

NE LHIN Communications and Community Engagement Plan

September 2010



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1. Introduction

As per the Local Health System Integration act, “community” includes 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, and employees involved in the local health system.

This **Communications and Community Engagement Plan** was developed to meet the needs of our communities and includes a comprehensive list of initiatives, key messages and deliverables in the interest of:

- Enhancing the awareness of health care issues across Northeastern Ontario communities through information sharing.
- Engaging with our stakeholders and members of the public and connecting their efforts to NE LHIN planning and integration efforts.

Recognizing that good communication is a precursor to effective engagement, this plan encompasses both philosophies. Communications and community engagement practices at the NE LHIN are not separate entities. The purpose of community engagement is to inform, educate, consult, involve and empower stakeholders in both health care or health service planning and decision-making processes to improve the health care system. Communication plays a key role in this effort and supports the interaction, sharing and gathering of information between the NE LHIN and its stakeholders.

Communications and community engagement are integrated and woven into all NE LHIN initiatives so that the health care needs and priorities of the region are reflected in the everyday work and decisions of the NE LHIN organization.

2. The NE LHIN: Communications and Community Engagement

- Welcomes ongoing and open discussions about the views and priorities of its stakeholders, including the public at large.
- Values the inclusive relationship of communications and community engagement efforts.
- Will continually propose innovative ways to engage in meaningful dialogue and share information with stakeholders so that solutions that reflect the health care needs of the people of Northeastern Ontario are created together.
- Is accountable and responsive to the public’s contributions through the organization’s community engagement practices.

3. Objectives – Communications and Community Engagement

- Build awareness of the NE LHIN and actively seek engagement opportunities with community stakeholders and the public-at-large.
- Strengthen opportunities to receive and implement stakeholder input into NE LHIN initiatives and the NE LHIN's business cycle.
- Provide communications and engagement support to NE LHIN Board and staff in their work.
- Increase internal communication efforts with staff and the Board of Directors.
- Ensure a communications and/or community engagement component to NE LHIN work where appropriate.
- Support the key priority of the NE LHIN – Emergency Room/Alternate Level of Care (ER/ALC) and the implementation of the 2010 – 2013 Integrated Health Service Plan (IHSP).

4. NE LHIN Key Messages and Overarching Directions

(1) The patient is at the center of everything we do.

- Healthy people make healthy communities.
- People-centered care builds caring communities.

(2) An integrated and patient-focused system of care, developed in partnership with communities, is fundamental to the health and wellness of individuals.

- No single organization can work in isolation to look after the health and well-being of an individual.
- A stronger health care system will not happen overnight; it takes a collective effort from every corner of a community – health care leaders, elected officials, health care consumers, educators.

(3) Everyone has a stake in health care: engaged communities are healthy communities. The NE LHIN is the *local* voice in health care – from the provider to the professional to the patient.

- Health care needs differ from community to community and are reflected in local health care planning and service delivery.

- Northeastern Ontario's cultural diversity (25% Francophone; 10% Aboriginal, First Nations and Métis) is accounted for in all communication and community engagement initiatives.
- The NE LHIN's communications and community engagement strategies are fully aligned so that citizens can learn first-hand about their health care system and harness their awareness to actively engage with the North East LHIN through: social media opportunities, round table discussions, participation in local health care groups and advisory committees, and more.
- The North East LHIN is accountable and responsive to the public's contributions and is continually improving its work to engage and share information with stakeholders and the public at large (new social media, website enhancements, surveys, round table discussions and presentations across the region).

(4) ALC pressures will not be solved by any one organization; working in partnership with communities will help to reduce our region's ALC pressures.

- High ALC rates impact the entire health care system; reducing ER wait times and increasing the flow of patients through the system are vital.
 - NE LHIN has highest rate of ALC patients in acute hospital beds (24%) across the province, coupled with a high rate of seniors (17%).
- ALC is a long-standing and complex community issue; its solutions will be found in the hospital and in the community through strong partnerships between hospitals, health service providers, municipal governments, CCAC, provincial governments, and others.
- The NE LHIN will continue to help build caring communities that focus on the needs of seniors and the frail elderly through a Regional Home First philosophy, more homecare support, more options for ALC patients.

5. Audiences

Internal

- Senior Management; Staff; Board of Directors; Ministry of Health and Long-Term Care, including: Minister's Office, LHIN Liaison Branch, LHIN Share Services Office, Communications and Information Branch, other LHINs

External

Community at Large

- Citizens, community leaders, consumers of health care, service clubs and organizations, local media.

Special Population Groups

- Francophone, Aboriginal/First Nations/Métis

Policy Makers

- North East Ontario MPPs; Municipal Government; Councils, Mayors, Reeves and CEOs; Ontario Office of Francophone Affairs; Office of the French Language Services Commissioner; Ministry of Health Promotion; Municipal Affairs and Housing; Services de santé en français; Northern Development, Mines and Forestry; Secretariat for Aboriginal Affairs; Seniors Secretariat; Children and Youth Services

Academic Institutions

- Algoma University ; Collège Boréal; Cambrian College; Canadore College; Laurentian University; Nipissing University; Northern Ontario School of Medicine; Northern College; Sault College of Applied Arts and Technology; University of Sudbury

Health Managers and Professions

- **LHIN Funded Health Service Providers:** Hospitals; Specialty Mental Health Facility; Community Care Access Centre; Community Support Services; Community Mental Health, Addiction & Problem Gambling Services; Long-Term Care Homes; Community Health Centres
- **Non-LHIN Funded Health Service Providers:** Physicians, Nurses and front-line care workers, Ambulance Services; Family Health Teams; Ontario Telehealth Network; Provincial networks (i.e. Cancer Care Ontario and others); Public Health Units
- **Organizations:** Local advocacy groups; College of Physicians and Surgeons of Ontario; Ontario College of Family Physicians; Ontario Medical Association; Ontario Public Health Association; Unions

6. Internal Communication Initiatives

CEO's Desk

- A weekly email from the CEO's office to all staff (and Board members as an FYI).
- E-mail highlights main areas of NE LHIN activity of current week and allows readers to be informed of CEO's most recent activities and stakeholder engagements.

Board Talk

- A biweekly e-mail to Board Directors and cc to staff (1st and 15th of each month)
- E-mail highlights main areas of recent CEO activity, NE LHIN work, key messages, recent engagements.

In addition to Board Talk, communications and board liaison staff work closely together to ensure Board directors are supported in their community engagement opportunities and efforts. An electronic internal portal for Board members houses all relevant and supporting information for Board Directors (the Portal is currently being revised).

Staff Surveys and Meetings

- Distributed to staff every six months or as appropriate (completed in March, 2010). The survey allows for input into organizational processes and helps to ensure a team approach is maintained.
- Regular staff meetings are held and opportunities provided for suggestions on NE LHIN work and processes.

Briefing Notes

- A briefing note template and process is currently being revised.
- Every six months, a *top ten file* is updated and shared with staff and board
- Briefing notes are shared with CEOs office, Board Directors, Ministry, and staff as appropriate.
- Each community engagement effort includes a Briefing Note

SharePoint/Portal/Contact Management System

- The full implementation of an internal Sharepoint platform continues within the organization to allow technology to compliment internal information sharing needs.

7. External Communication and Community Engagement Initiatives

	Initiative	Objective	Audience
1	LHIN 101 A travelling presentation that outlines the role of the NE LHIN in Northeastern Ontario communities and how stakeholders can become more actively involved in the NE LHIN. Presentation venues are proactively sought. The focus for fall, 2010 is community groups such as: Rotary Clubs, AGMs, local conferences. Confirmed dates and names are housed on the community engagement page of www.nelhin.on.ca . Following each presentation, a roundtable discussion takes place to solicit feedback from participants and their active involvement in how the NE LHIN can and should be involved their community's health care. Feedback is documented through note-taking and a quick-print survey, the results of which will be posted to the community engagement web page.	Educate, Inform, Engage	Public at large, community leaders, organized community groups
2	Dear Northerners A monthly blog from the NE LHIN CEO to citizens across the region. The audience is expanded upon as requested. The blog is posted at the beginning of each month. It speaks to recent events of the NE LHIN, upcoming community engagements and how to get involved with the NE LHIN. The on-going conversation and input is housed and maintained on the NE LHIN	Educate, Inform, Engage	Public at large

	community engagement web page.		
3	North East LHIN NE-News As of September 15 2010, the former ebulletin (biweekly) to health service providers and NE LHIN Newsletter (quarterly) for interested readers has been merged into one monthly electronic newsletter – NE LHIN NE-News . The newsletter is emailed to stakeholders on the 15 th of each month and will include stories on NE LHIN programs and services in communities across the region. The newsletter is housed on the NE LHIN website and includes a feedback feature for individuals to voice comments, concerns or questions to the NE LHIN.	Educate, Inform, Engage	All stakeholders
4	LHINfo Minute / Health Care Update Shared each week with the Northeast's nine MPPs, the objective is to help MPPs stay informed of the work of their LHIN and also to share stories of citizens involved in NE LHIN programs with all stakeholders. The LHINfo Minute is re-worked into a Health Care Update and sent to all stakeholders, including media. LHINfo's are housed on the media page of the NE LHIN website.	Educate, Inform	Primary- MPPs; Secondary - all stakeholders
5	<u>www.nelhin.on.ca</u> The NE LHIN's website is a primary tool to inform, educate and engage with stakeholders and citizens of Northeastern Ontario. The home page operates under the guideline of posting a minimum of two new items per week. A community engagement page ensures stakeholders are aware of when the NE LHIN is coming to their community, how to invite the NE LHIN to their community, and how to actively engage with the NE LHIN through presentations, committees, advisory groups and round table discussions.	Educate, Inform, Engage	All Stakeholders
6	Social Media On September 15, the NE LHIN launched its Facebook page. On September 30, it will launch its Twitter account. These social medias will help to further the reach of the NE LHIN and expand the range of audiences that the NE LHIN speaks to and engages with. Each of these medias has an embedded two-way conversation component. Success will be measured by the increase in reach and the engagement – comments, feedback and suggestions received by users. All comments will be monitored, tracked and shared with appropriate NE LHIN staff on a regular basis so that comments feedback and help to shape NE LHIN work. The use of YouTube to share NE LHIN messages will be investigated later in 2010.	Educate, Inform, Engage	All stakeholders and public at large

7.	Media Relations Working in partnership with the Northeastern Ontario's media is an important relationship to all citizens to become more aware of the work of their LHIN. Media advisories, releases, editorials, photos and captions are sent to media on a regular basis. Follow-up with media and a more proactive approach to their coverage of NE LHIN work is a main focus for fall 2010.	Educate, Inform	Primary – media Secondary – public at large
8.	HUBS HUBS refers to regular meetings of a group of Northeastern Ontario health care leaders that is comprised of the Chairs and CEOs of the region's four large hospitals as well as the North East Community Care Access Centre and the North East Mental Health Centre. Regular meetings (approximately every 6 weeks) are held to engage on challenges and solutions facing these key health service providers. HUBS meeting notices and minutes will soon be posted to the community engagement webpage. Media relations activity centres on each meeting.	Stakeholder Engagement	Large Health Service Provider Leaders
9	Small Hospitals NE LHIN senior staff meet for a monthly teleconference with the CEO's of the region's 22 small hospitals. The engagement session allows for discussions on challenges and solutions facing the region's small rural hospitals. The September, 2010 Rural Health Summit in Sault Ste. Marie will allow for more robust conversation with all 22 hospitals. Media relations activity will be applied to meetings as appropriate.	Stakeholder Engagement	Large Health Service Provider Leaders
10	Long-term Care Homes Beginning in the fall, 2010, the NE LHIN CEO will hold a teleconference on a bi-monthly basis with the Administrators of the region's 41 long-term care homes. The engagement session will allow for information sharing and discussions on challenges and solutions facing the region's LTCH's. Media relations activity will be applied to meetings as appropriate.	Stakeholder Engagement	Large Health Service Provider Leaders

11	Health Care Providers and Community Members The NE LHIN meets with health care providers and community members through many formal structures, such as; Alternate Level of Care Community Action Groups, Wait-time Advisory Panel, Regional Advisory Panel on Mental Health, Diabetes Steering Committee, Health Human Resources, Surgical Services Committee, and more. The input of expertise guides the NE LHIN in tackling the region's health care issues and priorities from lower alternate level of care rates to shorter wait times. The work of these specialized groups often lead to recommendations tabled at the NE LHIN Board of Directors meetings. The full list of groups, members and minutes and how to get involved will be housed on the NE LHIN's community engagement page.	Engage	Specialty Stakeholder Engagement
12	Communications Material The production of communications material in terms of brochures, fact sheets, displays, specialty papers will support the engagement and ongoing work of the NE LHIN.	Educate, Inform	All stakeholders – defined as need be

8. External– Ministry/NELHIN Requirements

The following is a list of key dates for which the NE LHIN must submit documents to the MOHLTC. While these documents/files do not fall into the area of responsibility of communications or community engagement, their preparation and submission to the MOHLTC includes:

- Relevant engagement is in relation to the issue/subject.
- A process to ensure Board and staff is made aware of submission.
- Follow up on any NE LHIN responsibility noted within the submission and further engagement applied if need be.

(1) LHIN Quarterly Reports Submissions

Due at MOHLTC - Sept 30, Dec 31, March 31 and June 30th of each year. Quarterly reports include financial forecasts and identify if the LHIN is going to meet its health service provider and internal budget for the year. Each report also includes a risk summary of any possible risks the LHIN is aware of such as hospital deficits, not meeting performance indicators, etc.

(2) Annual Service Plan (ASP)

Due at MOHLTC – January 31 and June 30 of each year (June date is an estimate as this submission is due 120 days after the provincial budget is introduced).

(3) Accountability Agreements

Just like the NE LHIN is accountable to the MOHLTC through its MLPA, the NE LHIN holds accountability agreements with its more than 200 health service providers, including:

Hospitals – HSAA for 2010/11 due October 31. (HSAA process for 2011-2013 starts November 2010 and due at MOHLTC March 31, 2011).

Long-Term Care Homes - LSAA – due June 2010

Multi-Service Accountability Agreements – MSAA – due March 2011

(4) Quarterly Stocktake Meetings

At these quarterly meetings, a report is submitted to the MOHLTC. It lays out in detail, how the LHIN is progressing to meet its performance targets. It reports on measures that are reported to the public, as well as the system and supplementary measures outlined in the MLAA. Stocktake also provides supplementary data to provide more insight into current performance levels.

(5) Compliance Reports (CEO and Board)

Due October 29, January 28 and April 21, compliance reports hold the CEO and Board Chair accountable for ensuring the LHIN has fulfilled its obligations under the *Memorandum of Understanding* and the *Ministry LHIN Accountability Agreement/Ministry LHIN Performance Agreement* for the time period reported on. They also ensure government directives on procurement and travel are complied with.

(6) Annual Report

Due to Ministry by June 30 of each year; posted to NE LHIN website and available externally only once all LHIN annual reports are received by Cabinet.

Note: 2008/2009 Annual Reports still not passed by Cabinet. 2009/2010 submitted to MOHLTC on June 30 2010.