



NORTHUMBERLAND HILLS  
HOSPITAL

## e-Bulletin # 8

### *Shared Challenge, Shared Solution*

## Day 5 – Citizens’ Advisory Panel

### Summary – December 5, 2009

December 5, 2009, marked the last meeting of the Citizens’ Advisory Panel (CAP) at Northumberland Hills Hospital (NHH). The CAP is a group of representatives from across west Northumberland who were randomly selected through a civic lottery process. The Panel met five times over seven weekends this fall to provide advice to NHH’s Board of Directors regarding the services the Hospital can afford to deliver within the funds available. The CAP is part of NHH’s *Shared Challenge, Shared Solution* collaborative budget strategy launched in December 2008.

During the first four meetings, Panelists learned about the province’s health care system, the demographic trends shaping west Northumberland, and the Hospital’s services and budget. They also attended and helped to facilitate a Public Roundtable Meeting in Port Hope, where area residents shared impressions of the Hospital and local health services. During the fifth and final meeting, Panelists worked collaboratively to identify core and non-core services for NHH, and document their vision for the Hospital’s future.

#### **Morning Activities: Reflection and Feedback on Service Scenarios**

Panel moderator and NHH Board member Lynda Kay and facilitator Peter MacLeod began the day by asking the Panelists to discuss what they had learned during the previous four sessions.

Many Panelists talked about the difference that having a “behind the scenes” look at the Hospital had really made. “The Hospital is a much more complicated organization than I realized,” said one. “I didn’t understand how the health system works—but now I have a better sense of how the pieces are meant to come together.” Others felt frustrated because

they saw more clearly the stress the health system was under. Panelists also voiced their appreciation for having had the opportunity to participate in the CAP process. “We might not like it,” said one, “but at the end of the day, if we don’t make tough choices as a community, the ministry will make those choices for us.”

Following the discussion, Robert Biron, President and CEO of NHH, provided feedback from the Hospital’s management team on the proposed service scenarios the Panelists had drafted at their previous meeting. The Panelists had requested this feedback, as a means of helping to ensure the direction in which their final recommendations were moving was realistic and well informed.

Biron was impressed with the four scenarios and cited their clarity and practicality. He also noted that they shared some important themes. He gave feedback on each scenario and answered final questions from several Panelists regarding the operations and management of NHH’s services. He then left the room to allow the CAP to deliberate on their final recommendations in private.

### **Afternoon Activities: Synthesizing the Scenarios and Finalizing Recommendations**

In the afternoon, Panelists synthesized their ideas and worked to determine, from their perspective, alignment on which Hospital services should be considered “core” and “non-core” in the months and years ahead. Group activities built on the similarities between the four service scenarios and helped resolve differences and address concerns. One common vision for NHH emerged from this discussion.

Guided by the six values of the NHH Framework for Service Prioritization developed collaboratively with the Board, staff, volunteers and physicians, the Panelists voted on services they identified as core to their vision. Several services were unanimously voted as core and many had a large majority. Those services with few votes were not considered core to the common vision. When voting was complete, these non-core services were again debated by the Panelists. In plenary, the CAP heard from members who gave reasons why these services should be considered key to NHH. Robert Biron was called back to the room to answer questions surrounding these services. A second and final vote took place.

With the list of core and non-core services identified, Panelists formed four small groups, each with responsibility for one of the following aspects of the final report:

- a vision statement and preamble explaining the CAP’s vision for NHH’s future;
- a rationale and explanation of what services were core and supported the CAP’s vision for NHH;
- an overview of the implications of non-core services for NHH, based on the Ministry of Health and Long-Term Care’s Making Choices guidelines; and
- other recommendations and suggestions for NHH’s Board to explore.

The work from these four groups was presented in plenary and MASS LBP accepted responsibility to combine the groups’ work and the day’s discussions into a final draft report for the Panelists’ review.

## **Conclusion: Public Service Ceremony**

With their recommendations drafted, the Panelists gathered for a concluding ceremony. John Hudson, chair of NHH's Board, joined the meeting to thank the CAP members for their public service and important contribution. Hudson, Biron and Kay presented each member with a certificate of public service, and commended all for their hard work.

## **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. NHH's Board, itself made up of volunteer community members, firmly believes that it is best to identify options and make choices in consultation with the community.

## **Next Steps**

Panelists will review the report in December and make any final suggestions. In January, 2010, two members of the CAP will present the final report, in person, to the NHH Board.

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 its decision making to prepare for a balanced budget for 2010/11 and 2011/12, NHH's Board will be informed by the various stakeholder perspectives, including those from the CAP. 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 NHH's InfoWeb. Those external to the Hospital can access background information on NHH's website at [www.nhh.ca](http://www.nhh.ca), and sign up under the RSS listing for email alerts on future news releases, as well as soft copies of the Hospital's community newsletter, *In Touch*.

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