



NORTHUMBERLAND HILLS
HOSPITAL

e-Bulletin # 1

Shared Challenge, Shared Solution

**Decision Making Framework for Service
Prioritization**

Summary - September 30, 2009 Board Session

The first iteration of the Northumberland Hills Hospital's Decision Making Framework for Service Prioritization was produced at a special meeting of the Hospital's Board of Directors on Wednesday, September 30.

Background

Despite the \$1.4 million in efficiencies gained as a result of a range of efforts launched inside the Hospital in December 2008, NHH continues to forecast an operating deficit. Operating costs continue to rise, the demand for services continues to grow and revenues are not keeping pace with inflation.

By the end of this fiscal year in March 2010, NHH will have run three consecutive years of operating deficits in order to maintain the level of services our community has come to expect and value.

This approach is not sustainable in the long term. The Hospital cannot spend more money than it receives. The provincial government has been clear in its directive: hospitals must fund their operations with the existing resources and they cannot run a deficit. The Hospital Board, itself made up of volunteer members of our community, firmly believes that it is best to identify options and make choices in consultation with the community.

Purpose of the October 9 Session with the NHH Board

The September 30 working session was the first step in an iterative process to build a "Framework" or tool that NHH can use to help guide its decisions in prioritizing services. The goal is to proactively obtain input from representatives of Hospital stakeholders

(physicians, staff, volunteers, patients and the public we serve) in developing that Framework.

Why Stakeholder and Community Engagement?

NHH's Framework will combine the guidelines that must be followed by all Ontario hospitals in the development of service plans and budgets; and the principles and values that the Hospital stakeholders and community deem important when making choices.

While specifics are not provided, the Local Health System Integration Act, 2006, requires health service providers to “engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services.” Further, the LHINs’ own Framework for Making Choices requires hospitals to optimize efficiencies, but also to transfer services more appropriately delivered in the community, identify and evaluate integration opportunities and realign or remove low demand health services.

Regardless of the requirements of the Act, or the Making Choices Framework, the NHH Board of Directors believes strongly that there is great value in engaging the community served before any decisions as important as those affecting services are made. This community has contributed greatly to NHH and the Board wishes to maintain the strong linkages with the community it serves. A proactive, transparent and inclusive discussion of our challenges with our community will result in better, more sustainable solutions.

The Framework, Iteration #1

The four-hour session began with a presentation from researcher Salmun Mufti from The Moniesen Centre at Queen’s University’s School of Business in Kingston. Mufti presented an overview of various types of frameworks used to guide decision making in a range of sectors—including health care—and spoke to the pros and cons of the respective approaches.

Facilitator Peter MacLeod from MASS LBP launched a series of discussions among the Board members to lay the foundation for a “made-in-Northumberland” approach. The Board began by reflecting on what makes them proud of NHH, and from there developed a list of the Hospital’s strengths. The final part of the exercise required the Board members to shift their focus to the principles and values that should—in their view—inform the choices related to the Hospital’s services in the days ahead.

The Board concluded its exercise by listing six core principles and values, with supporting questions to help describe what is meant by each. The Board’s draft Framework concluded as follows:

Sustainability

Do we have the fiscal, human and technical resources necessary to maintain a high-quality service, now and in the future?

Effectiveness and Safety

Who can provide service most effectively, us or others?

Community Needs and Responsiveness

Will the needs and expectations of the community be met?

Accessibility

Can we access the service in a timely fashion?

How important is it that access to this service be provided locally?

Collaboration

Are there unrealized opportunities for system collaboration?

Relationship and Public Trust

Does this service maintain or enhance our relationships with our community?

Next steps

As noted above, the Board's exercise was the first step in an iterative process to develop a "made-in-Northumberland" Framework for service prioritization. The Framework will combine our legal obligations with regard to our funders; it will also reflect the principles and values held by our key stakeholders.

On October 7, physicians will have their opportunity to review the draft Framework begun by the Board, add to it as appropriate, and then pass it along for the next stakeholder group (staff, Auxiliary volunteers and Foundation representatives) to shape further, until the broader community has an opportunity for input via the Citizens' Advisory Panel.

This Citizens Advisory Panel will apply the final Framework to develop contingency plan scenarios and advice for the Board's consideration. The Board will then use the Panel's advice and other information and perspectives from other stakeholders in its deliberations and decisions. Any change in service must be approved by the Central East Local Health Integration Network.

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

For the latest information on NHH's *Shared Challenge, Shared Solution* collaborative budget strategy, staff members are directed to the dedicated *Shared Challenge, Shared Solutions* tab on the NHH InfoWeb. Those external to the Hospital can access background information on the Hospital's website at www.nhh.ca, and sign up under the RSS listing for email alerts on future e-Bulletins and news releases, as well as soft copies of the Hospital's community newsletter, *In Touch*.

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