



NORTHUMBERLAND HILLS  
HOSPITAL

**e-Bulletin # 4**

*Shared Challenge, Shared Solution*

**Day 1 – Citizens’ Advisory Panel**

**Summary – October 24, 2009  
Citizens’ Advisory Panel, Day 1**

On the first day of the Northumberland Hills Hospital Citizens’ Advisory Panel (CAP), 28 randomly selected citizens gathered to meet one another and begin a full day of learning and orientation. The CAP is a group of representatives from across west Northumberland who were randomly selected through a civic lottery process. The panelists are meeting five times over the next seven weekends to provide advice to the NHH’s Board of Directors regarding the services the Hospital can afford to deliver using the funds available. The CAP is part of the Hospital’s *Shared Challenge, Shared Solution* collaborative budget strategy launched in December 2008.

**Morning Activities: Introduction to NHH**

The day opened with warm welcomes from Panel moderator Lynda Kay, a member the NHH Board, and facilitator Peter MacLeod, principal at MASS LBP. They stressed the value of the panelists’ contribution and acknowledged that as volunteers, they were performing an important service for their Hospital and the community.

Robert Biron, President and CEO of NHH, spoke about the Hospital’s challenges and his own childhood connection with the former Port Hope and District Hospital, when he survived a near-fatal car accident. Over the course of the morning, Biron’s story was only one example of the deep, personal connections that exist between the Hospital and the community it serves. In concluding his presentation, Biron made it clear that no one would be dismantling the Hospital, but that the current economic climate does mean that some changes are inevitable to ensure its long-term viability. It is the Board’s preference to make

whatever changes that are necessary on the community's terms — rather than having changes imposed by the Ministry of Health and Long-Term Care or the Central East LHIN.

Panelists asked a range of questions concerning hospital funding, preventative care, and the complex patchwork of the health system in Canada. The questions revealed the passion they had for the Hospital, and their desire to better understand the health care system.

### **Morning Activities: Mapping the Hospital, Mapping the Community**

Panelists were invited to stand up and spread out across the room as if it were a large map of the region, standing in the approximate location of their home town. Panelists introduced themselves and briefly talked about why they had volunteered to be a part of the Citizens' Advisory Panel.

Here is what some of them had to say:

*"I'm here because I'm interested in the health and welfare of seniors; I'm hoping to keep a health care system where everyone can be treated."*

*"This is my blood. I love Cobourg. I want our health system to stay sane"*

*"I'm quite young but I'm trying to educate myself about the community."*

The Panel then broke into smaller work groups to share their individual experiences with NHH. Panelists lauded the Hospital's atmosphere. They like that the staff, nurses and volunteers were also members of the community and believed this contributed to a sense of pride and compassion. The panelists were frank on what they described as the Hospital's shortcomings with regard to communication between front-line staff and patients, emergency wait times and the lack of responsiveness to seniors.

### **Afternoon Activities: Learning About the Framework**

After lunch, the Panel had a chance to learn about the NHH Decision Making Framework for Service Prioritization. This draft Framework—developed in consultation with the Board, physicians, and staff and volunteers—addresses six main values for prioritizing services, namely:

- accessibility;
- collaboration;
- community needs and responsiveness;
- effectiveness, safety and high standards;
- relationships and public trust; and
- sustainability.

Breaking into smaller groups, panelists responded to the Framework. The panelists agreed that it was a good start, but needed some revision to clarify and expand the definitions and criteria. The second activity involved learning about the federal and provincial health care system.

## **Afternoon Activities: Presentations on Health Care in Ontario**

Deborah Hammons, CEO of the Central East Local Health Integration Network (CE LHIN), which is the organization that plans, funds and integrates health services in the region, spoke to the panelists about the role of the LHIN and how its decisions affect NHH and other hospitals in the region.

Next, Tom Closson, CEO of the Ontario Hospital Association spoke about the big-picture challenges faced by hospitals. It was an important message to deliver at a time when the province of Ontario is facing historic budget deficits and public services need to become more efficient. In addition, Tom Closson identified opportunities to reduce operating costs for hospitals, in areas including:

- alternative level of care;
- palliative care;
- wound management;
- mental health;
- error reduction; and
- supply chain.

Both presenters spoke to the difficulties of administering health care and expressed how deeply impressed they were with the commitment of the Citizens' Advisory Panel to lend their time and advice to contribute to the long-term health of the community.

## **Conclusion**

The Panel adjourned for a two-week break. To prepare for their next meeting on November 7, 2009, panelists were asked to speak their communities (friends, family and neighbours) about their experiences with NHH. Panelists will bring back a wide range of opinions to the second meeting of the Citizens' Advisory Panel.

## **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

## **Next steps:**

As noted above, the Citizens' Advisory Panel is the last step in an iterative, inclusive process designed to develop an NHH Framework for Service Prioritization.

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.

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*. Copies of the presentations from Deborah Hammons and Tom Closson referenced in this e-Bulletin are also available on the Hospital's website.

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