

Community Engagement

Integrated Health Service Plan 2

Appendix A



Ontario

Erie St. Clair Local Health
Integration Network
Réseau local d'intégration
des services de santé
d'Érié St. Clair

Community Engagement

Appendix A

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Community Engagement

Background

A community engagement plan entitled *7 Priorities – One Plan* was developed to support the Erie St. Clair Local Health Integration's (ESC LHIN) Integrated Health Service Plan 2 (IHSP2).

Purpose

The purpose of the IHSP2 community engagement plan was to yield information that would assist in the validation, selection and/or refinements of planning priorities developed in the planning process as well as, provide information and mechanisms to develop specific actions to support planning priorities over the next three years.

The community engagement plan was designed around specific and targeted community engagement activities. These would include a mix of time limited and/or one-time sessions as well and other mechanisms/groups that could be accessed/used for future engagement needs.

Additionally, the IHSP2 would draw upon what was learned from past engagements relevant to the identified priorities. These include the Aging at Home Strategy, Mental Health and Addictions Review and the Small Community Hospital Emergency Department Study.

While the community engagement plan was designed to be broad in scope it did recognize resource constraints such as staff, time and available funds. As such, activities and target groups were selected or not selected based on these realities.

Defining Our Community

The IHSP2 community engagement plan was guided by two broad terms used to define certain populations and generally represent the Erie St. Clair community. These are consumers and stakeholders.

Consumers

Consumers can be defined as anyone with a specific known diagnosis requiring the utilization of health care services (e.g. someone diagnosed with a mental illness, which is currently or has in the past, accessed health services related to this illness)

Stakeholders

Stakeholders can be defined as any group or body representative of a specific interest within the health care system. The following are stakeholders identified for engagement on some level within the IHSP2 process:

- ESC LHIN funded health service providers
- ESC LHIN Advisory Networks and Planning Groups
- Key stakeholder groups or network (e.g. Ontario Medical Association)
- Priority population groups (Francophone and Aboriginal)
- Ministry of Health and Long-Term Care (MOHLTC)

- Members of Provincial Parliament (MPPs)
- ESC LHIN staff
- ESC LHIN Board of Directors

Since a key goal of the IHSP2 is to improve the patient experience in the priority areas, the ESC LHIN placed a strong emphasis on receiving the feedback from consumers directly impacted by care provided in these areas (as per the Triple Aim methodology).

Additionally, the ESC LHIN also emphasized engagement with stakeholders through the ESC LHIN Advisory Networks and Planning Groups. The focus on these groups is directly related to their ability to action proposed plans and the shared expertise represented across all health care sectors.

Engagement Methods

The ESC LHIN's strategy was to engage its stakeholder and residents using a number of methods and tactics covering the full spectrum of public participation (per the International Association of Public Participation), including informing and educating, consulting, involving, and collaborating.

Each form of engagement was used to expand upon the information and knowledge gained to date on the IHSP2's planning priorities. Ultimately, the goal was to develop action oriented plans for the next three years that focus on improving the patient experience, cost effectiveness, and the delivery of quality care.

Inform and Educate

Engagement for the Purpose of Educating or Informing Stakeholders

The ESC LHIN developed specific engagement activities to inform targeted audiences and the general public of the IHSP2 and its purpose. Engagement at this level is as much about providing information about the process as it is about effectively engaging informed stakeholders and providing for transparency in the planning process.

Web Site:

A comprehensive, dedicated website was launched in support of the IHSP2. The website was targeted to the general population with the purpose of being a hub of information regarding our priorities, our process and how to get involved in our community engagement activities. The web site was launched through a media event as well as an email campaign and stakeholder communications.

The site is to be refreshed throughout the process leading up to the implementation of the IHSP2 in April 2010, so that it will reflect the finalized plan, the actions that are committed to in the document, upcoming events in support of the new IHSP2 and house relevant data and support documents.

IHSP2 Seminars:

Information Seminars were hosted at the launch of the community engagement plan. The sessions were made available for participation in-person and online using webinar technology. The sessions were targeted primarily at stakeholder groups including funded health service providers, front-line health care workers, and those engaged through ESC LHIN Advisory Networks and Planning Groups.

The foundation of these sessions was a Power Point presentation that identified the planning priorities, the data informing the development of the priorities and the ways for stakeholders to become engaged throughout the planning process. Specifically, the seminars focused on identifying broad engagement tools such as the social media web site Facebook.

A full version of the webinar was made available to website visitors for viewing online.

Speakers Bureau:

Community groups were given the opportunity to request an ESC LHIN representative to make a presentation and learn more about the Erie St. Clair LHIN and the IHSP2. Additionally, IHSP2 information was incorporated into existing community presentations to further inform stakeholders of this key initiative.

Consult

Engagement for the purpose of receiving feedback from stakeholders

A number of engagement activities were coordinated to support the validation of our planning priorities and solicit feedback for the development of actions in support of the IHSP2. These activities ranged from broadly targeted to narrowly focused on specific consumer or interest groups.

Key Informant Interviews:

Third-party key informant interviews, designed to test the planning priorities and receive initial feedback were conducted.

A total of 13 one-hour interviews were conducted representing a cross-section of individuals from various organizations, including (but not limited to) the following:

- Hospitals in Erie St. Clair
- Community Care Access Centre (CCAC)
- Canadian Mental Health Association (CMHA)
- Community Health Centres (CHC)
- Community Support Services (CSS)
- University of Windsor
- Hospital CEO group (5 CEOs)
- Erie St. Clair LHIN Health Professional Advisory Committee (HPAC)

Interviews were guided by a set questionnaire (see example 1 for complete questionnaire) with results aggregated into key themes and messages. (See Appendix C for results).

Consumer Focus Groups:

Specific consumer groups were identified based on the planning priorities developed in the initial phase of the IHSP2 planning. Specifically, consumers with a specific known addictions, diabetes or mental illness requiring the utilization of health care services were identified for engagement in support of the IHSP2.

A total of ten individual 1 to 2 hour focus groups comprised of up to 21 participants were completed. Participants were asked a series of questions from a facilitator with responses collected on by a recorder on a flip chart. (See Appendix C for focus group findings). The questions sought feedback around current issues or barriers experienced and possible system improvements to benefit consumers. (See examples 2 - 3 for complete questionnaire).

Note: Mental Health Consumer Focus Groups were guided by the provincial Ministry of Health and Long-Term Care facilitation guide.

Stakeholder Consultations:

Specific stakeholder groups representing priority populations such as the Francophone community, as well as stakeholder groups with specific interest or enabling abilities such as physicians were engaged through consultation. The stakeholder consultations closely resembled the format used for focus groups. Similarly, the groups were asked a series of set questions; however these questions were focused on identifying issues and recommending system improvements within the planning priorities. (See examples 5 - 6 for complete questionnaire).

Involve

Engagement for the Purpose of Discussing Issues with Stakeholders to Support A Planning Initiative

Although the IHSP2 is a time-limited planning exercise, community engagement is an ongoing process of the ESC LHIN. It presents the opportunity to develop mechanisms to engage stakeholders and community members in dialogue or exchange for now and into the future. The following are such examples:

Facebook:

With the increase in popularity of social media and more and more people connecting, sharing and engaging on issues both informally and formally, the Erie St. Clair LHIN sought to capitalize on this trend.

The Health Care Priorities Group was launched using the social media site called Facebook. The new site was set up to allow community members to receive up-to-date information and dialogue on our health care priorities in Erie St. Clair. Specific questions were posed to engage participants in dialogue and receive their feedback.

To support the launch of the Health Care Priorities Group a marketing plan was create that included a media campaign, stakeholder communications, and targeted interface with existing health care Facebook groups.

The Facebook page will be used extensively as a communications and engagement tool on future ESC LHIN initiatives.

Annual Conference Workshops:

The *1st Annual ESC LHIN Conference – Courageous Decisions* attracted 180 attendees representing a cross-section of individuals from hospitals, community agencies, physicians, front-line staff and community members from Erie St. Clair.

The purpose of the conference was to enhance the understanding of the local health system, the challenges faced by its practitioners and to discuss the benefits of *being courageous* when making decisions.

In developing the IHSP2, the Erie St Clair LHIN has been very purposeful in ensuring that their work is action-oriented. The development of the *90-day Action Plans* reflects the strong desire that the ESC LHIN's vision becomes a reality. As each of the three ESC LHIN Advisory Networks (*Emergency Department/Medicine, Diabetes, and Mental Health and Addictions*) developed their respective Annual and 90 Day Action Plans, the conference represented an opportunity for the ESC LHIN to gather insight and feedback on these documents to ensure the plans developed in a way that best meets the needs of Erie St. Clair.

Below is a brief summary of the key highlights from the discussions and conversations that took place related to the *90-Day Action Plans*.

Facilitated breakout sessions regarding the *90-day Action Plans* amongst participants, ESC LHIN Advisory Network members and the ESC LHIN were held. This afforded members of the ESC LHIN Advisory Networks the opportunity to receive feedback on the *90 Day Action Plans* and respond to any questions.

Building on strengths of the ESC LHIN, the following three questions were asked in each of the three breakout session (Emergency Department/Medicine, Diabetes, and Mental Health and Addictions).

1. What factors will contribute to the successful achievement of the 90-Day Action Plan?
2. How should the 90-Day Action Plans be measured and monitored?
3. To ensure the success of the 90-Day Action Plans, what should the ESC LHIN stop/start or continue doing?

Collaborate

Engagement for the Purpose of Working with Stakeholders to Develop Plans Collaboratively

Collaborate represents the highest form of engagement undertaken, whereby the ESC LHIN engaged with stakeholders to empower them to plan independently and in collaboration with the ESC LHIN and other external partners. This process reflects the development of a working relationship over time and an enhanced knowledge of the local health care system, the people it serves and the challenges it faces.

Advisory Networks and Action Planning:

The ESC LHIN has established a number of advisory networks for the following areas: Emergency Department/Medicine, Alternative Level of Care (ALC), Surgery, Diabetes, Mental Health and Addictions. In addition to the advisory networks, a Chronic Disease Prevention and Management (CDPM) Integration Leadership Team was established. The ESC LHIN also supports a number of established community networks e.g. End of Life Network and the Rehabilitation Network. These Advisory Networks and Integration Leadership Team have been established to work together to improve patient / consumer flow along transfer points on the care continuum (ALC challenge), improve communications/ collaboration among all system partners and ensure that community resources are maximized across the health care system. The specific goals are to:

- Provide a deeper understanding of current practices, operations and performance/outcome measures in the health care system
- Describe and explain the rationale for observed variation in practices
- Provide a forum for issues response, joint problem solving and innovation/integration
- Provide advice and support for new directions and assist with implementation and monitoring change as needed
- Function as experts in advancing clinically orientated integration opportunities and processes that will positively impact on patient care and health outcomes
- Ensure that the activities of the ESC LHIN Advisory Networks and CDPM Integrated Leadership Team are consistent with the planning directions / activities of other Networks in the wider health care system and the MOHLTC
- Provide a forum for the expression of ESC LHIN viewpoints and directives

Some of the key performance measures and anticipated impacts expected to come from the work of the ESC LHIN Advisory Networks and CDPM Integrated Leadership Team are:

Key System Performance Metrics:

- Decrease ED visits
- Decrease in number of avoidable admissions to hospital
- Expedite timely hospital discharges
- Prevent re-admissions
- Decreased number of ALC patients and length of stay in ALC
- Increase in discharges home (with supports) / reduced discharges to long-term care homes
- Reduced functional decline in community
- Reduced adverse events (fracture from falls)
- Quicker turnaround / processing for clients needing a long-term care home

Performance Impacts:

- Increase overall supply (quantity and range) of services available to seniors through various strategies (new funding, re-organization/allocation, streamlined approaches to care)
- Relieve pressures on hospitals and long-term care homes
- Promote proactive wellness approaches to care
- Ensure that continuing care services are cost-effective and sustainable
- Promote senior's independence

Questionnaires

Example 1: Key Informant Interview Questionnaire

1. What do you believe is the biggest issue/problem facing the health care system at this time?
2. If you could only make one change to the health care system to improve performance, where would you invest for the greatest impact? Why?
3. In ESC, over 90% of ED visits are non-life threatening – and most relate to the provision of primary care – what would be your advice to the ESC LHIN in order to:
 - a. Increase access to and availability of primary care resources?
 - b. Improve ED utilization?
4. How can access to and utilization of hospital inpatient resources be improved?
5. What investments or improvements are needed to improve the overall patient/consumer experience with the health care system?
6. If you were charged with planning for the health care system, which priority populations would you start with? Why?
7. Are you aware of any opportunities for integration that would:
 - a. Positively impact the patient/consumer experience?
 - b. Positively impact quality of care?
 - c. Improve health outcomes?
 - d. Result in cost savings to our health care system?

Example 2 : Consumer Focus Group Questionnaire – Diabetes

1. What do you think is the biggest issue/problem facing the diabetes care system at this time (explain)?
2. What suggestions do you have for improving the patient/client experience for diabetes consumers?
3. How can accessibility to the health care system be improved for diabetes consumers?
4. Are you aware of any opportunities to improve the coordination or integration of diabetes services that would benefit consumers?

5. What support do you believe is needed for consumers to be in a position to better manage their own care for diabetes?
6. If you could only make one change to the health care system to improve diabetes care what it be and why?

Example 3: Consumer Focus Group Questionnaire – Addictions

1. What do you think is the biggest problem with addictions services in your community (explain)?
2. What suggestions do you have for improving local addictions services so that you have a better experience?
3. What would make it easier to access addictions services?
4. In order help you, how should addictions and other agencies work together?
 - a. Are you aware of any examples of agencies working together where it has helped you?
5. People with addictions often use the emergency department. What community supports would help you better manage your issue in place of an emergency department and provide better care?
6. If you could only make one change to health care to improve addictions services what would it be and why?

Example 4: Stakeholder Consultation Questionnaire – General

1. What do you believe is the biggest issue/problem facing the health care system at this time?
2. If you could only make one change to the health care system to improve performance, where would you invest for the greatest impact? Why?
3. In ESC, over 90% of ED visits are non-life threatening – and most relate to the provision of primary care – what would be your advice to the LHIN in order to:
 - a. Increase access to and availability of primary care resources?
 - b. Improve ED utilization?
 - c. Improve Diabetes care?
 - d. Improve Chronic Disease Management?
 - e. Improve Mental Health and Addictions care?
4. How can access to and utilization of hospital inpatient resources be improved?
5. What investments or improvements are needed to improve the overall patient/consumer experience with the health care system?

6. If you were charged with planning for the health care system, which priority populations would you target? Why?
7. Are you aware of any opportunities for integration/coordination that would:
 - a. Improve connectivity with primary care?
 - b. Positively impact the patient/consumer experience?
 - c. Positively impact quality of care?
 - d. Improve health outcomes?
 - e. Result in cost savings to our health care system?

Example 5 : Stakeholder Consultation Questionnaire – Francophone

1. What do you believe is the biggest issue/problem facing the health care system at this time? How does this impact upon the Francophone community of Erie St. Clair?
2. If you could only make one change to the health care system to improve access to Francophone services, where would you invest for the greatest impact? Why?
3. In ESC, over 90% of ED visits are non-life threatening – and most relate to the provision of primary care – what would be your advice to the ESC LHIN in order to:
 - a. Increase access to and availability of primary care resources for the Francophone community of Erie St. Clair?
 - b. Improve ED utilization?
4. How can access to and utilization of hospital inpatient resources be improved?
5. What investments or improvements are needed to improve the overall patient/consumer experience for Francophone's within the health care system?
6. If you were charged with planning for the health care system, which priority populations within the Francophone community would you target first? Why?
7. Are you aware of any opportunities for integration that would:
 - a. Positively impact the patient/consumer experience?
 - b. Positively impact quality of care?
 - c. Improve health outcomes?
 - d. Result in cost savings to our health care system?

Participants Engaged

The following accounts for the engagement activities undertaken to support the IHSP2 with information informing the planning priorities and proposed action plans:

Table 1: Engagement Activities

Method	Number of Engagements	Total Participants
Key Informant Interviews	13	18
Consumer Focus Groups	11	219
Stakeholder Consultations	7	77
Network Action Planning	35	90
Annual Conference Action Plan Workshops	3	200+
Social Media Engagement (Facebook)	N/A	73
Totals	31	677