



NORTHUMBERLAND HILLS  
HOSPITAL

**e-Bulletin # 3**

*Shared Challenge, Shared Solution*

**The Community Engagement Process to  
Develop an NHH Decision Making  
Framework for Service Prioritization**

**Summary – October 15, 2009  
Internal Stakeholders' Session**

The Northumberland Hills Hospital's Decision Making Framework for Service Prioritization was presented to internal stakeholders at a special workshop on Thursday, October 15.

**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's 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 15 Session with Hospital Staff and Volunteers**

The working session with staff and volunteer representatives was the third 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 collect input from Hospital stakeholders (physicians, staff, volunteers, and the public we serve) in developing that Framework.

### **Why an NHH Framework?**

NHH’s Framework will combine the guidelines that must be followed by all Ontario hospitals in the development of operating plans and budgets with the principles and values that NHH’s communities deem important to 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 legislation, the NHH Board of Directors believe strongly that there is great value in engaging the community before any decisions as important as those affecting services are made. The west Northumberland community has contributed greatly to NHH and the Board wishes to maintain the strong linkages with the community we serve. A proactive, transparent and inclusive discussion of our challenges with our community will result in better, more sustainable solutions.

### **The Framework, Iteration #3**

Close to fifty people participated in the session, including front-line staff, union representatives, volunteers, Foundation representatives and management.

The meeting began with a welcome and introduction by President and CEO Robert Biron and an overview of the upcoming Citizens’ Advisory Panel process by facilitator Peter MacLeod. Peter talked about the need for a decision-making framework and the work to date by the Board and physicians in determining the underlying values. He also gave an overview of the frameworks used by the Ministry of Health and Long Term-Care and the Central East Local Health Integration Network.

An introductory activity allowed tables of eight to ten participants to share what they take pride in at NHH. Dozens of characteristics were listed and many participants noted that there was considerable consensus especially concerning the value of community partnerships and, the importance of engaging with the community and the dedication to quality patient care.

Participants subsequently spent two hours visiting different tables that were assigned one of the six core values/principles established by the Board and the physicians. While at these tables, they created and refined definitions of the core values/principles, and brainstormed “assessment criteria”. During this discussion participants identified a further value (High

Standards) that they wanted to emphasize in the context of discussions around services, and a new discussion table was formed.

Similarities in assessment criteria surfaced as the tables reported back to the room. Key points for evaluating services were identified, such as patient care and satisfaction, financial efficiency, health promotion, rigorous standards of care and community partnerships. A summary of the themes that emerged at each table from the group's October 15 discussion is provided below.

## **ACCESSIBILITY**

*Definition:* To provide user-friendly patient care within scope and resources, in a timely manner, and in a safe environment.

*Criteria questions:*

Timely:

1. Are the services delivered in a timely fashion?
2. What are the wait times like?
3. Can we ensure that patients' conditions are not worsening?
4. Are patients being prioritized based on level of urgency?
5. Are patients getting treatment when they need it?

In demand:

1. Are the services matching the need of the population in the catchment area?
2. Do we have the right human, financial and technical resources?

Well linked to the community:

1. Are there strong links to other agencies/services if the service is not provided at NHH?
2. Are there consequences for other agencies, such as police, disaster relief, nursing homes, etc.?

Quality and safety

1. Are we able to maintain a high standard of care, while being cost-efficient?
2. Are we able to compliment other programs, internal and external to the hospital?

User-friendly and patient care

1. Will patients receive timely diagnosis and treatment?
2. Is the process streamlined, through the continuum of care?
3. What is the follow-up like?

## **COLLABORATION**

*Definition:* Working with others both internally and externally to make responsible (wise) decisions that result in positive patient outcomes and increased efficiencies. Collaboration is:

- working with a team
- with other disciplines
- open
- diverse partnerships

*Criteria questions:*

1. Does this service maximize community partnerships?
2. Are there better ways to share knowledge between departments?
3. Is the length of stay shorter? Can the patient get home faster through collaboration?
4. Are there opportunities in this service:
  - a. To be provided more effectively internally or externally?
  - b. To be provided in the community? (Is it already? Can we build on an existing partnership? Does the alternate service provider uphold the same level/standard of care/best practices? Is it sustainable?)
  - c. For cost-savings/sharing of resources that benefit the patient? (HR/material/equipment)
  - d. For collaboration in non-clinical areas? (to create cost savings without affecting patient care)
  - e. To increase teamwork and partnerships to break down silos?

## **COMMUNITY NEEDS AND RESPONSIVENESS**

*Definition:* Establishing and using mechanisms that allow the Hospital to gather and use information about the community to deliver services that proactively respond to the present and future community health needs.

*Criteria questions:*

1. To what extent does this service promote health and prevent future injury, disease or complications? Proactive.
2. How adaptive is this service to sudden or gradual changes in the community? I.E. plant closures, an aging population, lab closures, swine flu, responsiveness to changes in medical technology.
3. To what extent does this service uphold current best practices?
4. What is the capacity of this service to compliment, not duplicate, services offered elsewhere in the community?
5. How can this service attract and retain quality health care professionals?
6. To what extent does this service encourage the generosity of the community?
7. To what extent does this service affect the pride this community takes in the hospital?
8. To what extent is the Hospital maintaining the right channels for communicating (open, two-way conversation, inclusive, honest) and improving its knowledge of the community's needs?

## **EFFECTIVENESS AND SAFETY**

*Definition:* Effectiveness and safety are about providing quality care using leading practices. Effectiveness means being adequately resourced and responding to patients' needs in a timely manner, resulting in best possible patient outcomes. The environment must be one where staff and patients are safe.

*Criteria questions:*

1. Can we maintain/enhance the high standard of safety for patients/clients and staff?
2. How does the specific service perform as compared to leading practices based on these indicators:
  - a. Outcomes
  - b. Cost-effectiveness

- c. Capacity (resources, expertise)
  - d. Wait times
3. Would any alternative provider deliver the service and meet a high standard of safety, effectiveness and quality?

## **RELATIONSHIPS AND PUBLIC TRUST**

*Definition:* Community members believe that they will receive the best care possible through a hospital that is approachable, respectful, strives to keep up to the highest standard and engages highly-trained staff and state-of-the-art equipment.

*Criteria questions:*

1. Does this service:
  - a. Attract financial support?
  - b. Inspire volunteers to donate their time?
  - c. Generate volunteer, patient and family satisfaction?
  - d. Exist in a more effective manner elsewhere in the community?
2. Is this service:
  - a. Properly equipped, staffed and sustainable?
  - b. Core to the community's needs?
  - c. Highly regarded today?

## **SUSTAINABILITY**

*Definition:* In partnership with other health providers, when it is appropriate, sustainability means our ability to respond to the community's needs as they change. In order to do this, we need to maintain the following resources:

- Fiscal
- Human
- Technical and physical
- Relationships with other health care providers, highlighting the importance of local provision within the LHIN
- Relationship with the community
- Our ability to be adaptable and responsive

*Criteria questions:*

1. Is this service cost-effective at NHH if we compare it to provisions elsewhere? (Effectiveness needs to be defined in a quality-centered and patient-centred way)
2. What is the impact of this service on other services? Can that impact be eliminated, minimized or mitigated by different strategies, including working in partnership with others? The higher the potential impact, the greater the reason to keep the service, the lower the potential impact, the greater reason to re-evaluate service and, if changes are made, to communicate these changes effectively to the community.
3. Is the projected demand for this service going to change? How? React accordingly.
4. Could the loss in fundraising and volunteer hours be worth more than the savings made from removing this service?
5. Could the loss of this service affect the attractiveness of NHH and the regions for health care professionals?

6. Is this service adequately resourced, what are the options for bringing it up to adequate levels, and are any of those options worth it?
7. Does the service harmonize with the vision and strategic priorities of NHH, the LHIN, the MOHLTC and other partners?

**Next steps:**

As noted above, this workshop was one of the steps in an iterative, inclusive process designed to develop an NHH Framework for Service Prioritization.

Beginning in late October, members of the Citizens' Advisory Panel, a randomly selected group of 28 residents in the catchment area will have an opportunity to add their input into the Framework.

In December, this Panel will apply the final Framework to develop contingency plan scenarios and advice for the Board's consideration. The Board is expected to receive the Panel's recommendations in January 2010.

In its deliberations and decision making in preparing for a balanced budget for 2010/11 and 2011/12, the NHH Board will be informed by the various stakeholder perspectives, including those from the Citizens' Advisory Panel. Any changes in services must be approved by the Central East LHIN.

Throughout, Queen's University will provide an independent and objective third party evaluation of the Citizens' Advisory Panel process, 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](http://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*.

**Contact:**

Jennifer Gillard  
Director, Communications and Community Engagement  
905-377-7757  
[jgillard@nhh.ca](mailto:jgillard@nhh.ca)