Central East LHIN 2011-12 Community Engagement Plan

Purpose of this Plan:

The purpose of this document is to outline the Central East LHIN's Community Engagement Plan 2011 – 2012.

In accordance with Community Engagement Guidelines (April 2011) and in keeping with the expectations of the Local Health System Integration Act (LHISA 2006) on an annual basis, all LHINs are required to develop and publish their Community Engagement plan. Plans are updated annually to reflect specific priorities and objectives in the current/upcoming year.

The Central East LHIN's Community Engagement Plan provides and overview of the priority activities and associated community engagement mechanisms or strategies that will support achievement of priorities within the Annual Business Plan.

The Community Engagement Plan also provides assistance to Health Service Providers within the Central East LHIN to support alignment of their own community engagement plans and activities with those of the LHIN and in fulfilling their own accountabilities which require the engagement of key stakeholders (LHSIA 2006).

About the Central East LHIN

The Central East LHIN is one of 14 crown agencies established by the Ministry of Health and Long-Term Care (MOHLTC). We are governed by a nine member, skills-based Board of Directors - selected from local applicants through a provincial screening process and appointed by an order in council. More information on the Central East LHIN's current Board of Directors, the application process to become a director and the minutes and outputs of their work can be found on the Central East LHIN website (www.centraleastlhin.on.ca – Board of Directors).

The Central East LHIN is one of the fastest growing geographic regions in the Province and home to over 11% of Ontario's population. Based on the 2006 Census, the population has grown by 6.3 percent, making the LHIN 1.4 million people strong.

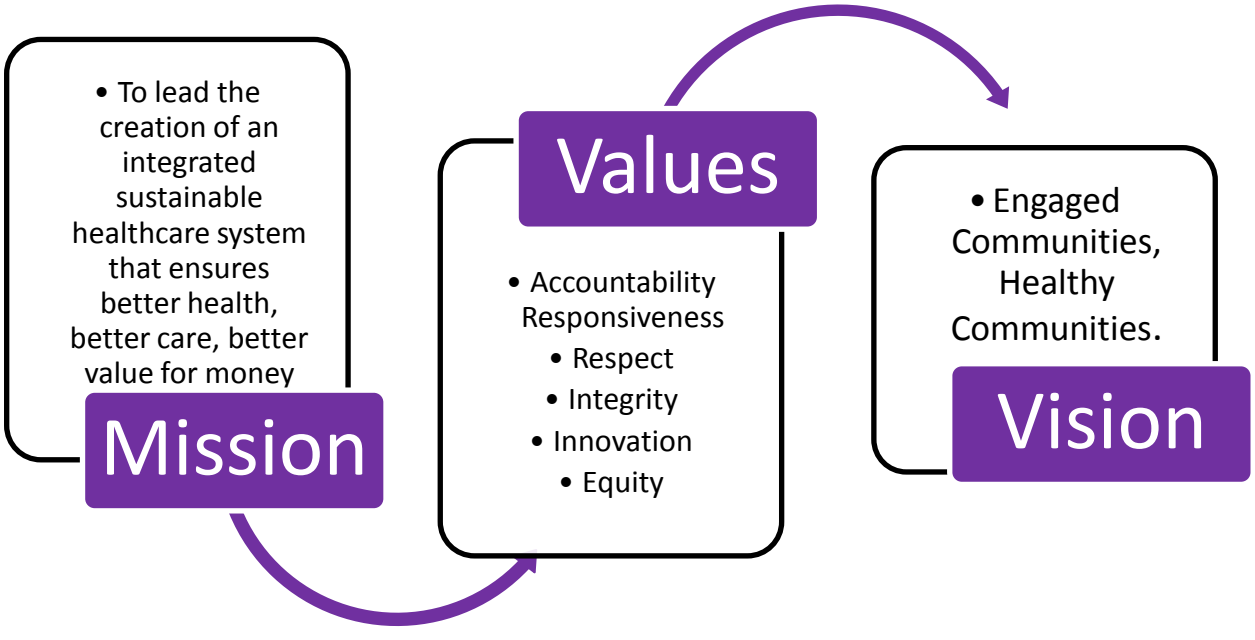
The Central East LHIN is a mix of urban and rural geography and is the sixth-largest LHIN in land area in Ontario (16,673 km2). In densely populated urban cities, suburban towns, rural farm communities, cottage country villages and remote settlements, the Central East LHIN stretches from Victoria Park to Algonquin Park! The neighbourhoods in our planning zones boast a rich diversity of community values, ethnicity, language and socio-demographic characteristics.

The Central East LHIN is responsible for planning, coordinating, integrating and providing funding to over 170 health care providers in the local community including hospitals, long-term care homes, community support services, the Central East Community Care Access Centre, community health centres, and mental health and addictions services. The Central East LHIN operating budget for these health services

in 2010 -2011 was $1.9 billion. The Central East LHIN's responsibilities for planning, coordination, integration and funding of the Central East LHIN health system are delivered at approximately 0.25% of this cost annually.

One of the cornerstones of system improvement is the recognition that services must reflect the needs of the communities they serve. To that end, the Central East LHIN engages the community in order to inform, educate, consult, involve or empower stakeholders to participate in planning and decision-making processes to improve the local health care system. Community engagement activities can be ongoing or project specific, focused outwardly - sharing information or designed to gather information and knowledge.

Community engagement is central to the mission, vision and values of the Central East LHIN. As such, stakeholder engagement has been and will remain a core element of Central East LHIN operations.



The Core Principles for Central East LHIN Community Engagement
(as adopted from the National Coalition for Dialogue and Deliberation)

The following seven core principles reflect the common beliefs and understandings of those working in the fields of public engagement, conflict resolution, and collaboration. In practice, people apply these and additional principles in many different ways.

Careful Planning and Preparation: Through adequate and inclusive planning, ensure that the design, organization, and convening of the process serve both a clearly defined purpose and the needs of the participants.

Inclusion and Demographic Diversity: Equitably incorporate diverse people, voices, ideas, and information to lay the groundwork for quality outcomes and democratic legitimacy.

Collaboration and Shared Purpose: Support and encourage participants, government and community institutions, and others to work together to advance the common good.

Openness and Learning: Help all involved listen to each other, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and rigorously evaluate public engagement activities for effectiveness.

Transparency and Trust: Be clear and open about the process, and provide a public record of the organizers, sponsors, outcomes, and range of views and ideas expressed.

Impact and Action: Ensure each participatory effort has real potential to make a difference, and that participants are aware of that potential.

Sustained Engagement and Participatory Culture: Promote a culture of participation with programs and institutions that support ongoing quality public engagement.

The development of this Central East LHIN Community Engagement Plan our commitment to review this Plan annually and the strategies outlined below demonstrate the commitment of the Central East LHIN to work collaboratively with stakeholders to action these core engagement principles.

Central East LHIN Community Engagement Strategies (2011-12)

The Central East LHIN's engagement efforts and activities will be focused on building capacity to support the achievement of priorities identified in the Integrated Health Services Plan (IHSP) 2010 – 2013 and the Annual Business Plan (ABP) 2011 – 2012. These priorities are reflective of provincial, LHIN and health service provider priorities to strengthen the integration of the health system and simultaneously improve population health, patient experience and value for money within the Central East LHIN.

Guided by the organization's vision "Engaged Communities – Healthy Communities" and focused on achieving its identified priorities in 2011-12, the Central East LHIN will fulfill its commitment to community engagement in the following ways.

Engagement Strategies and Best Practices

A variety of best practice strategies, appropriate to the desired objectives and identified level of engagement will be employed.

The objectives of community engagement will be identified in advance for priority initiatives and will vary across the following engagement continuum.

> **Inform and Educate:** To provide accurate, timely, relevant and easy to understand information to the community. This level of engagement will provide information about the LHIN, and offers opportunities for community members to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.
>
> **Gather Input:** To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns and identify modifications. There may be potential to influence the final outcome.
>
> **Consult:** To seek out and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between community and the LHIN. Consultation may result in changes to the final outcome.
>
> **Involve:** To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable residents and communities to raise their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.
>
> **Collaborate:** To work with and enable stakeholders to work through options/solutions to find common ground or agreement.
>
> **Empower:** Delegated stakeholder decision-making where final decision-making authority, leading to action is assigned to a committee (ad hoc, standing) or other organized body (project-related work group or task).

Identification of Stakeholders & Assessment of Impact and Outcomes

The Central East LHIN's is committed to leverage the knowledge, experience and expertise that currently exists within Central East LHIN communities to achieve its objectives. Accordingly, a core principle of engagement in Central East LHIN is to identify existing stakeholder groups or entities, individuals or organizations which have interest in the outcomes of the initiative/project. To support the identification of stakeholders entities/groups the Central East LHIN maintains and updates a stakeholder engagement matrix.

The assembly of new Central East LHIN Planning Partner tables, project teams and work or task groups involves the identification of key stakeholder perspectives such as community, hospital, consumer/caregiver, clinical or administrative/leadership. As appropriate, the engagement of providers or persons with expertise and experience in the delivery of services from across the three service clusters within the Central East LHIN is also obtained namely, the Northeast (Northumberland, City of Kawartha Lakes, Peterborough and Haliburton Highlands), Durham (Durham Region) and Scarborough.

During project design and initiation an initial assessment of how stakeholders will be affected by the project/initiative, if implemented is undertaken. During this assessment the anticipated impact of the outcome on stakeholders, the level of influence and degree of concern or interest at this initial stage of planning is undertaken. Issues of potential greatest opportunity or concern are identified to support the development of a stakeholder Communication Plan and communication strategies (I.e. the "Stakeholder Assessment Worksheet" and "Communication Plan template" contained within the Community Engagement provincial toolkit).

In addition, through application of the provincial Decision Making Framework the Central East LHIN will consider System Alignment, System Values, Population Health the principles of equity and client-focus in its decision making.

Focus on Priority Populations:

The Central East LHIN believes that in serving the people of Ontario, the health system is to be guided by a commitment to equity and respect for diversity in communities.

The Central East LHIN Integrated Health Service Plan (2010-2013) identifies the following priority populations:

- Francophone
- Seniors
- People with or at high risk of developing chronic disease
- Aboriginal peoples
- People with mental health or addiction needs

Accordingly, Central East LHIN engagement activities support the identification of the interests and impact of proposed initiatives on priority populations. As necessary, specific engagement is undertaken or on-going mechanisms to support effective engagement such as the production of materials in multiple languages/formats may be developed. In 2011-12 this will include:

Engagement of Aboriginal Peoples

The Central East LHIN estimates that the First Nation, Métis and urban-based Aboriginal peoples residing in the region represents about one percent of the total regional population. First Nation, Metis, Inuit and Non-Status people face a number of health issues and challenges and their health status is below that of the general population. First Nation, Metis, Inuit and Non-Status people have identified a

number of barriers to receiving equitable access to health services including jurisdictional and funding issues, lack of sensitivity to their culture, and a lack of targeted programs that focus on their particular health needs.

One of the main goals of the Central East LHIN is to work with the First Nation, Metis, Inuit and Non-Status peoples to improve their overall health status. The Central East LHIN is committed to working with all Aboriginal people to align health services with existing regional, provincial and federal health planning, health programming and service delivery systems to improve health outcomes.

The Alderville First Nation, Curve Lake First Nation, Hiawatha First Nation, Métis Nation of Ontario, Mississaugas of Scugog Island First Nation and the Central East LHIN have established a significant partnership that will benefit the health, communities and the future of First Nations, Metis, Inuit and Non-Status people.

Through two advisory groups - the First Nations Health Advisory Circle and the Métis, Inuit, Non-Status People's Advisory Committee, the Central East LHIN will receive advice on a variety of topics reflecting on provincial and Central East LHIN priorities pertaining to the First Nations people represented.

Engagement of Central East Francophone community

The Central East LHIN's commitment to equity and respect for diversity recognizes the requirements of the French Language Services Act (FLSA) and the legislation pertaining to the Engagement with the Francophone Community (January 2010) in serving Ontario's French-speaking community. To do so, the Central East LHIN will engage with its Francophone community.

The Central East LHIN has a French-speaking population is approximately 32,400 or 2.3% of the population (2006). Almost 80% of the LHIN's Francophone population lives in Scarborough and Durham West/East. In the Central East LHIN, only Scarborough is officially designated under the FLSA. However, a request has been submitted to the Office of Francophone Affairs to have the regional Municipality of Durham designated under the Act.

Accordingly, planning for French language services will be incorporated within the strategies to achieve the identified Central East LHIN priorities and supports for the francophone community are being integrated into LHIN operations during 2011-12.

The newly established French Language Planning Entities (April 2011) [FLS Entity #4 for Central East LHIN] will provide advice and support to the Central East LHIN with respect to:

- engaging the local Francophone community;
- identification and planning for health needs and priorities;
- the needs and priorities of diverse groups within the Francophone community;
- health services available to the Francophone community;
- the identification and designation of health service providers for the provision of French language health services;

- strategies to improve access to, accessibility of and integration of French language health services in the local health system;
- the integration of French language health services.

Achieving our Strategic Aims

The Central East LHIN has set two Strategic Aims to guide integration of the health system,

1. Save one million hours of time patients spend waiting in Emergency Departments by 2013; and,
2. Reduce the impact of vascular disease by 10% (Save 10,000 inpatient days) by 2013

The following stakeholder groups/entities will be engaged to advance the achievement of the Central East LHIN Strategic Aims:

<u>ED Strategic Aim:</u>

- ED Strategic Aim Coalition
- GEM Nurses/Administrative Leads
- ED Chiefs
- NPSTAT Steering Committee
- ED Avoidance Coalition (Durham)
- Home First Steering Committee

<u>Vascular Health Strategic Aim:</u>

- Vascular Health Strategic Aim Coalition
- CE LHIN Cardiac Advisory Committee
- CE LHIN Vascular Surgery Sub-Group
- CE LHIN Renal Advisory Committee
- CE LHIN Diabetes Regional Coordinating Centre Steering Committee
- Central East Diabetes Networks
- Central East Self Management Steering Committee
- Central East Region Stroke Network
- Durham Stroke Care Advisory Committee
- HKPR Stroke Care Advisory Committee
- Ontario Stroke Network
- Ontario Renal Network

Advancing Optimal Health System Design and Integration

Engagement with a variety of stakeholders is essential to ensure that the design of the health system supports optimal integrated health service delivery for patients/consumer and caregivers. Engagement will occur with a variety stakeholders from across the healthcare continuum. Some of the stakeholder groups or entities that may be engaged in 2011-12 include:

Health Service Provider Leadership:

Hospital:

- Central East Executive Council – (CEEC)
- Vice President/Chief Nursing Officer Working Group
- System Surge Management Committee
- Hospital/CCAC Financial Leadership Group (HCFLG)

Clinical:

- Medical Leadership Group
- Primary Care Working Group
- Chiefs of Psychiatry
- Health Professional Advisory Committees (HPAC)
- Infection, Control Network (RICN)
- CE LHIN Physician EHealth Group
- CE Regional Cancer Program Steering Committee

Long-term Care:

- CCAC Placement Committee
- LTC Operator and Administrators (TBD)

Community:

- CE Public Health Leads
- Cluster/Regional Health Service Provider Groups:
    - Community Support Services
    - Mental Health and Addictions
    - Community Health Centres
    - County-based Health Service Provider Groups
- Central East Palliative Care Network

CE LHIN Health Service Provider (HSP) Corporate:

- Governance Advisory Councils
- Health Service Provider - Controllers/Business Managers
- Health Service Provider - Human Resource Leads

Quality Improvement and Performance

Improving the quality of care and service delivery is key to improving overall system performance and access to care. To achieve optimal system performance, engagement with stakeholders whose roles are

focused in the areas of overall system and provider-level performance, decision support, eHealth/information technology and accountability is required. As such, the following stakeholders may be engaged to advance quality improvement and performance within the Central East LHIN:

Performance

- CE Quality Improvement Advisory Network (to be formed)
- CHC Performance Management Steering Committee
- LEAN Community of Practice
- Resident's First Leadership Group
- Wait Times Strategy Working Group
- Wait Times Coordinators Working Group
- Diagnostic Imaging and Surgical Wait Times Working Group

Decision Support

- LHIN Regional Decision Support Group
- CE LHIN Decision Support Working Group/Decision Support Leads
- Local Data Management Partnership Group

E Health and Information Technology:

- Chief Information Officer Committee
- EHealth Steering Committee
- IT Technical Working Group
- eCommunity Consultation Task Group
- LHIN ehealth Leads (provincial)
- LHIN ePMOs (provincial)
- eHealth Delivery Council (LHINs/provincial health associations)
- IM/IT Advisory Committee

Accountability:

- MSAA/HSAA/LSAA Steering Committee
- M-SAA /HSAA/LSAA LHIN Leads
- HAPS/LAPS/CAPS Working Group
- SAA Indicators Working Group
- CHC/CSS/MHA Indicator and Dashboard Working Group (tbd)

Access to Care

- System Surge Management Committee

Broad - Multi Stakeholder Engagement

The Central East LHIN will continue with the following strategies to engage a broad range of stakeholders in LHIN activities:

- Open LHIN Board and Committee meetings
- CE LHIN Communication Network (HSP Communicators)
- Liaison with Government Leaders (MPPs, MPs, Municipal)
- Liaison with Provincial Associations (e.g. ONA, OHA, OMA, OACCAC, ONHASS, OARC)
- Web-enabled consultation
- Local print and/or television (cable) media

In addition to engagement which is targeted at achieving specific objectives of the Annual Business Plan the Central East LHIN also engages with its stakeholders through a Speakers Bureau and an annual Symposium.

Central East LHIN Speakers Bureau

Through the Speakers Bureau – the Central East LHIN Board of Directors and Senior Staff are engaging with a variety of communities including healthcare and community/social service agency boards, municipal and regional councils and community residents. Speakers Bureau is an on-going engagement opportunity to answer questions about the Central East LHIN, its priorities and provide information on how people can be involved in local health planning.

Central East LHIN Annual Symposium – May 31, 2011

The Central East LHIN's fifth annual stakeholder symposium is focused on "Reaching the Quality Summit."

This year's engagement event will provide 350+ health service providers – governors, administrators, physicians, clinical leaders and front line staff, patients/clients/consumers – with the opportunity to share and learn best practices on health system quality initiatives that directly impact the achievement of the LHIN's Strategic Aims and improve patient experience with the Central East LHIN health system.

This year's event includes "Navigating the Health Care System from the Patient/Caregiver Perspective" and "Coaching Circles" led by peer facilitators on a variety of challenges faced by health service providers in Central East LHIN.

Notification of Engagement Opportunities

In an ongoing effort to keep our communities informed, the Central East LHIN will continue to use its website (www.centraleastlhin.on.ca) for regular posting of news and information of interest to our communities.

The Central East LHIN website is a key avenue for consultation and communication. A variety of materials from board agendas and minutes to performance scorecards, accountability agreements, funding information and opportunities for involvement are posted. In addition, a voluntary community of interest has been formed through creation of "My Page" accounts with over 1500 subscribers from across CE LHIN. My Page subscribers receive web alert updates to their email inbox when updates are posted to their area of interest.

Notice of planned consultations as well as any project or consultation-related reading materials will continue to be posted on the Central East LHIN website. The engagement process may vary depending on the project as the form of consultation must be designed to accommodate the informational needs of the project and the community to be consulted as well as the time and available project resources.

Providing Input or Comment to the Work of the LHIN

Any member of the public can provide input and feedback to the Central East LHIN at anytime. Initiative or Project-specific feedback should follow the process outlined on the project/initiative page. General feedback can be forwarded to the Central East LHIN by email to centraleast@lhins.on.ca or by regular mail to: Central East LHIN, Harwood Plaza, 314 Harwood Avenue South, Suite 204A Ajax, ON L1S 2J1.

Acknowledgement of the receipt of general inquiries or feedback will generally be provided within 48 hours. From time to time, a full response to inquiries may require more time to ensure a clear understanding of the request and develop an appropriate, comprehensive response.

Notification of the Outcomes/Results of Community Engagement

Feedback, comments and suggestions received in relation to community engagement activities conducted by the Central East LHIN will be documented and posted on the Central East LHIN website – respecting any confidentiality and consent parameters that may be required by law or requested by the participants . Project related feedback, comments and suggestions will be provided to project teams for response/action and as appropriate, posted on the project webpage.

Evaluating the Success of the Central East Community Engagement Plan

This Plan was developed primarily to guide Central East LHIN engagement activities and to inform stakeholders of the engagement strategies that will be used in Central East LHIN to advance the achievement of identified priorities. The Plan and its Appendices are also intended to be one tool to support Health Service Providers in meeting their accountabilities related to community engagement (LHSIA 2006). Additional tools/resources for project or initiative stakeholder identification and planning

for engagement are available through the provincial LHIN Community Engagement Guidelines/Toolkit and will be posted as they become available on the Central East LHIN website.

Participants in engagement activities and events outlined in this plan will be provided an opportunity to evaluate their participation as well as to offer their suggestions for overall improvement of the Central East LHIN's approach to community engagement.

During 2011-12 the Central East LHIN will collaborate with the Ministry of Health and LTC and other LHINs as appropriate, to identify key Performance Indicators/Metrics for Community Engagement. Once established the Central East LHIN will evaluate and annually publish these Performance Indicators.

Any member of the public is invited to provide their feedback on this plan and make suggestions for future annual engagement plans by sending their comments to the Central East LHIN using the means outlined in the Notice of Engagement Opportunities section of this document.

General evaluation, feedback, comments and suggestions related to this annual Community Engagement Plan will be posted in April 2012.

In accordance with provincial expectations, a formal evaluation of the Central East LHIN Community Engagement Plan will be completed by March 31, 2013.

Please see Appendix B for links to supporting materials.

Appendix A

Definitions

Community - Section 16.2 of LHSIA defines “Community” as patients and other individuals in the geographic area of the network, health service providers and any other person or entity that provides services in or for the local health system, as well as employees involved in the local health system.

Stakeholders - Stakeholders are individuals, communities, political entities or organizations that have a vested interest in the outcomes of the initiative. They are either affected by, or can have an effect on, the project. Anyone whose interests may be positively or negatively impacted by the project, or anyone that may exert influence over the project or its results is considered a project stakeholder. All stakeholders must be identified and managed/involved appropriately. For the purpose of stakeholder identification, “communities” can be interpreted to mean geographic locations (i.e. Colborne, Minden), communities of interest or communities of practice.

Community of Interest (COI) - An informal, self-organized, network of individuals brought together around a common interest, issue, concern or opportunity. They need not meet physically and may only ever connect with one another on an ad hoc basis, around that common element.

Community of Practice (CoP) - An informal, self-organized, network of peers with a common area of practice or profession. Such groups are held together by the members' desire to help others (by sharing information) and the need to advance their own knowledge (by learning from others).

Political Entity: For the purpose of stakeholder identification, “political entity” is an individual, organization or group with known political interests or public responsibility. This may include officials in public office, or organized labour or citizens groups.

Planning Partner (CE LHIN) - Working teams/entities established to provide advice to the Central East LHIN. Most often representing a diversity of health care providers and perspectives . Advise on a variety of issues including local health system strategic priority setting, integration, accountability, quality & performance, planning and evaluation, ehealth.

Planning Partner (Provincial) - Working teams/entities established to provide advice to government and/or Ministry of Health and LTC and/or other provincial Ministry on identified provincial priorities

Appendix B - Supporting Materials for Community Engagement

The Central East LHIN maintains a variety of tools to support community engagement including:

The Community Engagement Guidelines and Toolkit developed in collaboration with provincial LHINs and the MOHLTC. This resource document can be found at "Resource Documents – Community Engagement" – see http://www.centraleastlhin.on.ca/Page.aspx?id=130

To learn about new and enhanced engagement structures and ongoing opportunities for involvement, stakeholders are encouraged to visit the "Get Involved" page of the Central East LHIN website http://www.centraleastlhin.on.ca/getinvolved.aspx?ekmensel=e2f22c9a_72_192_btnlink

At the Central East LHIN, Integration is defined as "improving the health care experience by creating a seamless system of care." Information on Integrations and opportunities for providing feedback is found on "Resource Documents – Integration" see http://www.centraleastlhin.on.ca/Page.aspx?id=96

The provincial Decision Making Framework can be found on the "Resource Documents – Planning" page – see http://www.centraleastlhin.on.ca/Page.aspx?id=94