

Commentary by The Change Foundation
FALL 2009

ENGAGING COMMUNITIES IN HEALTH-CARE CHANGE IN ONTARIO: MISSION IMPOSSIBLE?



THE CHANGE FOUNDATION

HEALTH CARE DESERVES
OUR FINEST THOUGHT

ENGAGING COMMUNITIES IN HEALTH-CARE CHANGE IN ONTARIO: MISSION IMPOSSIBLE?

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OCTOBER 2009

*This Change Foundation commentary is a companion to the [summary report](#) from the March 2009 invitational symposium and workshop, *Community Engagement & the LHINs: Truth & Consequences*, funded by The Change Foundation, planned in partnership with the Local Health Integration Networks (LHINs), and targeted to their leadership and senior staff. It draws out some of the larger policy issues and implications that emerged from what we heard and pulls out salient suggestions on how to support health service providers and the LHINs in enabling informed citizen participation in health-care change across Ontario.*

Community engagement may be undertaken for a range of reasons: to inform decisions to reflect residents' needs, priorities and values, to build citizen capacity, or to legitimize decision making.¹ It is obviously not the single solution to improving health care, but The Change Foundation believes it is an essential ingredient in implementing change that is understood, accepted and supported in communities across the province. It is also clear that failing to engage people adequately about significant health-care challenges or shifts in their communities is a recipe for resistance and a lost opportunity for open dialogue about change in health care. To our minds, this makes the topic worthy of attention—and action.

We are not alone in this view. The US-based Institute for Healthcare Improvement embeds patient engagement in its increasingly popular Triple Aim framework for quality improvement. The London-based King's Fund has launched its Yes We Can! campaign focused at engaging patients on their health-care experiences. Ontario is well positioned as the LHINs release the next phase of their Integrated Health Service Plans (IHSPs) to consider a proactive, long-term approach to community engagement.

1. See powerpoint presentation by Dr. Julia Abelson at <http://changefoundation.ca/docs/Julia09.ppt>

Background

LHINs were established by the Ontario government in 2006 to plan and fund health services, integrate care, and engage their communities in priority-setting and change. The mandate to engage the public is not the purview of the LHINs alone; health service providers are also legally obliged to consult their local communities when planning or prioritizing health-service delivery.

Since 2006, each of the 14 LHINs has produced a three-year Integrated Health Service Plan with input from the community as stipulated—but not specified—by provincial statute. The first round of engagement activity was fairly broad as LHINs were creating a new set of priorities for their regions. It's not surprising then that in a survey of the workshop participants conducted by The Change Foundation before the spring symposium, they indicated they were casting a wide net for their engagement exercises.

Over the last three years, local planning exercises have proposed changes to the organization of some health-care delivery, largely around the composition and location of hospital services. Since hospitals were the first to be required to sign accountability agreements with the LHINs, this focus makes sense. In some instances, the hospitals have voluntarily come forward with restructuring ideas. In other instances, the LHINs have requested such plans. And in a few circumstances, provincially appointed reviewers and supervisors have been sent in to a hospital to propose a plan. These exercises have been driven by a requirement for a balanced budget, but they have also looked at balancing service requirements across changing population demographics and improvements in service quality.

Many of these proposed changes have been met with opposition from various quarters. While dwelling on this isn't overly productive, it is illustrative of the need for true community engagement. Local opposition—informed or otherwise—can stop local reorganization in its tracks. Table One describes a few of the more high-profile and contentious cases in which components of the community opposed decisions about health-care changes proposed by health service providers and/or LHINs.

These scenarios speak to the uncharted waters in which the LHINs and health service providers are wading, and point to policy and political questions that elicit no easy answers.

It is clear that language plays a role in response. The word “integration” often is heard as closure or merger. It creates worries about moving services away from “my” community and anxiety about whether I can get care when I need it. So it's not surprising that communities resist. The implication, however, is that integration efforts will have an increased risk of failure if community engagement exercises are not clear in purpose, solid and rigorous, and well executed and evaluated.

Looking Forward

The LHINs have been engaging their communities in the development of their 2010-2013 IHSPs which are due later this fall. This time, the LHIN engagement efforts can be informed by what they learned about effective engagement during and since the development of their initial plans.

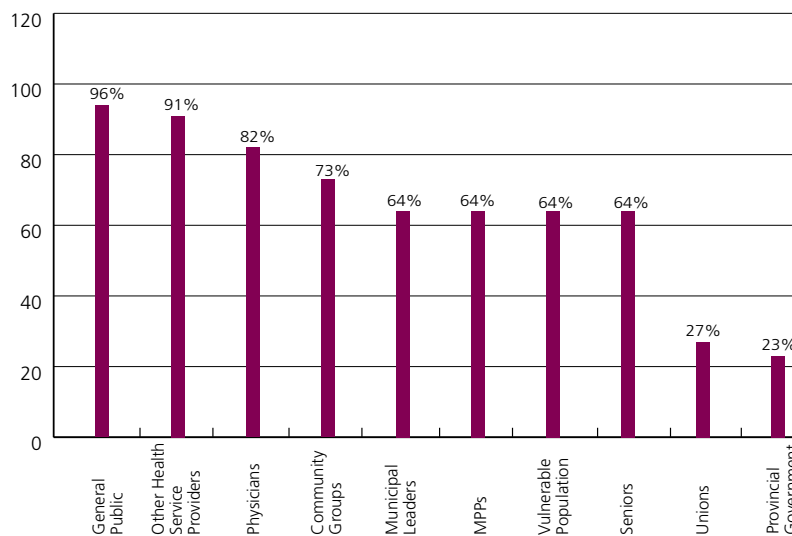
Dr. Julia Abelson from McMaster University, a leading researcher and expert on community engagement, argues that there are two potential futures for LHIN community engagement.

The first is what she terms a perfect storm—the LHINs, the provincial government and the public and stakeholders set on a collision course. The second is an alignment where the interests of all come together to improve the local delivery of health care. We prefer the second.

The LHINs can draw on what they've learned from the public engagement challenges they've experienced as they unveil their next IHSPs and begin to make decisions about changes to health-care services in the regions for which they are responsible. In survey work done by The Change Foundation, we asked LHIN officials about the audiences they targeted for engagement and the challenges they faced.

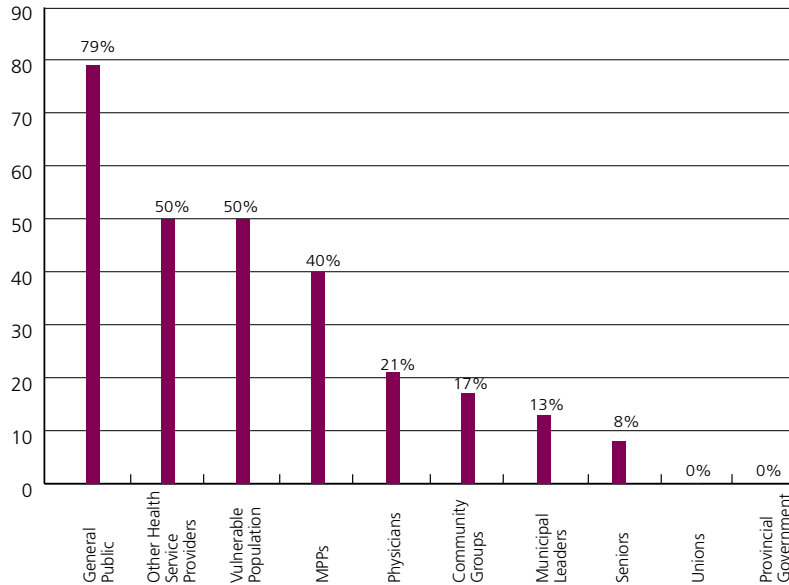
When asked about their engagement audiences for the 2007-2010 IHSP, roughly two-thirds or more of LHIN respondents indicated they had included eight out of ten audience categories.

All Audiences Targeted IHSP 2007-2010



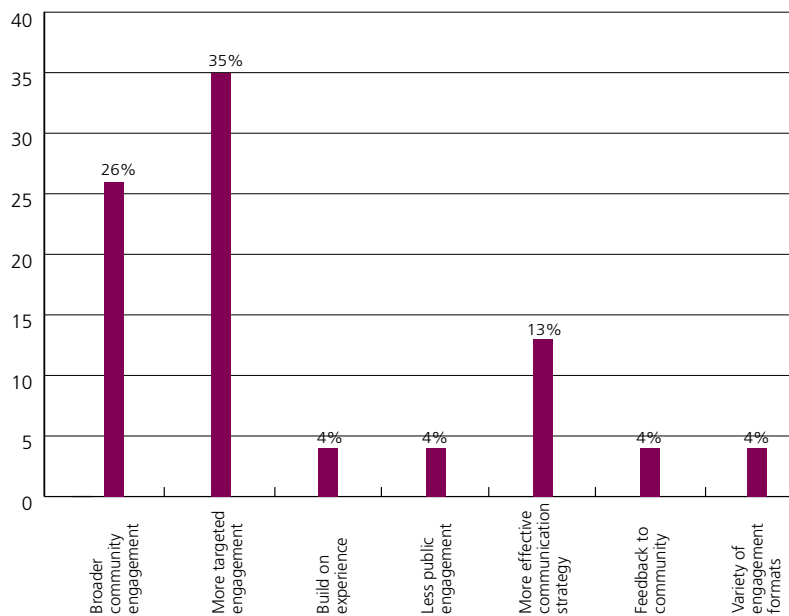
When asked about their top three audiences for 2010-2013, LHIN respondents were far more focused on a narrower subset of audience categories.

Top 3 Audiences to be Targeted IHSP 2010-2013



During the symposium, we also asked the LHINs what they were planning to do differently for their engagement activities on the 2010-2013 plan. Graph number 3 shows the results. Interestingly, the top two changes were better targeting of their engagement activity as well as expanding the groups with whom they engaged.

What would you plan to do differently?



Building Metrics and Supports

There is a growing recognition of the need to develop more sophisticated community engagement approaches as well as greater capacity and support for this mandated mission. The recent launch of EPIC, Engaging People. Improving Care (www.epicontario.ca), an online community engagement resource for Ontario's health-care system, is a case in point.

Peter MacLeod, Principal of Mass LBP, led a government-funded project called *Engaging with Impact* that was designed to address and evaluate the range of engagement initiatives undertaken by Ontario LHINs. He and his team asked citizens in Kingston, Richmond Hill and Thunder Bay what they thought the targets and indicators for successful community engagement should be. The report (http://www.masslbp.com/projects_detail.php/ontario-health-public-engagement.html) details 14 principles, 32 indicators and 26 recommendations. It contains a strong message that dedicated resources are needed to undertake effective community engagement and underscores the importance of building in measurement tools to track progress and eventual success.

This is a tough message during times of severe economic constraint. North West LHIN CEO Gwen DuBois-Wing—whose organization just won an international award for its community engagement work—cautioned during the spring symposium that community engagement is still too often—and erroneously—seen as the “soft stuff,” and given declining provincial revenues, there may be a temptation to reduce already insufficient resources for community engagement. Other organizations have responded to budget crunches by slicing the number of community engagement staff in half. There is an argument, however, that in the face of tough decision-making, the need for informed public discussion about trade-offs and priorities is greater than ever. And, as resources tighten, the way in which the LHINs decide on budget allocations linked to the way in which they engage with their communities will be under scrutiny.

To close, Community Engagement Is Not...

- A one way or a one time conversation.
- Short term.
- A process to get people on one side of an argument or another.
- A public relations exercise.
- A delegation of authority or decision making.

Community Engagement Is...

- Multiple conversations often.
- Long term.
- Relationship building when decisions are not required.
- Building trust.

Post Script

The Change Foundation will continue to explore community engagement's purpose, potential and processes as we try to facilitate and support a change in conversation and conversations about change. The health-care community has a history of talking *at* people—often *after* arriving at what we think are sound solutions to health-care challenges or ideas to improve

care or services. There's an appetite, opportunity—and an obligation—in Ontario today to move beyond that. Timely, transparent and informed dialogue about the choices for change won't alter the realities facing communities, silence critics, or make decision-making by leaders any easier, but it is more likely to yield health-care changes across LHINs that are better understood, accepted and supported by the communities they serve.

As a direct result from discussions at the March 11 symposium, The Change Foundation is developing a business case for community engagement, working closely with an ad hoc LHIN advisory committee. The purpose of the project is to research, analyze and argue the advantages of sound community engagement practice from a corporate, financial, strategic and operational point of view. The discussion will be illuminated by a minimum of three cases of successful community engagement that demonstrate clear incremental value for achieving organizational objectives (particularly in health-care planning for integrating services across the continuum of care) and/or securing downstream return on investment, including the avoidance and/or mitigation of future costs. We expect the project will be completed in early 2010.

The Change Foundation has also entered into a unique partnership with the Innovation Cell at Massey College, University of Toronto, and Providence Villa to use social media technology to feed patient and family engagement results into the quality improvement processes of care.

Go to www.changefoundation.com to download the symposium proceedings report which includes a link to the results of the pre-symposium survey of LHINs and the symposium key-pad voting results.

Table One: Local Restructuring Initiatives and Community Response

LHIN	Hospital	Issues	Opposition	Reviewer/Supervisor	Resolution
Erie St. Clair	Chatham Kent Health Alliance (CKHA), Focus on Sydenham Campus Charlotte Eleanor Englehart (CEE) - part of Bluewater Health Leamington District Memorial	A consultant's study of emergency departments in three rural hospitals proposed closing two and replacing them with a primary care facility (Sydenham) and an urgent care facility (CEE). Leamington emergency was to stay open for five years.	Physicians at CEE threaten resignation. Two municipal councils vote to reject the report and recommend all rural area emergency departments stay open 24/7. Various community meetings and town halls. LHIN proposes CEE stay open for another 5 years but continue with closure at Sydenham. CKHA requests a 5-year reprieve for the Sydenham site.	NO	LHIN decides to defer decision as Minister of Health has announced a provincial panel on future of rural hospitals.
South East	Kingston General Hospital	Hospital has accumulated operating deficit. The hospital and LHIN cannot come to an agreement on how to proceed. An external review team is appointed. They issue a strong report suggesting need for new management and a change in culture. High profile media and advocacy campaigns by OPSEU and hospital management. The hospital CEO and other senior staff leave and a supervisor is appointed. A new CEO is hired to implement a recovery plan.		Review team and supervisor	The hospital is currently implementing a recovery plan—unknown yet whether the hospital will be able to balance the budget next year.

LHIN	Hospital	Issues	Opposition	Reviewer/ Supervisor	Resolution
South East	Quinte Health Care	<p>A consultant's report suggests cost savings to reduce accumulated operating deficit. The options are: bed reductions and close maternity ward at Picton site; reduce emergency department hours on two sites; close special care units at Picton and Trenton. Workforce reprofiling is also recommended.</p> <p>The hospital Board, facing difficult governance issues, proceeds to implement as best as possible but then decides to stop as they want to avoid eliminating nursing positions.</p> <p>A reviewer is appointed (CKHA CEO).</p> <p>New options are put forward, recommending leaving maternity ward at Picton. New plan is sent to the LHIN but still projects deficit for March 2010. The LHIN states it is not happy with the plan but gives go ahead to start implementation.</p> <p>Supervisor appointed and a Community Advisory Council is established to propose new Board.</p> <p>Hospital CEO announces retirement for following Spring.</p> <p>A new Board of Directors is announced in October.</p>	<p>Physicians create their own counter proposal to the hospital's.</p> <p>Various community meetings and town halls.</p>	Reviewer and supervisor	New Board in place. New CEO expected to be in place Spring 2010. Supervisor continuing to work on deficit reduction.

LHIN	Hospital	Issues	Opposition	Reviewer/ Supervisor	Resolution
Hamilton Niagara Haldimand Brant	Niagara Health System	<p>Driven by quality issues, along with structural deficit problems, the hospital submitted a hospital improvement plan to the LHIN. It proposed moving maternity and peds to new Centre of Excellence in St. Catharines and converting emergency departments in Port Colborne and at Douglas Memorial to urgent care centres.</p> <p>Complex local politics with regional and local elected officials.</p> <p>The LHIN requested a third party review of the plan by Dr. Jack Kitts, CEO from Ottawa Hospital. Kitts supports the general plan but also supports the hospital's case for increased operating dollars.</p> <p>The NHS Board approves the plan without the support of a subcommittee from Fort Erie. The LHIN reviews proposal, sends it back to remove references to Fort Erie, then approves it in December 2008.</p> <p>The LHIN has to issue a separate directive to close the emergency at Fort Erie with 30-day consultation period.</p>	<p>Niagara Falls city councillors ask the province to dismantle the NHS and appoint a supervisor. The Fort Erie Council also calls for a supervisor to be sent in.</p> <p>The medical staff pass a vote of non confidence in the NHS and the Board.</p> <p>The Port Colborne council hires its own consultant to create an alternate plan.</p> <p>The NDP Leader says that all the LHINS should be scrapped. Neither the area Liberal MPP nor the local PC MPP support the improvement plan.</p> <p>Many community meetings, town halls, demonstrations at Queen's Park.</p> <p>Group of Mayors meet with the Minister of Health and Long-Term Care.</p>	<p>Reviewer to examine the Hospital's plan at the request of the LHIN.</p>	<p>Plan is proceeding.</p> <p>Port Colborne emergency converted to an urgent care centre July 5, 2009.</p> <p>Douglas Memorial emergency converted to an urgent care centre September 28, 2009.</p> <p>Ground breaking for new site in the spring of 2009.</p>

LHIN	Hospital	Issues	Opposition	Reviewer/ Supervisor	Resolution
Hamilton Niagara Haldimand Brant	Hamilton Health Sciences	<p>An improvement plan submitted to the LHIN proposes to convert McMaster University site to a children's hospital, close the adult emergency in three years and redistribute adult inpatient beds to other hospitals.</p> <p>City Council does not like the plan although the mayor appears supportive but wants more public consultation.</p> <p>The LHIN approves the plan and a LHIN board member resigns over it.</p> <p>The Provincial Ombudsman announces that he will investigate the engagement process the LHIN used as he has 21 complaints.</p>	<p>Local councillors are not in favour.</p> <p>Community meetings and town halls.</p> <p>LHIN Board member resigns.</p> <p>Local MPP asks the provincial ombudsman to investigate the LHIN's process. Also introduces a private member's bill to change the governance of the hospital board.</p>	NO	<p>Plan is proceeding.</p> <p>Ombudsman investigation is completed in September/October. Public release is pending.</p>
Waterloo Wellington	Cambridge Memorial	<p>Hospital has accumulated operating deficit.</p> <p>The LHIN requests an operational review. The CEO from Sudbury Regional undertakes the review and recommends efficiencies and need for new culture.</p>	<p>The hospital does not agree with sections in the reviewer's report and argues they need more money.</p> <p>The local MPP supports hospital's case for more funding.</p> <p>Supervisor is in September 2009. This is the second supervisor in 6 years.</p> <p>The hospital CEO Board Chair leaves and an Acting CEO is put in place.</p>	Reviewer and Supervisor	Supervisor is currently working the hospital.

LHIN	Hospital	Issues	Opposition	Reviewer/ Supervisor	Resolution
Central East	Rouge Valley Health System	<p>Hospital improvement plan proposed moving 20 mental health beds from one location (Ajax-Pickering) to another (Centenary Hospital in Scarborough).</p> <p>LHIN approves the plan.</p> <p>Court action by OPSEU garners high profile provincial media coverage.</p>	<p>OPSEU challenges the action by requesting a judicial review of the LHIN's process. In particular, it claims the LHIN should have undertaken public consultation.</p>	NO	<p>Court rules that the LHIN was within its authority as the move was within one hospital structure and therefore not subject to a LHIN integration decision.</p>