicians available in the area could be provided. In time, we believe this will reduce the number of residents using the Fast Track service because they do not have a family doctor.

* Palliative Care (Non-core service with 8 votes)

We note the special regard our community has for the excellent service provided by the palliative care team at NHH. They provide comfort to members of our community and to their families in their final days, weeks and months of life. However, because other community and home-based options exist for the provision of palliative care, we advise the Board to look seriously at reducing and ultimately transferring the bulk of its palliative care services to other care providers. We believe this is consistent with our vision of NHH as an acute care hospital, and with the desire of many patients for increased home-care options. We do not recommend transferring or reducing services if there are credible concerns that this would seriously limit the availability of palliative care specialists in the community, or, in special circumstances, to NHH.

* Outpatient Rehab (Non-core service with 2 votes)

We note that while outpatient rehabilitation services were not designated as core services, their elimination could pose a significant personal cost to patients. Currently, few of the outpatient rehabilitation services offered at NHH are available in the community and those that are, are not covered by OHIP. Moreover, the provision of outpatient rehabilitation services does play a role in improving overall health outcomes and reducing long-term costs to the health care system.

** Diabetes Complication Prevention Strategy Clinic (Non-core service with no votes)*

We affirm the role of the diabetes prevention clinic in the fostering of good health, but recommend that this service be transferred to other community-based service providers. Currently, the Port Hope CHC offers a similar service and we believe it would be well poised to become the community's lead provider.

**Interim Long-Term Care and Complex Continuing Care (Non-core services with no votes)*

We note that the status and role of interim long-term care and complex continuing care beds in the province is highly contested. Hospitals are the most expensive site for the provision of these services and the provision of these services often limits access to more acute services by other patients. We advise the Board to work with the CE LHIN to identify other potential providers and work to quickly develop their capacity to absorb NHH's ILTC and CCC patients.

The CAP then broke into four groups to draft its final report to the Board, recommending a preferred option for the hospital. The four working groups developed:

- A vision statement and preamble explaining the CAP's vision for the future of the hospital
- A rationale and explanation of the core services that were selected to support the CAP's vision
- Recommendations concerning the transfer of non-core services to other health service providers, based on the ministry's Framework for Making Choices
- Other recommendations and suggestions for the Board to consider

At the end of the session, there was a special ceremony where CAP members received their public service certificates.

Survey Findings

This survey examined both the CAP Session 5 activities and those of the overall CAP process.

CAP Session Five Survey Findings

The organization, level of information and format all showed high satisfaction rates among CAP members. Panel members were also satisfied with the facilitation at the session.

Panel members had a feeling of accomplishment at the end of the session, saying they had reached consensus in a positive way. For the most part there was "nothing" they liked least about the session, although there was a comment about "struggling to come to a conclusion".

Overall CAP Process Survey Findings

Panel members were generally satisfied with the overall process. They enjoyed being a member of the Panel, and for the most part, thought the Panel had accomplished something important (Figure 14). They felt NHH should use a Citizens' Advisory Panel to obtain public input in the future (Figure 15), and generally indicated they would participate in a similar citizens' process again.

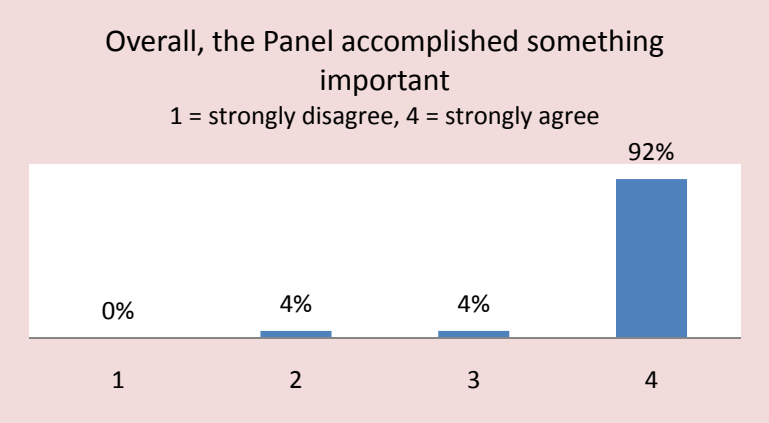


Figure 14

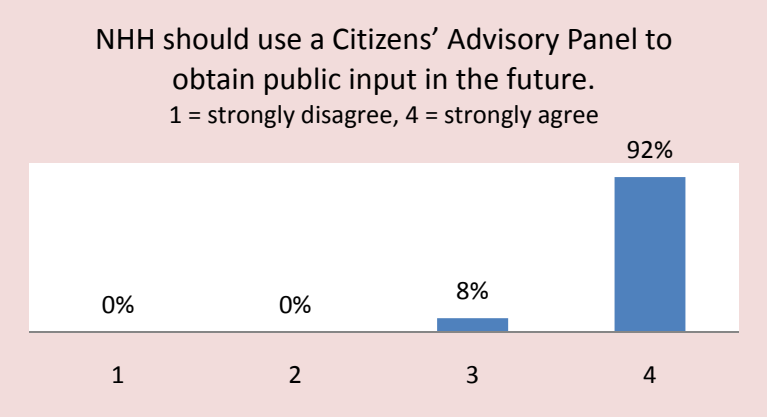


Figure 15

Twenty-three of 24 respondents said the Panel process met their expectations, and one was unsure. In fact, the process exceeded some Panel members' expectations. One person was unsure, expressing frustration with respect to funding and flexibility. All respondents agreed that the Panel was an effective way to engage the community in decision-making, noting that different viewpoints were represented and information was able to be shared by the community. Additional comments showed members were happy that the community's views were being heard, and that MASS did an excellent job in facilitating the sessions.

"(The Panel process) far exceeded my expectations."

"We need to carry on informing the public."

Queen's Observations

CAP members, when asked what they had learned during the process, primarily answered they had learned about services at NHH and in the community. There was no consensus when asked what would be a good result. Many discussed communications with the public and why community members did not seem to want to know about what was happening at NHH. This comment seemed to be based on the low turnout at the Public Roundtable. CAP members took the voting process on core and non-core services very seriously, seemed to be very satisfied with the final recommendations, and took responsibility for these

"I learned how ill prepared we are for ageing seniors."

recommendations. They were also adamant about the need to receive advance information on the Board's decision. They did not want the public to think they were uninformed.

A "Draft Report from the Panel" document circulated by MASS at the end of the session was divided into four sections: 1) Vision, 2) Services, 3) Implications, and 4) Other Recommendations.

Post-CAP Activities

Presentation to NHH Board of CAP Final Report

NHH's engagement with the community continued as the CAP Final Report was presented to the Board on January 16, 2010, six weeks after CAP Session 5. Rather than have senior management or the consultants deliver the recommendations, two members of the Panel were nominated by fellow CAP members to represent the entire CAP. The following highlights from the Final Report were noted.

The Panel sees Northumberland Hills Hospital as a community hospital that:

- Focuses on providing high-quality acute care;
- Lives by its values;
- Strives for the fullest possible integration with community-based care providers;
- Continuously engages the community and works to build trust; and,
- Thinks long-term and takes into account new trends, technologies and the future needs of the community.

In order to achieve this, the Panel believes that NHH should:

- Regularly evaluate the range of services it provides;
- Engage community-based care providers as partners in providing services;
- Ensure that all health services remain locally accessible; and,
- Never compromise.

Services provided at NHH were evaluated on six values proposed by the NHH Board and refined by hospital staff and CAP members.

- Accessibility
- Collaboration
- Community Needs and Responsiveness
- Effectiveness, Safety and High Standards
- Relationships and Public Trust
- Sustainability

The contribution of the CAP report was evident by the Board's response. The report was warmly received, and the Panel members received a round of applause at the end of their presentation.

January CAP Survey

A follow-up questionnaire was mailed to each of the 25 CAP members in early January 2010. This gave Panel members time to reflect on the CAP process, but was intended to be completed before the CAP Final Report to the NHH Board on January 16, 2010 in order to assess the CAP

process rather than the Board's decision. The questionnaire was completed and returned by 14 Panel members (56%).

Survey Results

Overall, the Panel members who responded seemed less enthusiastic about the impact of the Panel in the decision-making process. While still ranking above 3 where 1 = strongly disagree and 4 = strongly agree, rankings were lower than previous questionnaires when Panel members commented on whether the Panel increased community input into key decisions about NHH's future, increased community support for decisions, strengthened the connection between NHH and the community, represented the perspectives of the community, or accomplished something important (Figure 16).

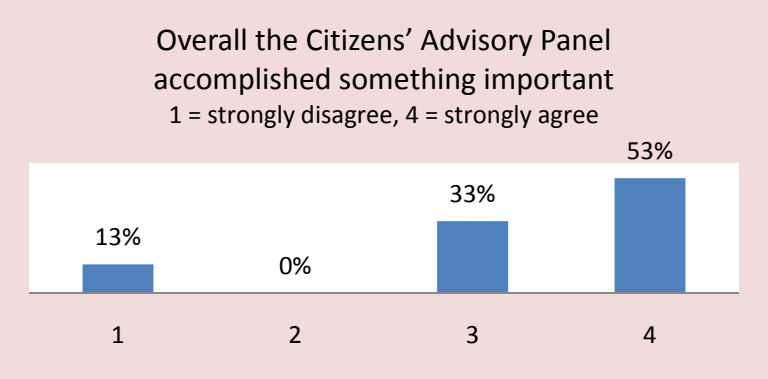


Figure 16

Rankings for the five Panel sessions regarding organization, the appropriate amount of information and time commitment were generally positive. Looking back at the entire CAP experience, Panel members ranked the hospital tour, information about hospital services, presentations and feedback from the Board as high, but felt the Public Roundtable had less value to the Panel process. While enthusiasm about the participation in the Panel remained high (Figure 17), there was also a higher level of anxiety (Figure 18).

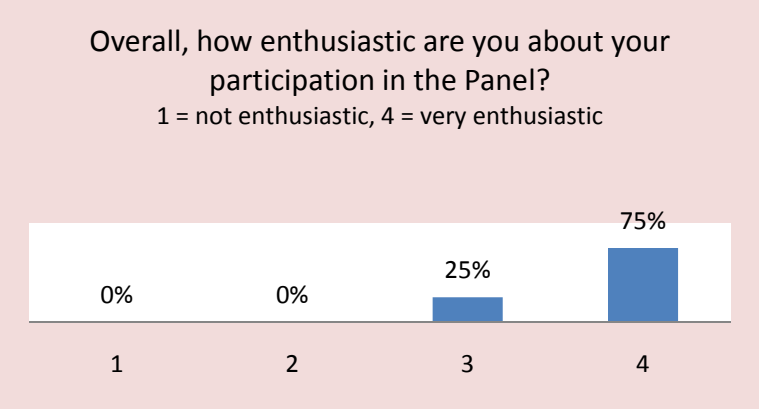


Figure 17

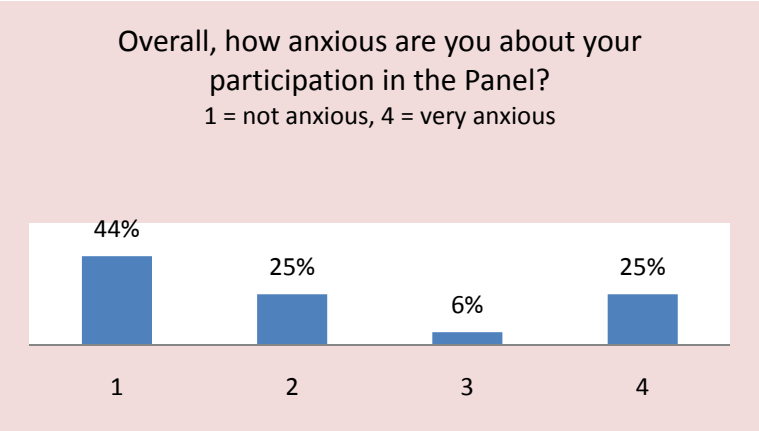


Figure 18

Regarding the Panel recommendations to the NHH Board, Panel members were satisfied with the voting process used to determine core and non-core services and thought they had an adequate opportunity to provide input into the recommendations. Although they felt the recommendations represented the views of the Panel, there was less agreement that the recommendations represented the views of the community (Figure 19). Overall, CAP members were satisfied with the Final Report on the Panel Recommendations to the Board. For the most part, Panel members said they would participate in a similar citizens' process and believed NHH should use a Citizens' Advisory Panel to obtain public input in the future.

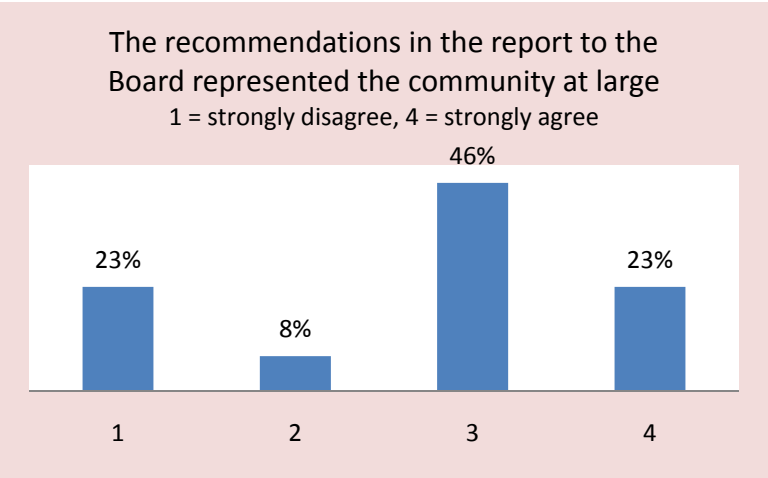


Figure 19

Respondents noted the difficult task faced by the NHH Board in balancing the budget, the role of the CE LHIN in funding health services, and the general lack of proper funding for hospitals. Comments also included the strong community support for NHH.

The role of MASS LBP was also highlighted, with respondents saying the facilitation was excellent and that the facilitators were unbiased.

"(I learned) that a well-planned process results in a finished plan for presentation to the Board in only 5 meetings – amazing!"

Comments indicated the Panel members generally thought the CAP was an effective way to engage the community, although qualifiers indicated more information about funding would have been useful, and that NHH should increase public relations efforts to inform the public about the process and why it is important. They noted they were dealing with complicated issues and appreciated the education received before they offered input.

> "The CAP was an eye-opener as to the way the hospital monies were derived from the LHIN, OHIP, and the community. (I learned) how efficiently the NHH is run. The government could learn from this type of advisory panel."

To improve future community engagement efforts, Panel members suggested a larger lottery group, continuing the CAP process at NHH yearly, and speaking to civic organizations such as Rotary and Lion's clubs. It was also suggested more time might be needed due to the amount of information that had to be absorbed.

NHH Board Service Decisions

The NHH Board of Directors met at a special meeting on March 3, 2010 to finalize the budget and service plan recommendations it would ask the CE LHIN to approve. In finalizing the budget, the Board noted that by the end of the fiscal year on March 31, 2010, NHH would have run three consecutive years of operating deficits in order to maintain the current level and scope of services. It determined that if the significant accumulated debt load was left unaddressed, the long term viability of the organization would be compromised. The concern was that outside authorities would move in to make decisions that the Board could not or would not make.

The Board said a key component of the decision on services changes at the hospital was a commitment by NHH and the CE LHIN to address the growing number of Alternate Level of Care (ALC) patients. These are patients who no longer require acute care treatment but remain in hospital waiting for placement in community-based services. NHH and CE LHIN will implement strategies to reduce the number of ALC patients at the hospital. These include new community based beds for Interim Long Term Care patients and Restorative Care beds. NHH will open eight new Restorative Care beds in the coming year.

The Board also noted that it consulted extensively with the community and internal stakeholders before plans and decisions were made. This includes the Citizens' Advisory Panel process.

Service Changes

To focus on the hospital's acute care services, the NHH approved the following service changes:

- Closure of 11 Interim long Term Care and 7 Complex Continuing Care beds
- Closure of 16 Alternative Level of Care beds
- Closure of the Diabetes Complication Prevention Strategy Clinic (Diabetes Clinic)
- Closure of the Outpatient Rehabilitation Program

The Board noted it will work with the Ministry of Health and Long Term Care and the CE LHIN to implement the closure in a way that allows for a smooth transition for patients into the community.

Comparison of Citizens' Advisory Panel and NHH Board Recommendations

The following table compares the CAP ranking of core and non-core services to service changes approved by the NHH Board of Directors.

CAP Core Services Ranking	**NHH Board Approved Service Changes**
Emergency Department (unanimous)	Unchanged
Diagnostic Imaging: Computed Tomography	Unchanged
Diagnostic Imaging: Radiology (X-Ray) (unanimous)	Unchanged
Diagnostic Imaging: Ultrasound (unanimous)	Unchanged
Intensive Care Unit (unanimous)	Unchanged
Medical/Surgical Inpatient Acute Care (unanimous)	Unchanged
Surgical Services (Operating Room, Day Surgery, Recovery) (unanimous)	Unchanged
Diagnostic Imaging: Magnetic Resonance Imaging (23 votes)	Unchanged
Satellite Dialysis Clinic (20 votes)	Unchanged
Diagnostic Imaging: Bone Mineral Densitometry (18 votes)	Unchanged
Satellite Chemotherapy Clinic (18 votes)	Unchanged
Community Mental Health Program* (18 votes)	Unchanged
Diagnostic Imaging: Mammography (18 votes)	Unchanged
Inpatient Rehabilitation (16 votes)	Unchanged
Ambulatory Care* (16 votes)	Unchanged
Maternal Child Care* (16 votes)	Unchanged
Fast Track Service (16 votes)	Integrated into Emergency Room
Diagnostic Imaging: Nuclear Medicine* (15 votes)	Unchanged
CAP Non-Core Services Ranking	**NHH Board Approved Service Changes**
Outpatient Rehabilitation Service* (2 votes)	Close service
Palliative Care Service* (8 votes)	Unchanged
Complex Continuing Care* (unanimous)	Close 7 beds
Interim Long Term Care* (unanimous)	Close 11 beds
Diabetes Complication Prevention Strategy Clinic* (unanimous)	Close service
Alternative Level of Care (not identified as hospital service)	Close 16 beds

NOTE: While the NHH Board approved the closure of 34 Complex Continuing Care, Interim Long Term Care, and Alternative Level of Care beds, it also approved opening eight new Restorative Care beds, therefore the net number of beds being closed is 26.

Final CAP Survey

A final questionnaire was mailed to each of the 25 CAP members in early March 2010. This gave Panel members time to reflect on the overall CAP process, the Board's decision on services

and the community's response. The questionnaire was completed and returned by 12 Panel members (48%).

Survey Results

CAP members responding to the final survey generally had a positive view of their experience with the Panel (Figure 20), and thought the Panel had accomplished something important (Figure 21), and had been of benefit to the community and to NHH.

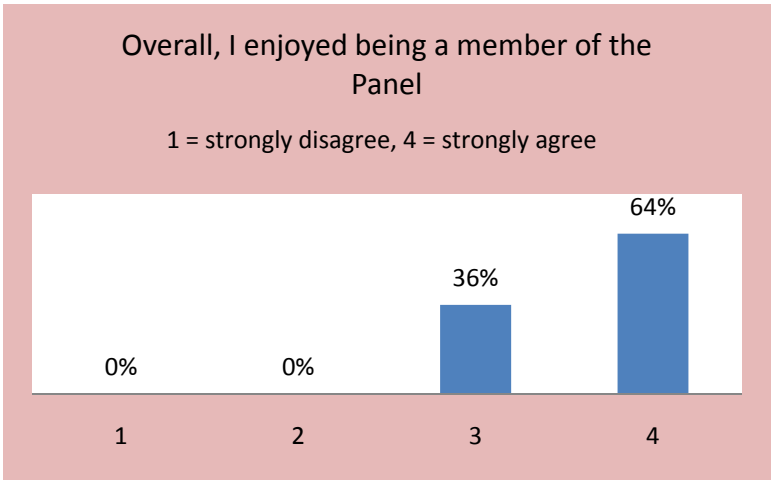


Figure 20

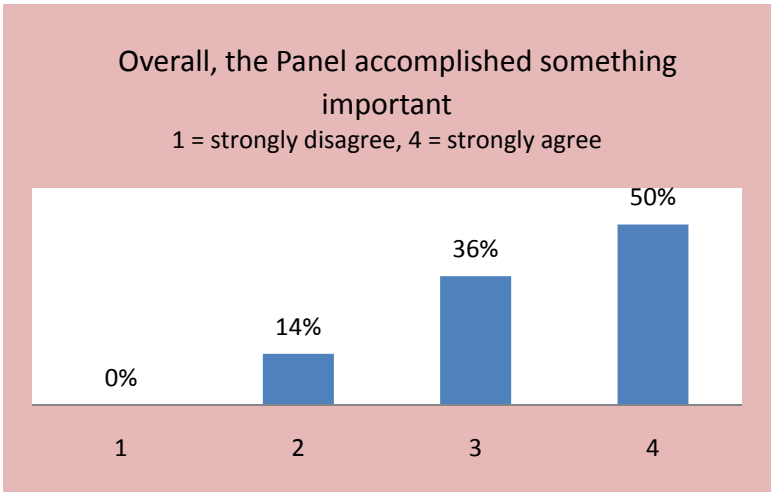


Figure 21

However, the CAP members were concerned about how the Panel was portrayed to the community, and how the community perceived the Panel. Rankings were also lower when Panel members were asked if they were satisfied with the community's response to the NHH announcements (Figure 22), and whether the CAP had increased community support for the hospital (Figure 23).

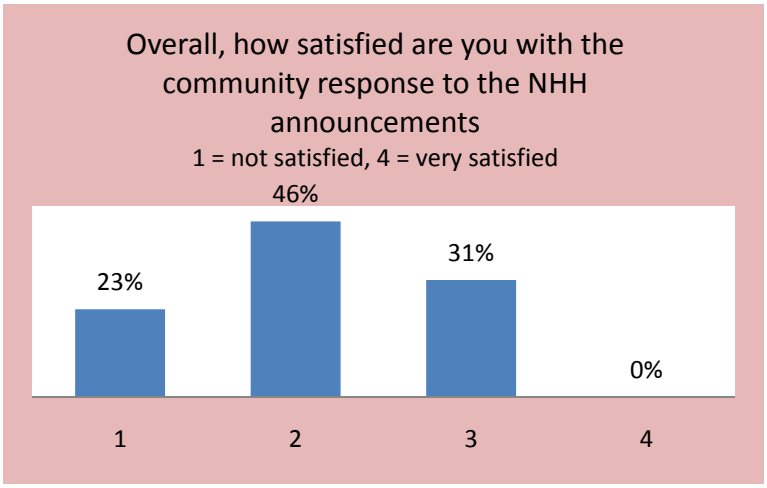


Figure 22

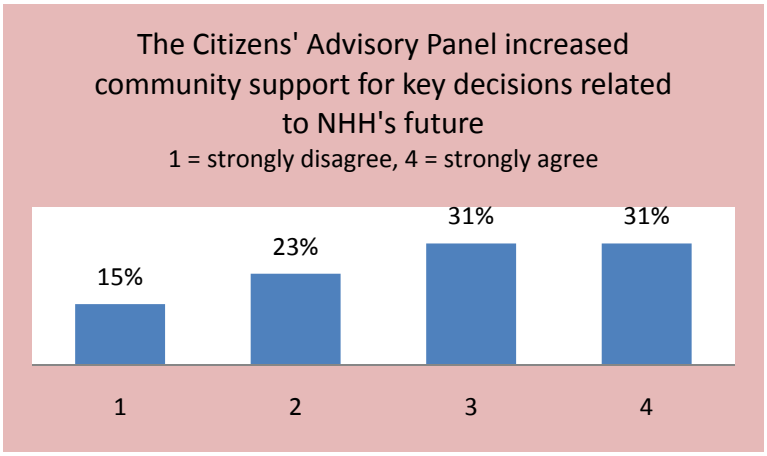


Figure 23

Overall, 75 per cent of the respondents thought the CAP was an effective way to incorporate the community's perspective in decision-making at NHH. Panel members commented that the process was open and represented the community in a real forum, and also that the wishes of the community were expressed through the Panel members. Ten of the twelve respondents also expressed satisfaction with the way the Panel's recommendations were reported to the NHH Board.

"Although the entire Panel reached the conclusion that was presented to the Board, having MASS explain the process and two Panel members present was by far the most efficient way to proceed."

Respondents were less sure that the recommendations made in the Panel's report were representative of the community, with six saying "yes". Three saying "no, and three indicating they were unsure. Those in agreement suggested family, friends, and neighbours all contributed their opinions to the Panel members and they were brought to the meetings. Another person, while agreeing, noted the broad and often conflicting viewpoints held within any community.

"It seems to me that no matter what services were eliminated there would be those voicing legitimate concerns."

Most respondents (66 per cent) also agreed that the Board's decisions met their expectations. One commented that the Board made tough decisions of a financial nature that affected service areas that the CAP expected. Another noted that serving on the Panel certainly made them aware of the enormous task the Board faced.

In their comments, respondents again praised the NHH Board, President and CEO Robert Biron and MASS LBP, saying the community engagement process would not have been successful without their commitment.

> "[The NHH Board] had the courage to make necessary tough choices to balance competing needs and interests in order that the hospital remain viable and

> "Congratulations to the Board, CEO and MASS for having the conviction and foresight to undertake this process. It was very successful in engaging broad input at a critical time. Too often key leaders of public and private institutions play it safe and look for small incremental changes. Well done! Your leadership bodes well for NHH."

NHH Communications Strategy

From the beginning of the community engagement process, NHH maintained a very effective communications strategy. Those members of the public who chose to stay informed were able to obtain information through a variety of means, including regular updates on the CAP process on the NHH web site, newsletters and media interviews. The community's mixed response to the Board's decisions on service changes was to be expected, with the media reporting both the decisions and comments made by those in disagreement. It is important to note that although there has been some anger about service cuts, none of that anger has been directed at the CAP process or at members of the Panel.

Conclusions

Summary of Findings

NHH achieved its goal of engaging the community in the budget and service provision decisions. The hospital went far above and beyond the minimum requirements for public consultation. Extensive time resources of senior management were allocated to ensure success. The hospital invested in consultants with the expertise to facilitate the process, as one Panel member noted "... to come up with a Final report in five days – amazing!" The hospital recognized its shared goal with the community it serves - to determine the best service plan possible, while acknowledging the tough decisions to be made. It also recognized the efforts of the CAP members. The Board showed its respect and trust by providing them with an embargoed copy of its final decisions before they were made public.

The evaluation process not only provided the hospital with information for future community engagement processes, it also enabled senior management to modify sessions as it synthesized Panel member feedback from each of the five meetings. Overall, members of the Citizens' Advisory Panel agreed that the CAP process was an effective way to engage the community in decision-making at Northumberland Hills Hospital. Panel members were generally satisfied with the process, enjoyed being a member of the CAP, and felt the Panel accomplished something

important. They indicated that NHH should use a CAP to obtain public input in the future and generally indicated they would participate in a similar citizens' process again.

Survey comments praised the CAP session facilitation saying the sessions were well organized, the overall format and approach were effective, and the facilitators were unbiased. However, they suggested more time may be needed to absorb complex information and for larger group discussions, and it would be beneficial to heed agenda timing more closely.

Panel members were satisfied with the voting process used to determine core and non-core services and felt they had an adequate opportunity to provide input into the recommendations that were presented to the NHH Board. However, there was less agreement that the recommendations represented the views of the community, and in fact, the data indicated the Public Roundtable was of less value to the Panel process because of the low turnout.

A comparison of responses over the five CAP session surveys and the January and March follow up surveys shows that anxiety levels among Panel members increased as the process continued (Figure 24).

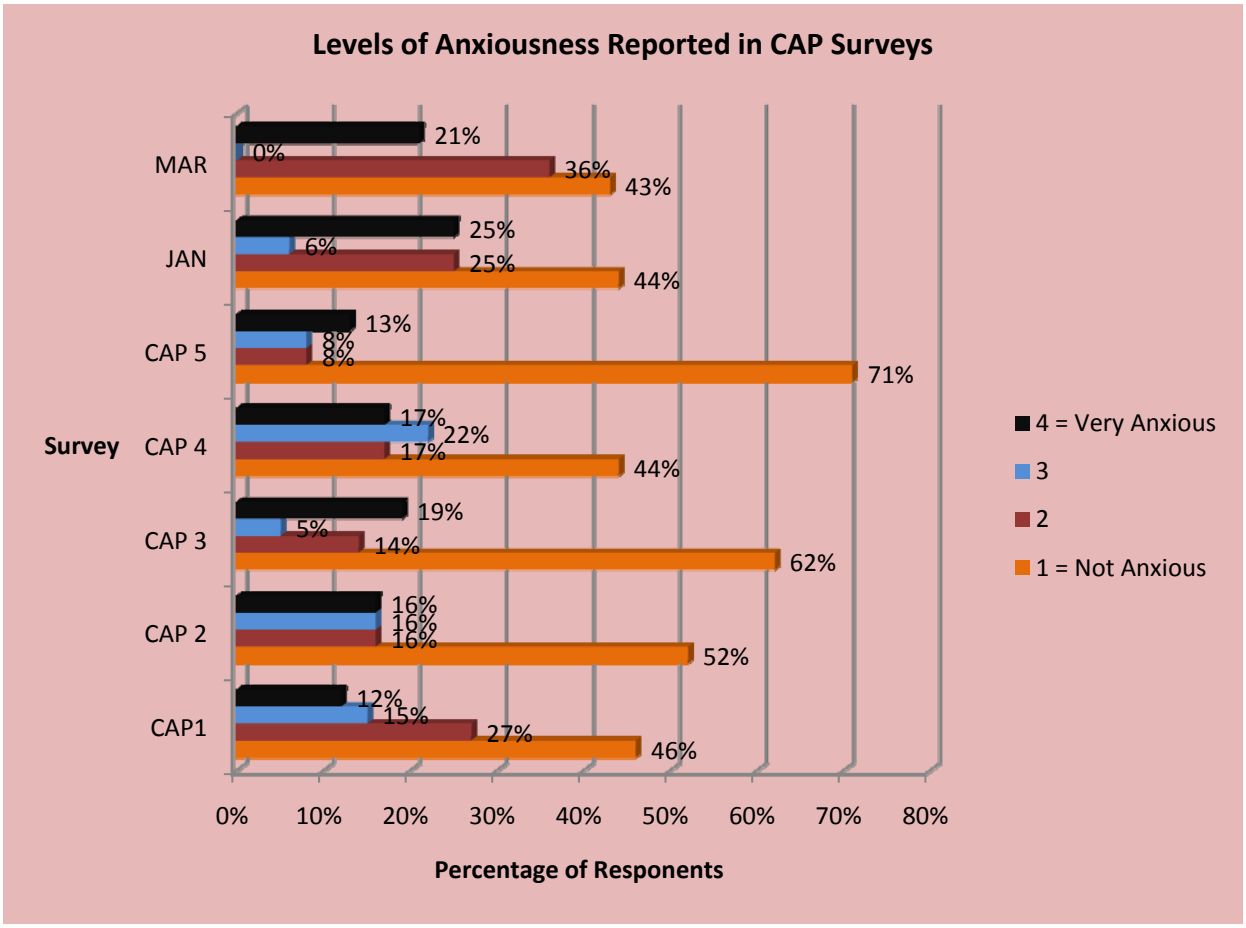


Figure 24

After the first CAP session, 12 per cent of the members indicated they were very anxious, while the January and March follow up surveys showed increases to 25 per cent and 21 per cent respectively. Forty-six per cent of respondents said they did not feel anxious after the first

session. This lower level of anxiety continued until the third CAP session, after which anxiety levels rose (with the exception of the CAP Session Five data, which was received immediately after the Panel members had completed their meetings and determined their recommendations).

Panel members believed core services were those that could only be provided in a hospital and non-core services were those that could be provided elsewhere in the community. The Panel's recommendations for the future included using a larger lottery group when choosing CAP participants, continuing the CAP process at NHH yearly, and speaking to civic organizations such as Rotary and Lion's clubs. They also recommended that NHH increase public relations efforts to engage the wider community more fully.

The Public Roundtable was less successful. The turnout was low with 38 people attending. Although participants indicated they enjoyed taking part, they did not necessarily feel the Roundtable accomplished something important. This finding conflicts with that which showed the community members thought the Roundtable would enhance the work of the CAP and agreed NHH should use a Public Roundtable to obtain public input in the future. There was also some disagreement among the public on whether the CAP is an effective way to engage the community in decision-making. Those in agreement thought the process would make the NHH Board more aware of community needs. Dissenting comments from the community suggested the Panel was "not representative enough".

To improve a future Citizens' Advisory Panel process, respondents called for more opportunities for CAP members to receive input from the broader community. They felt a future community engagement process could be improved by creating a web-based feedback forum, better publicity, and finding a way to overcome the apathy of citizens.

Implications

The final decision on service cuts made by the NHH Board closely mirrored the advice from the CAP. The process also silenced potential criticism that the decisions had already been made because the process was, for the most part, open and transparent. Notwithstanding some criticism by members of the community since the Board's decision was made public, NHH's decision-making processes and its image in the community would benefit from continuing the CAP process in the future. Other health services providers may also wish to use this approach when addressing budget and service provision challenges. If so, several relatively minor adjustments may be considered.

- Consider removing "Development a Decision-Making Framework for Service Prioritization" from the list of responsibilities of the Citizens' Advisory Panel in future community engagement processes. (In the NHH example, the CAP did not develop a decision-making framework.)
- Panel members may benefit from receiving more information in advance of meetings, rather than having to absorb so much within the sessions.
- Panel members could be aware that they are receiving more information than the general public, and thus their level of understanding and engagement may be higher than other community members.
- More time for discussion could be built into sessions.

- Greater effort could be made to attract members of the community to Public Roundtables. In areas where there is possible community dissension about the location of a hospital/meetings, there should be sensitivity about the choice of venues. Multiple Roundtables could be held in different locations.
- Hospital boards should not only embrace community engagement, they should be **perceived** to be embracing the process (as was the case with the NHH Board).
- In addition to age, gender, and geographical location, Panels could be balanced for socio-economic status.

Although not everyone in west Northumberland County may agree with all the decisions made by the Board, the process allowed the public to have a say in key decisions before they were made. In this way, the community engagement process followed by NHH achieved its major goals, and must be considered a success.

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APPENDICES

NORTHUMBERLAND HILLS HOSPITAL

Report on the Community Engagement Process

Prepared by

Queen's SCHOOL OF BUSINESS

THE MONIESON CENTRE

Appendix 1 - List of Abbreviations

ALC	Alternate Level of Care
CAP	Citizens' Advisory Panel
CCAC	Community Care Access Centre
CCC	Complex Continuing Care\
CE LHIN	Central East Local Health Integration Network
CEO	Chief Executive Officer
CHC	Community Health Centre
ILTC	Interim Long Term Care
LHIN	Local Health Integration Network
MoHLTC	Ministry of Health and Long Term Care
NHH	Northumberland Hills Hospital

Appendix 2 - Case Study

Case Analysis:

The Northumberland Hills Hospital (NHH) Community Engagement Process

Prepared by:

The Monieson Centre, Queen's School of Business

BACKGROUND

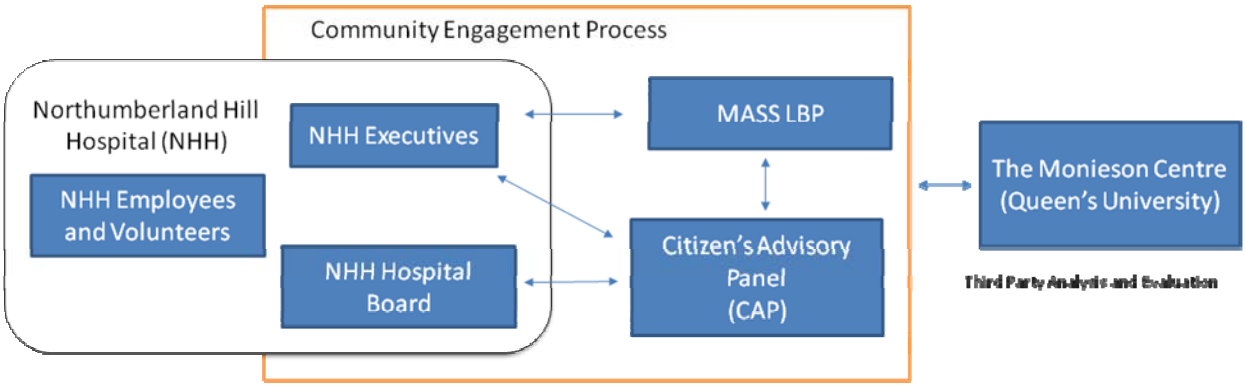
In 2009, the provincial government of Ontario required all hospitals to present 2010/11 budget plans for three financial scenarios: a 2%, a 1%, or a 0% increase in government funding. Northumberland Hills Hospital (NHH) faced the challenging task of meeting this expectation by integrating, realigning, or removing services. The Hospital opened in October 2003, replacing hospitals in Cobourg and Port Hope. It is located directly off Highway 401, approximately 100 kilometres east of Toronto. The 110-bed hospital delivers a broad range of services, including medical/surgical care, complex/long term care, rehabilitation, palliative care, obstetrical care and intensive care. Over the past years, NHH had dealt with rising operating costs, an increase in demand for services, and revenues that failed to keep pace with inflation. While $1.4 million had been found through internal efforts last year, NHH still forecasted a deficit of up to $1.8 million for 2010/2011.

To address these realities, the NHH hospital board carried out an extensive community engagement process in order to help make choices relating to the hospital's services. In October 2009, twenty-eight community representatives were selected through a civic lottery process to form a Citizens' Advisory Panel (CAP). During the community engagement process, three participants withdrew from the process leaving twenty-five members to make the final recommendations. Members of this panel committed five Saturdays in the fall and winter to understand the issues facing NHH and to provide recommendations to the hospital board. The panel membership was balanced for gender, age and geography. Input from other community members interested in participating was welcomed through a public roundtable meeting in November.

The NHH executives partnered with consultants from MASS LBP (MASS) to facilitate the community engagement process; MASS is a consulting firm that specializes in assisting organizations to engage and consult citizens on complex issues. Furthermore, NHH invited researchers from The Monieson Centre at Queen's School of Business to conduct an independent, third-party evaluation of the NHH community engagement process.

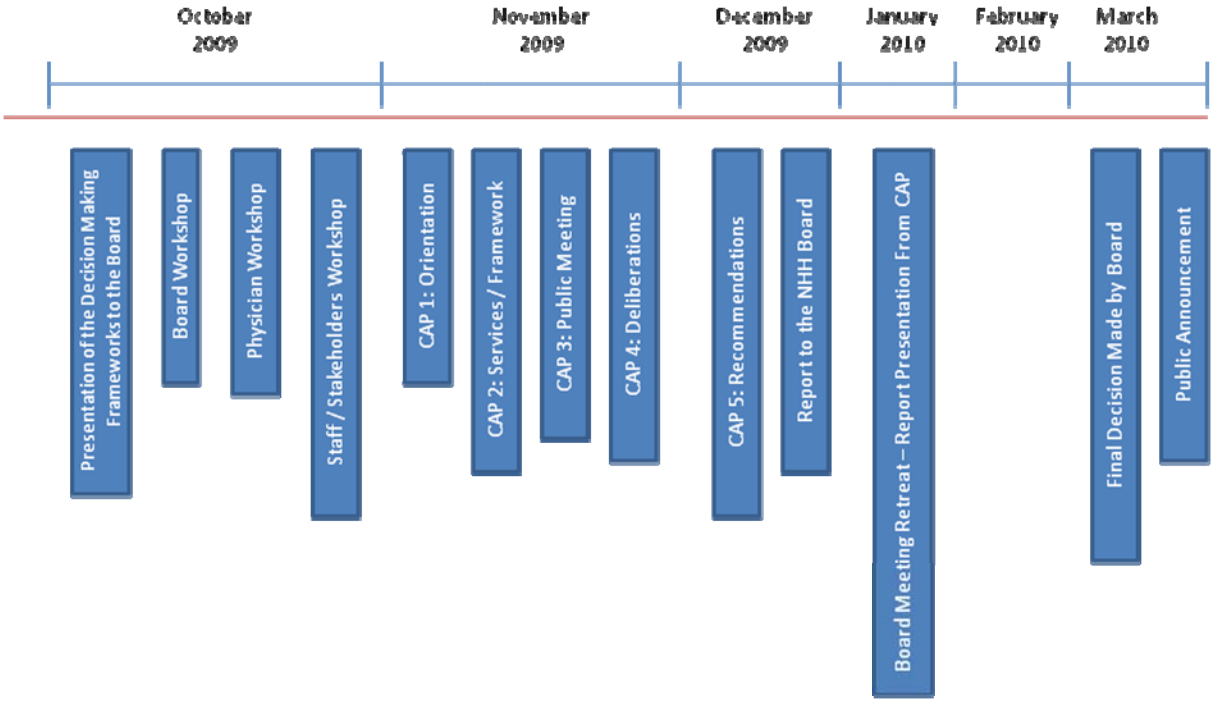
Figure 1 illustrates the key parties involved in the community engagement process and the relationships between them.

Figure 1: Parties involved in the community engagement process



The key activities of the community engagement process took place between August 2009 and March 2010. Figure 2 highlights the timeline of the events and activities.

Figure 2: Timeline of the key activities and events of the community engagement process



Note: The program design and identification of Citizen's Advisory Panel through civic lottery took place in August, September, and October of 2009.

INTRODUCTION

This case study reviews the NHH community engagement process. NHH community and stakeholder information were gathered prior to the first CAP session through the administration of questionnaires. During the five CAP sessions, a member of the Monieson Centre team recorded the process and her observations. Furthermore, the Centre collected data through questionnaires that CAP participants completed immediately after each session. We also received data from two additional CAP surveys sent out in January and March, well after the last CAP session. The survey data allowed us to perform quantitative analyses and provided rich, qualitative CAP member commentary.

In addition, to guide our evaluation, we drew on two bodies of literature, namely, the resource allocation decision-making literature and the community and public engagement literature. Each body of literature presents criteria by which to evaluate a decision-making process. Below, we compare the NHH community engagement process to the evaluation criteria presented in the literature. Our analysis concludes with a summary of key considerations and recommendations for future community engagement initiatives.

THE RESOURCE ALLOCATION DECISION-MAKING LITERATURE

The literature on resource allocation decision-making highlights a variety of ways in which individuals can come to an agreement on important issues. The following is a list of models and frameworks considered in our analysis.

1. Rational Decision Models (Simon, 1979)
2. Needs Capitation Models (Eyles & Birch, 1993)
3. Screen Models (Chafe, 2005)
4. Cost-Effectiveness Analysis (Chafe, 2008)
5. Program Budgeting and Marginal Analysis (Mitton & Donaldson, 2004)
6. Values-based Models (Mills & Spencer, 2005)

No one particular model is superior to the others. Each model can be effective depending on the circumstances and conditions that decision-makers face. In particular, the choice of model is influenced by what decision-makers think should be the main criteria by which to make decisions. Table 1 compares and contrasts the different models and highlight the priorities of each model. For instance, cost-

effectiveness analysis puts a heavy emphasis on financial implications, whereas needs capitation models prioritize needs and equity.

Table 1: A comparison of resource allocation decision-making frameworks

	Rational Decision Models	**Needs Capitation Models**	**Screen Models**	**Cost-Effectiveness Analysis**	**Program Budgeting and Marginal Analysis**	**Value-based Decision Models**
Ability to Rank Options	High	High	Low	High	High	High
Emphasis on Costs	Depends on weight of criteria	Low	Depends on the screening criteria	High	Depends on weight of criteria	Depends on the values chosen
Emphasis on Needs and Equity	Depends on weight of criteria	High	Depends on weight of criteria	Low	Depends on weight of criteria	Depends on the values chosen
Time Intensiveness	High	Moderate	Low	Moderate	High	Moderate
Ability to Handle Complex Resource Allocation Decisions	High	Moderate	Low	Low	High	High
Level of Potential Citizen Involvement	High	Moderate	Moderate	Low	High	High

Based on observations of the NHH community engagement process, we determined that the hospital board and MASS chose to employ a *values-based* decision-making model. According to this model, participants' decisions and recommendations are guided by core principles and values that are important to the organization or community (McCartney, 2005). With respect to a hospital-based context, the organizational values define the boundaries of the organization for its internal and external stakeholders (e.g., for staff, clinicians, patients, and community members). After deliberations, the hospital board chose six values that would guide the CAP in making their recommendations. The values were sustainability, effectiveness and safety, community needs and responsiveness, collaboration, accessibility, relationships and public trust.[1]

The resource allocation decision-making literature suggests that to effectively use a values-based decision model, the following must occur (McCartney, 2005; Mills & Spencer, 2005):

- Participants must be aware of the importance of the organizational values.
- Participants must be motivated to base their decisions on the organizational values.
- There must be high-quality communication between decision-makers.

[1] MASS and NHH also presented The Hospital Accountability Planning Submission Framework for Making Choices. (See Appendix B.) CAP members applied this framework in conjunction with the values-based framework to come up with their final recommendations.

- There must be adequate time for decision-making to occur.

Overall, the MASS and the hospital executives used the guiding principles of a values-based decision-making model very effectively. There were several strengths in their approach.

- **Participants were made aware of the importance of values**
  It was clear throughout the community engagement process that values were of great importance. Our records indicate that at the first CAP session, the MASS facilitator made a presentation in which he introduced the hospital board's choice of the guiding values on which the CAP should base their recommendations. In particular, the meaning and importance of the values were explained to the CAP members in detail.

- **Participants were motivated to base their decisions on the values**
  At the second CAP session, MASS set up six tables and each table represented one of the guiding values. MASS asked each participant to select a value that they felt was particularly important and to move to the corresponding table. This process formed value-based groups and the participants were told that they would work in these groups for the next two CAP sessions. Participants were told to consider the decisions that NHH needed to make and to process the information given to them, paying particular attention to the value they had chosen. Roughly an equal number of participants placed themselves into each value-based group. This exercise heightened the importance of values by explicitly motivating participants to base their decisions on their chosen values. Each value was fairly represented since the number of people at each table was almost equal.

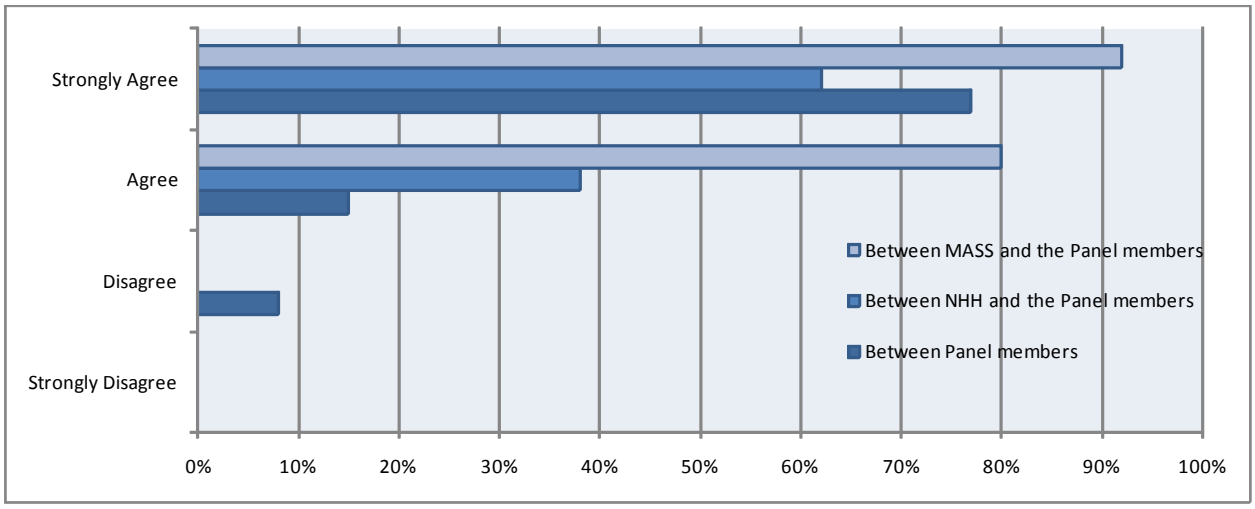
  The importance of using values to guide recommendations was also demonstrated during the third and fourth CAP session. In the third session, participants performed an alignment exercise and were asked to rank the 23 healthcare-related services under consideration. MASS instructed the participants at each table to assess the degree to which a service was aligned with the value they had chosen. Furthermore, in the fourth CAP session, each value group discussed the reasoning behind their ranking of decisions made in the third CAP session. Then, they made a presentation to the other groups on how they came to their decisions.

- **There was high-quality communication throughout the decision-making process**

  The data from our questionnaires suggest that the communication during the engagement process was of high quality. Approximately one month after the CAP Session Five, we measured participant agreement with statements regarding communications using a 4-point scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4= strongly agree). The following is a summary of the findings.

Figure 3: CAP Session Five

Overall, I am satisfied with communications:



N = 13 of 25

While MASS and NHH did an effective job in implementing a values-based decision-making approach, there is one important weakness worth noting.

- **More time is needed to synthesize results across different groups**

  During many of the small group decision-making activities, CAP members were given sufficient time to discuss ideas and to come to conclusions *within* their groups. However, it appeared that when the groups converged and when results needed to be synthesized *across* groups, more time could have been allocated for discussion and deliberation. Having more time for groups to present their ideas to each other could have allowed the CAP members to gain a better understanding and appreciation of each other's views.

THE COMMUNITY ENGAGEMENT LITERATURE

We also draw on the community engagement literature (specifically with respect to healthcare-related decisions) to assess the NHH community engagement initiative. The community engagement literature highlights various approaches decision-makers can use to engage citizens. These approaches are differentiated by the extent to which citizens have control over the decision-making process. The categories of community engagement methods include informing, consultation, partnership, delegated power, and citizen control (Charles & DeMaio, 1993). In the NHH community engagement process, a consultation approach was taken. CAP members were asked to make recommendations; however, they did not have formal power to determine the final decisions made by the hospital board.

Below, we evaluate the strengths and weaknesses of the NHH community engagement process using the community engagement literature. The criteria for an effective community engagement process are:

1. **Representation**
    a. To what extent was there fairness and legitimacy in the selection process? (Abelson & Forest, 2004)
    b. Was there an equal representation of members of society from various socio-economic status groups? (Bruni, Laupacis, & Martin, 2008)

2. **Information**
    a. Was the information provided understandable? (Abelson et al., 2003)
    b. Was the information provided useful? (Abelson et al., 2003)
    c. Was ample time provided to process the information and for discussion? (Abelson et al., 2003)

3. **Procedures**
    a. Did participants have the opportunity to challenge the information presented? (Abelson et al., 2003)
    b. Was mutual respect and concern for others emphasized throughout deliberations? (Abelson et al., 2003)
    c. Was there information sharing among and between participants and decision makers? (Abelson et al., 2003)
    d. Was there commitment to building and maintaining trusting relationships? (Sher, 2008)

1. Representation

Twenty-five members of the west Northumberland County community were selected using a civic lottery in which invitations were mailed to 5,000 households in west Northumberland County. One eligible member of each household was asked to put his or her name forward for consideration as a Panel member. No specialized knowledge about NHH or the health care system was required; however, potential Panel members had to be at least 18 years old, and available to take part in the CAP meetings. The panel was balanced for gender, age and geography. At least fifty percent of the CAP members

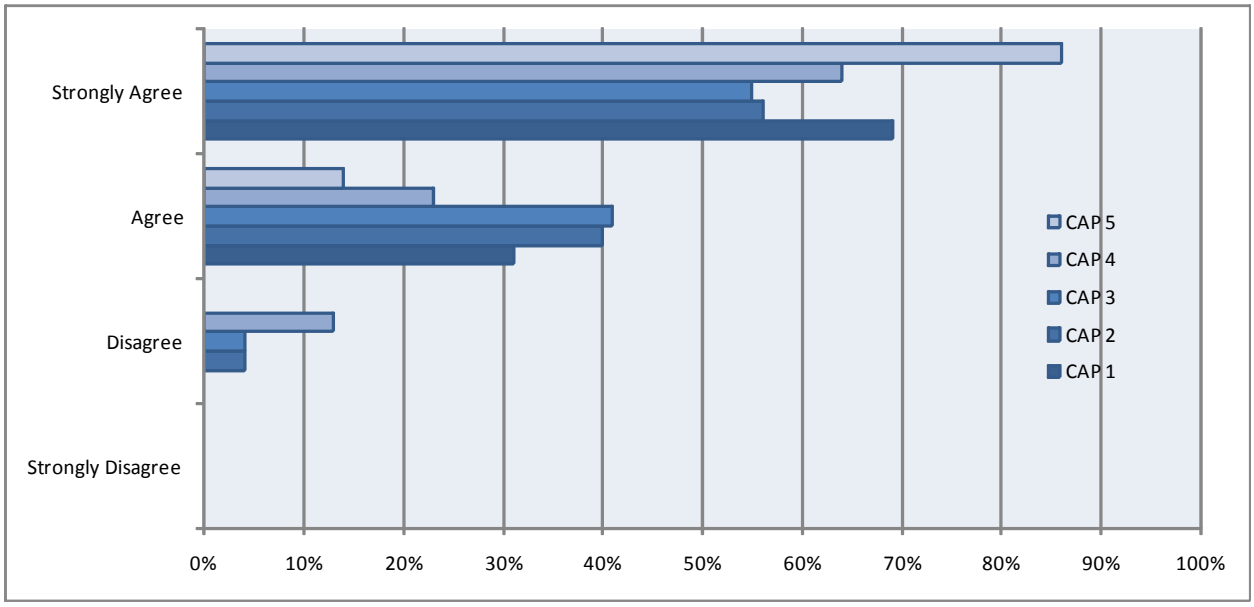
needed to have been a patient at the hospital at some point (or have had an immediate member of their family as a patient); however, members were not allowed to be employees of NHH. Accordingly, the selection process that MASS used to recruit participants appeared to be fair and legitimate. However, with respect to socio-economic status, the average household income of the CAP was higher than the average household income of the general population of the area, suggesting that the CAP recommendations did not sufficiently represent members of the community from lower socio-economic groups.

2. Information

During the CAP sessions, MASS, NHH, and guest speakers made presentations to the CAP members and provided them information which included the priorities of the hospital, key issues to consider, and facts and statistics. In general, the information provided in the presentations was delivered at the right level and was understandable. In each of the questionnaires filled out immediately after the five CAP sessions, we measured the level of agreement with the statement: "The presentations provided the appropriate level of information" using a 4-point scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4= strongly agree). The following summarizes our findings:

Figure 4: A comparison of the appropriateness of information shared at each CAP session

The presentations provided the appropriate level of information:



N = 25 (CAP 1), N = 25 (CAP 2), N = 21 (CAP 3), N = 22 (CAP 4), N = 23 (CAP 5)

Furthermore, the participants felt that the information provided by the guest speakers was especially useful. Comments that CAP members made about speakers included:

- *"Great information from key speakers"* (After CAP Session Three).
- *"Speakers were all well-informed"* (After CAP Session Five).
- *"As usual, great information and speakers"* (After CAP Session Five).

Aspects of the community engagement process that could have been improved were time and information management. Our findings showed that participants thought that more time was needed for them to process information and for discussions to take place. This was particularly the case after the first and second CAP sessions. In the questionnaire that followed the first CAP session, 7 out of the 25 CAP members (28%) commented that more time was needed to process the information or that they felt that they were overloaded with information. Furthermore, 6 out of the 25 CAP members (24%) made similar remarks in the second CAP questionnaire. CAP members suggested that some of the presentations were too rushed and that more time was needed for a question and answer period.

Nevertheless, based on our observations, MASS was flexible with time and allowed the schedule to change when more time needed to be spent on a particular activity. Within reason, this flexibility was an effective way of ensuring that the CAP members were able to adequately process the information presented to them. For instance, the following table highlights the scheduled times on the agenda and the actual times that were spent for each activity (for the fourth CAP session). It should be noted that this session exceeded the allotted time by a full hour, and is a reflection of the Panel members' willingness to devote extra time and effort to ensure they adequately understood the material they received.

Table 2: A comparison of scheduled time and actual time for CAP Session Four

Activity	Scheduled time	Time	Actual time	Time	Variance
Introduction and Welcome Back	9:30 – 10:00	30 minutes	9:35 – 10:10	35 minutes	+ 5 minutes
Hearing from Health Service Providers (Speaker 1)	10:00 – 10:30	30 minutes	10:10 – 10:45	35 minutes	+ 5 minutes
Hearing from Health Service Providers (Speaker 2)	10:30 – 11:00	30 minutes	10:45 – 11:20	35 minutes	+ 5 minutes
Hearing from Health Service Providers (Speaker 3)	11:00 – 11:30	30 minutes	11:25 – 12:05	40 minutes	+ 10 minutes
Reviewing Day 3 Alignment Exercise	11:30 – 12:15	45 minutes	1:00 – 1:40	40 minutes	- 5 minutes
Lunch	12:15 – 1:00	45 minutes	12:05 – 1:00	55 minutes	+ 10 minutes

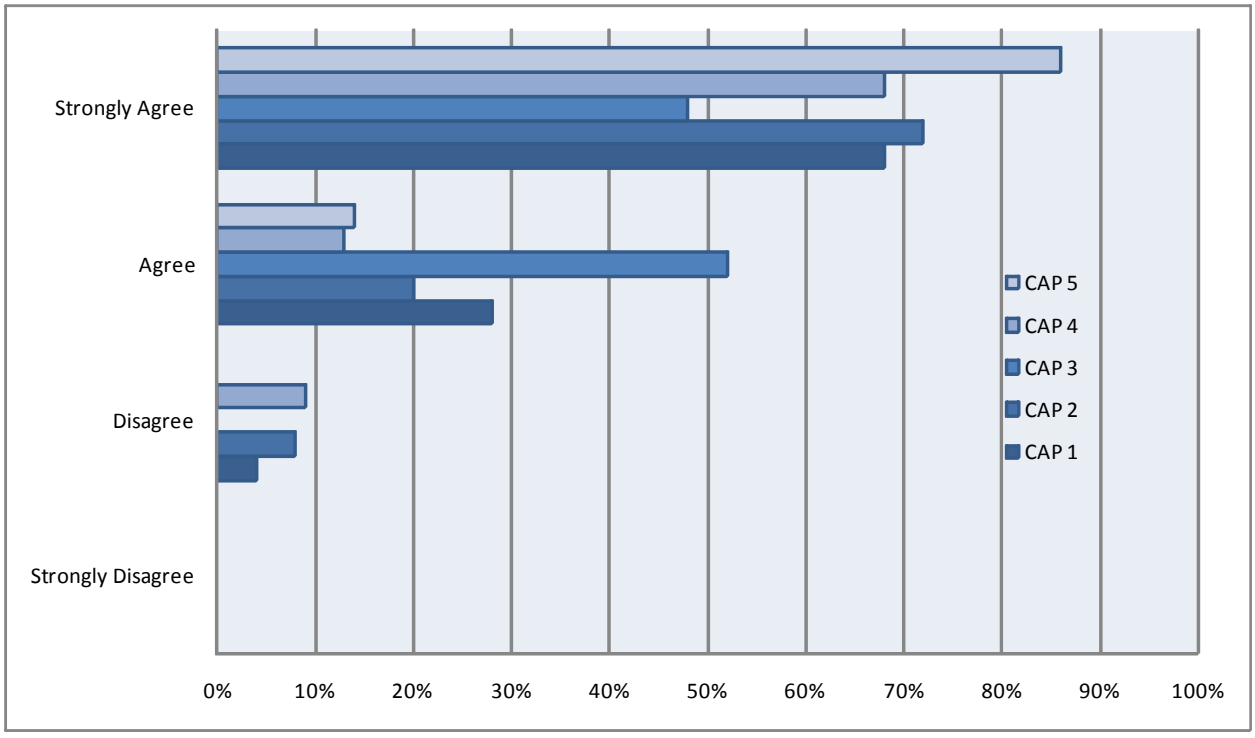
Applying the Criteria Framework	1:00 – 1:30	30 minutes	1:40 – 2:15	35 minutes	+ 5 minutes
Developing the Scenarios	1:30 – 3:15	1 hour, 45 minutes	2:15 – 4:10	1 hour, 55 minutes	+ 10 minutes
Completion of Questionnaire prepared by The Monieson Centre	3:15 – 3:35	20 minutes	4:10 – 4:30	20 minutes	None

3. Procedures

Overall, the procedures applied by CAP effectively met the criteria set out in the literature related to effective community engagement. First, we observed that the participants generally had opportunities to direct questions to the facilitators and to the guest speakers. MASS provided participants with opportunities to challenge the information provided and encouraged participants to openly discuss their ideas. This observation was confirmed by our questionnaire data analyses. CAP members were asked to assess the extent to which they agreed with the statement: "At today's Panel session, I was able to express my views" using a 4-point scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4= strongly agree). The following chart summarizes our findings:

Figure 5: A comparison of the ability to express views at each CAP session

At today's Panel session, I was able to express my views:



N = 25 (CAP 1), N = 25 (CAP 2), N = 21 (CAP 3), N = 22 (CAP 4), N = 23 (CAP 5)

Second, it was clear that mutual respect and concern for others were emphasized throughout the deliberations. The questionnaire data indicated that the participants were particularly impressed with the professionalism of MASS and the way in which CAP members were treated with respect. For example, CAP members commented:

- *"MASS has been exceptional – all facilitators are very knowledgeable, respectful, and considerate"* (After CAP session 4).
- When asked "What did you like the most about today?"
  "*Respect shown to the panel and the value placed on public input"* (After CAP Session Two).
- *"Everyone from MASS was very professional"* (After CAP Session Five).
- *"One can equate Peter MacLeod and the entire MASS LBP team with extreme professionalism, genuine enthusiasm, and paramount dedication to success on the critical role they assume in the immense task at hand"* (After CAP Session Three).

Third, we observed a relatively high level of information sharing between the CAP members and decision makers. This information sharing occurred when the scenarios that the participants created were presented to board members after the fourth CAP session. Information sharing also occurred when the CAP members were made aware of the board's response at the fifth CAP session. In addition, two CAP members made a formal presentation to the board after the CAP sessions were completed. The NHH Board Chair moderated the CAP sessions and the hospital CEO was very visible throughout the process.

Fourth, there was a high level of commitment on the part of the hospital executives and the hospital board to building and maintaining trusting relationships. There was a culture of respect throughout all of the CAP sessions. We observed that the hospital executives were remarkably candid and open when answering questions and sharing information. NHH executives were very appreciative of the time and effort that each CAP member contributed in order to take part in the community engagement process. Moreover, the board's enthusiastic reception of the CAP report and presentation indicated the board's respect for the members' views and its commitment to building strong community relationships.

RECOMMENDATIONS AND CONCLUSIONS

Recommendations

For the most part, the NHH community engagement process effectively met the evaluation criteria put forth in the resource allocation decision-making literature (values-based decision model) and the

community engagement literature. Overall, the community engagement process was well executed and future engagement initiatives should be conducted in a similar manner. Nonetheless, we have minor adjustments to suggest if NHH were to repeat the process:

- To prevent participants from experiencing information overload, consider providing participants with more material to read before each session. This is particularly important for the first session when everything is new to the participants. Our data showed that the CAP participants were most overwhelmed after the first session.
- Ensure there is sufficient time for synthesizing results across the working groups.
- The public roundtable was not well attended as only a total of 38 individuals showed up. This may suggest that the community could have been better represented. In future public roundtables, organizers could increase their efforts to raise attendance. Financial incentives (e.g., door prizes) could be considered, as well as the use of other outlets to publicize this event. A factor that may have contributed to the lack of attendance was that the roundtable was held in a the high school in Port Hope, which is approximately 13 kilometres, or a 20 minute-drive from the Hospital. A second roundtable could have been held closer to NHH in Cobourg.
- When NHH recruits CAP participants in the future, special efforts should be made to attract individuals from lower socio-economic groups.
- Finally, a microphone should be used in all presentations, particularly during the Q&A periods.

Considerations

While not formal recommendations, two other issues that may require further consideration when conducting future community engagement initiatives were identified.

- Was the individual voting process at the fifth CAP session the most effective way of coming to a decision about the core and non-core services? Should there be a limit on the number of votes that a member has (e.g., how many times an individual can indicate that different services are core services)? Should the voting be made public (e.g., so that everyone can see each other's votes) or private (e.g., votes are made through ballots)?
- The time commitment that each CAP member had to make to be fully involved in the process was quite substantial (5 days). Is this the right level of commitment to ask of community members? Does this preclude members of lower socio-economic groups?

Closing Comments

Although the NHH CAP process can be refined, it was by and large very successful. The Queen's team noted the significant commitment of the NHH management, in particular the CEO, to the community engagement process. Internal and external communications were handled carefully and proactively. The facilitator – MASS – was unbiased, showed respect for participants, and coordinated sessions effectively. CAP members' evaluations generally were very positive and the NHH board heeded almost all of the guidance it received from the panel.

Case Study Appendix A: Summary of the Decision-Making Steps

Session 1:

- The hospital executives presented the key issues facing the board and clarified the role of the CAP in the community engagement process
- The CAP members were presented with the Framework for Making Choices provided by the Central East Local Health Integration Networks (LHIN)
- MASS presented the meaning and the importance of six values that would guide the CAP members' recommendation to the board
- The six values were sustainability, effectiveness and safety, community needs and responsiveness, collaboration, accessibility, relationships and public trust
- The Hospital Accountability Planning Submission Framework for Making Choices was presented to the CAP members (See Appendix B)

Session 2:

- CAP members each chose a guiding value that they felt was particularly important
- "Value-based" groups were formed based on the choices made by participants
- CAP members were instructed to work in these groups for the next two CAP sessions and to consider the decisions that NHH needed to make and to process the information given to them paying particular attention to the value they had chosen

Session 3:

- CAP members worked in their "value-based" groups with a MASS facilitator to rank the twenty-three services under consideration
- The ranking was based on the degree to which the service was aligned with the value they had chosen
- A line from "Low Alignment" to "High Alignment" was created and groups also received cards with each service name
- Participants were told to have a discussion about each service and its alignment with the value and then place the respective card on the line
- A roundtable was held to solicit the views and opinions from the public (members of the public that are not part of the CAP).

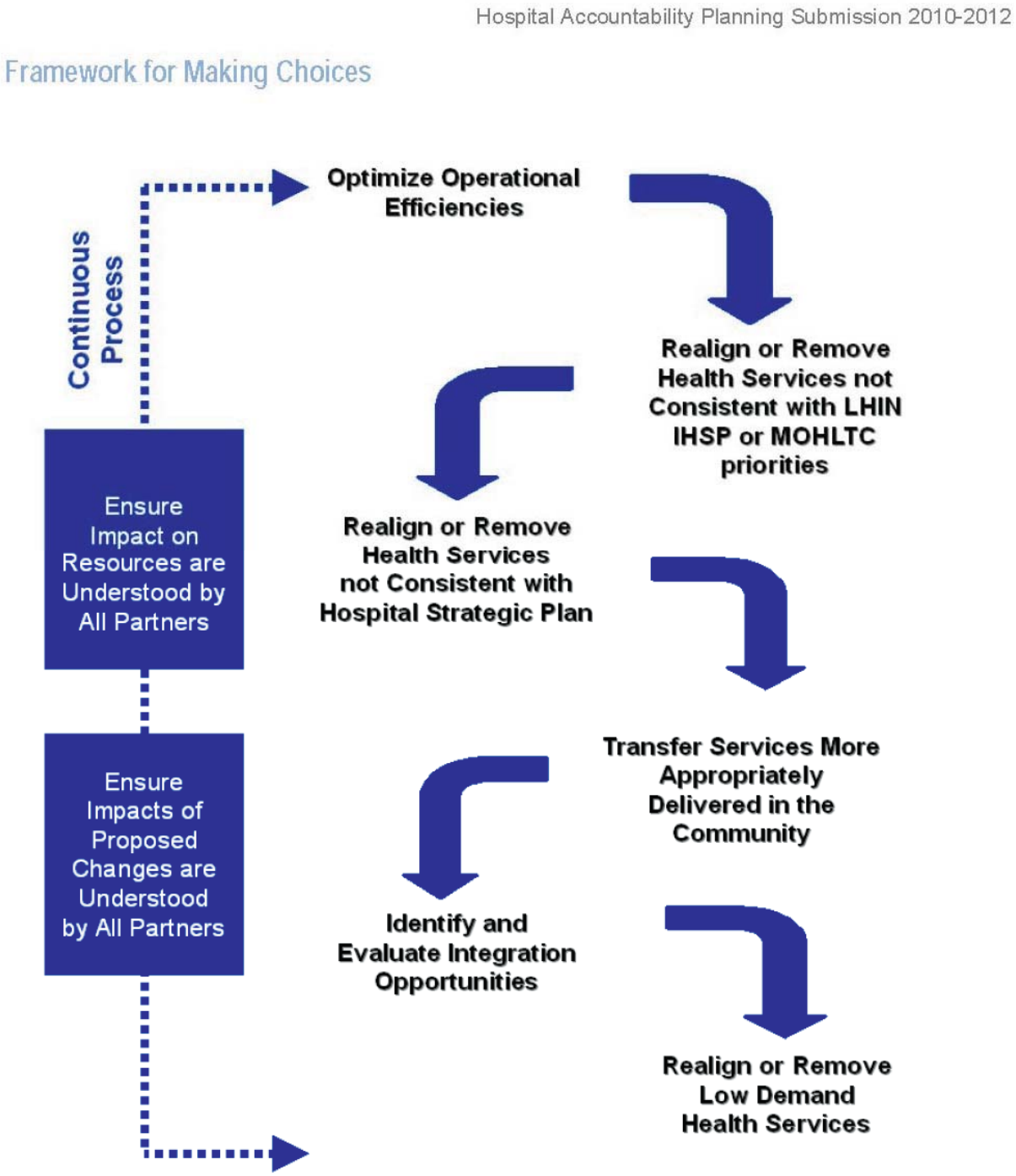
Session 4:

- Each value group made a presentation to the CAP about their value and how it related to the services under consideration
- Individually, on a piece of paper, participants were asked to place each service on a target, with those closer to the centre being "core" services and those being further away from the centre being "non-core" services
- Participants were asked to place their piece of paper on the wall close to other papers that had similar service placements
- This exercise formed clusters of participants and new working groups
- In these newly formed groups, participants were asked to create a scenario that was based on their prioritization of core and non-core services, responsive to the six values, and in line with budget constraints.

Session 5:

- Participants reached a consensus on determining the core and non-core services through voting
- To be a core service, 15 of the 25 CAP members needed to vote for the service as being core
- After the first vote, there remained a list of non-core services (those services that received less than 15 votes)
- CAP members went through each non-core service and discussed them and following this, a second vote was taken creating a second list of core services
- A final set of recommendations was determined by the group

Case Study Appendix B - The Hospital Accountability Planning Submission Framework for Making Choices



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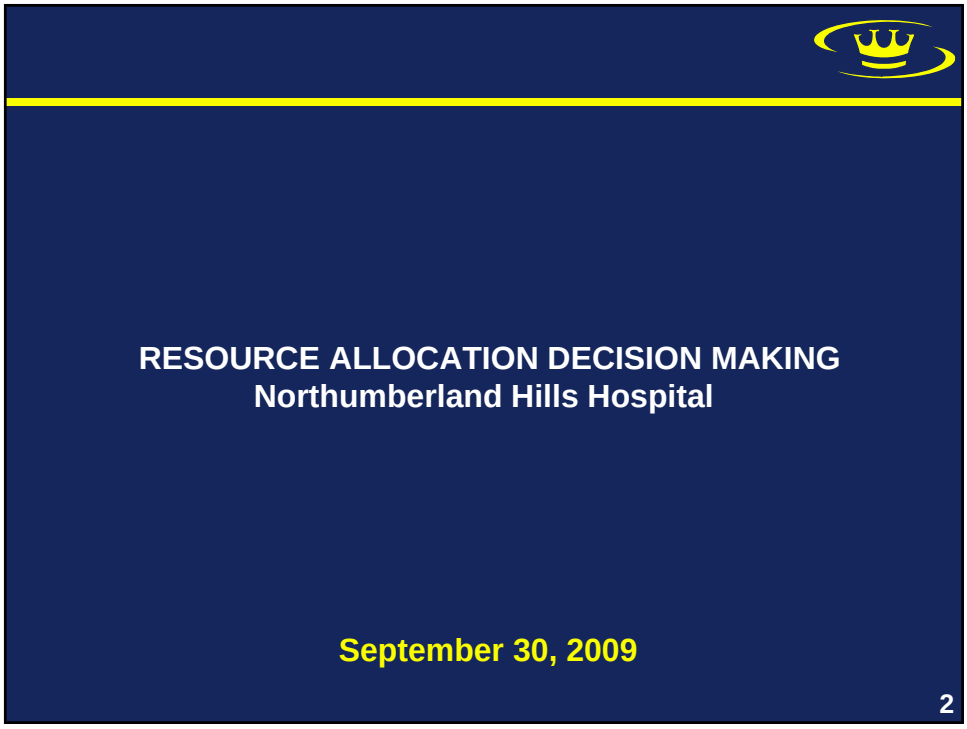
Appendix 3 – Monieson Centre Presentation to the NHH Board on Decision-Making Frameworks



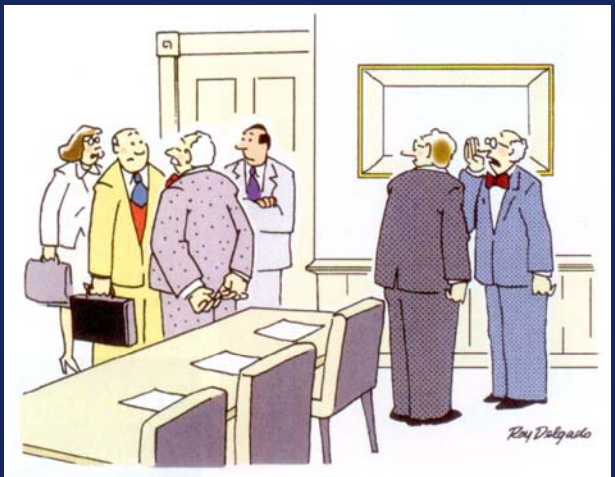
Decision Making in Theory

- **Assumption: Quality Process ►►► Quality Outcome**
- **How are decisions made?**
  - First, they define the problem and diagnose its causes
  - Next, they generate feasible alternatives
  - And, they evaluate the alternatives
  - Finally, they select the best alternative
- **But are decisions really made this way?**

Source: H. Mintzberg, McGill University

3

Decision Making in Practice



"We did a Pareto analysis, a grid analysis, a decision tree, a force field analysis… and then the boss decided to go with his gut."

Source: Harvard Business Review 2006

4

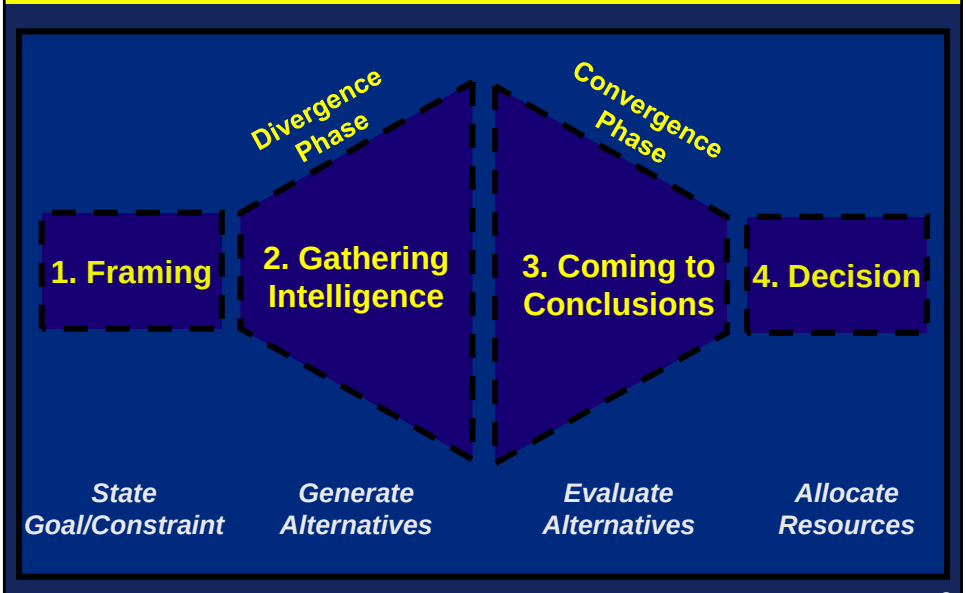
Decision Making Myths

- **Decisions are made in the boardroom**
  - Much of the real work occurs “off-line” in one-on-one conversations and small group discussions
- **Decisions are largely intellectual exercises**
  - High stakes decision making is often a complex, emotional and political process, involving coalitions and lobbying
- **Decision makers deliberate and then decide**
  - Decision processes flow in a non-linear way with solutions arising before decision makers can analyze the problem
- **Decision makers decide and then act**
  - Strategic decisions often evolve over time through an iterative process of choice and action

Source: M. Roberto, Bryant University

5

Decision Making Framework



Sources: J.E. Russo & P.J.H. Schoemaker; P. Sharpe & T. Keelin (Adapted)

6

Landscape of Decision Models

- In our research, we came across four different (yet inter-related) types of decision models:
  1. Rational Planning Model
  2. Needs and Cost-Based Model
  3. Process-Based Model
  4. Values-Based Model

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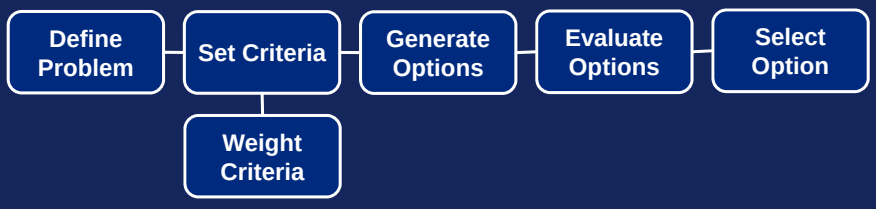
1. Rational Planning Model

- Based on classical economics, this model attempts to determine what a rational decision maker would decide given a particular set of circumstances and conditions



- Nominal Group Technique: Discussions and Voting
- Discrete Choice Modeling: Quantifying Preferences

8

1. Rational Planning: Pros and Cons

- **Pros**
  - Addresses all phases of the decision making framework
  - Allows decision maker to weigh the criteria based on importance of the criteria
  - Clearly identifies selected option as being preferable
  - Can be "easily" justified and communicated to stakeholders and broader community
- **Cons**
  - Assumes participants have a clear and unambiguous understanding of the nature of the problem
  - Assumes that decision problems are quite straightforward when they are often more complex
  - Can lead to "analysis-paralysis" if there is too little or too much information

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2. Needs and Cost-Based Model

- **Prioritizes one criterion (e.g. needs or costs) and places it explicitly above the other criteria. Prioritized criterion becomes the "overriding factor"**
- **Needs-Based Allocation**
  - Make allocation adjustments to direct resources to those in greater need
- **Cost-Effectiveness Analysis**
  - Uses a cost/effectiveness ratio (e.g. the cost for producing a particular amount of health improvement) to guide decisions

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2. Needs and Cost-Based: Pros and Cons

- **Pros**
  - Simple and understandable, especially if weighted rankings are used
  - Criterion to make the decisions is established in advance
  - Can be very time efficient, especially in the convergence phase
- **Cons**
  - Does not address the issue of competing needs in resource allocation situations
  - Limits the degree to which participants can voice their opinion on what criteria they deem to be important

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3. Process-Based Model

- Authorities prioritize in advance what criteria (and sometimes what options) participants should use to make a decision in the form of “screening” questions
- Participants are led through a series of prioritized “screening” questions and asked to deliberate over them in evaluating the available options
- If an option passes through all the screening questions, a decision is reached

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3. Process-Based: Pros and Cons

- **Pros**
  - Provides a strong focus on the process of evaluating options (convergence phase)
  - Can be relatively time efficient
- **Cons**
  - Does not encourage (or even allow) consideration of other options and criteria (divergence phase)
  - Poses challenges in resolving between/among options that pass all/most screening questions

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4. Values-Based Model

- **Criteria are guided and determined by principles or values that are important to a domain or industry**
- **Key Attributes**
  - Decisions must be considered in light of organizational and stakeholders' values, as well as legal and financial aspects
  - Consequences of the decision must consider impact on stakeholders/sponsors of the organization, reputation of the organization, and impact on the local community
- **Ethical Priority Setting**
  - Relevance, Publicity, Revision, Enforcement, Empowerment

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Ethical Priority Setting

- **Relevance**
  - Use decision criteria based on your mission, vision and values
- **Publicity**
  - Use effective communications to engage internal/external stakeholders
- **Revision**
  - Incorporate opportunities for iterative decision review
- **Enforcement**
  - Evaluate and improve the decision making process continuously
- **Empowerment**
  - Educate and encourage stakeholders to participate in the process

Sources: N. Daniels & N. Sabin, 2002; J.L. Gibson, D.K. Martin & P.A. Singer, 2005

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4. Values-Based: Pros and Cons

- **Pros**
  - Considers both internal and external, especially individuals' values
  - Puts the focus on the ethical consequences of the decision
  - Attempts to establish a legitimate and fair decision process
- **Cons**
  - Values are often intertwined and in conflict with each other
  - Stakeholders may not agree with the organizational values or interpret them in the same way
  - The process can be difficult to manage and time-consuming

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Comparison of Healthcare Frameworks

Central East LHIN Decision Making Framework	Framework for Making Choices (Hospital Accountability Planning Submission 2010-2012)
Provides a Rational Decision Making approach which allows participants to rate each alternative based on weighted criteria	Criteria are not weighted but are listed in order of highest priority
Allows participants to provide more input into which criteria matter the most	Limits the amount of influence that participants have on the importance of various criteria
Courses of action are rated by participants	Courses of action are prioritized in advance
Requires well-designed and evidence-based proposals to support the evaluation process	Requires well-designed and evidence-based proposals to support the evaluation process

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Deciding How to Decide

- **Composition**
  - **Who should be involved, and in what phase, of the decision process? Who is going to facilitate the process?**
- **Context**
  - **In what type of an environment does the decision process take place? What should be the timeline of the decision process?**
- **Communications**
  - **What are the "means of dialogue" among the participants during the decision process? How will the decision progress/outcome be communicated to the stakeholders?**
- **Control**
  - **How will the leadership control the process and who will make the actual/final decision?**

Source: M. Roberto, Bryant University

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1. Framing

- Frames are mental models – assumptions about how the world works – that can become outdated
- Framing matters: Even small changes in wording have a substantial effect on our risk taking behaviour
- Leaders have to be careful about imposing their frames as they may constrain the range of ideas and advice
- Decision making teams often do not consider multiple frames, i.e., defining the problem in different ways

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2. Gathering Intelligence

- A large crowd of individuals can actually be more intelligent than any individual expert
- But there are pre-conditions – diversity, decentralization, aggregation, independence – and issues related to free-riding, information processing and information filtering
- Individuals are susceptible to cognitive biases, especially anchoring, availability and confirmation
- Teams are vulnerable to groupthink: Prematurely converging on a solution due to pressure of conformity

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3. Coming to Conclusions

- Teams often evaluate too few or too many alternatives and criteria, and/or do not surface risks associated with the alternative being favoured
- Individuals are susceptible to cognitive biases, especially status quo, sunk cost and estimation
- Some teams suffer from chronic indecision. There are three types of problematic cultures: No, Yes and Maybe
- When leaders face the problem of indecision they often look for ways to accelerate the process via short cuts

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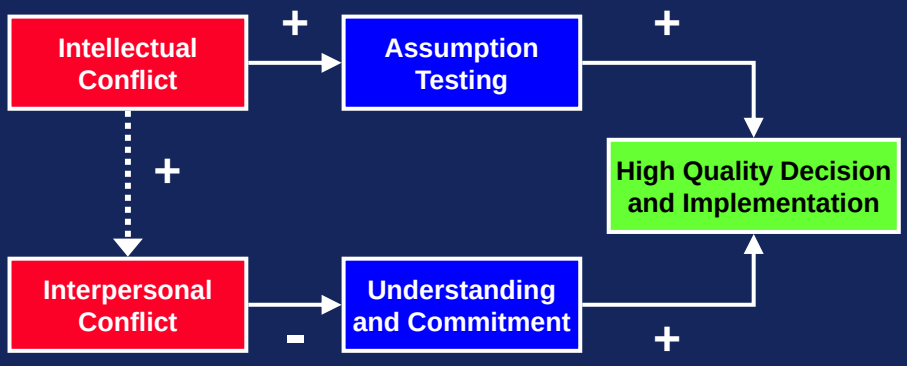
The Issue of Conflict versus Commitment



Source: M. Roberto, Harvard Business School 2005 (Adapted)

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Advocacy Versus Inquiry

	Advocacy	Inquiry
Concept	a contest	problem solving
Purpose	persuasion/lobbying	testing and evaluation
Role	spokespeople	critical thinkers
Behaviour	persuading others defending positions downplaying weakness	balanced arguments openness to alternatives constructive criticism
Minority views	discouraged/ dismissed	cultivated and valued
Outcome	winners and losers	collective ownership

Source: D. Garvin and M. Roberto, Harvard Business Review, 2001

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Decision Making Synthesized

1. Seek out information from different sources to weigh all sides of the argument
2. Establish a transparent and fair process by encouraging inquiry and consensus building
3. If possible, incrementally implement the decision so that errors can be corrected

Source: S. Finkelstein et al, Think Again, Harvard Business School Press 2009 (Adapted)

24

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- Queen's School of Business is one of the world's premier business schools, consistently capturing top international rankings for its programs
- The School has several MBA programs and a Bachelor of Commerce program that is renowned for having highest entry standards of any undergraduate program in Canada
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- Draws on Queen's faculty, graduate students, and leading thinkers at other universities
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Appendix 4 – Monieson Centre Decision-Making Frameworks Report

LITERATURE REVIEW:

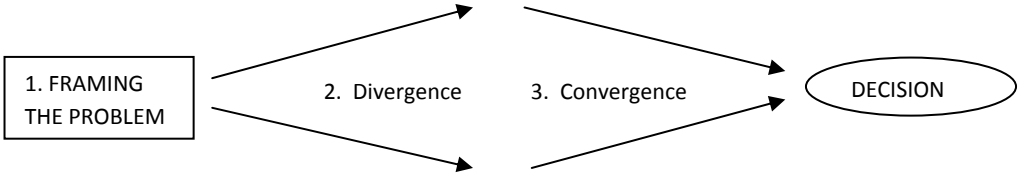
RESOURCE ALLOCATION DECISION MAKING FRAMEWORKS IN HEALTH CARE

Prepared by:

The Monieson Centre
Queen's School of Business

OVERVIEW

Involving citizens in healthcare resource allocation decisions is a complex process. However, the general model of a group decision-making process is in fact quite structured. According to research, group decisions typically involve a stage where the problem or issues are framed, a period of divergence, and a period of convergence to a final decision (Leonard & Strauss, 1999). The amount of time stakeholders spend at these various stages may differ, but they should be involved in each step of the process.



1. Framing the problem
    - The issues and questions for which input is sought are identified

2. Divergence
    - Information and ideas are solicited from stakeholders
    - Different viewpoints and opinions are shared

3. Convergence
    - Stakeholders try to resolve their different viewpoints to come to a decision using a specific decision making framework

In the report that follows, these three stages of the decision making process will be described. However, the focus will be on literature that addresses **resource allocation decision making frameworks** in healthcare (convergence stage). The final section of this report briefly examines two local Ontario healthcare frameworks

1. FRAMING THE PROBLEM

The first stage in the overall decision making model is for authorities to frame the problem for the stakeholders (Chafe et al., 2008). Stakeholders need to be provided with clear and accurate information about the issues at hand (Abelson et al., 2003). As much as possible, the information about the issues should be conveyed in non-technical language that can be understood by everyone. This is especially important if the issues and the decisions that need to be made are complex. This is typically the case for resource allocation decisions in health care.

2. THE DIVERGENCE STAGE

Different stakeholders will have different ideas about how they would like to approach a problem or address an issue. This is because stakeholders have interests and opinions that are oftentimes in conflict with each other. In particular, with respect to a specific decision, stakeholders may have different views about what the alternative solutions are. Also, they may be in conflict about what criteria they should use to evaluate these various alternatives. In the divergence stage, authorities seek input from stakeholders about alternatives and criteria in a number of ways.

A) Brainstorming

- Brainstorming is a group activity in which ideas are shared freely without judgment or evaluation (Thompson, 2004).
- Typically, there is a facilitator who solicits ideas from participants and the ideas are documented on a whiteboard as a visual aid.
- All ideas are valid and group members strive for quantity of ideas because the more ideas increase the chances of finding good solutions.
- Group members communicate any idea that arises no matter how fanciful or strange it sounds.

B) Nominal Group Technique

- A variation on standard brainstorming is known as the Nominal Group Technique (Van de Ven & Delbeq, 1974).
- This technique involves "brainwriting" where group members individually brainstorm by themselves for a given amount of time.
- After this, the group members share their ideas one-by-one and the ideas are noted on a whiteboard.
- Once all the ideas are presented, they are discussed and clarified.
- Research suggests that the Nominal Group Technique is more effective than traditional brainstorming (Thompson, 2004).

C) Rotating and Anonymous Nominal Group Technique

- A variation on Nominal Group Technique is the Rotating and Anonymous Nominal Group technique (Thompson, 2004).
- Participants write down their ideas on individual sheets of paper.
- The facilitator then randomly shuffles the papers and redistributes the papers to the group members.
- Group members then read the ideas aloud and they are noted and discussed by the group.
- This variation creates greater acceptance of others' ideas because it is anonymous and prevents other members from championing their own ideas.

D) Delphi Technique

- The Delphi technique solicits input from participants by giving them a series of surveys to complete (Levi, 2007).

- Specifically, participants are given open ended questions and are asked to offer their ideas.
- Similar to the Nominal Group Technique, participants are asked to answer these questions on their own.
- Authorities then collect and summarize this information and individually present the summary to the group for feedback.
- The participants are asked to provide feedback on the results of the first survey and this process is repeated.
- Unlike brainstorming, there is little face-to-face interaction between group members.
- While this aspect of the technique has some drawbacks, it allows group members to provide input at a distance (Delbeq et al., 1975).

E) Ringi Technique

- The Ringi technique is another idea solicitation process that avoids face-to-face contact (Levi, 2007; Rohlen, 1975).
- It is often used as a way to deal with controversial topics.
- Group members start with a draft of proposed ideas and the document is circulated among group members.
- Individually, group members edit and add comments to the document and when they are finished, they forward it along to other group members.
- When all group members have had a chance to make comments, the ideas on the draft are rewritten.
- A second round of comments is then provided by group members.
- This process continues until there are no comments left to be made.
- While this process can be lengthy, it is democratic and allows for group members to voice their concerns relatively anonymously without being evaluated by others.

TABLE 1: COMPARISON TABLE OF DIVERGENCE METHODS

	Brainstorming	**Nominal Group Technique**	**Rotating and Anonymous Nominal Group Technique**	**Delphi Technique**	**Ringi Technique**
Anonymity	Low	Low	High	High	High
Ease of Providing Input at a Distance	Low	Low	Low	High	High
Evaluation Apprehension (The fear of one's ideas being judged and criticized)	High	High	Low	Low	Low
Amount of Time Needed	Low	Moderate	Moderate	High	High
Ability to Champion One's Own Ideas	High	High	Low	High	High
Importance of Facilitator	High	High	High	High	High

3. THE CONVERGENCE STAGE

After the divergence stage, authorities should have a general sense of how participants feel about the issues at hand. In particular, participants will have stated what they think are the alternatives to solving the problem(s), and what criteria should be used to evaluate the alternative solutions. Using the divergent stakeholder views, authorities need to select a decision making framework to "converge" and make their final decision. The information provided below is the result of our literature review; it is a list of decision making frameworks that have been used specifically in health care resource allocation contexts.

It should be noted that there is a significant amount of overlap between the ideas in these decision making frameworks. The reason for this is that the central ideas in decision making theory are applied to all of the frameworks. Also, it should be noted that in some of the following frameworks, activities that occur in the "divergence" stage may also occur in the "convergence" stage.

A) Rational Decision Models

- The use of rational decision models stems from the field of economics (Simon, 1979).
- These models have been applied to health care in various contexts that include resource allocation and the management of health care facilities (Mills, 2005).
- The aim of these models is to determine what a purely rational decision maker would do given a particular set of conditions and circumstances (Heracleous, 1994).
- In a group-based setting, the participants identify:
    - A listing of all possible **alternatives**
        - In this case, the alternatives consist of various ways of allocating resources; this involves performing a comprehensive search of all the alternatives and gaining an understanding of all the consequences associated with each alternative.
    - A listing of all the relevant **criteria** or goals the group would like to achieve (e.g., effectiveness, patient safety).
        - There is a discussion about why these goals are important and should be considered.
    - The group rates the **importance of the goals** on a common scale so that decrease in one goal can be compared against an increase in another.
- Each alternative is scored based on the goals (criteria) listed earlier.
- Each alternative is objectively evaluated with respect to its chances of achieving the desired goals
- The one which receives the highest score is chosen and is considered to be the rational choice; it is implemented.

Example:

<u>Alternative 1:</u>
Criteria 1: Alignment (Importance – 40%) - Rating: 8/10
Criteria 2: Accessibility (Importance – 50%) – Rating: 7/10
Criteria 3: Effectiveness (Importance – 10%) – Rating: 5/10
Total Score: 0.4 * 8 + 0.5 * 7 + 0.1 * 5 = **7.2**

Alternative 2:
Criteria 1: Alignment (Importance – 40%) - Rating: 5/10
Criteria 2: Accessibility (Importance – 50%) – Rating: 6/10
Criteria 3: Effectiveness (Importance – 10%) – Rating: 5/10
Total Score: 0.4 * 5 + 0.5 * 6 + 0.1 * 5 = **5.5**

Choice: Alternative 1 is chosen over Alternative 2.

- This model forces the group to be very explicit in its assumptions and the relative value placed on different goals.
- It is a straightforward and highly structured process that is relatively intuitive.
- It can clearly identify one resource allocation decision as being preferable to others in a way that can be communicated easily to various stakeholders (Chafe, 2008).
- This model assumes that the group has a clear and unambiguous understanding of the nature of the problem and of their goals (Heracleous, 1994).
- It is assumed that decision problems are quite straightforward; unfortunately, resource allocation decisions often are more complex.

B) Needs-Based Capitation Models

- A key policy in many health care systems is to allocate resources according to need (Kephart & Asada, 2009).
- Resource allocation adjustments allow for more equitable resource distribution by directing resources to populations with greater need (Chafe, 2008).
- Adjustments can be made based on various demographic factors (e.g.., age, gender), geographic distribution of population, or need-influencing criteria across populations (Eyles & Birch, 1993).
- Also, these models take into consideration the health status of a population, variation in the likely usage of healthcare, and socioeconomic status (Chafe, 2008).
- A key challenge in developing needs-based capitation models is to determine which need indicators to use.
- No gold standard exists for the choice of which need indicators to use, and as such, allocation models and the indicators vary considerably (Kephart & Asada, 2009).
- Although methodologies exist to allocate healthcare resources according to need (Eyles & Birch, 1993), the selection and weighing of various indicators is a process that can be heavily politically influenced (Midwinter, 2002).

C) Screen Models

- Screen models work by setting criteria which must be met in order for an option to be deemed appropriate for consideration.
- Screen models serve as a way to organize the most important factors that need to be considered to evaluate options (Chafe, 2005).
- Screen models are typically used to determine which services should be publicly covered.

For example:

- The Dutch government's Committee for Choices in Health care proposed a screen model to make choices about health care coverage (Van de Ven, 1995):

    - Screen 1: Is the type of care necessary from the community perspective?
    - Screen 2: Is the care effective?
    - Screen 3: Is the care efficient?
    - Screen 4: Can the care be left as the financial responsibility of the individual?

- Deber et al. (1998) proposed a four-screen model:

    - Prescreen: Is the treatment ethical?
    - Screen 1: Is the treatment effective?
    - Screen 2: Is the treatment appropriate for the patient?
    - Screen 3: Does the patient want the service?
    - Screen 4: Should the public pay for the service?

    - The 4th screen can be broken down into three sub-considerations:
        - Can we minimize costs? Are we as a society willing for people to be denied this particular treatment because of its cost? Should we consider paying for a particular treatment to advance medical knowledge?

- Screen models are effective because they systematically examine services one-by-one.
- Screen models are not as useful for making many allocation and budgetary decisions because when facing many options (and with only the resources to implement one of the options), screen models do not provide a clear way of choosing between options (Chafe, 2008).
- Screen models do not allow for prioritization of options once they have passed the screens (Chafe, 2005).

D) Cost-Effectiveness Analysis

- The purpose of cost-effectiveness analysis is to come up with a cost-effectiveness ratio that can be used to compare various resource allocation options.
- Cost effectiveness analysis is performed as follows (Chafe, 2008):
    - Health outcomes (benefit) are measured in some type of health unit (e.g., quality-adjusted-life-years (QALY)) and the costs of interventions are measured in dollars.
- QALY captures the improved health state of a patient by adjusting the value of the number of years the patient survives according to the degree of health improvement resulting from the treatment (Chafe, 2008).
- To calculate healthcare **costs**, the following should be included (Weinstein & Stason, 1977):
    - All direct medical costs, including the cost of hospitalization, physician services, medications, laboratory and other services.
    - All costs associated with adverse side effects of treatments.
    - Savings resulting from the treatment of the disease.

    - "The cost of treating diseases that would not have occurred if the patient had not lived longer as a result of the original treatment" (p. 718).
- Cost-effectiveness analysis produces a relative value for interventions in terms of their cost for producing a particular amount of health improvement.
- When comparing two treatments, one of the treatments is said to be more cost-effective or efficient when it is shown to be less expensive and provides at least the same amount of benefit (Chafe, 2008).
- By using cost-effectiveness analysis, the aim is to maximize the health benefits from a particular investment of resources.
- Cost-effectiveness analysis is intuitively appealing because it reduces all of the information down to a ratio.
- The use of cost-effectiveness analysis is limited; it typically considers effectiveness in terms of "health benefit" and cost in terms of "dollars".
- Resource allocation decisions are usually more complex where costs and benefits are defined in different and multifaceted ways.

E) Program Budgeting and Marginal Analysis (PBMA)

- PBMA is an approach to set priorities about how to fund health care programs.
- PBMA deals with allocation or reallocation of funding to and from different programs.
- It is based on two concepts, namely marginal benefit analysis and opportunity cost (Mitton & Donaldson, 2004).
- When evaluating programs, the marginal benefit is the level of benefit gained from the last dollar spent in the program.
- The marginal benefit of one program is evaluated against what could be gained (at the margin) if the resources were shifted to another program.
- The concept of opportunity cost is relevant here, because there is the cost (lost benefit) of allocating resources to another program.
- In marginal analysis, the optimal allocation of resources is one in which no incremental gains can be realized by shifting resources between programs (Chafe, 2008).
- The overall program is not evaluated, rather it is the incremental benefit of the last amount of the resources directed to a program that is evaluated (Chafe, 2008).

Steps to conducting PBMA (Mitton & Donaldson, 2004):

- An advisory panel needs to be formed to make resource allocation decisions.
- The decision making criteria need to be established in order to evaluate the different proposed options for change:
    - Examples from the literature include health gain, access, innovation, sustainability, staff retention/recruitment, and system integration.
    - The criteria can be obtained from reviewing relevant business plans or internal documents or from input from other stakeholders.
    - The public can also be consulted through survey work or focus groups.
    - The criteria should be weighted to reflect relative importance.
- The options for change need to specified (e.g., service growth options, service reduction options) and described:

    - The options are best supported through evidence provided in standardized business cases.
    - These business cases should specify how a service gain or a service reduction (e.g. incremental dollar put into a program) meets the pre-defined criteria.
    - If, for example, the criterion is health gain, the business case for a particular option should outline how a particular service gain would positively impact health outcomes.
- The options for change need to be rated.
    - Each option for change needs to be rated explicitly against the pre-defined criteria using available supporting evidence.
    - For instance, option A might score 80/100 on health gain and 90/100 on sustainability. The weighting is 0.4 on health gain and 0.6 on sustainability. The total score would then be 86/100.
- The total scores between options will be compared in order resources can be reallocated between service programs.
    - For instance, say service growth items A, B, and C are assessed scores of 90, 80, and 70, and service reduction items X, Y, Z have scores of 85, 75, and 65.
    - The list in order of preference according to the criteria and subsequent scores would be A, X, B, Y, C, and Z.
    - A is the preferred option and as such resources should be released from Z (the lowest ranked item) to allocate resources to A.
    - The process of comparing service growth and service reduction options should continue until it is decided that no more gain would be had by switching resources between options.

- **Note:** PMBA is similar to a rational decision model because it forces the decision makers to determine criteria that are important to the decision makers and subsequently weight these criteria. However, instead of evaluating an entire program, or choosing one course of action to pursue instead of another, PMBA looks at the marginal benefits of programs and focuses on reallocating resources between programs to achieve an optimal state (where no incremental gains could be realized by shifting resources between programs).

F) Discrete Choice Modeling (DCM)

- Discrete choice modeling is a decision making framework that has been tested in the United Kingdom (Farrar et al., 2000).
- In the past, discrete modeling has been used to value patient benefits from health care services.
- Discrete choice modeling is very similar to a rational decision model:
    - It forces decision makers to come up with alternatives and rank alternatives based on defined criteria.
- Discrete choice modeling is a variation of a rational decision model because it uses a different methodology in assigning weights to criteria.

For example:

- In the research study that looked at DCM, the criteria for health care resource allocation decisions (new clinical developments) were already set out by the Trust Medical Advisory Committee (Farrar et al., 2000).

- The criteria were:
    1. Level of Evidence of Clinical Effectiveness
        - Are there proven clinical benefits to patients from the proposed clinical development?
    2. Size of health gain
        - What is the size of the extra benefit expected from the proposed clinical development? What is the health gain per patient? How many patients are likely to benefit?
    3. Contribution to professional development
        - To what extent are job satisfaction, job security, and recruitment and retention positively impacted?
    4. Contribution to education, training, and research
        - What is the benefit to education, training and research?
    5. Strategy area
        - Is the proposed development a local or national strategy?

- The levels of the criteria were also set out in advance:

Criteria	**Levels**	**Value for Analysis**	**Description**
Level of evidence of clinical effectiveness	A	3	Requires at least one randomized controlled trial as part of the body of literature of overall good quality and consistency addressing specific recommendations
	B	2	Requires availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendation
	C	1	Requires evidence from expert committee opinions and/or clinical experience of respected authorities. Indicates an absence of directly applicable clinical studies of good quality
Size of health gain	Large	3	Big gain per patient + large numbers
	Medium	2	Big gain + small numbers or small gain + large numbers
	Small	1	Small + small numbers
Contribution to professional development	Improvement	1	Takes account of job characteristics such as job satisfaction, job security, and recruitment and retention.
	No change	0	
Contribution to education, training, and research	0	0	Contributes to 0 of these
	1	1	Contributes to 1 of these
	2	2	Contributes to 2 of these
	3	3	Contributes to 3 of these
Strategy area	No priority	1	Represents neither a local nor national priority
	Local or national priority	2	Represents a local OR national priority
	Local and national priority	3	Represents a local AND national priority

- Discrete choice modeling is different from a typical rational decision making model because it uses a more complex method of assigning weights to the criteria.

- Rather than having participants simply assign weights, they are presented with a series of pair-wise comparisons (scenarios) and are forced to choose which scenario that they prefer.
- Below is what a scenario could look like (i.e., the participant would be asked, which one would you prefer?).

	Development A	**Development B**
Evidence of clinical effectiveness	C	C
Contribution to education, training, and research	1 out of 3	2 out of 3
Professional development	Improvement	Improvement
Health gain	Large	Medium
Strategy area	No priority	Local and national

- Using the data from these pair wise comparison, a mathematical formula is used to assign weights to the criteria.
- After this, the decision process follows the model of a rational decision making model (i.e., participants are asked to rate each alternative proposal based the criteria listed above).

TABLE 2: COMPARISON TABLE OF RESOURCE ALLOCATION DECISION MODELS

	Rational Decision Models / Discrete Choice Modeling	**Needs Capitation Models**	**Screen Models**	**Cost-Effectiveness and Analysis**	**Program Budgeting and Marginal Analysis**
Ability to Rank Options	High	High	Low	High	High
Emphasis on Costs	Depends on weight of criteria	Low	Depends on the screening criteria	High	Depends on weight of criteria
Emphasis on Needs and Equity	Depends on weight of criteria	High	Depends on weight of criteria	Low	Depends on weight of criteria
Time Intensiveness	High	Moderate	Low	Moderate	High
Ability to Handle Complex Resource Allocation Decisions	High	Moderate	Low	Low	High
Level of Potential Citizen Involvement	High	Moderate	Moderate	Low	High

4. LOCAL HEALTHCARE FRAMEWORKS

The “Central East LHIN decision making framework” and the “Framework for Making Choices” are two decision tools that are already familiar to the CE LHIN. These models are discussed briefly in this section within the context of the decision making frameworks outlined in this literature review.

The decision making framework that has been recommended for the Central East Local Health Integration Network is essentially a classic rational decision model. As with all rational decision models, this framework establishes understandable and objective criteria that are deemed to be of greatest importance. Specifically, this framework identifies nine criteria or desired characteristics, namely:

- Aligned & Accountable
- Accessible

- Effective
- Safe
- Person-Centered
- Focused on Population Health
- Equitable
- Integrated
- Appropriately Resourced (Sustainable)

The Central East LHIN framework allows for participants to weigh the importance of the criteria. Participants must rate each proposal (e.g., alternatives) according the criteria listed above.

The "Framework for Making Choices", as described in the Hospital Accountability Planning Submission 2010-2012 (pages 18 to 23), is a second model that depicts a series of prompts/questions for hospitals and LHINS to consider when making strategic decisions. The questions are prioritized so that the most important issues are discussed first. For instance, in this model, the first issues are prioritized in the following way:

1. Optimize Operational Efficiencies
2. Realign or Remove Health Services not Consistent with LHIN IHSP or MOHLTC priorities
3. Realign or Remove Health Services not Consistent with Hospital Strategic Plan
4. Transfer Services More Appropriately Delivered in the Community
5. Identify and Evaluate Integration Opportunities
6. Realign or Remove Low Demand Health Services

In essence, this framework follows the screen model logic as described in the previous section. Such a model presents the most important factors that need to be considered to evaluate options. Each issue is raised one at a time which provides a structured method to discuss various courses of action.

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Appendix 5 - Citizens' Advisory Panel Terms of Reference

Purpose
To provide advice to the NHH Board of Directors in their development of a contingency plan to bring the Hospital's operating budget into a balanced position through service changes, in the event the Hospital is unable to balance through other means such as operating efficiencies and/or other revenues.

Responsibilities

- 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.
- Consider how new services may be introduced in the Hospital in the context of the Framework and contingency plan
- Provide advice on potential service integration strategies for Hospital services with other health service providers.
- Provide a formal report to the Board of Directors outlining the Panel's advice and recommendations.

Membership

- One member of the NHH Board of Directors will act as the Moderator.
- Twenty-eight (28) members of the west Northumberland County community that have been selected using a civic lottery. The Panel shall have an equal number of men and women, and is balanced for age and geography. At least fifty percent (50%) shall have been a patient at NHH in the recent past (or have had an immediate member of their family as a patient).

The Panel shall be supported by members of the Hospital's senior executive team as required throughout the process.

Frequency of Meetings
The term of Citizens' Advisory Panel shall be completed by January 31, 2010. Expected dates of meetings are as follows:

Saturday, October 24, 2009
Saturday, November 7, 2009
Saturday, November 14, 2009
Saturday, November 28, 2009
Saturday, December 5, 2009

Reporting Relationships
The Citizens' Advisory Panel shall report to the Board of Directors through the Moderator.

Appendix 6 – Questionnaires

Please check the category that best reflects you and your household (where applicable).

1. What is your current age? _____ years

2. Are you ☐ male or ☐ female?

3. What is your highest level of education?
   - ☐ High school
   - ☐ Some college or university
   - ☐ College diploma or university degree
   - ☐ Post-graduate degree

4. What is your annual household income?
   - ☐ Less than $19,999
   - ☐ $20,000 – $39,999
   - ☐ $40,000 – $59,999
   - ☐ More than $60,000

5. Approximately how long does it take you to travel to your nearest hospital by vehicle?
   - ☐ Less than 10 minutes
   - ☐ 11 – 30 minutes
   - ☐ More than 30 minutes

6. What is your household's current healthcare system usage:
   - ☐ Low
   - ☐ Average
   - ☐ High

7. Approximately half of the Provincial budget is spent on healthcare. To what extent do you agree with the following:

(strongly disagree) 1	2	3	(strongly agree) 4
Good care should be provided to all no matter the cost.	1	2	3	4
Cost considerations should determine what healthcare services can be provided.	1	2	3	4
NHH should continue to provide current programs and services no matter the cost.	1	2	3	4

Please check all boxes that apply.

8. In which voluntary association(s) have you played an active role over the past 3 years?
   - ☐ Business association
   - ☐ Community service group
   - ☐ Ethnic association
   - ☐ Labour union
   - ☐ Professional association
   - ☐ Religious association
   - ☐ Sports association
   - ☐ Women's group
   - ☐ Other (please specify): _____
   - ☐ None

9. Have you ever made your opinion known about an issue in your community? Please check all activities you have engaged in over the past 3 years.
   - ☐ Completing a survey (in person, mail, telephone, online, etc.)
   - ☐ Contacting a government official
   - ☐ Making a presentation or speech
   - ☐ Participating in a meeting
   - ☐ Planning or chairing a meeting
   - ☐ Talking to media
   - ☐ Writing a letter
   - ☐ Other (please specify): _____
   - ☐ None

   Prior to August 2009, were any of these activities related to healthcare?

   ☐ No ☐ Yes

10. In which of the following way(s) have you been involved with Northumberland Hills Hospital (NHH) in the past 3 years?
    - ☐ Donor
    - ☐ Employee
    - ☐ Patient (yourself or a member of your household)
    - ☐ Volunteer
    - ☐ Other (please specify):_____
    - ☐ No involvement

    Please indicate how satisfied you have been with your involvement in NHH.

    (not satisfied) 1 2 3 (very satisfied) 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

11. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

Access to healthcare services
1 2 3 4

Programs and services offered by NHH
1 2 3 4

NHH's *budget*
1 2 3 4

The nature of NHH's *communication* with the community
1 2 3 4

The extent to which NHH *involves community members* in decision making
1 2 3 4

NHH's *current method* of making decisions about *programs and services*
1 2 3 4

NHH's *current method* of making *budget* decisions
1 2 3 4

12. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

Access to healthcare services
1 2 3 4

Programs and services offered by NHH
1 2 3 4

NHH's *budget*
1 2 3 4

The nature of NHH's *communication* with the community
1 2 3 4

The extent to which NHH *involves community members* in decision making
1 2 3 4

NHH's *current method* of making decisions about *programs and services*
1 2 3 4

NHH's *current method* of making *budget* decisions
1 2 3 4

Please continue to circle the number that best reflects your opinion.

13. The Citizens' Advisory Panel will:

(strongly disagree)			(strongly agree)
1	2	3	4

Enhance NHH Board's decision-making on the Hospital's programs and services
1 2 3 4

Enhance NHH Board's decision-making on the Hospital's budget
1 2 3 4

Increase community *input* into key decisions related to NHH's future
1 2 3 4

Increase community *support* for key decisions related to NHH's future
1 2 3 4

Strengthen the *connection* between NHH and the community
1 2 3 4

Increase NHH's *accountability* to the community
1 2 3 4

Represent the *perspectives* of the west Northumberland community
1 2 3 4

14. At this point, how informed are you with respect to the following aspects of the Panel:

(not informed)			(very informed)
1	2	3	4

The *goals*
1 2 3 4

The *process*
1 2 3 4

The *tasks* involved
1 2 3 4

The *responsibilities* of its members
1 2 3 4

15. How enthusiastic are you about participating in the Panel?

(not enthusiastic)			(very enthusiastic)
1	2	3	4

16. How anxious are you about participating in the Panel?

(not anxious)			(very anxious)
1	2	3	4

(Please continue to next page)

Please circle the number that best reflects your opinion.

17. To what extent does your inclusion in the Panel lead you to feel:

(not at all)			(to a great extent)
1	**2**	**3**	**4**
Hope			
1	**2**	**3**	**4**
Honour			
1	**2**	**3**	**4**
Pleasure			
1	**2**	**3**	**4**
Uneasy			
1	**2**	**3**	**4**
Afraid			
1	**2**	**3**	**4**
Stress			
1	**2**	**3**	**4**

18. Why did you volunteer to be part of the Panel?

19. What part of the Panel process are you looking forward to?

20. What part of the Panel process are you not looking forward to?

21. Do you think the Panel is an effective way to engage the community in decision making? Why or why not?

22. Please provide any comments or suggestions below.

Thank you for your input.

Please circle the number that best reflects your opinion.

1. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

Access to healthcare services
1 2 3 4

Programs and services offered by Northumberland Hills Hospital (NHH)
1 2 3 4

NHH's *budget*
1 2 3 4

The extent to which NHH *involves community members* in decision making
1 2 3 4

The extent to which NHH involves *you and your peers* in decision making
1 2 3 4

NHH's *current method* of making decisions about *programs and services*
1 2 3 4

NHH's *current method* of making *budget* decisions
1 2 3 4

2. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

Access to healthcare services
1 2 3 4

Programs and services offered by NHH
1 2 3 4

NHH's *budget*
1 2 3 4

The nature of NHH's *communication* with *you and your peers*
1 2 3 4

The extent to which NHH *involves community members* in decision making
1 2 3 4

The extent to which NHH involves *you and your peers* in decision making
1 2 3 4

NHH's *current method* of making decisions about *programs and services*
1 2 3 4

NHH's *current method* of making *budget* decisions
1 2 3 4

Please circle the number that best reflects your opinion.

3. At this point, how informed are you with respect to the following aspects of the Citizens' Advisory Panel:

(not informed)			(very informed)
1	2	3	4

The *goals*
1 2 3 4

The *process*
1 2 3 4

The *tasks* involved
1 2 3 4

The *responsibilities* of its members
1 2 3 4

4. The Citizens' Advisory Panel will:

Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1	2	3	4

Enhance NHH Board's decision-making on the Hospital's programs and services
1 2 3 4

Enhance NHH Board's decision- making on the Hospital's budgets
1 2 3 4

Increase community *input* into key decisions related to NHH's future
1 2 3 4

Increase community *support* for key decisions related to NHH's future
1 2 3 4

Strengthen the *connection* between NHH and the community
1 2 3 4

Increase NHH's *accountability* to the community
1 2 3 4

Represent the *perspectives* of the west Northumberland community
1 2 3 4

5. What is your role at NHH?

_____

6. How long have you been involved with NHH?

_____ year(s)

(Please continue to next page)

7. Do you think the Citizens' Advisory Panel is an effective way to engage the community in decision making on NHH's *programs and services*? Why or why not?

8. Do you think the Citizens' Advisory Panel is an effective way to engage the community in decision making on NHH's *budgets*? Why or why not?

9. How could the Citizens' Advisory Panel process be made more effective?

10. Should NHH use a Citizens' Advisory Panel to obtain public input in the future? Why or why not?

11. Please include any comments or suggestions about the community engagement process below.

Please return the questionnaire before leaving or mail it to:

The Monieson Centre
Queen's School of Business
Queen's University
Kingston, Ontario K7L 3N6

Thank you!

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. Today's session was well organized.
   1 2 3 4
2. The registration process was well organized.
   1 2 3 4
3. The venue was appropriate.
   1 2 3 4
4. The presentations provided the appropriate level of information.
   1 2 3 4
5. The format of today's session was appropriate.
   1 2 3 4
6. At today's Panel session:

   I understood the task(s) at hand
   1 2 3 4

   I was able to express my views
   1 2 3 4

   I was able to ask questions
   1 2 3 4

   We showed respect for each other
   1 2 3 4

   We were open to each other's views
   1 2 3 4

   We tried to produce results based upon group consensus
   1 2 3 4

   We understood the task(s) at hand
   1 2 3 4

   My facilitator(s) treated each group member with respect
   1 2 3 4

   My facilitator(s) valued each group member's opinion
   1 2 3 4

   My facilitator(s) kept our conversations focused and productive
   1 2 3 4

   My facilitator(s) understood the task(s) at hand
   1 2 3 4

   My facilitator(s) did not influence our decision(s)
   1 2 3 4

Please continue to circle the number that best reflects your opinion.

7. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

8. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

9. The Citizens' Advisory Panel will:

	(strongly disagree) 1	2	3	(strongly agree) 4
Enhance NHH Board's decision-making on the Hospital's *programs and services*	1	2	3	4
Enhance NHH Board's decision-making on the Hospital's *budget*	1	2	3	4
Increase community *input* into key decisions related to NHH's future	1	2	3	4
Increase community *support* for key decisions related to NHH's future	1	2	3	4
Strengthen the *connection* between NHH and the community	1	2	3	4
Increase NHH's *accountability* to the community	1	2	3	4
Represent the *perspectives* of the west Northumberland community	1	2	3	4

10. To what extent does your participation in the Panel lead you to feel:

	(not at all) 1	2	3	(to a great extent) 4
Hope	1	2	3	4
Honour	1	2	3	4
Pleasure	1	2	3	4
Uneasy	1	2	3	4
Afraid	1	2	3	4
Stress	1	2	3	4

11. How enthusiastic are you about participating in the Panel?

(not enthusiastic) 1	2	3	(very enthusiastic) 4

12. How anxious are you about participating in the Panel?

(not anxious) 1	2	3	(very anxious) 4

Please continue to circle the number that best reflects your opinion.

13. At this point, how informed are you with respect to the following aspects of the Panel:

	(not informed) 1	2	3	(very informed) 4
The *goals*	1	2	3	4
The *process*	1	2	3	4
The *tasks* involved	1	2	3	4
The *responsibilities* of its members	1	2	3	4

14. Compared to other members of the Panel, how informed are you about:

	(much less informed) 1	2	3	(much more informed) 4
The *healthcare system*	1	2	3	4
NHH's *programs and services*	1	2	3	4
NHH's *budget*	1	2	3	4

15. To what extent do you do the following:

	(not at all) 1	2	3	(to a great extent) 4
Pay attention to general health-related news	1	2	3	4
Pay attention to NHH-related news	1	2	3	4
Learn about the Canadian healthcare system	1	2	3	4
Learn about NHH	1	2	3	4
Talk with friends and neighbours about the Canadian healthcare system	1	2	3	4
Talk with friends and neighbours about NHH	1	2	3	4

(Please continue to next page)

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

16. I understand the role of the following organizations in Ontario's health system:

The Central East LHIN
1 2 3 4

Hospitals
1 2 3 4

Other community health organizations
1 2 3 4

Unions and professional associations
1 2 3 4

17. I understand the scope of services, including core and non-core, provided by NHH.
1 2 3 4

18. I understand the proposed NHH priorities framework.
1 2 3 4

19. I was able to provide input into the proposed NHH priorities framework.
1 2 3 4

20. I am confident we can accomplish the stated goals of the Panel.
1 2 3 4

21. I plan to discuss information from today's session with:

(strongly disagree)			(strongly agree)
1	2	3	4

Members of my household
1 2 3 4

Other family members, friends or neighbours
1 2 3 4

Other members of my community
1 2 3 4

22. About how much time did you spend preparing for today?

- ☐ Less than 1 hour
- ☐ 1 – 3 hours
- ☐ 4 – 6 hours
- ☐ More than 6 hours

23. What did you like the most about today?

24. What did you like the least about today?

25. Is there anything you can suggest that would improve the next session?

26. Please provide any comments or suggestions about the community engagement process below.

Thank you for your input.

Please return this questionnaire to the Queen's University representative before you leave today.

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. Today's session was well organized.
   1 2 3 4

2. The presentations provided the appropriate level of information.
   1 2 3 4

3. The format of today's session was appropriate.
   1 2 3 4

4. At today's Panel session:

   I understood the task(s) at hand
   1 2 3 4

   I was able to express my views
   1 2 3 4

   I was able to ask questions
   1 2 3 4

   We showed respect for each other
   1 2 3 4

   We were open to each other's views
   1 2 3 4

   We tried to produce results based upon group consensus
   1 2 3 4

   We understood the task(s) at hand
   1 2 3 4

   My facilitator(s) treated each group member with respect
   1 2 3 4

   My facilitator(s) valued each group member's opinion
   1 2 3 4

   My facilitator(s) kept our conversations focused and productive
   1 2 3 4

   My facilitator(s) understood the task(s) at hand
   1 2 3 4

   My facilitator(s) did not influence our decision(s)
   1 2 3 4

Please continue to circle the number that best reflects your opinion.

5. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

6. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

7. The Citizens' Advisory Panel will:

(strongly disagree)			(strongly agree)
1	2	3	4
Enhance NHH Board's decision-making on the Hospital's *programs and services*	1	2	3	4
Enhance NHH Board's decision-making on the Hospital's *budget*	1	2	3	4
Increase community *input* into key decisions related to NHH's future	1	2	3	4
Increase community *support* for key decisions related to NHH's future	1	2	3	4
Strengthen the *connection* between NHH and the community	1	2	3	4
Increase NHH's *accountability* to the community	1	2	3	4
Represent the *perspectives* of the west Northumberland community	1	2	3	4

8. To what extent does your participation in the Panel lead you to feel:

(not at all)			(to a great extent)
1	2	3	4
Hope	1	2	3	4
Honour	1	2	3	4
Pleasure	1	2	3	4
Uneasy	1	2	3	4
Afraid	1	2	3	4
Stress	1	2	3	4

9. How enthusiastic are you about participating in the Panel?

(not enthusiastic)			(very enthusiastic)
1	2	3	4

10. How anxious are you about participating in the Panel?

(not anxious)			(very anxious)
1	2	3	4

Please continue to circle the number that best reflects your opinion.

11. At this point, how informed are you with respect to the following aspects of the Panel:

(not informed)			(very informed)
1	2	3	4
The *goals*	1	2	3	4
The *process*	1	2	3	4
The *tasks* involved	1	2	3	4
The *responsibilities* of its members	1	2	3	4

12. Compared to other members of the Panel, how informed are you about:

(much less informed)			(much more informed)
1	2	3	4
The *healthcare system*	1	2	3	4
NHH's *programs and services*	1	2	3	4
NHH's *budget*	1	2	3	4

13. To what extent do you do the following:

(not at all)			(to a great extent)
1	2	3	4
Pay attention to general health-related news	1	2	3	4
Pay attention to NHH-related news	1	2	3	4
Learn about the Canadian healthcare system	1	2	3	4
Learn about NHH	1	2	3	4
Talk with friends and neighbours about the Canadian healthcare system	1	2	3	4
Talk with friends and neighbours about NHH	1	2	3	4

(Please continue to next page)

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

14. The following information helped me understand the scope of services, including core and non-core, provided by NHH:

    Hospital Tour
    1 2 3 4

    Presentations
    1 2 3 4

    Service Sheets
    1 2 3 4

15. I was able to apply this to the proposed NHH priorities framework:

    Hospital Tour
    1 2 3 4

    Presentations
    1 2 3 4

    Service Sheets
    1 2 3 4

16. I understand the scope of services, including core and non-core, provided by NHH.
    1 2 3 4

17. I understand the proposed NHH priorities framework.
    1 2 3 4

18. I was able to provide input into the proposed NHH priorities framework.
    1 2 3 4

19. I understand how the NHH budget process works.
    1 2 3 4

20. I am confident we can accomplish the stated goals of the Panel.
    1 2 3 4

21. I plan to discuss information from today's session with:

(strongly disagree)			(strongly agree)
1	2	3	4

    Members of my household
    1 2 3 4

    Other family members, friends or neighbours
    1 2 3 4

    Other members of my community
    1 2 3 4

22. Last week's homework assignment was relevant.
    1 2 3 4

23. About how much time did you spend preparing for today?
    - ☐ Less than 1 hour
    - ☐ 1 – 3 hours
    - ☐ 4 – 6 hours
    - ☐ More than 6 hours

24. What did you like the most about today?

25. What did you like the least about today?

26. Is there anything you can suggest that would improve the next session?

27. Please provide any comments or suggestions about the community engagement process below.

Please include any additional comments or suggestions on the back of this page.

Thank you for your input!

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. Today's session was well organized.
   1 2 3 4

2. The presentations provided the appropriate level of information.
   1 2 3 4

3. The format of today's session was appropriate.
   1 2 3 4

4. At today's Panel session:

   I understood the task(s) at hand
   1 2 3 4

   I was able to express my views
   1 2 3 4

   I was able to ask questions
   1 2 3 4

   We showed respect for each other
   1 2 3 4

   We were open to each other's views
   1 2 3 4

   We tried to produce results based upon group consensus
   1 2 3 4

   We understood the task(s) at hand
   1 2 3 4

   My facilitator(s) treated each group member with respect
   1 2 3 4

   My facilitator(s) valued each group member's opinion
   1 2 3 4

   My facilitator(s) kept our conversations focused and productive
   1 2 3 4

   My facilitator(s) understood the task(s) at hand
   1 2 3 4

   My facilitator(s) did not influence our decision(s)
   1 2 3 4

Please continue to circle the number that best reflects your opinion.

5. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

6. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

7. The Citizens' Advisory Panel will:

(strongly disagree)			(strongly agree)
1	2	3	4

Enhance NHH Board's decision-making on the Hospital's *programs and services*
1 2 3 4

Enhance NHH Board's decision-making on the Hospital's *budget*
1 2 3 4

Increase community *input* into key decisions related to NHH's future
1 2 3 4

Increase community *support* for key decisions related to NHH's future
1 2 3 4

Strengthen the *connection* between NHH and the community
1 2 3 4

Increase NHH's *accountability* to the community
1 2 3 4

Represent the *perspectives* of the west Northumberland community
1 2 3 4

8. To what extent does your participation in the Panel lead you to feel:

(not at all)			(to a great extent)
1	2	3	4

Hope
1 2 3 4

Honour
1 2 3 4

Pleasure
1 2 3 4

Uneasy
1 2 3 4

Afraid
1 2 3 4

Stress
1 2 3 4

9. How enthusiastic are you about participating in the Panel?

(not enthusiastic)			(very enthusiastic)
1	2	3	4

10. How anxious are you about participating in the Panel?

(not anxious)			(very anxious)
1	2	3	4

Please continue to circle the number that best reflects your opinion.

11. At this point, how informed are you with respect to the following aspects of the Panel:

(not informed)			(very informed)
1	2	3	4

The *goals*
1 2 3 4

The *process*
1 2 3 4

The *tasks* involved
1 2 3 4

The *responsibilities* of its members
1 2 3 4

12. Compared to other members of the Panel, how informed are you about:

(much less informed)			(much more informed)
1	2	3	4

The *healthcare system*
1 2 3 4

NHH's *programs and services*
1 2 3 4

NHH's *budget*
1 2 3 4

13. To what extent do you do the following:

(not at all)			(to a great extent)
1	2	3	4

Pay attention to general health-related news
1 2 3 4

Pay attention to NHH-related news
1 2 3 4

Learn about the Canadian healthcare system
1 2 3 4

Learn about NHH
1 2 3 4

Talk with friends and neighbours about the Canadian healthcare system
1 2 3 4

Talk with friends and neighbours about NHH
1 2 3 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

14. I plan to discuss information from today's session with:

(strongly disagree)			(strongly agree)
1	2	3	4

Members of my household
1 2 3 4

Other family members, friends or neighbours
1 2 3 4

Other members of my community
1 2 3 4

15. Last week's homework assignment was relevant.
1 2 3 4

16. About how much time did you spend preparing for today?
- ☐ Less than 1 hour
- ☐ 1 – 3 hours
- ☐ 4 – 6 hours
- ☐ More than 6 hours

17. What did you like the most about today?

18. What did you like the least about today?

19. Please provide any comments or suggestions about the *community engagement process* below.

Please include any additional comments or suggestions on the back of this page.

Thank you for your input!

*The following questions ask about the **Public Roundtable** portion of today's session. Please circle the number that best reflects your opinion.*

(strongly disagree)			(strongly agree)
1	2	3	4

20. The *Public Roundtable* was well organized.
1 2 3 4

21. The *Public Roundtable* helped the community understand the Panel process.
1 2 3 4

22. The *Public Roundtable* accomplished something important.
1 2 3 4

23. Input from the *Public Roundtable* will enhance the work of the Citizens' Advisory Panel.
1 2 3 4

24. It was helpful to be a facilitator at today's *Public Roundtable*.
1 2 3 4

25. NHH should use a *Public Roundtable* to obtain public input in the future.
1 2 3 4

26. Did the *Public Roundtable* meet your expectations? ☐Yes ☐No Why or why not?

27. Was the *Public Roundtable* an effective way to engage the community in decision-making?
☐ Yes ☐ No Why or why not?

28. Please provide any comments or suggestions about the *Public Roundtable* below.

The following questions are asked in order to better understand you, your household, and the west Northumberland community. Please check the category that best reflects you and your household (where applicable).

1. What is your current age? ____ years

2. Are you ☐ male or ☐ female?

3. What is your highest level of education?
   - ☐ High school
   - ☐ Some college or university
   - ☐ College diploma or university degree
   - ☐ Post-graduate degree

4. What is your annual household income?
   - ☐ Less than $19,999
   - ☐ $20,000 – $39,999
   - ☐ $40,000 – $59,999
   - ☐ More than $60,000

5. Approximately how long does it take you to travel to your nearest hospital by vehicle?
   - ☐ Less than 15 minutes
   - ☐ 15 – 30 minutes
   - ☐ 31 – 60 minutes
   - ☐ More than 60 minutes

6. What is your household's current healthcare system usage:
   - ☐ Low
   - ☐ Average
   - ☐ High

7. Approximately half of the Provincial budget is spent on healthcare. To what extent do you agree with the following:

(strongly disagree)			**(strongly agree)**
1	**2**	**3**	**4**

Good care should be provided to all no matter the cost.

1 **2** **3** **4**

Cost considerations should determine what healthcare services can be provided.

1 **2** **3** **4**

NHH should continue to provide current programs and services no matter the cost.

1 **2** **3** **4**

Please check all boxes that apply.

8. In which voluntary association(s) have you played an active role over the past 3 years?
   - ☐ Business association
   - ☐ Community service group
   - ☐ Ethnic association
   - ☐ Labour union
   - ☐ Professional association
   - ☐ Religious association
   - ☐ Sports association
   - ☐ Women's group
   - ☐ Other (please specify): _____
   - ☐ None

9. Have you ever made your opinion known about an issue in your community? Please check all activities you have engaged in over the past 3 years.
   - ☐ Completing a survey (in person, mail, telephone, online, etc.)
   - ☐ Contacting a government official
   - ☐ Making a presentation or speech
   - ☐ Participating in a meeting
   - ☐ Planning or chairing a meeting
   - ☐ Talking to media
   - ☐ Writing a letter
   - ☐ Other (please specify): _____
   - ☐ None

   Prior to August 2009, were any of these activities related to healthcare?

   ☐ No ☐ Yes

10. In which of the following way(s) have you been involved with Northumberland Hills Hospital (NHH) in the past 3 years?
    - ☐ Donor
    - ☐ Employee
    - ☐ Patient (yourself or a member of your household)
    - ☐ Volunteer
    - ☐ Other (please specify): _____
    - ☐ No involvement

    Please indicate how satisfied you have been with your involvement in NHH.

(not satisfied)			**(very satisfied)**
1	**2**	**3**	**4**

(Please continue to next page)

Please circle the number the best reflects your opinion.

11. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

Access to healthcare services
1 2 3 4

Programs and services offered by NHH
1 2 3 4

NHH's *budget*
1 2 3 4

The nature of NHH's *communication* with the community
1 2 3 4

The extent to which NHH *involves community members* in decision making
1 2 3 4

NHH's *current method* of making decisions about *programs and services*
1 2 3 4

NHH's *current method* of making *budget* decisions
1 2 3 4

Please continue to circle the number the best reflects your opinion.

12. At this point, how satisfied are you with:

(not informed)			(very informed)
1	2	3	4

Access to healthcare services
1 2 3 4

Programs and services offered by NHH
1 2 3 4

NHH's *budget*
1 2 3 4

The nature of NHH's *communication* with the community
1 2 3 4

The extent to which NHH *involves community members* in decision making
1 2 3 4

NHH's *current method* of making decisions about *programs and services*
1 2 3 4

NHH's *current method* of making *budget* decisions
1 2 3 4

---

*Please circle the number that best reflects your opinion of today's **Public Roundtable**.*

(strongly disagree)			(strongly agree)
1	2	3	4

13. Today's session was well organized.
1 2 3 4

14. The venue was appropriate.
1 2 3 4

15. The presentations provided the appropriate level of information.
1 2 3 4

16. The format of today's session was appropriate.
1 2 3 4

17. At today's Public Roundtable:

I understood the task(s) at hand
1 2 3 4

I was able to express my views
1 2 3 4

I was able to ask questions
1 2 3 4

We showed respect for each other
1 2 3 4

My facilitator(s) treated each group member with respect
1 2 3 4

My facilitator(s) valued each group member's opinion
1 2 3 4

My facilitator(s) kept our conversations focused and productive
1 2 3 4

*Please continue to circle the number that best reflects your opinion of today's **Public Roundtable**.*

18. To what extent did your participation in the Public Roundtable lead you to feel:

(not at all)			(to a great extent)
1	2	3	4

Hope
1 2 3 4

Honour
1 2 3 4

Pleasure
1 2 3 4

Uneasy
1 2 3 4

Afraid
1 2 3 4

Stress
1 2 3 4

(strongly disagree)			*(strongly agree)*
1	*2*	*3*	*4*

19. How enthusiastic were you about participating in the Public Roundtable?

(not enthusiastic)			(very enthusiastic)
1	2	3	4

20. How anxious were you about participating in the Public Roundtable?

(not anxious)			(very anxious)
1	2	3	4

(Please continue to next page)

*Please circle the number that best reflects your opinion of today's **Public Roundtable**.*

(strongly disagree)			***(strongly agree)***
1	***2***	***3***	***4***

21. The citizens at today's session were a true representation of the community at large.
    1 2 3 4

22. The *Public Roundtable* increased my understanding of:

    The *healthcare system*
    1 2 3 4

    NHH's *programs and services*
    1 2 3 4

    NHH's *budget*
    1 2 3 4

23. Overall, I enjoyed participating in the *Public Roundtable*.
    1 2 3 4

24. Overall, the *Public Roundtable* accomplished something important.
    1 2 3 4

25. Input from the *Public Roundtable* will enhance the work of the Citizens' Advisory Panel.
    1 2 3 4

26. NHH should use a *Public Roundtable* to obtain public input in the future.
    1 2 3 4

27. I would participate in a similar *citizens' process* again if I had the opportunity.
    1 2 3 4

28. I plan to discuss information from today's session with:

    Members of my household
    1 2 3 4

    Other family members, friends or neighbours
    1 2 3 4

    Other members of my community
    1 2 3 4

29. About how much time did you spend preparing for today?
    - ☐ Less than 1 hour
    - ☐ 1 – 3 hours
    - ☐ 4 – 6 hours
    - ☐ More than 6 hours

30. Why did you participate in the *Public Roundtable*?

31. Was the *Public Roundtable* an effective way to engage the community in decision-making? ☐ Yes ☐ No Why or why not?

32. How could a future *Public Roundtable* be improved?

33. Please provide any comments or suggestions about the *Public Roundtable* below.

(Please continue to next page)

*Please circle the number that best reflects your opinion of the **Citizens' Advisory Panel**.*

34. At this point, how informed are you with respect to the following aspects of the *Citizens' Advisory Panel*?

(not informed)			(very informed)
1	2	3	4

The *goals*
1 2 3 4

The *process*
1 2 3 4

The *tasks* involved
1 2 3 4

The *responsibilities* of its members
1 2 3 4

35. The *Citizens' Advisory Panel* will:

(strongly disagree)			(strongly agree)
1	2	3	4

Enhance NHH Board's decision-making on the Hospital's *programs and services*
1 2 3 4

Enhance NHH Board's decision-making on the Hospital's *budget*
1 2 3 4

Increase community *input* into key decisions related to NHH's future
1 2 3 4

Increase community *support* for key decisions related to NHH's future
1 2 3 4

Strengthen the *connection* between NHH and the community
1 2 3 4

Increase NHH's *accountability* to the community
1 2 3 4

Represent the *perspectives* of the west Northumberland community
1 2 3 4

36. Do you think the *Citizens' Advisory Panel* is an effective way to engage the community in decision-making? ☐ Yes ☐ No
Why or why not?

37. How could a future *Citizens' Advisory Panel* be improved?

38. Please provide any comments or suggestions about the *Citizens' Advisory Panel* below.

39. How could a future *community engagement process* be improved?

40. Please provide any comments or suggestions about the *community engagement process* below.

Thank you for your input.

Please return this questionnaire to the Queen's University representative before you leave today.

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. Today's session was well organized.
   1 2 3 4

2. The presentations provided the appropriate level of information.
   1 2 3 4

3. The format of today's session was appropriate.
   1 2 3 4

4. At today's Panel session:

   I understood the task(s) at hand
   1 2 3 4

   I was able to express my views
   1 2 3 4

   I was able to ask questions
   1 2 3 4

   We showed respect for each other
   1 2 3 4

   We were open to each other's views
   1 2 3 4

   We tried to produce results based upon group consensus
   1 2 3 4

   We understood the task(s) at hand
   1 2 3 4

   My facilitator(s) treated each group member with respect
   1 2 3 4

   My facilitator(s) valued each group member's opinion
   1 2 3 4

   My facilitator(s) kept our conversations focused and productive
   1 2 3 4

   My facilitator(s) understood the task(s) at hand
   1 2 3 4

   My facilitator(s) did not influence our decision(s)
   1 2 3 4

Please continue to circle the number that best reflects your opinion.

5. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

6. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

7. The Citizens' Advisory Panel will:

	(strongly disagree) 1	2	3	(strongly agree) 4
Enhance NHH Board's decision-making on the Hospital's *programs and services*	1	2	3	4
Enhance NHH Board's decision-making on the Hospital's *budget*	1	2	3	4
Increase community *input* into key decisions related to NHH's future	1	2	3	4
Increase community *support* for key decisions related to NHH's future	1	2	3	4
Strengthen the *connection* between NHH and the community	1	2	3	4
Increase NHH's *accountability* to the community	1	2	3	4
Represent the *perspectives* of the west Northumberland community	1	2	3	4

8. To what extent does your participation in the Panel lead you to feel:

	(not at all) 1	2	3	(to a great extent) 4
Hope	1	2	3	4
Honour	1	2	3	4
Pleasure	1	2	3	4
Uneasy	1	2	3	4
Afraid	1	2	3	4
Stress	1	2	3	4

9. How enthusiastic are you about participating in the Panel?

(not enthusiastic) 1	2	3	(very enthusiastic) 4

10. How anxious are you about participating in the Panel?

(not anxious) 1	2	3	(very anxious) 4

Please continue to circle the number that best reflects your opinion.

11. At this point, how informed are you with respect to the following aspects of the Panel:

	(not informed) 1	2	3	(very informed) 4
The *goals*	1	2	3	4
The *process*	1	2	3	4
The *tasks* involved	1	2	3	4
The *responsibilities* of its members	1	2	3	4

12. Compared to other members of the Panel, how informed are you about:

	(much less informed) 1	2	3	(much more informed) 4
The *healthcare system*	1	2	3	4
NHH's *programs and services*	1	2	3	4
NHH's *budget*	1	2	3	4

13. To what extent do you do the following:

	(not at all) 1	2	3	(to a great extent) 4
Pay attention to general health-related news	1	2	3	4
Pay attention to NHH-related news	1	2	3	4
Learn about the Canadian healthcare system	1	2	3	4
Learn about NHH	1	2	3	4
Talk with friends and neighbours about the Canadian healthcare system	1	2	3	4
Talk with friends and neighbours about NHH	1	2	3	4

(Please continue to next page)

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

14. I have enough information on the scope of the services, including core and non-core, provided by NHH to make recommendations.
    1 2 3 4
15. I was able to apply the framework to NHH service priorities.
    1 2 3 4
16. I was able to develop scenarios based on the criteria framework.
    1 2 3 4
17. Today's presentations helped me understand how organizations provide patient care.
    1 2 3 4
18. Today's presentations helped me make recommendations on service priorities.
    1 2 3 4
19. I was able to apply information learned from the following to the proposed NHH priorities framework:
    Hospital Tour
    1 2 3 4
    Presentations
    1 2 3 4
    Service Sheets
    1 2 3 4
    Public Roundtable
    1 2 3 4
20. I am confident we can accomplish the stated goals of the Panel.
    1 2 3 4
21. I plan to discuss information from today's session with:

(strongly disagree)			(strongly agree)
1	2	3	4

    Members of my household
    1 2 3 4
    Other family members, friends or neighbours
    1 2 3 4
    Other members of my community
    1 2 3 4
22. Last week's homework assignment was relevant.
    1 2 3 4
23. About how much time did you spend preparing for today?
    - ☐ Less than 1 hour
    - ☐ 1 – 3 hours
    - ☐ 4 – 6 hours
    - ☐ More than 6 hours

24. What did you like the most about today?

25. What did you like the least about today?

26. Is there anything you can suggest that would improve the next session?

27. Please provide any comments or suggestions about the community engagement process below.

Thank you for your input.

Please return this questionnaire to the Queen's University representative before you leave today.

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. Today's session was well organized.
   1 2 3 4

2. Today's session provided the appropriate level of information.
   1 2 3 4

3. The format of today's session was appropriate.
   1 2 3 4

4. At today's Panel session:

   I understood the task(s) at hand
   1 2 3 4

   I was able to express my views
   1 2 3 4

   I was able to ask questions
   1 2 3 4

   We showed respect for each other
   1 2 3 4

   We were open to each other's views
   1 2 3 4

   We tried to produce results based upon group consensus
   1 2 3 4

   We understood the task(s) at hand
   1 2 3 4

   My facilitator(s) treated each group member with respect
   1 2 3 4

   My facilitator(s) valued each group member's opinion
   1 2 3 4

   My facilitator(s) kept our conversations focused and productive
   1 2 3 4

   My facilitator(s) understood the task(s) at hand
   1 2 3 4

   My facilitator(s) did not influence our decision(s)
   1 2 3 4

Please continue to circle the number that best reflects your opinion.

5. At this point, how informed are you about:

(not informed)			(very informed)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

6. At this point, how satisfied are you with:

(not satisfied)			(very satisfied)
1	2	3	4

   Access to healthcare services
   1 2 3 4

   Programs and services offered by NHH
   1 2 3 4

   NHH's *budget*
   1 2 3 4

   The nature of NHH's *communication* with the community
   1 2 3 4

   The extent to which NHH *involves community members* in decision making
   1 2 3 4

   NHH's *current method* of making decisions about *programs and services*
   1 2 3 4

   NHH's *current method* of making *budget* decisions
   1 2 3 4

(Please continue to next page)

Please circle the number that best reflects your opinion.

7. The Citizens' Advisory Panel will:

(strongly disagree) 1	2	3	(strongly agree) 4
Enhance NHH Board's decision-making on the Hospital's *programs and services*			
Enhance NHH Board's decision-making on the Hospital's *budget*			
Increase community *input* into key decisions related to NHH's future			
Increase community *support* for key decisions related to NHH's future			
Strengthen the *connection* between NHH and the community			
Increase NHH's *accountability* to the community			
Represent the *perspectives* of the west Northumberland community			

8. To what extent does your participation in the Panel lead you to feel:

(not at all) 1	2	3	(to a great extent) 4
Hope			
Honour			
Pleasure			
Uneasy			
Afraid			
Stress			

9. How enthusiastic are you about participating in the Panel?

(not enthusiastic) 1	2	3	(very enthusiastic) 4

10. How anxious are you about participating in the Panel?

(not anxious) 1	2	3	(very anxious) 4

Please continue to circle the number that best reflects your opinion.

11. At this point, how informed are you with respect to the following aspects of the Panel:

(not informed) 1	2	3	(very informed) 4
The *goals*			
The *process*			
The *tasks* involved			
The *responsibilities* of its members			

12. Compared to other members of the Panel, how informed are you about:

(much less informed) 1	2	3	(much more informed) 4
The *healthcare system*			
NHH's *programs and services*			
NHH's *budget*			

13. To what extent do you do the following:

(not at all) 1	2	3	(to a great extent) 4
Pay attention to general health-related news			
Pay attention to NHH-related news			
Learn about the Canadian healthcare system			
Learn about NHH			
Talk with friends and neighbours about the Canadian healthcare system			
Talk with friends and neighbours about NHH			

(Please continue to next page)

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

14. I have enough information on the scope of the services, including core and non-core, provided by NHH to make recommendations.
    1 2 3 4
15. I was able to apply the framework to NHH service priorities.
    1 2 3 4
16. The Panel was able to reach a consensus on:
    The priorities framework
    1 2 3 4
    The program and services scenarios
    1 2 3 4
17. I am satisfied with the recommendations on:
    The priorities framework
    1 2 3 4
    The program and services scenarios
    1 2 3 4
18. About how much time did you spend preparing for today?
    - ☐ Less than 1 hour
    - ☐ 1 – 3 hours
    - ☐ 4 – 6 hours
    - ☐ More than 6 hours
19. What did you like the most about today?

20. What did you like the least about today?

Thank you for your input.

Please return this questionnaire to the Queen's University representative before you leave today.

*The following questions ask about **your overall opinion** of the Citizens' Advisory Panel. Please take into account all five sessions when circling the number that best reflects your opinion.*

(strongly disagree)			(strongly agree)
1	2	3	4

21. Overall, the Panel sessions were well organized.
    1 2 3 4
22. Overall, I enjoyed being a member of the Panel.
    1 2 3 4
23. Overall, the Panel accomplished something important.
    1 2 3 4
24. Overall, the time-commitment involved with participating in the Panel was appropriate.
    1 2 3 4
25. I would participate in a similar citizens' process again if I had the opportunity.
    1 2 3 4
26. NHH should use a Citizens' Advisory Panel to obtain public input in the future.
    1 2 3 4
27. Did the Panel process meet your expectations?
    ☐ Yes ☐ No Why or why not?

28. Was the Panel an effective way to engage the community in decision-making?
    ☐ Yes ☐ No Why or why not?

29. Please provide any further comments below.

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. Overall, the Citizens' Advisory Panel:

   Increased community *input* into key decisions related to NHH's future
   1 2 3 4

   Increased community *support* for key decisions related to NHH's future
   1 2 3 4

   Strengthened the *connection* between NHH and the community
   1 2 3 4

   Represented the *perspectives* of the west Northumberland community
   1 2 3 4

   Accomplished something important
   1 2 3 4

2. Overall, the five Panel sessions:

   Were well *organized*
   1 2 3 4

   Provided an appropriate amount of *information*
   1 2 3 4

   Required an appropriate *time commitment*
   1 2 3 4

3. Overall, how valuable were the following to the Panel process:

   The hospital tour
   1 2 3 4

   The 23 Service Sheets
   1 2 3 4

   The Public Roundtable
   1 2 3 4

   Presentations by NHH management and service providers
   1 2 3 4

   Presentations by external service providers
   1 2 3 4

   Feedback from the Board on the Core Service Scenarios
   1 2 3 4

4. Overall, how enthusiastic are you about your participation in the Panel?
   (not enthusiastic) **(very enthusiastic)**
   1 2 3 4

5. Overall, how anxious are you about your participation in the Panel?
   (not anxious) **(very anxious)**
   1 2 3 4

Please continue to circle the number that best reflects your opinion.

(not satisfied)			(very satisfied)
1	2	3	4

6. Overall, how satisfied are you with respect to the following aspects of the Panel:

   The *goals*
   1 2 3 4

   The *process*
   1 2 3 4

   The *tasks* involved
   1 2 3 4

   The *responsibilities* of its members
   1 2 3 4

   The *quality* of the facilitators
   1 2 3 4

7. Overall, I am satisfied with communications:

   Between Panel members
   1 2 3 4

   Between NHH and the Panel members
   1 2 3 4

   Between MASS and the Panel members
   1 2 3 4

   Between NHH and the community
   1 2 3 4

(strongly disagree)			(strongly agree)
1	2	3	4

8. I had enough information on the 23 services provided by NHH to make recommendations.
   1 2 3 4
9. I am satisfied with the voting process used to determine core and non-core services.
   1 2 3 4
10. I had adequate opportunity to provide input into the report recommendations.
    1 2 3 4
11. The recommendations made in the report to the Board:

    Represented the views of the Panel
    1 2 3 4

    Represented the community at large
    1 2 3 4

    Were not influenced by the Board
    1 2 3 4

    Were not influenced by MASS
    1 2 3 4

12. I am satisfied with the final report on the Panel recommendations to the Board.
    1 2 3 4
13. I would participate in a similar citizens' process again if I had the opportunity.
    1 2 3 4
14. NHH should use a Citizens' Advisory Panel to obtain public input in the future.
    1 2 3 4

15. List three (3) things you learned from participating in the Citizen's Advisory Panel.

16. Please explain how you differentiated between core and non-core services.

17. Did the Panel process meet your expectations? ☐ Yes ☐ No Why or why not?

18. Was the Panel an effective way to engage the community in decision-making?
☐ Yes ☐ No Why or why not?

19. What can be done to improve future community engagement efforts, such as Citizens' Advisory Panels?

Thank you for your input.

Please return this questionnaire to The Monieson Centre in the postage-paid envelope by January 14, 2010.

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

1. The Citizens' Advisory Panel:

   Enhanced NHH Board's decision-making on the Hospital's *programs and services*
   1 2 3 4

   Enhanced NHH Board's decision-making on the Hospital's *budget*
   1 2 3 4

   Increased community *input* into key decisions related to NHH's future
   1 2 3 4

   Increased community *support* for key decisions related to NHH's future
   1 2 3 4

   Strengthened the *connection* between NHH and the community
   1 2 3 4

   Increased NHH's *accountability* to the community
   1 2 3 4

   Represented the *perspectives* of the west Northumberland community
   1 2 3 4

2. The recommendations made in the report to the Board:

   Represented the views of the Panel
   1 2 3 4

   Represented the community at large
   1 2 3 4

   Were not influenced by NHH
   1 2 3 4

   Were not influenced by MASS
   1 2 3 4

3. Overall, I am satisfied with the quality of communications:

   Between NHH and the Panel members
   1 2 3 4

   Between NHH and the community
   1 2 3 4

4. Overall, I am satisfied with the timeliness of communications:

   Between NHH and the Panel members
   1 2 3 4

   Between NHH and the community
   1 2 3 4

Comments:

Please continue to circle the number that best reflects your opinion.

(not satisfied)			(very satisfied)
1	2	3	4

5. Overall, how satisfied are you with respect to the following aspects of the Panel:

   The *goals*
   1 2 3 4

   The *process*
   1 2 3 4

   The *responsibilities* of its members
   1 2 3 4

6. Overall, how satisfied are you with:

   My role within the Panel
   1 2 3 4

   The Board's use of the Panel recommendations
   1 2 3 4

   The way decisions were announced
   1 2 3 4

   The way the Panel was portrayed to the community
   1 2 3 4

Comments:

7. Overall, how satisfied are you with:

   The Panel's inputs into the Board's decisions
   1 2 3 4

   The decisions made by the Board on programs and services being offered by NHH
   1 2 3 4

   The community response to the Panel
   1 2 3 4

   The community response to the NHH announcements
   1 2 3 4

8. Overall, how enthusiastic are you about the outcomes of the Panel?

(not enthusiastic)			(very enthusiastic)
1	2	3	4

9. Overall, how anxious are you about the outcomes of the Panel?

(not anxious)			(very anxious)
1	2	3	4

Comments:

(Please continue to next page)

Please circle the number that best reflects your opinion.

(strongly disagree)			(strongly agree)
1	2	3	4

10. I would participate in a similar citizens' process again if I had the opportunity.
    1 2 3 4
11. NHH should use a Citizens' Advisory Panel to obtain public input in the future.
    1 2 3 4
12. Overall, I enjoyed being a member of the Panel.
    1 2 3 4
13. Overall the Panel:
    Accomplished something important
    1 2 3 4
    Made a positive difference to the community
    1 2 3 4
    Has been received well by the community
    1 2 3 4
    Has been of benefit to NHH
    1 2 3 4

Comments on your Panel experience:

---

14. Was the Panel an effective way to incorporate the community's perspective into decision making?
    ☐ Yes ☐ No Why or why not?

15. Was the process of reporting the Panel's recommendations to the Board satisfactory?
    ☐ Yes ☐ No Why or why not?

16. Were the recommendations made in the Panel's report representative of the community?
    ☐ Yes ☐ No Why or why not?

(Please continue to next page)

17. Did the Board's decisions meet your expectations? ☐ Yes ☐ No Why or why not?

18. What can be done to improve future community engagement efforts?

Additional comments are welcome:

Thank you for completing this final survey. We are grateful that you have taken the time to answer our questions and to ensure a thorough evaluation process that supports the work of the Panel.

Please return this questionnaire in the postage-paid envelope by March 24, 2010 to:

The Monieson Centre
Queen's School of Business, Goodes Hall Room 446
Queen's University
Kingston, Ontario K7L 3N6
613.533.2350, monieson@business.queensu.ca

THANK YOU!

Appendix 7 – Survey Summaries

Summary of PRE-CAP Survey completed by CAP members, October 2009

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

1. What is your current age?

Average	50.00
Standard Deviation	16.07
Maximum	81.00
Minimum	19.00
N	26.00

2. Are you male or female?

Male – 14
Female – 12

3. What is your highest level of education?

High school – 4
Some college or university – 7
College diploma or University degree - 10
Post-graduate degree - 4

4. What is your annual household income?

Less than $19,999 - 0
$20,000 to $39,999 -5
$40,000 to $59,999 - 5
More than $60,000 – 14

10. In which of the following way(s) have you been involved with NHH in the past 3 years?

Donor (only) – 0
Employee (only) – 0
Patient (only) – 11
Volunteer (only) - 0
No involvement – 0
Patient and donor – 4
Patient and volunteer – 1

11. At this point, how informed are you about:

Access to healthcare services

Average	2.80
Standard Deviation	0.71
Maximum	4.00
Minimum	1.00
N	25.00

Programs and services offered by NHH

Average	2.42
Standard Deviation	0.58
Maximum	4.00
Minimum	2.00
N	26.00

NHH's budget

Average	1.88
Standard Deviation	0.77
Maximum	4.00
Minimum	1.00
N	26.00

The nature of NHH's communication with the community

Average	2.15
Standard Deviation	0.61
Maximum	3.00
Minimum	1.00
N	26.00

The extent to which NHH involves community members in decision making

Average	1.81
Standard Deviation	0.80
Maximum	4.00
Minimum	1.00
N	26.00

NHH's current method of making decisions about programs and services

Average	1.73
Standard Deviation	0.53
Maximum	3.00
Minimum	1.00
N	26.00

NHH's current method of making budget decisions

Average	1.73
Standard Deviation	0.60
Maximum	3.00
Minimum	1.00
N	26.00

12. At this point, how satisfied are you with:

Access to healthcare services

Average	3.12
Standard Deviation	0.77
Maximum	4.00
Minimum	1.00
N	26.00

Programs and services offered by NHH

Average	3.16
Standard Deviation	0.75
Maximum	4.00
Minimum	1.00
N	25.00

NHH's budget

Average	2.13
Standard Deviation	0.69
Maximum	3.00
Minimum	1.00
N	23.00

The nature of NHH's communication with the community

Average	2.40
Standard Deviation	0.65
Maximum	3.00
Minimum	1.00
N	25.00

The extent to which NHH involves community members in decision making

Average	2.25
Standard Deviation	0.79
Maximum	4.00
Minimum	1.00
N	24.00

NHH's current method of making decisions about programs and services

Average	2.12
Standard Deviation	0.67
Maximum	3.00
Minimum	1.00
N	25.00

NHH's current method of making budget decisions

Average	2.13
Standard Deviation	0.61
Maximum	3.00
Minimum	1.00
N	24.00

13. The Citizens' Advisory Panel will:

Enhance NHH Board's decision-making on the Hospital's programs and services

Average	3.08
Standard Deviation	0.57
Maximum	4.00
Minimum	2.00
N	25.00

Enhance NHH Board's decision-making regarding the Hospital's budget

Average	3.12
Standard Deviation	0.53
Maximum	4.00
Minimum	2.00
N	25.00

Increase community input into key decisions related to NHH's future

Average	3.40
Standard Deviation	0.58
Maximum	4.00
Minimum	2.00
N	25.00

Increase community support for key decisions related to NHH's future

Average	3.28
Standard Deviation	0.68
Maximum	4.00
Minimum	2.00
N	25.00

Strengthen the connection between NHH and the community

Average	3.28
Standard Deviation	0.61
Maximum	4.00
Minimum	2.00
N	25.00

Increase NHH's accountability to the community

Average	3.28
Standard Deviation	0.68
Maximum	4.00
Minimum	2.00
N	25.00

Represent the perspectives of the west Northumberland community

Average	3.16
Standard Deviation	0.62
Maximum	4.00
Minimum	2.00
N	25.00

14. At this point, how informed are you with respect to the following aspects of the Panel:

The goals

Average	2.62
Standard Deviation	0.75
Maximum	4.00
Minimum	1.00
N	26.00

The process

Average	2.46
Standard Deviation	0.76
Maximum	4.00
Minimum	1.00
N	26.00

The tasks involved

Average	2.42
Standard Deviation	0.81
Maximum	4.00
Minimum	1.00
N	26.00

The responsibilities of its members

Average	2.54
Standard Deviation	0.76
Maximum	4.00
Minimum	1.00
N	26.00

15. How enthusiastic are you about participating in the Panel?

Average	3.58
Standard Deviation	0.50
Maximum	4.00
Minimum	3.00
N	26.00

16. How anxious are you about participating in the Panel?

Average	2.19
Standard Deviation	0.98
Maximum	4.00
Minimum	1.00
N	26.00

17. To what extent does your inclusion in the Panel lead you to feel:

Hope

Average	3.16
Standard Deviation	0.55
Maximum	4.00
Minimum	2.00
N	25.00

Honour

Average	3.21
Standard Deviation	0.41
Maximum	4.00
Minimum	3.00
N	24.00

Pleasure

Average	3.20
Standard Deviation	0.58
Maximum	4.00
Minimum	2.00
N	25.00

Uneasy

Average	1.64
Standard Deviation	0.86
Maximum	4.00
Minimum	1.00
N	25.00

Afraid

Average	1.44
Standard Deviation	0.82
Maximum	4.00
Minimum	1.00
N	25.00

Stress

Average	1.52
Standard Deviation	0.59
Maximum	3.00
Minimum	1.00
N	25.00

Summary of Stakeholder Survey completed October 2010

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

List of Stakeholder roles at NHH

Donor and Board Member of Foundation
Volunteer
Staff nursing
Foundation
Nursing
Physiotherapist - frontline treatment
Frontline worker
Worker
Auxiliary President
Director, Inter-professional and Ethical Practice
Director, Finance + Decision Support
Director, Clinical
Director
Director
Volunteer
RN - Discharge Planner
Non-union
Auxiliary
Auxiliary
VP Finance
Worker
Clinician
Occupational Therapist; Chief Steward OPSEU
Management
VP
Director, Environmental Services
Director, Diagnostic Imaging
Director, Quality and Safety
Administration
Volunteer
Supervisor
Director
Union Representative

1. At this point, how informed are you about:

Access to healthcare services

Average	3.14
Standard Deviation	0.73
Maximum	4.00
Minimum	2.00
Count	35.00

Programs and services offered by NHH

Average	3.37
Standard Deviation	0.73
Maximum	4.00
Minimum	2.00
Count	35.00

NHH's budget

Average	2.86
Standard Deviation	0.94
Maximum	4.00
Minimum	1.00
Count	35.00

The extent to which NHH involves community members in decision making

Average	2.89
Standard Deviation	0.93
Maximum	4.00
Minimum	1.00
Count	35.00

The extent to which NHH involves you and your peers in decision making

Average	2.91
Standard Deviation	0.92
Maximum	4.00
Minimum	1.00
Count	35.00

NHH's current method of making decisions about programs and services

Average	2.63
Standard Deviation	0.91
Maximum	4.00
Minimum	1.00
Count	35.00

NHH's current method of making budget decisions

Average	2.77
Standard Deviation	0.97
Maximum	4.00
Minimum	1.00
Count	35.00

2. At this point, how satisfied are you with:

Access to healthcare services

Average	3.35
Standard Deviation	0.60
Maximum	4.00
Minimum	2.00
Count	34.00

Programs and services offered by NHH

Average	3.63
Standard Deviation	0.55
Maximum	4.00
Minimum	2.00
Count	35.00

NHH's budget

Average	2.32
Standard Deviation	0.59
Maximum	3.00
Minimum	1.00
Count	34.00

The nature of NHH's communication with you and your peers

Average	2.83
Standard Deviation	0.71
Maximum	4.00
Minimum	1.00
Count	35.00

The extent to which NHH involves community members in decision making

Average	2.79
Standard Deviation	0.84
Maximum	4.00
Minimum	1.00
Count	34.00

The extent to which NHH involves you and your peers in decision making

Average	2.86
Standard Deviation	0.97
Maximum	4.00
Minimum	1.00
Count	35.00

NHH's current method of making decisions about programs and services

Average	2.74
Standard Deviation	0.83
Maximum	4.00
Minimum	1.00
Count	34.00

NHH's current method of making budget decisions

Average	2.63
Standard Deviation	0.91
Maximum	4.00
Minimum	1.00
Count	35.00

3. At this point, how informed are you with respect to the following aspects of the Citizens' Advisory Panel:

The goals

Average	3.17
Standard Deviation	0.89
Maximum	4.00
Minimum	1.00
Count	35.00

The process

Average	3.09
Standard Deviation	0.89
Maximum	4.00
Minimum	1.00
Count	35.00

The tasks involved

Average	3.00
Standard Deviation	0.87
Maximum	4.00
Minimum	1.00
Count	35.00

The responsibilities of its members

Average	2.97
Standard Deviation	0.92
Maximum	4.00
Minimum	1.00
Count	35.00

4. The Citizens' Advisory Panel will:

Enhance NHH Board's decision-making on the Hospital's programs and services

Average	3.09
Standard Deviation	0.78
Maximum	4.00
Minimum	1.00
Count	35.00

Enhance NHH Board's decision-making on the Hospital's budgets

Average	2.80
Standard Deviation	0.72
Maximum	4.00
Minimum	1.00
Count	35.00

Increase community input into key decisions related to NHH's future

Average	3.31
Standard Deviation	0.76
Maximum	4.00
Minimum	1.00
Count	35.00

Increase community support for key decisions related to NHH's future

Average	3.03
Standard Deviation	0.66
Maximum	4.00
Minimum	2.00
Count	35.00

Strengthen the connection between NHH and the community

Average	3.23
Standard Deviation	0.69
Maximum	4.00
Minimum	2.00
Count	35.00

Increase NHH's accountability to the community

Average	3.14
Standard Deviation	0.69
Maximum	4.00
Minimum	1.00
Count	35.00

Represent the perspectives of the west Northumberland community

Average	3.06
Standard Deviation	0.84
Maximum	4.00
Minimum	1.00
Count	35.00

Summary of Data collected from the Citizens' Advisory Panel Questionnaire - Session 1

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 1 to 6

1 = strongly disagree, 4 = strongly agree

1. Today's session was well organized.

MEAN	3.92
STANDARD DEVIATION	0.28
MINIMUM	3
MAXIMUM	4

2. The registration process was well organized.

MEAN	3.96
STANDARD DEVIATION	0.20
MINIMUM	3
MAXIMUM	4

3. The venue was appropriate.

MEAN	3.88
STANDARD DEVIATION	0.33
MINIMUM	3
MAXIMUM	4

4. The presentations provided the appropriate level of information.

MEAN	3.68
STANDARD DEVIATION	0.48
MINIMUM	3
MAXIMUM	4

5. The format of today's session was appropriate.

MEAN	3.84
STANDARD DEVIATION	0.37
MINIMUM	3
MAXIMUM	4

6. At today's Panel session:

    a) I understood the task(s) at hand

MEAN	3.40
STANDARD DEVIATION	0.58
MINIMUM	2
MAXIMUM	4

a) I was able to express my views

MEAN	3.64
STANDARD DEVIATION	0.57
MINIMUM	2
MAXIMUM	4

b) I was able to ask questions

MEAN	3.72
STANDARD DEVIATION	0.46
MINIMUM	3
MAXIMUM	4

c) We showed respect for each other

MEAN	3.84
STANDARD DEVIATION	0.47
MINIMUM	2
MAXIMUM	4

d) We were open to each other's views

MEAN	3.76
STANDARD DEVIATION	0.52
MINIMUM	2
MAXIMUM	4

e) We tried to produce results based upon group consensus

MEAN	3.64
STANDARD DEVIATION	0.49
MINIMUM	3
MAXIMUM	4

f) We understood the task(s) at hand

MEAN	3.32
STANDARD DEVIATION	0.63
MINIMUM	2
MAXIMUM	4

g) My facilitator(s) treated each group member with respect

MEAN	3.84
STANDARD DEVIATION	0.37
MINIMUM	3
MAXIMUM	4

h) My facilitator(s) valued each group member's opinion

MEAN	3.88
STANDARD DEVIATION	0.33
MINIMUM	3
MAXIMUM	4

i) My facilitator(s) kept our conversations focused and productive

MEAN	3.72
STANDARD DEVIATION	0.46
MINIMUM	3
MAXIMUM	4

j) My facilitator(s) understood the task(s) at hand

MEAN	3.80
STANDARD DEVIATION	0.50
MINIMUM	2
MAXIMUM	4

k) My facilitator(s) did not influence our decision(s)

MEAN	3.84
STANDARD DEVIATION	0.37
MINIMUM	3
MAXIMUM	4

11. How enthusiastic are you about participating in the Panel?

1 = not enthusiastic, 4 = very enthusiastic

MEAN	3.67
STANDARD DEVIATION	0.48
MINIMUM	3
MAXIMUM	4

12. How anxious are you about participating in the Panel?

1 = not anxious, 4 = very anxious

MEAN	1.92
STANDARD DEVIATION	1.06
MINIMUM	1
MAXIMUM	4

Key Themes (Questions 23 to 26)

23. What did you like most about this session?

- The process was informative
- The meeting was well organized and well prepared
- The session seemed to flow well and go smoothly
- There was a good agenda and the facilitators adhered to it
- The overall format and approach was effective
- The group setting and community spirit
- The ability to learn from the speakers

24. What did you like least about this session?

- Nothing
- Too much information to take in
- Too short of a lunch break
- Too little time to discuss the criteria questions
- Difficulty in understanding the graphs

25. Is there anything you can suggest that would improve the next session?

- No
- An extra break in the afternoon / more time for breaks
- More table space
- More time for group discussions
- Clearer directions on what can or can't be done re: the framework
- Repeat questions from other participants

26. Please provide any comments or suggestions about the community engagement process below.

- Overall excellent
- Excellent approach/process and very informative
- Very impressed with the facilitators
- Keep doing what you are doing
- Increase the emphasis on innovation and broader health context in Northumberland
- Send out pertinent information to households

Summary of Data collected from the Citizens' Advisory Panel Questionnaire - Session 2

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 1 to 3, 4h, 4i, 4j, 4k, 4l

1 = strongly disagree, 4 = strongly agree

1. Today's session was well organized.

MEAN	3.45
STANDARD DEVIATION	0.60
MINIMUM	2
MAXIMUM	4

2. The presentation provided the appropriate level of information.

MEAN	3.45
STANDARD DEVIATION	0.60
MINIMUM	2
MAXIMUM	4

3. The format of today's session was appropriate.

MEAN	3.55
STANDARD DEVIATION	0.51
MINIMUM	3
MAXIMUM	4

4. At today's Panel session:

h) My facilitator(s) treated each group member with respect

MEAN	3.91
STANDARD DEVIATION	0.29
MINIMUM	3
MAXIMUM	4

i) My facilitator(s) valued each group members' opinion

MEAN	3.91
STANDARD DEVIATION	0.29
MINIMUM	3
MAXIMUM	4

j) My facilitator(s) kept our conversations focused and productive

MEAN	3.73
STANDARD DEVIATION	0.46
MINIMUM	3
MAXIMUM	4

k) My facilitator(s) understood the task(s) at hand

MEAN	3.77
STANDARD DEVIATION	0.43
MINIMUM	3
MAXIMUM	4

l) My facilitator(s) did not influence our decision(s)

MEAN	3.91
STANDARD DEVIATION	0.29
MINIMUM	3
MAXIMUM	4

Key Themes (Questions 24 to 27)

23. What did you like most about this session?

- The tour presentation
- The financial presentation
- Information was clear and well presented
- The value placed on public input
- The format

24. What did you like least about this session?

- Too much information
- Nothing
- Too little time to absorb information and a little rushed
- Some of the information was repeated and redundant (repeated information provided on sheets)
- The hospital tour – particularly entering the ICU and palliative care unit

25. Is there anything you can suggest that would improve the next session?

- None
- The sound system could have been improved
- More coffee
- Stay more closely to the agenda
- More time allocated to each presenter

26. Please provide any comments or suggestions about the community engagement process below.

- Excellent, well done, everything running smoothly
- Too rushed today and some comments were off topic
- Good format and facilitation of small and large group sessions
- I think we may need more days for the panel
- More specific information needed and not as much should be generalized

Summary of Data collected from the Citizens' Advisory Panel Questionnaire - Session 3

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 1 to 3, 4h, 4i, 4j, 4k, 4l

1 = strongly disagree, 4 = strongly agree

1. Today's session was well organized.

MEAN	3.57
STANDARD DEVIATION	0.60
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	21

2. The presentation provided the appropriate level of information.

MEAN	3.43
STANDARD DEVIATION	0.51
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	21

3. The format of today's session was appropriate.

MEAN	3.57
STANDARD DEVIATION	0.51
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	21

4. At today's Panel session:

h) My facilitator(s) treated each group member with respect

MEAN	3.85
STANDARD DEVIATION	0.37
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	20

i) My facilitator(s) valued each group members' opinion

MEAN	3.85
STANDARD DEVIATION	0.37
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	20

j) My facilitator(s) kept our conversations focused and productive

MEAN	3.65
STANDARD DEVIATION	0.59
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	20

k) My facilitator(s) understood the task(s) at hand

MEAN	3.75
STANDARD DEVIATION	0.55
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	20

l) My facilitator(s) did not influence our decision(s)

MEAN	3.90
STANDARD DEVIATION	0.31
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	20

Key Themes (Questions 17, 18, 19, 26, 27, and 28) in order of frequency:

17. What did you like most about today?

- **The opportunity for the public to participate and to provide input**
- Meeting others in the community with concerns
- The effective facilitation
- The debriefing
- The organization of the session

18. What did you like least about today?

- **The low turnout of community members**
- **The cold temperature in the room**
- The negative comments from the community
- The poor acoustics

19. Please provide any comments or suggestions about the *community engagement process* below.

- **Very good – keep up the good work!**
- Not enough advertisement about the community panel
- Need to provide more outreach to the public

26. Did the *Public Roundtable* meet your expectations? Yes? No? Why or Why Not?

- 33% (5) of the respondents said YES, 60% (9) of the respondents said NO, and 7% (1) said they were UNSURE

- YES:
    - The public input was valuable
    - Yes, but more time for the public to speak would have been beneficial

- NO:
    - **Expecting more community members to attend**
    - A lot of talk about irrelevant issues
    - People who attended were probably from healthcare related backgrounds and had biased opinions

27. Was the *Public Roundtable* and effective way to engage the community in decision-making? Yes? No? Why or Why not?

- 86% (11) of the respondents said YES, 7% (1) of respondents said NO, and 7% (1) said they were UNSURE

- YES:
  - The design allowed for specific discussion as well as movement between the tables
  - We get to hear other people's opinions

- NO:
  - No comments observed

28. Please provide any comments or suggestions about *Public Roundtable* below.

- From receipt of the initial communication presenting the opportunity to be selected for CAP and through the first three days of meetings, the undertaking has been first class. The zeal and passion exhibited by Robert Biron and Lynda Kay are genuine and contagious. One can equate Peter MacLeod and the entire MASS LBP team with extreme professionalism, genuine enthusiasm, and paramount dedication to success on the critical role they assume in the immense task at hand. It is evident by survey process being conducted by the Monieson Centre that the hospital's efforts are essential and urgent
- Advertise more to get a greater diversity of people

Note: Responses in bold indicate the strength of view being expressed.

Summary of Data collected from the Public Roundtable Questionnaire

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 13-16, 17d, 17e, 17f, 23, 24, 25, 26, 27

Please circle the number that best reflects your opinion of today's Roundtable.
(1 = strongly disagree, 4 = strongly agree)

13. Today's session was well organized.

MEAN	3.00
STANDARD DEVIATION	0.78
MAXIMUM	4.00
MINIMUM	2.00

14. The venue was appropriate

MEAN	2.64
STANDARD DEVIATION	1.01
MAXIMUM	4.00
MINIMUM	1.00

15. The presentations provided the appropriate level of information

MEAN	2.64
STANDARD DEVIATION	1.01
MAXIMUM	4.00
MINIMUM	1.00

16. The format of today's session was appropriate

MEAN	2.92
STANDARD DEVIATION	0.76
MAXIMUM	4.00
MINIMUM	2.00

17. At today's Roundtable:

d) My facilitator(s) treated each group member with respect

MEAN	3.21
STANDARD DEVIATION	0.70
MAXIMUM	4.00
MINIMUM	2.00

e) My facilitator(s) valued each group member's opinion

MEAN	3.71
STANDARD DEVIATION	0.47
MAXIMUM	4.00
MINIMUM	3.00

f) My facilitator(s) kept our conversations focused and productive

MEAN	3.62
STANDARD DEVIATION	0.51
MAXIMUM	4.00
MINIMUM	3.00

23. Overall, I enjoyed participating in the Public Roundtable

MEAN	3.29
STANDARD DEVIATION	0.61
MAXIMUM	4.00
MINIMUM	2.00

24. Overall, the Public Roundtable accomplished something important

MEAN	2.64
STANDARD DEVIATION	0.93
MAXIMUM	4.00
MINIMUM	1.00

25. Input from the Public Roundtable will enhance the work of the Citizens' Advisory Panel

MEAN	3.07
STANDARD DEVIATION	0.62
MAXIMUM	4.00
MINIMUM	2.00

26. NHH should use a Public Roundtable to obtain public input in the future

MEAN	3.29
STANDARD DEVIATION	0.73
MAXIMUM	4.00
MINIMUM	2.00

27. I would participate in a similar citizens' process again if I had the opportunity

MEAN	3.46
STANDARD DEVIATION	0.66
MAXIMUM	4.00
MINIMUM	2.00

Key Themes (Questions 30, 31, 32, 33, 36, 37, 38, 39, and 40) in order of frequency:

30. Why did you participate in the Public Roundtable?

- **To learn about the financial issues facing the hospital**
- **To learn about the hospital and how it operates**
- Interested in the future success of the hospital
- Interested in health care

31. Was the Public Roundtable an effective way to engage the community in decision-making? Yes? No? Why or why not?

- 9 of the respondents said YES, 5 of the respondents said NO

- YES:
  - An effective way to gather public opinions
  - Allows people to voice their opinion on decisions made by NHH
  - Yes, but participants needed to be better informed

- NO:
  - Not enough time
  - Information for decision-making is biased
  - There is no accountability
  - Low attendance

32. How could a future Roundtable be improved?

- **Provide more specific and detailed information (i.e. financials, pros and cons of issues)**
- **Improve attendance**
- Ensure that most people can provide input
- Have many speakers with different views

33. Please provide any comments or suggestions about the Public Roundtable below.

- Lack of guidance
- More input should be solicited to support the diverse needs of the community
- Participants should be given a list of all hospital services
- Participants need to be given information from all sides
- The venue was cold and impersonal

36. Do you think the Citizens' Advisory Panel is an effective way to engage the community in decision-making? Yes? No? Why or why not?

- 8 of the respondents said YES, 2 of the respondents said NO, 2 of the respondents said UNSURE

- YES:
  - Allows the panel to make informed recommendations
  - So long as the board gives serious consideration to recommendations
  - Makes the board aware of community needs

- NO:
  - The ultimate decision will be biased by the CEO
  - Not representative enough

- UNSURE
  - Should have a question period for board members

37. How could a future Citizens' Advisory Panel be improved?

- More opportunities for CAP to get input from the broader community
- More speakers to present information from different viewpoints
- Fine the way it is
- More Port Hope residents should be included

38. Please provide any comments or suggestions about the Citizens' Advisory Panel below.

- **No comment**
- CAP members seemed committed and open to input

39. How could a future community engagement process be improved?

- **No comment**
- Better publicity
- Create a web-based feedback forum
- More speakers with different views
- Try to overcome the apathy of citizens

40. Please provide any comments or suggestions about the community engagement process.

- **No comment**
- **Overall good work – thank you**
- **Low attendance - Rethink how to recruit participants**
- Waste of money to give public the illusion that it is contributing to decision making

Note: Responses in bold indicate the strength of view being expressed.

Summary of Data collected from the Citizens' Advisory Panel Questionnaire - Session 4

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 1 to 3, 4h, 4i, 4j, 4k, 4l

1 = strongly disagree, 4 = strongly agree

1. Today's session was well organized.

MEAN	3.61
STANDARD DEVIATION	0.50
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	23

2. The presentation provided the appropriate level of information.

MEAN	3.52
STANDARD DEVIATION	0.67
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	23

3. The format of today's session was appropriate.

MEAN	3.59
STANDARD DEVIATION	0.59
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	22

4. At today's Panel session:

h) My facilitator(s) treated each group member with respect

MEAN	3.86
STANDARD DEVIATION	0.35
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	22

i) My facilitator(s) valued each group members' opinion

MEAN	3.86
STANDARD DEVIATION	0.35
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	22

j) My facilitator(s) kept our conversations focused and productive

MEAN	3.50
STANDARD DEVIATION	0.67
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	22

k) My facilitator(s) understood the task(s) at hand

MEAN	3.81
STANDARD DEVIATION	0.40
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	21

l) My facilitator(s) did not influence our decision(s)

MEAN	3.77
STANDARD DEVIATION	0.43
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	22

Key Themes (Questions 24, 25, 26, 27) in order of frequency:

24. What did you like the most about today?

- **Informative speakers/presentations**
- **Group work/focus groups**
- Being heard even after dissenting
- Putting ideas on the table and seeing things come together
- Great diversity of speakers

25. What did you like the least about today?

- **Time constraints**
- **Group size was too big**
- Going off topic
- Tackling the budget part of the task

26. Is there anything you can suggest that would improve the next session?

- **No – Well done! Keep it the same.**
- **Work in smaller groups**
- Keep people on track and focused on questions

27. Please provide any comments or suggestions about the community engagement process below.

- MASS has done an exceptional job
- Needs to be expanded
- Another location might me more appropriate
- Many feel that the decisions have already been made

Note: Responses in bold indicate the strength of view being expressed.

Summary of Data collected from the Citizens' Advisory Panel Questionnaire - Session 5

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 1 to 3, 4h, 4i, 4j, 4k, 4l

1 = strongly disagree, 4 = strongly agree

1. Today's session was well organized.

MEAN	3.88
STANDARD DEVIATION	0.34
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

2. The presentation provided the appropriate level of information.

MEAN	3.88
STANDARD DEVIATION	0.34
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

3. The format of today's session was appropriate.

MEAN	3.88
STANDARD DEVIATION	0.34
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

4. At today's Panel session:

h) My facilitator(s) treated each group member with respect

MEAN	3.88
STANDARD DEVIATION	0.34
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

i) My facilitator(s) valued each group members' opinion

MEAN	3.88
STANDARD DEVIATION	0.34
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

j) My facilitator(s) kept our conversations focused and productive

MEAN	3.88
STANDARD DEVIATION	0.34
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

k) My facilitator(s) understood the task(s) at hand

MEAN	3.83
STANDARD DEVIATION	0.38
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

l) My facilitator(s) did not influence our decision(s)

MEAN	3.83
STANDARD DEVIATION	0.48
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	24

Questions 21 to 26

1 = strongly disagree, 4 = strongly agree

21. Overall, the Panel sessions were well organized.

MEAN	4.00
STANDARD DEVIATION	0.00
MAXIMUM	4.00
MINIMUM	4.00
NUMBER OF RESPONDENTS	24

22. Overall, I enjoyed being a member of the Panel.

MEAN	3.92
STANDARD DEVIATION	0.41
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	24

23. Overall, the Panel accomplished something important.

MEAN	3.88
STANDARD DEVIATION	0.45
MINIMUM	4.00
MAXIMUM	2.00
NUMBER OF RESPONDENTS	24

24. Overall, the time-commitment involved with participating in the Panel was appropriate.

MEAN	3.92
STANDARD DEVIATION	0.28
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

25. I would participate in a similar citizens' process again if I had the opportunity.

MEAN	3.75
STANDARD DEVIATION	0.68
MINIMUM	4.00
MAXIMUM	1.00
NUMBER OF RESPONDENTS	24

26. NHH should us a Citizens' Advisory Panel to obtain public input in the future.

MEAN	3.92
STANDARD DEVIATION	0.28
MINIMUM	4.00
MAXIMUM	3.00
NUMBER OF RESPONDENTS	24

Key Themes (Questions 19, 20, 27, 28, 29) in order of frequency:

19. What did you like the most about today?

- **Reaching consensus (in a positive way)**
- **Coming to conclusions and the completion of the process**
- **Feeling of accomplishment**
- Professionalism of facilitators
- Discussions from different viewpoints

20. What did you like the least about today?

- **Nothing**
- Struggling to come to a conclusion
- Completing the survey
- Saying goodbye to new found acquaintances

27. Did the Panel process meet your expectations? Yes? No? Why or Why Not?

- 23 of the respondents said YES, none of the respondents said NO, and 1 said they were UNSURE

- YES:
    - **Excellent process**
    - **Far exceeded my expectations**
    - Provided the right amount of information
    - Enhanced communication to the community
    - Speakers were all well-informed

- UNSURE:
    - Frustrated about the restrictions with respect to funding and flexibility

28. Was the Panel an effective way to engage the community in decision-making? Yes? No? Why or Why not?

- All respondents said YES

- YES:
    - **Different viewpoints were represented**
    - **Information was able to be shared by the community**
    - Yes, but need more people to participate
    - We need to carry on informing the public

29. Please provide any further comments below:

- **MASS did an excellent job**
- **Thank you!**
- **Happy that the community's views were being heard**
- Hope for follow up opportunities
- Excellent process overall

Note: Responses in bold indicate the strength of view being expressed.

Summary of Data collected from the Citizens' Advisory Panel Questionnaire – January Survey

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

Questions 1 to 3: 1 = strongly disagree, 4 = strongly agree

1. Overall the Citizens' Advisory Panel:

a) Increased Community *input* into key decisions related to NHH'S future

MEAN	3.23
STANDARD DEVIATION	0.93
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	13

b) Increased community *support* for key decisions related to NHH's future

MEAN	3.00
STANDARD DEVIATION	0.58
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

c) Strengthened the *connection* between NHH and the community

MEAN	3.08
STANDARD DEVIATION	0.64
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

d) Represented the *perspectives* of the west Northumberland community

MEAN	3.15
STANDARD DEVIATION	0.69
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

e) Accomplished something important

MEAN	3.38
STANDARD DEVIATION	0.87
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	13

2. Overall, the five Panel sessions:

a) Were well *organized*

MEAN	3.93
STANDARD DEVIATION	0.27
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	14

b) Provided an appropriate amount of *information*

MEAN	3.64
STANDARD DEVIATION	0.50
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	14

c) Required an appropriate *time commitment*

MEAN	3.64
STANDARD DEVIATION	0.63
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

3. Overall, how valuable were the following to the Panel process:

a) The hospital tour

MEAN	3.79
STANDARD DEVIATION	0.58
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

b) The 23 Service Sheets

MEAN	3.86
STANDARD DEVIATION	0.53
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

c) The Public Roundtable

MEAN	2.93
STANDARD DEVIATION	0.73
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

d) Presentations by NHH management and service providers

MEAN	3.71
STANDARD DEVIATION	0.47
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	14

e) Presentations by external services providers

MEAN	3.50
STANDARD DEVIATION	0.65
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

f) Feedback from the Board on the Core Services Scenarios

MEAN	3.36
STANDARD DEVIATION	0.63
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

Question 4: 1 = not enthusiastic, 4 = very enthusiastic

4. Overall, how enthusiastic are you about your participation in the Panel?

MEAN	3.79
STANDARD DEVIATION	0.43
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	14

Question 5: 1 = not anxious, 4 = very anxious

5. Overall, how anxious are you about your participation in the Panel?

MEAN	2.07
STANDARD DEVIATION	1.21
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	14

Questions 6 and 7: 1 = not satisfied, 4 = very satisfied

6. Overall, how satisfied are you with respect to the following aspects of the Panel:

a) The *goals*

MEAN	3.57
STANDARD DEVIATION	0.85
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	14

b) The *process*

MEAN	3.64
STANDARD DEVIATION	0.63
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

c) The *tasks* involved

MEAN	3.57
STANDARD DEVIATION	0.65
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

d) The *responsibilities* of its members

MEAN	3.71
STANDARD DEVIATION	0.47
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	14

e) The *quality* of the facilitators

MEAN	3.86
STANDARD DEVIATION	0.53
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

7. Overall, I am satisfied with communications:

a) Between Panel members

MEAN	3.69
STANDARD DEVIATION	0.63
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

b) Between NHH and the Panel members

MEAN	3.54
STANDARD DEVIATION	0.52
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	13

c) Between MASS and the Panel members

MEAN	3.92
STANDARD DEVIATION	0.28
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	13

d) Between HNN and the community

MEAN	3.08
STANDARD DEVIATION	0.64
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

Questions 8 to 14: 1 = strongly disagree, 4 = strongly agree

8. I had enough information on the 23 services provided by NHH to make recommendations.

MEAN	3.46
STANDARD DEVIATION	0.66
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

9. I am satisfied with the voting process used to determine core and non-core services.

MEAN	3.64
STANDARD DEVIATION	0.63
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

10. I had adequate opportunity to provide input into the report recommendations.

MEAN	3.71
STANDARD DEVIATION	0.61
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

11. The recommendations made in the report to the Board:

a) Represented the views of the Panel

MEAN	3.62
STANDARD DEVIATION	0.65
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

b) Represented the community at large

MEAN	2.73
STANDARD DEVIATION	1.01
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	11

c) Were not influenced by the Board

MEAN	3.62
STANDARD DEVIATION	0.65
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	13

d) Were not influenced by MASS

MEAN	3.69
STANDARD DEVIATION	0.48
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	13

12. I am satisfied with the final report on the Panel recommendations to the Board.

MEAN	3.50
STANDARD DEVIATION	0.94
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	14

13. I would participate in a similar citizens' process again if I had the opportunity.

MEAN	3.71
STANDARD DEVIATION	0.83
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	14

14. NHH should use a Citizens' Advisory Panel to obtain public input in the future.

MEAN	3.71
STANDARD DEVIATION	0.61
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	14

Summary of Data collected from the Citizens' Advisory Panel Questionnaire – March Survey

Citizens' Advisory Panel Study
The Monieson Centre
Queen's University

1. The Citizen's Advisory Panel:

a) Enhanced NHH Board's decision-making on the Hospital's *programs* and *services*

MEAN	3.33
STANDARD DEVIATION	0.98
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

b) Enhanced NHH Board's decision-making on the Hospital's budget

MEAN	3.17
STANDARD DEVIATION	1.03
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

c) Increased community *input* into key decisions related to NHH's future

MEAN	3.25
STANDARD DEVIATION	0.97
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

d) Increased community *support* for key decisions related to NHH's future

MEAN	2.79
STANDARD DEVIATION	0.94
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

e) Strengthened the connection between HNN and the community

MEAN	2.63
STANDARD DEVIATION	0.77
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

f) Increased NHH's accountability to the community

MEAN	3.00
STANDARD DEVIATION	0.77
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	11.00

g) Represented the perspectives of the west Northumberland community

MEAN	3.00
STANDARD DEVIATION	0.89
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	11.00

2. The recommendations made in the report to the Board:

a) Represented the views of the Panel

MEAN	3.58
STANDARD DEVIATION	0.67
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	12.00

b) Represented the community at large

MEAN	2.75
STANDARD DEVIATION	0.87
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	12.00

c) Were not influenced by NHH

MEAN	3.00
STANDARD DEVIATION	1.04
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

d) Were not influenced by MASS

MEAN	3.64
STANDARD DEVIATION	0.67
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	11.00

3. Overall, I am satisfied with the quality of communications:

a) Between NHH and the Panel members

MEAN	3.58
STANDARD DEVIATION	0.90
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

b) Between NHH and the community

MEAN	3.00
STANDARD DEVIATION	0.85
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

4. Overall, I am satisfied with the timeliness of communications:

a) Between NHH and the Panel members

MEAN	3.63
STANDARD DEVIATION	0.64
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	12.00

b) Between NHH and the community

MEAN	3.00
STANDARD DEVIATION	0.89
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	11.00

5. Overall, how satisfied are you with respect to the following aspects of the Panel:

a) The goals

MEAN	3.42
STANDARD DEVIATION	0.90
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

b) The process

MEAN	3.50
STANDARD DEVIATION	0.90
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

c) The responsibilities of its members

MEAN	3.75
STANDARD DEVIATION	0.45
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	12.00

6. Overall, how satisfied are you with:

a) My role within the Panel

MEAN	3.33
STANDARD DEVIATION	0.89
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

b) The Board's use of the Panel recommendations

MEAN	3.25
STANDARD DEVIATION	1.06
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

c) The way decisions were announced

MEAN	3.08
STANDARD DEVIATION	0.79
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

d) The way the Panel was portrayed to the community

MEAN	2.92
STANDARD DEVIATION	1.00
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

7. Overall, how satisfied are you with:

a) The Panel's input into the Board's decisions

MEAN	3.17
STANDARD DEVIATION	1.03
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

b) The decisions made by the Board on programs and services being offered by NHH

MEAN	3.17
STANDARD DEVIATION	0.83
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

c) The community response to the Panel

MEAN	2.36
STANDARD DEVIATION	0.81
MAXIMUM	3.00
MINIMUM	1.00
NUMBER	11.00

d) The community response to the NHH announcements

MEAN	2.09
STANDARD DEVIATION	0.70
MAXIMUM	3.00
MINIMUM	1.00
NUMBER	11.00

8. Overall, how enthusiastic are you about the outcomes of the Panel?

MEAN	3.17
STANDARD DEVIATION	0.94
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

9. Overall, how anxious are you about the outcomes of the Panel?

MEAN	1.92
STANDARD DEVIATION	1.08
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

10. I would participate in a similar citizens' process again if I had the opportunity.

MEAN	3.42
STANDARD DEVIATION	0.90
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

11. NHH should use a Citizens' Advisory Panel to obtain public input in the future.

MEAN	3.50
STANDARD DEVIATION	0.90
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	12.00

12. Overall, I enjoyed being a member of the Panel.

MEAN	3.67
STANDARD DEVIATION	0.49
MAXIMUM	4.00
MINIMUM	3.00
NUMBER	12.00

13. Overall, the Panel:

a) Accomplished something important

MEAN	3.42
STANDARD DEVIATION	0.67
MAXIMUM	4.00
MINIMUM	2.00
NUMBER	12.00

b) Made a positive difference to the community

MEAN	3.09
STANDARD DEVIATION	0.94
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	11.00

c) Has been received well by the community

MEAN	2.45
STANDARD DEVIATION	0.96
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	10.00

d) Has been of benefit to NHH

MEAN	3.27
STANDARD DEVIATION	0.90
MAXIMUM	4.00
MINIMUM	1.00
NUMBER	11.00

Qualitative Data

4. Comments for Questions 1 to 4

- The negatives here reflect the lack of community engagement during the activities of the Panel – the public's day was very poorly attended.
- Excellent process for a very difficult communications and planning challenge.
- CAP not truly representative, too small a group of representatives, too few meetings, too short a time span to digest all information and solutions.
- Panel was interesting and worthwhile. Community input is essential

6. Comments for Questions 5 to 6

- The Panel was excellent but the community never "got it" – just complained but did not participate when given the chance.
- I would not have placed all the personal information for everyone to see i.e. bios
- The professional open tone has been maintained creating respectful interactions.

9. Comments for Questions 7 to 9

- Community reaction set off panic responses, including eventual closure of NHH. Obviously there's huge reactions to losing certain long-standing services
- The process helps the Board, hospital staff, community, government face the reality of the times.
- I can't respond to community feelings and response to either the Panel or the Board's decisions. I just don't know.
- Community response was negative. Panel being blamed somewhat for outcome.

Comments on your Panel experience:

- For me, participation on the Panel was thoroughly enlightening and gratifying. The cross-section of participants was ideal. Open discussion encouraged. Varying opinions were treated respectfully by the entire Panel.
- The Panel generally worked very well done or two members felt their view was the only one!). However, judging by the reaction to the report, I don't believe we made a positive difference to the community and it has definitely not been well received in the community or by staff. I think the Panel was of benefit to NHH but I wish we had had access to administrative costs – especially salaries. Also, is it true as rumoured that another VP has recently been hired?
- Other communities could benefit from such an engagement model to work through complex decisions in an open, transparent and respectful manner. Ultimately better decision making results will occur.
- Too compressed. Study should have been made earlier and longer time to study and digest needs. Public attendance at 3rd meeting was totally inadequate to base any reaction to. Preparation of informative materials was 1st class.
- I feel some of the information was "censored" by NHH to the Panel. All information/questions on "administrative costs" were forgotten or "we have cut it already". This was the first item the "public" wanted to know about when the board's report was published.
- I enjoyed my panel experience and a great deal about the NHH its operations and problems.

14. Was the Panel an effective way to incorporate the community's perspective into decision making? Yes or no? Why or why not?

- Yes - The composition of the Panel represented the community. The comprehensive material presented for evaluation and subsequent decision making was really only possible with a Panel. The Panel was one method to obtain a community perspective.
- No – Because so few turned up to share their views at the roundtable day. Some people I spoke to were completely opposed to the whole process (including my husband!), others didn't want to get involved – typical apathy.
- Yes – CAP member selection criteria brought together a representative sample of the community. The CAP got a quick and thorough education and developed a perspective.
- Yes – It was open and represented much of the community in a "real" forum – not behind closed doors with anonymous administration making big decisions.
- Yes – Input from the end user, or in some case the customer to NHH.
- Yes
- Yes – within practical limits as 25 individuals bring a broad number of perspectives but there are always specific groups that may feel left out.
- Yes
- No – CAP's the decisions of the board reflected recommendations of CAP but to what extent CAP represented the community's perspective is questionable.
- No.
- Yes – Wishes of the community were expressed through the Panel members.
- Yes

9 YES, 3 NO

15. Was the process of reporting the Panel's recommendations to the Board satisfactory? Yes or no? Why or why not?

- Yes- Although the entire Panel reached the conclusion that was presented to the Board, having MASS explain the process and two Panel members present was by far the most efficient way to proceed.
- Yes – MASS made the major presentation. Pat Stanley and I also made presentations and were able to answer the Boards' questions and discuss some issues with them.
- I don't know. Another CAP member reported to the board.
- Yes
- Yes – no comment
- Yes
- Yes – As far as I could determine there was a proper reporting of overall approach and conclusions and recommendations.
- Yes
- Yes
- No
- Yes – having a "draw" for the spokesman (or 2) for the panel was a good idea. That way those people chosen were already committed to voicing the Panel's recommendations.
- Yes

10 YES, 1 NO, 1 UNSURE

16. Were the recommendations made in the Panel's report representative of the community? Yes or no? Why or why not?

- Yes and No – It is very sad to read in the local papers how the (proposed/approved) cuts affect those concerned. It seems to me that no matter what services were eliminated there would be those voicing legitimate concerns.
- No – No, because we received very little community response and input. However, many people I spoke to had no complaints at all – others said they would never go to the ER again, even though I explained how it worked and how staffed.
- Yes – If one accepts the selection model, the yes.
- I really don't know – how can we know?
- Yes
- Yes
- Yes – As best as any process could represent the broad and often conflicting viewpoints held within any community.
- Yes – As best we could – at least the community woke up to the issues of health care in Ontario and Canada.
- I don't know – Don't have enough information to know this. Recent letters to the editor following reports in the press suggest that the community is not very happy.
- No
- Yes – Family/friends/neighbors all contributed their opinions to the panel members and we brought them to the meetings.
- No – Not completely. Community as a whole is very selfish in their use of NHH and as a public body not aware of what is core necessities of a hospital.

6 YES, 3 NO, 3 UNSURE

17. Did the Board's decisions meet your expectations? Yes of no? Why or why not?

- Yes- Because the Board has had input from many sources and digests volumes of detail, the Board's decisions have met my expectations indeed. Serving on the Panel certainly made me aware of the enormous task the Board faced.
- Yes – Largely. But outpatient rehab being closed will cause many people to go without necessary physiotherapy and other therapies because they have no other coverage and private clinics are expensive.
- Yes – the board made tough decisions of a financial nature that affected services areas that the CAP expected. I was glad that the Palliative care section was not cut.
- Yes
- Yes – Although they looked at the recommendations from the CAP, decisions still had to be made, not an easy position to be in.
- Yes
- Yes – they listened to the diverse inputs from various groups and had the courage to make necessary tough choices to balance competing needs and interests in order that the hospital remain viable and relevant
- No – I hoped something would be said about palliative care, as the government must address the lack of support for an aging demographic in Northumberland.
- Yes and no – On a personal level no. The board acted on the CAP's ideas so yes.
- No
- No - The closure of "Fast Track" was a surprise. IT was a major "keeper" for the Panel.
- Yes – Glad the palliative unit was saved. Funding for long term and alternative care should be redefined by LHIN.

8 YES, 1 UNSURE, 3 NO

18. What can be done to improve future community engagement efforts?

- I'm not certain there could be more undertaken to improve future community engagement! One thing for certain however – continue with a Citizen Advisory Panel hosted by MASS.
- I don't know how to engage the general community. Perhaps focus groups would work or detailed questionnaires distributed to all households although a very small percentage is likely to respond.
- Communication and education.
- Advertise
- More focus groups with new CAP members to educate even more people.
- Communications is primary emphasis at this stage. Annual planning open forum to seek input on changing needs of community. Consistency and predictable engagement approach helps those who wish to make their views known contribute in a more formal way.
- If only I knew.
- Need more attention to community. Reports to keep the community more informed in a continuing way. Public relations need to reach more people.
- Keep "Advisory Panels" going. Even now when NHH is the big news – get people who want to change things involved. Don't wait until the "fire" dies down. Try a "letter to the NHH Board" in the next Newsletter. Publish what the communities think "Good + Bad".
- More awareness of what a hospital's services should be. Public use it as drop in center for all matter of minor illnesses.

Additional comments are welcome

- My hats off to Robert Biron and the entire NHH Board. I have the utmost respect for Robert – he is truly a dedicated, compassionate gentleman devoted to his causes. Peter and the entire MASS team – again – A+. The Panel success was due, in large part, to their superlative efforts. THANK YOU for the opportunity to serve on the Panel I was so proud of!
- The media played a very negative role here and cause a lot of negativity and panic in the community by publishing a lot of misinformation and complete errors in fact.
- Congratulations to the Board, CEO and MASS for having the conviction and foresight to undertake this process. It was very successful in engaging broad input at a critical time. Too often key leaders of public and private institutions play it safe and look for small incremental changes. Well done! Your leadership bodes well for NHH.
- Unfortunately, community response was angry at the results. If they had bothered to show up at the public meeting, maybe it wouldn't have been such a surprise. Their apathy caused the problem once the news was out. No more apathy!
- Wider representation from the community perhaps chosen representatives. I would like to have heard from more workers, floor nurses, volunteers, aides etc. I would like to know more about salaries of administrators both in hospital and LHIN. Were these people part of the cutbacks? How many people are involved with the LHIN and the administration? Since I filled this questionnaire 3 days ago I have made it my business to speak to – a hospital volunteer and a working nurse as well as a current patient There is (from these people) anger, fear, and great disappointment that a "wonderful hospital" has come to this. I was also told that key people left and have been hired elsewhere, because they saw what was going to happen. I now think that the hope of the organization design of the Panel by the administration was that the decisions by the board would be more palatable and accepted by the community.
- Top management including LHIN has brought our HC (health care?) in dire straits. It should be abolished. 46 cents each dollar to HC. They did not take my concerns serious – nurse practitioners roles. This was a farce(?) the whole set up. To make top management look good. I am concerned of the consequences to come in Health care.
- Instead of closing long term care and all beds, create a ward strictly used as a nursing home holding area and apply for and receive the same funding as nursing home facilities which is far higher than LHIN funding.

Appendix 8 - Biographies of Research Team Members

Dr. Yolande Chan is the Director of The Monieson Centre and a Professor of Management Information Systems at Queen's School of Business. A Rhodes Scholar, Dr. Chan's educational background is multifaceted. She holds a Ph.D. from the Richard Ivey School of Business, an M.Phil. in Management Studies from Oxford University, and S.M. and S.B. degrees in Electrical Engineering and Computer Science from the Massachusetts Institute of Technology (MIT). Prior to joining the Queen's faculty, Dr. Chan worked with Andersen Consulting (now Accenture). Dr. Chan has received the Commerce Teaching Excellence Award and the Commerce Professor Student Life Award -- awarded to the professor who has contributed most to the student life of the graduating class over their four-year term in the Bachelor of Commerce program. Dr. Chan teaches PhD/MSc and Commerce courses. Dr. Chan's research focuses on information technology strategic alignment and performance, knowledge management and information privacy. Dr. Chan's work has been published in numerous academic journals, including Information Systems Research, MIS Quarterly Executive, Academy of Management Executive, Journal of Management Information Systems, Journal of the AIS, Journal of Information Technology, Journal of Strategic Information Systems, Information & Management, and IEEE Transactions on Engineering Management. Dr. Chan is entered in the Canadian Who's Who, the Who's Who of Canadian Women, and the Who's Who in Canadian Business Directories.

Dr. Brent Gallupe is Associate Dean, Queen's School of Business, former Director of The Monieson Centre and founding Director of Canada's first electronic group-decision support laboratory at the Queen's Executive Decision Centre. Dr. Gallupe advises both private- and public-sector organizations on the development and use of group support technologies for management teams. His reputation for being on the forefront of information technology has earned him frequent invitations to lecture at universities in New Zealand, the United States and France. He earned an MBA at York University and a Ph.D. in Business Administration at the University of Minnesota. Dr. Gallupe is a prolific author of dozens of research papers, articles, presentations and papers published in respected business and academic journals, including Journal of Information Management Systems, MIS Quarterly, Journal of Applied Psychology, Sloan Management Review, Academy of Management Journal, Group Support Systems: New Perspectives, CMA Magazine, Canadian Data Systems, Pulp and Paper Canada, and Information and Management. Clients: Canada Post, Certified General Accountants Association of Canada, Health Insurance Division, Ontario Provincial Government, and the Canadian Urban Transit Association.

Ms. Janelle Mann is currently in her second year of the managerial economics Ph.D. program at Queen's School of Business. Her academic interests lie in applied economics including financial economics, health economics, and econometrics. Janelle grew up in rural Manitoba and holds a B.Sc. in Statistics and an M.Sc. in Agribusiness and Agricultural Economics. She has experience in program evaluation, specifically in the development and analysis of community questionnaires. She recently worked on the evaluation of Alternative Land Use Services (ALUS) - a pilot program that provides incentives to landowners in the Rural Municipality of Blanshard (Manitoba) in return for the production of a wide range of ecological goods and services. She has also worked as a research assistant for the Manitoba Centre for Health Policy where she worked on defining and validating chronic diseases.

Dr. Salman Mufti is Associate Professor of Management Information Systems at Queen's School of Business and Visiting Associate Professor at The Johnson School of Management at Cornell University. His teaching and research specializes in the areas of managerial decision making and information technology strategy.

He has extensive teaching experience in both degree and non-degree executive education at Queen's School of Business, and with other national and international schools such as University of Alberta School of Business in Canada, Cornell University Johnson School of Management in United States, Lahore University of Management Sciences (LUMS) in Pakistan, and IEDC-Bled School of Management in Slovenia.

As a former Director of both Queen's Executive MBA and Queen's MBA, he has had a significant role in the success and recognition garnered by Queen's School of Business. He has also served as Director of Curriculum Development and Program Design with the Queen's Executive Development Centre. He is the recipient of a Queen's Executive MBA and two Queen's MBA Teaching Excellence Awards.

Prior to joining Queen's, he spent twelve years as a manager, entrepreneur and consultant working with organizations in the private and public sectors. He continues to advise senior managers in corporations and the government, and is a regular speaker on in-company and custom executive education programs.

He has a B.Sc. from McMaster University, an MBA from Queen's University, and a Ph.D. from McGill University.

Dr. Rajiv Sabherwal is the 2009-2010 Fulbright Scholar at The Monieson Centre, Queen's School of Business; University of Missouri System Curators' Professor; Emery C. Turner Professor of Information Systems; and Director of the Ph.D. Program in Business Administration at the University of Missouri, St. Louis. He has previously taught at Florida State University (1999-2000) and Florida International University (1988-1999). He served as a visiting professor at National University of Singapore in 2004.

Dr. Sabherwal was inducted as a Fellow of the Association for information Systems (AIS) in December 2008. He is currently Senior Editor for a special issue of Information Systems Research, and has previously served as Senior Editor for MIS Quarterly and Department Editor for IEEE Transactions on Engineering Management. He has co-authored a textbook on knowledge management and is co-authoring a textbook on business intelligence.

Dr. Sabherwal received his Ph.D. in Business Administration from the University of Pittsburgh in 1989. He received a Post Graduate Diploma in Management from the Indian Institute of Management, Calcutta, and a Bachelor of Engineering from Bhopal University, India. He is a member of AIS, Academy of Management, IEEE, and INFORMS.