

# Northumberland Hills Hospital Citizens' Advisory Panel on Health Service Prioritization



## Final Report

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Prepared for the Northumberland Hills Hospital  
January 2010



# Understanding the context

Medicare has often been called the third rail of Canadian politics. Canadians care passionately about their public health system. They worry that the system is underfunded and they grow frustrated when the services they expect are either slow in coming or unavailable. Politicians and public administrators who propose changes to the health system do so at their peril.

In Canada, more health care is equated with better health care.

But more comes at a price. Already almost one half of Ontario's provincial budget goes to pay for health services. At this point many experts now believe that health spending has reached a ceiling. Go further and the investments government makes in health care will begin to crowd out the money needed for other priorities like education, infrastructure and social services.

Despite heavy public investment in recent years, news headlines concerning Ontario's health system make for tough reading these days: "Struggling Hospitals won't get handouts." "More than one-third of Ontario Hospitals didn't balance books." Undeniably, the funding pressures faced by Hospitals have been compounded by the global economic recession. Provincial tax revenues have collapsed, forcing the government to borrow more than \$25 billion— one in five dollars spent by the province this year will be borrowed.

The Northumberland Hills Hospital (NHH) is neither isolated nor well insulated from these events.

The storyline is familiar to many communities — and Hospital executives: Operating costs continue to rise, the demand for services continues to grow, while revenues struggle to keep pace with inflation. By the end of the fiscal year in March 2010, NHH will have run three consecutive years of operating deficits in order to sustain the range and level of services it offers. In the long run, it's unsustainable. "Like any business or household," NHH Board Chair John Hudson observed, "we simply cannot keep spending more money than we receive."

Facing a deep recession, the Ontario government has been clear: Hospitals must run on the funds they are allocated. Budgets must be balanced; deficits won't be tolerated. Regrettably, it is time for Hospitals across Ontario to begin making some tough choices.

Management at NHH has been working for more than a year to eliminate the Hospital's deficit, using ministry guidelines, such as the Framework for Making Choices in the 2010-2012 Hospital Accountability Planning Submission Guidelines, and local ingenuity to make sure that all programs and services are operating at peak efficiency. They reviewed administration and overhead costs, support services and clinical pro-

grams and by March 2009 had found \$1.4 million in savings that would not affect patient services. It was a good start, but they still fell \$600,000 short — an amount that could quickly swell if provincial funding fails to keep pace with inflation. Already the Board is facing a new \$1.8 million shortfall for its next budget cycle for the 2010/11 fiscal year, assuming a 0% increase from the ministry.

## **SHARED CHALLENGE, SHARED SOLUTION: A NEW WAY TO WORK TOGETHER**

Almost by definition, the job of institutions is to resist change. People work together within institutions like hospitals to create conventions, habits, methods and processes based on shared values and goals. Once established, they are hard to shift because they represent a rough consensus concerning particular ways of doing things.

NHH's Shared Challenge, Shared Solution process was designed to achieve a balanced budget but also to put the Hospital's finances on a sound, long-term footing. It was also designed to recognize that the Hospital is one of the most important public institutions in west Northumberland. Its ability to meet its financial challenges by making changes to what it does and how it operates depends entirely on the understanding, participation and goodwill of the community, Hospital staff and patients.

Thankfully, many people want to see Northumberland Hills Hospital succeed: the residents who use NHH, the physicians, nurses and staff who make sure the Hospital runs smoothly, the volunteers and donors who generously give their time and money.

The Shared Challenge, Shared Solution process offered people with a stake in the success of NHH the opportunity to become informed about and provide perspectives on the financial challenges facing the Hospital — and the provincial health sector — and a chance to play a role in finding good, local solutions.

Reaching out to the wider community is hard for any institution to do. You can hold a town hall meeting, or send a questionnaire, but it's not clear that the voices you hear always represent the full range of opinion or the community's interest. Hospitals in particular do not have the best track record of effectively engaging community members in decisions related to service changes.

To find out the best way to gather the advice of west Northumberland residents, NHH's Board of Directors commissioned a telephone survey that asked how members of the public would like to participate in the Shared Challenge, Shared Solution process.

More than five hundred people participated, and a majority recommended that the Hospital create a community advisory panel to represent residents during the Shared Challenge, Shared Solution process. In August 2009, the Board unanimously approved the creation of a Citizens'

Advisory Panel (CAP), giving it a mandate to provide the Board with the public's perspective on service changes that would help to balance the Hospital's budget. NHH established a collaborative to support the Citizens' Advisory Panel in its work, including the Hospital Board, providing governance oversight; external consultants from MASS LBP, with expertise in public engagement; researchers from Queen's School of Business, with expertise in resource allocation decision making and program evaluation; and the Northumberland Community Futures Development Corporation, as funding partner.

## **AN UNTAPPED RESOURCE**

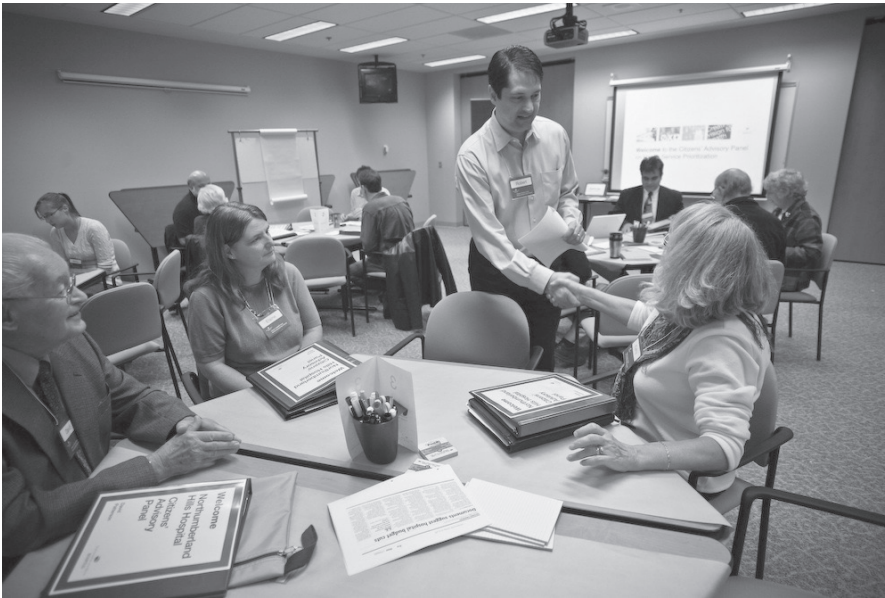
NHH's first Citizens' Advisory Panel was a new way to work together to address tough problems. It brought together a group of community members, chosen at random through a civic lottery, to learn about the issues, represent the interests of their neighbours and fellow citizens, and make informed recommendations.

Polls ask people for their opinions, and that can be useful for taking the public pulse about an issue. But the people willing to interrupt their dinner to answer a few quick questions may or may not know as much as they would like about the issue. Generally, they speak only for themselves and they select their responses from among a list of pre-screened answers. The work of a Citizens' Advisory Panel is very different. The panelists undertake the responsibility of completing a comprehensive learning curriculum. Then, they bring informed opinions to the discussion. They speak for the shared interests of community, and not just from the position of their own personal experience.

The NHH CAP began when 5,000 special envelopes were mailed to households chosen at random throughout west Northumberland. One in twelve households received a letter and an invitation to nominate one member of their household to volunteer to serve on the Panel. Current staff, volunteers or physicians with privileges at NHH were not able to participate, but their family members were allowed.

Joining the CAP was a major commitment, requiring its members to attend five day-long Saturday sessions between late October and early December. Nevertheless, nearly one hundred residents volunteered. Ultimately, twenty-eight residents were selected during a random draw that ensured that the panel would match the age, gender, and geographic profile of the region. Sadly, sudden family events prevented three panelists from completing the program and they decided to withdraw their names.

Over five weekends in the fall and early winter of 2009, Elaine, Kathy, Frank, Margo, Kay, Madge, Pat, Randy, Mohammad, Matt, Wendy, Yatin, Barb, Becky, Rob, Sue, Teresa, Andy, Ron, Dave, Herman, Heather, David, Phil and Don met at the Hospital and got down to work.





# Saturdays as a Panel Member

Five full-day sessions occurred between the end of October and the beginning of December. Lynda Kay, member of the NHH Board, and Peter MacLeod, MASS LBP facilitator, moderated the sessions. Kay served as a link between the CAP process and the Board. The Terms of Reference set out the purpose of the CAP: To provide advice to the NHH Board of Directors in their development of a contingency plan to bring the Hospital's operating budget into a balanced position through service changes, in the event the Hospital is unable to balance through other means such as operating efficiencies and/or other revenues.

Panelists heard from a wide range of health care experts, including doctors and community health care workers, and many staff from NHH, including the vice-president of patient services and the vice-president of finance. Panelists also completed many small-group activities that helped them to better understand the health care system and begin evaluating different service priorities. Together, the group worked with a values-based framework developed with the Board and internal stakeholders, such as front-line staff, volunteers, Foundation members, union representatives, and nurses, to develop four scenarios that would help to balance the Hospital's budget by determining the Hospital's core services. On their final day together, those four scenarios would become one as the panelists worked to reconcile different priorities and reach agreement on their recommendations for this report.

## **DAY ONE: OCTOBER 24, 2009**

The first meeting began with a warm welcome. Twenty-seven panel members met one another, the facilitation team, and NHH staff. Each member was asked to explain why he or she had agreed to participate and what he or she hoped to achieve. Though they came from many different backgrounds, it was clear that they all had one thing in common: a shared concern for the Hospital. "My community is really important to me," said one panelist. "This is my home. I want our health system to be sustainable," echoed another. Several other panelists talked about how they want to be better informed. "I'm trying to educate myself about the community." "There's a lot I don't know about the health system." Others explained that their own experiences with the Hospital inspired them to be part of the process – they wanted to bring their ideas and suggestions for improving the Hospital to the table. It was a chance to give back.

After a short break, Robert Biron, the Hospital's president and CEO, briefed the panelists about the Hospital's financial situation. Biron



reviewed the Shared Challenge, Shared Solution process, and discussed his determination to put NHH on a stronger financial footing. According to Biron, the ministry and the LHIN wouldn't hesitate to make choices for the Hospital if it didn't reach a balanced budget on its own. Biron also shared the Board's determination to avoid spending money servicing the cost of a growing debt — money that should be spent on providing health care.

Next the panelists were presented with the draft framework they would use to evaluate the Hospital's different services. This 'values-based decision making framework' was begun by the Hospital's volunteer Board, and then refined to include input from physicians and frontline staff. It includes a set of values and principles for the provision of health care services at the Hospital.

According to the framework, the panelists were to prioritize the Hospital's services according to their alignment with six values:

- Accessibility
- Collaboration
- Community Needs and Responsiveness
- Effectiveness, Safety and High Standards
- Relationships and Public Trust
- Sustainability

*(You will find definitions for each of these values in the appendix of this report)*

Following lunch, the panelists heard presentations from Deborah Hammons, CEO of the Central East Local Health Integration Network (CE LHIN) and Tom Closson, CEO & President of the Ontario Hospital Association. Hammons spoke about the role of the LHIN, and how its decisions affect the Hospital and other health system providers in the region. Closson shared with the panelists some of the big-picture challenges faced by the hospital sector — pointing out that NHH certainly wasn't alone among Hospitals in Ontario. He also discussed his sense of how the hospital sector was evolving towards a clearer focus on providing acute care, with other health services being provided in people's homes or by community-based organizations.

## **DAY TWO: NOVEMBER 7, 2009**

The second day began with a guided, behind-the-scenes tour of the Hospital. Panelists had a chance to visit each department, examine equipment, including the MRI and CT machines, and speak with staff.

In the afternoon, panelists heard from three speakers. Chris Altmayer, an epidemiologist and health consultant, provided important demographic details about west Northumberland. He described the current service

demands placed on the Hospital, as well as projected trends concerning common diseases like arthritis, diabetes and high blood pressure.

Next, panelists heard from Helen Brenner, vice president of patient services and Dr. Michael Bayer, one of the physicians on staff at NHH. They described to panelists the broader context of the health system and how NHH works in collaboration with many organizations in the community. They also described each of the Hospital's twenty-three main services — services which the panelists would be prioritizing. Dr. Bayer then talked about some of the challenges of being a family physician who also helps to staff the Hospital's emergency department.

Lastly, Cheryl Turk, the Hospital's vice president of finance and information services, took the panelists through a detailed reading of the Hospital's budget. According to Turk, without action, NHH could quickly find itself facing major structural deficits that could jeopardize its ability to provide critical services.

Finally, the panelists formed groups to begin a series of exercises that would help them to become better acquainted with the range of services provided by the Hospital. With the support of the facilitation team, panelists ranked the services first by cost, then by volume of patients.

### **DAY THREE: NOVEMBER 14, 2009**

For their third day together, the panelists moved from the Hospital to meet in the gymnasium of Port Hope Public High School. Later that day, the CAP would host a Public Roundtable Meeting that any member of the public could attend. Before the roundtable began, panelists spent the morning working in groups to determine how each service might correspond with the six values that were the basis of the decision-making framework. By lunchtime, each of the six values groups presented their spectrum of prioritized services and spent time discussing their choices.

Shortly after lunch, members of the public began to arrive. Panelists greeted close to fifty members of the public as they sat down at more than two-dozen round tables — each of which focused on one of the six values. CEO Robert Biron spoke first, welcoming the audience and providing a detailed account of the financial pressures faced by the Hospital. He stressed that this session was an important opportunity for the public to provide feedback, suggestions and recommendations to the panelists and to the Hospital. Over the next ninety minutes, the panelists assumed the role of facilitators, listening and asking questions of the new faces that joined their table. The Roundtable Meeting gave the panelists another important perspective to consider in their deliberations.

### **DAY FOUR: NOVEMBER 28, 2009**

For the fourth session of the Panel, members reconvened at the Hospi-

tal. In the morning, they heard three final presentations before beginning their deliberations.

Don Ford, the chief executive of the Central East Community Care Access Centre (CE CCAC), explained the role his organization plays in providing home care services throughout the region. More than 30,000 clients are supported by the CCAC on any given day, which he described as a “Hospital without walls”.

John Hassan, the executive director of the Port Hope Community Health Centre focused his remarks on how the Health Centre helps to provide primary care to area residents, and also works to promote healthy living. The Centre also runs several community-based programs, including the Walk this Way walking program, a diabetes education program, a support group for caregivers and distributing food from the Good Food Box program

Finally, panelists heard from Dr. Kathleen Barnard-Thompson, the president of the Hospital’s medical staff. She shared the perspectives of her physician colleagues and the discussions they’d had concerning the Shared Challenge, Shared Solution process. As someone who has recently chosen the region as her home, she said she was very proud of NHH and the remarkable level of services it offers.

With the conclusion of the morning presentations, the panelists turned their attention to discussing the differences between the services offered at NHH. Each panelist was asked to take everything they had learned and rank the Hospital’s twenty-three services according to those they deemed to be most essential to the values, mission and future of the Hospital and those that were deemed least essential. Next they compared their lists with one another and found that generally they could divide themselves into four major clusters or groups.

Four new groups formed to discuss the similarities between their rankings. Over the balance of the afternoon, each group worked to name, describe and refine their rankings, which now became known as scenarios. The purpose of each scenario was to describe a plausible future for the Hospital that would include a different range of services.

By mid-afternoon, four distinct scenarios had emerged. They were named “Essential Services: Continuity of Care”, “Integrated Community Acute Care”, “Essential Services” and “Sustaining Our Strengths”. The four groups then proceeded to describe what their future Hospital would look like, as well as determining what services would support this vision. These four scenarios were then provided to the Hospital’s management team for their comments.

## **DAY FIVE: DECEMBER 5, 2009**

The panelists reconvened for their final day with a sense of excitement and purpose. When they compared their four scenarios at the end of the

fourth day, they realized their scenarios shared more in common than many had expected. Now it was time to see whether it was possible to bring the four scenarios together. During the course of the week, the management team had met to review each of the scenarios and provide technical advice regarding the feasibility of each proposal.

Robert Biron made a short presentation that outlined the management team's response to each scenario, and commended the CAP for the sophistication and plausibility of their proposals.

With the benefit of the management team's review, and clarification on a few remaining questions, the panelists began their final plenary session. They paused to review each of the twenty-three services, before beginning a two-stage voting process to determine whether each service should be designated as a core or non-core service. Any health service that received fifteen or more votes from among the twenty-five delegates would be designated as core.

The first round of voting served as a method of identifying both clear consensus and areas of disagreement or concern. Seven services were unanimously voted core services in this round. A further ten services had received the fifteen votes required, and the eight services that fell below the threshold were referred back to the panel for further deliberation. During deliberations that followed, panelists took turns speaking for why each of these eight were important to NHH's future. In their comments, panelists drew on the values framework and the information they had learned to offer reasons why they believed the service was essential to meeting the community's needs and interests.

An hour later, a second round of voting moved three of the eight non-core services back to the core list. Only five remained. Panelists also opted to place "asterisks" on several core and non-core services with specific advice they wanted to see communicated to the Hospital's Board.

With their prioritization work complete, the panelists broke into four groups and turned their attention to drafting their report. Each group took on a specific task: detailing the vision for the future of NHH, reviewing the services that supported the vision, discussing the implications of their recommendations and applying the Ministry of Health and Long Term Care's Framework for Making Choices, and finally providing NHH with a series of additional ideas and suggestions for consideration by the Board. These tasks corresponded to the responsibilities set out in the CAP Terms of Reference.

By the end of the day, each group presented their work in plenary. Each panelist had a chance to respond and add personal comments or reflections. With the presentations complete, the lead facilitator asked the group whether they agreed to ratify their draft report for submission to the board. The vote was unanimous. And with a sense of accomplishment and relief, the room broke into applause.

It was time to adjourn. But before the panelists left, Robert Biron, Lynda Kay and the chair of the Hospital's Board, John Hudson, each took a moment to express their gratitude for the panel's efforts and dedication. One by one the panelists were presented with a certificate of public service and a group photograph was taken in the Hospital's atrium to commemorate their work.

# Report of the Citizens' Advisory Panel Concerning Service Prioritization at Northumberland Hills Hospital

Four working groups of panelists developed:

- A vision statement and preamble explaining the CAP's vision for the future of the Hospital
- A rationale and explanation of the core services that were selected to support the CAP's vision
- Recommendations concerning the transfer of non-core services to other health service providers, based on the ministry's Framework for Making Choices
- Other recommendations and suggestions for the Board to consider

## **PREAMBLE**

The Citizens' Advisory Panel was created by the Board of Northumberland Hills Hospital to provide advice concerning the development of a contingency plan to balance the Hospital's budget. Members of the panel were asked to learn about the history of the Hospital, its current and projected finances and the twenty-three main services it offers. Panelists were then asked to refine and use a values-based decision-making framework developed by the Hospital's Board and staff to evaluate and prioritize the services NHH provides.

As panelists, we reached the conclusion that the Hospital does face significant financial pressure. Serious efforts have been made to find efficiencies that do not affect the quality or range of care that the Hospital provides — but these efficiencies cannot compensate for inadequate revenues. Only the Central East Local Health Integration Network and the Ministry of Health and Long Term Care can supply this money. As the province goes through a period of severe financial restraint, we do not believe it is realistic or wise for the Hospital to expect any meaningful increases in funding from either the LHIN or the Ministry.

We value our Hospital and know how much it means to our community. It provides critical services. It is essential to our health and well-being. It is respected for the quality of the care it provides and for offering care with a personal touch. We do not want the future of our Hospital to be

jeopardized. This is why we believe it is essential that the Hospital work to balance its budget — even if this means transferring or eliminating services.

The challenges faced by NHH are real; the cost of inaction is high. We have reached these conclusions only after a very thorough weighing of the facts, values and priorities of this community. We understand that our recommendations may not be popular, but we do hope that our recommendations will be understood as an important bid to help secure the future of the Hospital.

## **VISION**

Our vision for Northumberland Hills Hospital is a community Hospital that:

- Focuses on providing high-quality acute care
- Lives by its values
- Strives for the fullest possible integration with community-based care providers
- Continuously engages the community and works to build trust
- Thinks long-term and takes into account new trends, technologies and the future needs of the community

In order to achieve this vision NHH should:

- Regularly evaluate the range of services it provides
- Engage community-based care providers as partners in providing services
- Ensure that all health services remain locally accessible
- Never compromise

## **SERVICES**

Each service was evaluated on the basis of six values that were proposed by the Hospital's Board and refined by Hospital staff and members of the CAP.

- Accessibility
- Collaboration
- Community Needs and Responsiveness
- Effectiveness, Safety and High Standards
- Relationships and Public Trust
- Sustainability

Following a long process of learning and deliberation, we have applied two service designations: Core and Non-core.

The core service designation was defined as any health service that received fifteen or more votes from among the twenty-five delegates. Following a second round of voting, those services that received fewer than 15 votes were designated as non-core services.

We recommend that the Hospital retain its core services, and work towards divesting non-core services to other health providers according to the process laid-out in the Ministry's Framework for Making Choices.

## **CORE SERVICES:**

The following services were unanimously determined to be core services:

- Emergency Department
- Diagnostic Imaging: Computed Tomography
- Diagnostic Imaging: Radiology (X-Ray)
- Diagnostic Imaging: Ultrasound
- Intensive Care Unit
- Medical/Surgical Inpatient Acute Care
- Surgical Services (Operating Room, Day Surgery, Recovery)

The following services were also determined to be core services:

- Diagnostic Imaging: Magnetic Resonance Imaging (23 votes)
- Satellite Dialysis Clinic (20 votes)
- Diagnostic Imaging: Bone Mineral Densitometry (18 votes)
- Satellite Chemotherapy Clinic (18 votes)
- Community Mental Health Program\* (18 votes)
- Diagnostic Imaging: Mammography (18 votes)
- Inpatient Rehabilitation (16 votes)
- Ambulatory Care\* (16 votes)
- Maternal Child Care\* (16 votes)
- Fast Track Service (16 votes)
- Diagnostic Imaging: Nuclear Medicine\* (15 votes)

## **NON-CORE SERVICES**

The following services were unanimously determined to be non-core services:

- Complex Continuing Care\*
- Interim Long Term Care\*

- Diabetes Complication Prevention Strategy Clinic\*

These services were also determined to be non-core services:

- Palliative Care Service\* (8 votes)
- Outpatient Rehabilitation Service\* (2 votes)

## **REFLECTIONS ON THE CAP'S CORE AND NON-CORE SERVICE DESIGNATIONS**

Important concerns arose during our voting process. Where there was a reasonably high degree of consensus regarding those concerns, we agreed to append an asterisk to the service and table those concerns in this report. Asterisks were appended to five core services and to each of the five non-core services. In the reflections below, services are listed according to the number of votes they garnered, beginning with the five core services. Complex Continuing Care and Interim Long Term Care are discussed together due to their interdependencies.

### **\*Community Mental Health Program (Core service with 18 votes)**

The value of providing mental health services in an acute care Hospital is often underestimated. We recommend that the Hospital continue its partnership with Lakeshore Mental Health and we affirm the value of the Hospital retaining its capacity to respond to urgent mental health needs and act as a full partner in the provision of this integrated local service.

### **\*Ambulatory Care (Core service with 16 votes)**

We affirm the importance of retaining ambulatory care services because of the role they play in attracting specialists and other physicians to NHH. Nevertheless, we advise the Board to examine whether the scope of ambulatory care services can be redefined to lessen the cost of these clinics and whether other community partners, like the Port Hope CHC or the Cobourg Medical Centre, could share in the provision of certain ambulatory services. In those cases where specific ambulatory care services are already available in the community and can be accessed under OHIP, NHH should work to reduce duplication.

### **\*Maternal Child Care (Core service with 16 votes)**

We would like to affirm the public importance of this service and the praise that it receives. We understand that investments in the maternal child care program have created a quality service of which all residents can rightfully be proud. However, against the cost pressures faced by NHH, we worry that providing this same level of service may become unsustainable — especially as the service becomes increasingly popular with out-of-region patients. Therefore, we affirm the maternal child care



program as an important core service that is of particular public value. We would advise the Board to examine whether savings could be found by contrasting the costs associated with the provision of such high quality maternal child care services at NHH to the costs for these same services at comparable Hospitals.

**\*Nuclear Medicine (Core service with 15 votes)**

We note how rare it is for a community Hospital like NHH to provide nuclear medicine. We see opportunities to expand the profitability of this service and advise the Board to examine additional opportunities to promote this service.

**\*Fast Track Service (Core service with 15 votes)**

We note that the Fast Track Service is widely misunderstood by the public and places additional pressure on emergency staff. It also creates an impression of the Hospital as an easily accessible site for the provision of primary care. We recommend that the service be retained, but renamed to more clearly communicate its function. A public education strategy should be pursued to better define the service in the public's mind and manage expectations. For example, in the Fast Track waiting room an information board could provide information on walk-in clinics and other health care providers in the community. Special information on family physicians available in the area could be provided. In time, we believe this will reduce the number of residents using the Fast Track service because they do not have a family doctor.

**\* Palliative Care (Non-core service with 8 votes)**

We note the special regard our community has for the excellent service provided by the palliative care team at NHH. They provide comfort to members of our community and to their families in their final days, weeks and months of life. However, because other community and home-based options exist for the provision of palliative care, we advise the Board to look seriously at reducing and ultimately transferring the bulk of its palliative care services to other care providers. We believe this is consistent with our vision of NHH as an acute care Hospital, and with the desire of many patients for increased home-care options. We do not recommend transferring or reducing services if there are credible concerns that this would seriously limit the availability of palliative care specialists in the community, or, in special circumstances, to NHH.

**\* Outpatient Rehab (Non-core service with 2 votes)**

We note that while outpatient rehabilitation services were not designated as core services, their elimination could pose a significant personal cost to patients. Currently, few of the outpatient rehabilitation services offered at NHH are available in the community and those that are, are not covered by OHIP. Moreover, the provision of outpatient rehabilitation services

does play a role in improving overall health outcomes and reducing long-term costs to the health care system.

**\* Diabetes Complication Prevention Strategy Clinic (Non-core service with no votes)**

We affirm the role of the diabetes prevention clinic in the fostering of good health, but recommend that this service be transferred to other community-based service providers. Currently, the Port Hope CHC offers a similar service and we believe it would be well poised to become the community's lead provider.

**\*Interim Long-Term Care and Complex Continuing Care (Non-core services with no votes)**

We note that the status and role of interim long-term care and complex continuing care beds in the province is highly contested. Hospitals are the most expensive site for the provision of these services and the provision of these services often limits access to more acute services by other patients. We advise the Board to work with the CE LHIN to identify other potential providers and work to quickly develop their capacity to absorb NHH's ILTC and CCC patients.

# Appendix

## VALUES FOR ASSESSING SERVICE PRIORITIZATION:

### Accessibility

Services and patient care are considered **accessible** if they are delivered in a timely manner, are easy for patients to navigate and do not impose costs on the patient. “User-friendly” patient care stems from having a streamlined process throughout the continuum of care. This process must ensure timely diagnosis, treatment, and follow-up care.

### Collaboration

Services are considered **collaborative** if they work with other services and health providers, both within the hospital and within the wider community, to enhance patient outcomes and increase service efficiencies. Collaborative services share knowledge, costs, promote teamwork and ultimately work towards providing patients with fast, effective, and low-cost care.

### Sustainability

Services are considered **sustainable** if they respond to the community’s needs as these needs change, using partnerships with other health providers whenever it is appropriate and possible. Sustainability requires maintaining the fiscal, human and technical resources required to provide high-quality services. In particular, relationships with local providers health care providers are important for sustaining services.

### Relationships and Public Trust

Services that inspire **public trust**, and that nurture a **positive relationship** between the hospital and the community, provide care that is approachable, respectful, and strives to keep up to the highest standards. Highly trained staff and state-of-the-art equipment help to ensure that patients trust the hospital to give them the best care possible.

**Community Needs and Responsiveness:**

Services are considered **responsive to community needs** if they use mechanisms to gather and use information about the community to pro-actively respond to current and future community health needs.

**Effectiveness, Safety and High Standards:**

Services are considered **effective** if they lead to the best possible patient outcome, **safe** if they are adequately resourced to respond to patients' needs in a timely manner and safe environment, and of a **high standard** if they use leading practices, information and technology.

**OTHER RECOMMENDATIONS AND SUGGESTIONS**

During the course of our deliberations, we learned a lot about the division of decision-making powers in the health care system, and became increasingly frustrated with the lack of control citizens and Hospitals have over funding models. For example, labour issues and designations for funding formulas are centrally negotiated and beyond Hospitals' reach. Because these issues came up several times during our deliberations, we allowed some time to explore avenues of reaching a balanced budget and improving services that were outside both our mandate and Terms of Reference as citizen advisors and NHH's scope of decision-making. These suggestions were collected by a working group of six panelists and divided into the three categories of funding, service provision, and communications. We have not endorsed the following notes as a Panel, but instead recommend them to you for your own consideration and discussion.

**FUNDING**

- Wherever possible the Board could seek to reduce services rather than eliminate them outright. Several panelists are concerned that once a service is cut, the capacity to offer that service is lost. If funding models or demographics change in the future, the Hospital could take advantage of those changes to increase or restore reduced services.
- The Board could ask the Foundation to revisit the idea of running a Hospital lottery and identify other comparably sized Hospitals that have successfully operated major lottery-based campaigns.
- The Hospital could do more to seek donations from residents and patients and provide more information concerning the true cost of Hospital services.
- Administration costs should continue to be monitored and publicly benchmarked against comparable Hospitals.

## **SERVICE PROVISION**

- NHH could look to become a test site for the introduction of Nurse Practitioners and Physicians' Assistants.
- NHH could develop a service plan for the MRI unit that maximizes its use and profitability for the Hospital.
- We urge NHH to express its concern to the CE LHIN and ministry that it continues to have little influence over the bulk of its labour costs — which are negotiated centrally with the unions — and make up the larger share of its budgetary obligations.
- The CE LHIN could re-assess NHH's status so that it qualifies for funding under additional Ministry funding formulas.
- The Board could collaborate with the CE LHIN and other local agencies to ensure that if services are transferred to other providers, they will be appropriately delivered to a high standard of care.

## **COMMUNICATIONS**

- NHH volunteers and CAP members could do more to help build awareness about the Hospital and its financial pressures.
- Create and promote materials that explain how residents can access healthcare services in the region. Education could help residents see the Hospital as an acute care provider, rather than as a frontline provider for comprehensive health services.
- High school students could benefit from the opportunity to learn about their local health care system.
- Continue to use the CAP model to solicit public input and sustain a conversation about the Hospital's future.
- Visit seniors' homes to talk about the Hospital and the health care system in general.
- Continue to use both traditional and social media to communicate the pressures faced by the Hospital — and how residents can help to support NHH.
- Provide more opportunities for residents to learn about the services provided by the Hospital — including 'back stage' tours and regular briefings to community groups.
- Improve communication to patients in the emergency department. Experiment with a colour-coded timing system that provides patients with a rough sense of their anticipated wait time

## MEMBERS' STATEMENTS

Panel members were invited to submit brief individual statements concerning their experience of the CAP process. These statements include any specific comments or advice they would like to direct to the Board outside of the direct work of the panel.

**Andrew Holt:** Thank you for the opportunity to provide input to this vitally important process. Clearly there is strong stewardship and leadership at NHH that will serve the community well. The CAP engagement process provides a good example for others to follow - well done to all who made this happen.

**Elaine West:** It was a pleasure and honor to be part of the FIRST Citizens Advisory Panel for NHH. Even though our report has been presented to the Board, the 25 panel members will continue to “spread the word” and keep our community informed about NHH and their challenges now and in the future. Community Relationships and Public Trust is an important Value for our project and I feel going forward, more involvement of different Citizens Advisory Panels would be a benefit for NHH. Finally, I would like to commend Peter and all his facilitators from MASS LBP for their part in this undertaking. They did an amazing job of taking 25 people with varied ideas and opinions about NHH, worked on educating us on Ontario Health Issues as well as the financial challenges and services for NHH in only 5 weeks. This was not an easy task. Nor was keeping us focus on the issues at hand. But with the experience and guidance of Peter and his team, we were able to make informed choices and bring to the Board this report.

**Madge Pedersen:** I believe that the reports of NHH’s achievements that Robert Biron’s made to our panel should be part and parcel of communications to authorities and the general public. In my talk to neighbours, I learned that many in our community have high praise for our Hospital; the only serious criticism I heard was about the waiting time in emergency services. The people I spoke to were unanimous in their praise and wanted to keep things just as they are. Of course, they had not been informed of our budgetary crisis; they need to know, but they should also be informed about how well equipped with space, equipment, and teams of dedicated workers NHH is. We have good news to share with our public too. The development of such an effective Hospital in so few years is an indication of great competence on the parts of both its employees and hundreds of loyal and devoted volunteers. Let’s not underestimate these achievements. Let us continue to do the best we possibly can with the resources we have. If we cut important services now, they will be very difficult to restore later. If we must shed some of the services we now offer, perhaps we can serve our clients and help to meet their needs by offering

training and oversight to competent individuals who would be willing to offer home services to others in need.

Serving on the panel has been a very important learning experience for me. I want to congratulate all of the individuals who planned our work, and then helped us to get on with it. I hope our efforts will bring benefits to the future of our wonderful Hospital.

**Pat Stanley:** In 2002 my husband and I moved from Toronto to Cobourg. A major reason for choosing Cobourg was the new Hospital, and we have not been disappointed – it is a wonderful facility to have so close to home. I have been dismayed, however, to learn about the animosity that exists between Port Hope and Cobourg, particularly related to the building of the new Hospital in Cobourg rather than Port Hope. This was brought to the surface again, very strongly, at the public roundtable held in mid-November. In addition, the recent establishment of the Port Hope Community Health Centre could be better coordinated with NHH. I urge the Board to do what they can to create better connections. NHH will need all the support it can get from both communities. We can't afford to be divided.

## MEMBERS' BIOGRAPHIES

**Andrew Holt:** Andrew Holt has been a resident of Hamilton Township for over 6 years with his wife, Carol, and two daughters, Lauren and Sarah. He is currently employed in Don Mills as VP Corporate Development, Alpha Global IT and Alpha Laboratories. With over 20 years of experience he has held various health executive roles at Hamilton Health Sciences, University Health Network / Mt. Sinai, Scarborough Hospitals and Northumberland Hills Hospital. He is looking forward to working with other members of community Advisory Panel to provide input to the Hospital so the West Northumberland community retains viable health services.

**Barb von Boetticher:** Barb is 41 years old, was born in Belleville and grew up in Baltimore, Ontario, spending her teenage years in the Bridgeworth / Peterborough area. She went to Brock University, where she graduated with a Bachelor of Recreation and Leisure Studies (B.R.L.S) in 1991. She also went to Sheridan College in Brampton and graduated with high honors in Early Childhood Education (E.C.E). Presently Barb is working for the Greater Metro YMCA (12 years) and has worked for the Kawartha Pine Ridge School Board as an EA and supply teacher. Barb is an avid swimmer and works out 3-5 times a week. She is an open lesbian, has been in a relationship with her partner for 4 years and they have 3 kitties – Barb loves her life!

**Becky Brown:** Becky and her family moved to the Port Hope area in 2003 because her father was transferred to General Motors in Oshawa. She attended high school at CDCI West and graduated in 2008. Becky is now attending her second year at Fleming College for Human Resources Management and plans to attend at least one year at Trent when she is finished. Becky works at Rhino's Roadhouse in Bewdley and has been there for 6 years. She still lives with her parents just outside of Bewdley with her younger brother and two dogs. Becky is not married and has no children.

**David Bradshaw:** David was born near Exeter Ontario, a rich farming area of Southwestern Ontario. He was educated in the town of Seaforth, attended college in London Ontario and entered the field of telecommunications with a diploma in Industrial Management and Electrical Theory. During his nearly 40 years in national and international senior management assignments for Bell Canada, GM Gest and Asian American Telecommunications, he demonstrated that he is a creative problem solver able to obtain positive results based on team work, leadership, strong communication skills, precision and diplomacy. Dave is married to Lyn, a retired school teacher. Together they have two children, Rob who works for the WWF and lives in Australia and Melissa, an animator in Toronto.



Rob and his wife have two children which means trips to Australia from time to time. Dave and Lyn recently moved to Port Hope after living in Parry Sound, Singapore and The People's Republic of China.

**David Hickey:** David is a graduate of Mount Allison University, Eng. Cert., Technical University of Nova Scotia, B. Eng. (Honours), and the University of Toronto, M.A.Sc. (Honours). Upon Graduation, he joined Vanbots Construction Corporation and held various office functions from 1966 until 1974 when he and two partners bought the company. He was President of the company until 1982 when the company was sold. Following the sale of Vanbots, he joined Ellis Don Construction in 1983 as Vice-President, Operations and was promoted to Executive Vice-President in 1988 until he retired in 1992. He stayed on as a Director until 1997. From 1992 until 2008, David ran Baywood Quarter Horses Inc. & Heritage Farm, which became the leading breeder of halter and performance quarter horses in Canada in the late 90s. The farm was sold in the spring of 2008. David is currently the President and Director of Harrison & Hickey Inc., a private investment company, a Director of The Travelers Guarantee Company of Canada and a member of the Professional Engineers of Ontario. He is married and lives in Hamilton Township.

**Don McKenzie:** Don was born in 1935 in Glasgow, Scotland and became a Canadian citizen in March 1982. He was married in 1956 and has one son, one daughter in law and 2 grandchildren. Professionally, Don has worked in a number of areas at Black and Decker as a Manager in the late 50s and 60s, owned his own business from 1986 through 1995. Most recently, he worked as a Sales Manager with Hayden Industries from 1995 until retiring in 2006.

**Elaine West:** Elaine is 46 years young. She has lived in Cobourg for 10 years with her husband, Roger, and their 2 dogs, Murphy and Ricco. Elaine and Roger have been married for 22 years and have no children. Elaine graduated from Loyalist College with an accounting Diploma, is currently a self-employed bookkeeper and works part-time for a local accountant. Elaine enjoys spending time with her family as well as taking care of her mother who lives in a retirement home in Belleville.

**Frank Mastinsek:** I am a professional accountant in Cobourg operating my own practice. I have a bachelor of commerce degree from the University of Toronto and have been in the accounting profession for 27 years. I have lived in Northumberland since 1990 and have 2 children attending post secondary institutions. My life partner Reah and I enjoy travelling, hiking, golfing, skiing and life in general. I try to be involved in the community was previously served as the chair of NHH's Board. Currently I am the Treasurer for the local Habitat for Humanity affiliate and last year travelled to El Salvador with Global Village to help build a home there.

**Heather McKeown:** Heather was born and raised in Toronto, graduated as an RPN (previously known as an RNA) in 1969. Over the years, she has worked in Hospitals and as a visiting nurse both in urban and rural settings. Heather and her husband Ralph were married in 1971 and have 2 sons, Gordon and Henry, a stepdaughter, Cindy, and a daughter-in-law, Jenny. She assists with office duties a few hours a week at the Port Hope Community Care office and is a member of the Caregiver Community Health Centre. Through the years at home Heather has been a caregiver to her children and other family members, sometimes as an advocate for them in medical situations. Heather is also a “consumer” of the health care system as she suffers from some chronic conditions. If you add Heather’s professional experience on a Fiscal Advisory/ Operations Planning Committee at the South Bruce Grey Health Centre and participation on the Hanover and district Hospital Board of Directors (1993 to 1996), she is able to contribute and understand many of the current challenges in delivering optimal health care. She looks forward to this opportunity and challenge and hopes it will be an experience of “giving and gaining.”

**Herman Van der Veen:** In 1951, Herman moved to Canada from Holland at the age of 11. Eight years ago, Herman moved to Cobourg which is the city he still calls home. His work life consists of 25 years of experience at Dunlop Tire and 14 years at General Motors. He has run for municipal politics, and sat on many committees before he retired at 55. As a part of his political experience, Herman has driven to Ottawa to address the Young Offenders Act, has met with M.P.s, ran for council in Hamilton Township, and sat on a waste management committee concerning recycling. His hobbies are traveling, motorcycling and photography.

**Kathy Anderson:** Kathy and her husband moved to Cobourg from Whitby seven years ago and couldn’t be happier with their town. They have been married for 29 years, have no children, but have been dog owners for 27 years. Three years ago, they adopted their current dog from the Shelter of Hope in Port Hope. Kathy graduated from the University of Waterloo in 1973 with a B.A. in Sociology. She retired from General Motors in June 2008 after 31 years of service (working in the Human Resource field for all but the final 2 years). Some of Kathy’s volunteer work this year has been with the Downtown Business Improvement Association where she assisted with the Buskers Harvest Festival. She also volunteers at the Northumberland READ Center on D’Arcy St, where she is helping a young lady improve her reading and spelling skills every Tuesday. Kathy feels so very fortunate to live in a small, vibrant community with a brand new Hospital. She is honored to have been selected for the CAP.

**Kay Boulter:** Kay has lived in Cobourg for twenty years and has been an active participant in the community. Currently, and for the last ten years she has been a member with the Cobourg Senior Center. At present she teaches a fitness class for seniors and is in charge of the Craft Area and

emceeds the social functions. Kay was on the advisory committee of the center from its inception in 1999 and a member of the board for 7 years. She was also involved for 3 years in the planning of a New Senior Center with Councilor Broccanier. Over the years Kay has been an active volunteer with the Cobourg Guild of Arts & Crafts, organizing craft shows and owning her own craft business for 10 years. Kay's business experience has been varied. She has spent 20 years in the business world in office management and accounting. She has worked in retail sales and was an employee of Cortesis Jewellery in the Northumberland Mall from 1989-94. Being a parent and grandparent, Kay has been involved in various sports activities over many years. As an active senior, Kay is very interested in the welfare of our community and hopes in some small way to help her fellow man.

**Madge Pedersen:** Madge Pedersen, nee Abbott, was born in Montreal, 1929 and has been married to her husband since 1952. She has five sons, one daughter, seven grandchildren, and two great-grandchildren. Her professional experiences are extensive in education as she taught as a school teacher at various schools in Montreal and was the founding Principal of the Peabody Terrace Nursery School at Harvard University, 1964-66. Madge also has experience in nursing as she changed her career path in 1979, receiving an RN degree from Dawson College, Montreal in 1979. Using her nursing experience she has worked at the Montreal's Children's Hospital as a Nursing-Homemaker and a number of volunteer organizations in Fort Myers Florida and in Cobourg.

**Margo Harnden:** Margo was born and raised in Cobourg and throughout her 43 married years, she has resided in Cobourg, Roseneath, Garden Hill and Hamilton Township. Margo has two grown daughters, one in Toronto, one residing in Port Hope, and has 3 grandchildren. Her husband is retired (as a millwright) but works approximately 26 hours every week. Margo's husband spends part of this time as a volunteer for Community Care in the maintenance field (cutting grass etc.). Margo's hobbies are her grandchildren, reading, walking, motorcycling (passenger) and, most importantly, her grandchildren! Professionally, Margo spent 18 years in the banking industry, having spent 11 of those years as a Certified Financial Planner with Investors Group. Her client base is broad as she deals with people in their early twenties to seniors. She finds this profession very rewarding. She believes that this Hospital, its services and programs are extremely important to the community which is why out of a commitment to her family, friends, and community she hopes to assist in finding a way to reduce the current budget deficit of Northumberland Hills Hospital.

**Matthew Dwyer:** Matt is a Food & Beverage Manager with the Ontario Lottery & Gaming Corporations Slots at Ajax Downs. In this role, Matt is fiscally responsible for his department and leads a team of 68 staff pro-

viding all aspects of customer service, including safe alcohol service. A big believer in teamwork and efficiencies, Matt supports all and any new ideas from his staff that may improve service levels. Matt is a graduate from St. Lawrence College in 1998 with a diploma in Hotel and Restaurant Management. Immediately after graduating, Matt accepted a job in Banff, Alberta at the famous Rimrock Resort Hotel where he held numerous positions learning the Hospitality industry inside and out. Matt made his way back to Ontario in June, 2002 and was eager to be part of such a great venue opening in his home town of Gananoque. Matt started as a Food & Beverage Supervisor and over the next four years he was able to assist other casinos with operational support in Brantford, Grand River and Windsor. Matt started in Ajax in 2007 and currently resides in Cobourg Ontario with his wife Kelly, son Maddox, and another baby on the way in January 2010.

**Mohammad Younus Kundan:** Mohammad Younus Kundan was born in Hyberabad, Pakistan and holds a Master's of Science in Geochemistry and Petroleum Geology. He has worked for a number of pharmaceutical companies in the United Kingdom, United States and with Radio Shack in Canada. He has a wealth of experience in the community and volunteering both overseas and in Cobourg. Some local groups he has been involved with include the Interfaith Coalition and Brookside Youth Centre in Cobourg as well as Ganaraska Conservation Authority in Port Hope.

**Pat Stanley:** Pat was born in Ottawa in 1948, grew up in Montreal, moved to Toronto in 1979, and then to Cobourg in 2002, where she still lives. She is married with no children. Pat studied physics and math at McGill University, Fine Arts at Concordia University, and spent over 30 years as an Information Technology specialist (working with computers). In 2002, Pat and her husband relocated from Toronto to Cobourg. Pat herself is an artist, her work is currently at the Gallery of Northumberland. She is on the Board of the Arts Council of Northumberland, a member of the Colborne Art Gallery, and has just joined an artist's collective in Toronto, The Propeller Centre. Pat's work has been in a number of shows in Cobourg, Port Hope, Bowmanville, Whitby, Haliburton and Toronto.

**Phil Taylor:** Phil was born, lives and works in the Municipality of Port Hope. He is quite family focused with a loving wife, Debbie, and two children, Emily and Evan. Currently, Emily is attending McMaster University and Evan is in grade 11 at St. Mary's Secondary School.

**Randy Hunt:** Randy has lived in Cobourg with his wife and 2 daughters (aged 20 and 18) for 16 years. He is 56 years old. Randy has a B. Comm and is self-employed as a painting contractor and accountant and enjoys playing golf in the summer and skating in the winter. He is the finan-

cial agent in the federal Conservative party for Northumberland- Quinte West.

**Robert Berry:** Robert is married with two children. His wife's name is Patti and they have two boys named Robbie and Tyler. He and his family live in Port Hope and have lived there for 11 years. Robert works in Markham, Ontario and is a pressman. He loves the outdoors and spending time with the family.

**Ron Linton:** Ron was born in Cobourg Hospital, spending the next 35 years of his life in Hamilton Township living on a farm. Thirty-three years ago, Ron moved to Cobourg and currently resides in the town. He has served on the Canadian Ski Patrol at Devil's Elbow for 17 years, and has belonged to the Kinsmen for fifteen. Ron was married and divorced and has 2 daughters who are both married and have given him 4 grandchildren. He is licensed as a private pilot, a realtor and a gas fitter and has operated his own appliance service business for 37 years after working for GM for 7 years and as a farmer. Previously, Ron was the Chairman of the Planning Advisory Committee and now serves on the Committee of Adjustment in the Town of Cobourg.

**Sue Speirs:** Susan was born, raised and educated in England, and immigrated to Canada in June 1969. Her work history includes 'au pair' in the south of France and Austria, working as secretarial and administrative assistant, project administration and strategic planning. For 18 years Susan operated a desktop publishing business. Susan and her husband retired to Port Hope in September 2003, where she spends some of her time volunteering with Community Care Port Hope (both in the office and driving clients), Port Hope Friends of the Library, Cobourg Horticultural Society, Ten Thousand Villages in Cobourg and holds a position as the Probus Club's Program Director. Susan has one son who lives in Ottawa with his wife and their 20 month old daughter.

**Teresa Williams:** Teresa was born in the Cobourg Hospital in the 1970s and has been a resident within the Hospital catchment area for most of her life. She has been an activist in the community for many years. Currently, she works as a Community Legal Worker at the Northumberland Community Legal Centre and advocates for clients with disabilities, among other things. She is aware of the barriers that people face in accessing services. Teresa has been a member of several committees and boards within the community and has been involved in developing policies and procedures to meet specific provincial mandates. Recently she has had cause to access several of the services within the Hospital.

**Wendy Tomlinson:** Born in 1958 in Niagara Falls Ontario. Mother of four, Shawn, Andrew, Myles and Morgan. I have been a strong advocate for Elder Care within their home since I was eight and I have a vision and

a core belief that aging should be a continued stage of development and growth, rather than a period of decline. Dignity and respect are at the top of my moral code. Presently working towards my Registered Practical Nursing degree with the goal of realizing that vision.

**Yatinkumar Patel:** Over the last 16 years Yatinkumar has been working in the chemical manufacturing industry. He is a chemical engineer by profession and currently works as a production engineer with Cameco Corporation in Port Hope. Yatinkumar was born in India and immigrated to Canada for a better future for his family and kids. His interests lie in the field of investments.

## **THE COLLABORATIVE SUPPORTING THE PANEL**

The Northumberland Hills Hospital established a collaborative to support the Citizens' Advisory Panel in its work. This included:

- The Hospital Board, providing governance oversight;
- External consultants from MASS LBP, with expertise in public engagement;
- Researchers from Queen's School of Business, with expertise in resource allocation decision making and program evaluation; and
- The Northumberland Community Futures Development Corporation, as funding partner.

### **The Northumberland Hills Hospital Board of Directors**

Composed of volunteers representing the communities served by the Hospital, directors on this skills-based Board: develop Hospital policy; make decisions about the Hospital's future (strategic planning); and monitor operational and financial performance. NHH Board Director Lynda Kay served as Moderator of the Panel, in a non-voting capacity, and provided a vital link between the Board and the Panel.

### **MASS LBP**

MASS LBP is a new kind of company that is reinventing public consultation. MASS LBP works with visionary governments, corporations and organizations to deepen and improve their efforts to engage citizens and solve complex issues. MASS designed the CAP process and worked directly with the Panel, providing support to the members with its facilitation team. For more information, please visit [www.masslbpc.com](http://www.masslbpc.com).

### **The Monieson Centre, Queen's School of Business**

Established in 1998, The Monieson Centre brings leading academic research to business, government, and community audiences to create value through knowledge. The Centre focuses on research related to the knowledge economy - how best to use the expertise of individuals, organizations and communities to create knowledge capital. The Centre provided an independent and objective evaluation of the NHH Citizens' Advisory Panel process. For more information, please visit [www.business.queensu.ca/knowledge](http://www.business.queensu.ca/knowledge).

### **The Northumberland Community Futures Development Corporation**

Northumberland CFDC works closely with the community to foster new partnerships, assess challenges and create new opportunities that will strengthen our economy. This project is funded in part by the Government of Canada's Eastern Ontario Development Program, which is administered locally by the Northumberland CFDC. For more information, please visit [www.northumberlandcfdc.ca](http://www.northumberlandcfdc.ca).

**Northumberland  
Hills Hospital  
Citizens' Advisory  
Panel on Health Service  
Prioritization**

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January 2010