



NORTHUMBERLAND HILLS
HOSPITAL

e-Bulletin # 2

Shared Challenge, Shared Solution

**Decision Making Framework for Service
Prioritization**

Summary – October 6, 2009 Physician Session

The second iteration of Northumberland Hills Hospital's Decision Making Framework for Service Prioritization was produced at a special meeting of the Hospital's physician partners on Tuesday, October 6.

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

Purpose of the October 6 Session with Physicians

The working session with physicians was the second step in an iterative process to build a "Framework" or tool that NHH can use to help guide its decisions in prioritizing services. The goal is to proactively obtain input from representatives of Hospital stakeholders (physicians, staff, volunteers and the public we serve) in developing that Framework.

The Framework, Iteration #2

Attended by 24 physicians, two senior staff members (President and CEO Robert Biron and Vice President, Patient Services Helen Brenner) and Chi Nguyen, representing MASS LBP, the consulting firm advising NHH on the engagement process, the working session opened with a presentation from Robert Biron on the financial challenges facing the Northumberland Hills Hospital today, and the collaborative budget strategy initiated in December, 2008.

Biron outlined the steps the Hospital is taking to reach a balanced budget, including pursuing operating efficiencies as a first step without compromising patient safety and quality of care.

The physicians discussed the decision making frameworks available from the LHINs, with a particular emphasis on the Framework for Making Choices. This Framework requires hospitals throughout the province to optimize efficiencies, but also to transfer services more appropriately delivered in the community, identify and evaluate integration opportunities and realign or remove low demand health services.

NHH's current services were discussed in the context of the Making Choices Framework. Feedback and suggestion from this session will be presented to the Hospital Board and Citizens' Advisory panel by representatives of the NHH medical staff in the coming months.

The purpose of the various stakeholder sessions is to combine the guidelines that must be followed by all Ontario hospitals in the development of service plans and budgets, with the principles and values that NHH's stakeholders and community deem important when making choices.

The physicians concluded their session with a discussion of the preliminary draft of NHH's six core principles and values, as developed by the Hospital's Board of Directors, and their supporting questions. No additional suggestions were provided by the group for values and principles. Subsequent to the October 6 meeting, the group provided further context by completing a weighting exercise for the values/principles proposed. A summary is provided below.

Value/Principle	Definition	Weight
Sustainability	Do we have the fiscal, human and technical resources necessary to maintain a high-quality service, now and in the future?	21%
Effectiveness and Safety	Who can provide service most effectively, us or others?	22%
Community Needs and Responsiveness	Will the needs and expectations of the	23%

	community be met?	
Accessibility	Can we access the service in a timely fashion? How important is it that access to this service be provided locally?	17%
Collaboration	Are there unrealized opportunities for system collaboration?	8%
Relationship and Public Trust	Does this service maintain or enhance our relationships with our community?	9%

Next Steps

As noted above, the physicians’ exercise was the second step in an iterative process to develop an NHH Framework for Hospital Service Prioritization. The Framework will combine our obligations with regard to our funders; it will also reflect the principles and values held by our key stakeholders.

On October 15, staff and volunteers will have their opportunity to review the draft Framework begun by the Board and physicians, add to it as appropriate, and then pass it along to the broader community for input via the Citizens’ Advisory Panel.

How the Framework Will Be Applied

The Citizens Advisory Panel will apply the final Framework to develop contingency plan scenarios and advice for the Board’s consideration. The Board will then use the Panel’s advice and other information and perspectives from other stakeholders in its deliberations and decisions. Any change in service must be approved by the Central East Local Health Integration Network.

Queen’s University will provide an independent and objective third party evaluation of the engagement process, which will help NHH improve the process for future initiatives.

For the latest information on NHH’s *Shared Challenge, Shared Solution* collaborative budget strategy, staff members are directed to the dedicated *Shared Challenge, Shared Solutions* tab on the NHH InfoWeb. Those external to the Hospital can access background information on the Hospital’s website at www.nhh.ca, 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*.

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