Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
www.eriestclairlhin.on.ca

Corporate Communication Plan

April 2011 – March 2012

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

Table of Contents

Background 3

Our Roles and Responsibilities 3
Our Vision 3

Our Priorities 4

2010 - 2013 Integrated Health Service Plan Strategic Directions - Navigating Change in the Right Lane 4
Access to Care 4
Pan-LHIN Projects 4
Annual Business Plan 2010 - 2011 5

Stakeholders 5

External 5
Internal 6
Direct 6
Communities of Focus 6

Corporate Communications Plan 7

Principles 7
Communications Strategy 7
Communication Tactics and Tools 9
Communications Roles and Responsibilities 10
Provincial Key Messages 12

Appendices 13

Background

Ontario's 14 LHINs are a fundamental component of the government's plan to build a stronger health care system in Ontario and provide a means for local decision making. LHINs are legislated through the Local Health System Integration Act 2006 (LHSIA) which is intended to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province, and effective and efficient management of the health system at the local level by local health integration networks.

One of the foundations of which LHINs were built on was community input and engagement. This responsibility is a core value of the ESC LHIN and is respected in LHSIA (Appendix A). The ESC LHIN is responsible for engaging health care providers, consumers, volunteers and the public about decisions that affect health care in their community.

Communications is a key aspect and enabler of informed community engagement. Communications is an ongoing process, creating context and an understanding of the health care system and the LHINs role in planning, funding and coordinating local service. It is also time-limited and specific in supporting the objectives of projects, enabling exchange and dialogue with the broad range of ESC LHIN stakeholders.

Our Roles and Responsibilities

The ESC LHIN is a Crown Corporation of the Ministry of Health and Long-Term Care responsible for the planning, integration, and funding of nearly 85 health service providers (HSPs) including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, and the Erie St. Clair Community Care Access Centre.

The ESC LHIN services the regions of Chatham-Kent, Sarnia/Lambton and Windsor/Essex which include over 650,000 people and 85 HSPs. It also manages an annual budget of approximately 1 billion dollars.

Our Vision

A health care system that helps people stay healthy, delivers good care to them when they are sick and will be there for their children and their grandchildren.

Our Priorities

In 2011 - 2012, the Erie St. Clair LHIN will be advancing a number of initiatives and priority projects, namely those captured in our Integrated Health Services Plan, Access to Care Provincial Strategy, and Annual Business Plan 2010 - 2011.

2010 - 2013 Integrated Health Service Plan Strategic Directions - Navigating Change in the Right Lane

- Improved outcomes in alternate level of care
- Improved outcomes in emergency department care
- Improved outcomes in diabetes management (chronic disease management)
- Improved outcomes in mental health and addictions
- Improved outcomes in rehabilitation care and interventions

Access to Care

A collaborative provincial strategy called “Access to Care” will be advanced jointly by the Ministry of Health and Long-Term Care and the ESC LHIN, focused on the following goals:

- To raise the profile and demonstrate the value of LHINs at a provincial level
- Create a communications campaign that highlights LHIN initiatives and promotes the value of LHINs across Ontario
- Campaign is focused on “Access to Care”, which promotes physician and nurse practitioner options

Pan-LHIN Projects

A total of eight Pan-LHIN projects comprise the Access to Care Strategy with communications planning focused on selected projects, which are:

- Home First
- Enhanced Role of CCAC
- Falls Prevention
- Senior Friendly Hospital Assessment
- Access to Care (communications strategy)
- Healthy Communities. Healthy Seniors

Annual Business Plan 2010 - 2011

The following 11 priorities have been identified in the Annual Business Plan 2010 - 2011:

1. Tier II and Tier III Mental Health Divestments
2. An examination of the rehabilitation system
3. The continued development and refinement of Subacute Teams (Palliative and Chronic Medical)
4. The investment of LTC beds
5. The development and integration of local Community Health Centres (CHCs)
6. The integration of the local Canadian Mental Health Associations (CMHAs)
7. The continued integration of hospital services
8. Enhancements in Primary Care - including Diabetes
9. A clinical services review
10. Minimizing community impact on care by coordinating hospital services with community providers
11. The strategic alignment of actions that will drive improved health care outcomes for Francophone and Aboriginal communities

Stakeholders

There are a variety of audiences for any given LHIN communications or community engagement activity. The ESC LHIN Project Management tools and the provincial Community Engagement Guidelines and Toolkit provide LHIN staff with processes for identifying and prioritizing audiences on an individual project basis, as well as how each audience is to be engaged.

Audiences that the ESC LHIN will consider in their communications activities include:

External

Public: Patients/clients, caregivers, and residents of communities within the ESC LHIN geography; non-health care organizations including service clubs, community groups, employers, unions, and advocacy groups; Ontario residents

Health Service Providers: ESC LHIN-funded health service providers, which include their board of directors, administration, and front-line staff

Physicians and Allied Health Professionals: Family physicians, specialists, nurses, nurse practitioners, pharmacists, physiotherapists, and other regulated professionals

Elected Officials, Aboriginal and Community Leaders: Members of Provincial Parliament and their staff members, Municipal Councils and senior administrative staff members, Members of Parliament & their staff members, Aboriginal Chiefs and Band Councils, and other Community Leaders

Non-LHIN Funded Health Care Stakeholder Groups: Public Health, Regional Infection Control Network (RICN), provincial associations, not-for-profit agencies, etc.

Priority Populations *(as prescribed by legislation):* Francophone and Aboriginal communities

Media: Media outlets and their representatives covering health care news in the ESC LHIN geography

Internal

ESC LHIN Board of Directors and Staff: Board of Directors, Board Committees, staff members, Regional Leads, affiliated staff (e.g. HealthForceOntario representative)

Direct

Committees: Planning teams, advisory networks, advisory committees, leadership councils, task groups and reference panels (Appendix B)

Provincial LHINs: 14 provincial LHINs and LHIN Collaborative

Ministry of Health and Long-Term Care: LHIN Liaison Branch, Minister's Office, and other various Ministry branches

Communities of Focus

Communication and community engagement initiatives impact many populations and sectors within the LHIN during the year, however, during 2011-2012 the ESC LHIN will focus its resources to engage the following populations primarily, and consider other engagement opportunities pending resource availability and project specific needs. The following target populations have been identified based on LHSIA obligations, priority projects, and communities of interest/practice that are essential to the achievement of planning outcomes.

- Aboriginal community
- Elected officials, Aboriginal and community leaders
- Francophone community
- General public
- Health service providers
- Physicians
- Seniors

Corporate Communications Plan

Principles

The ESC LHIN will continue its commitment to uphold and demonstrate the following communications principles, guided by values of transparency, accountability, and accessibility:

- Communications reflect the Erie St. Clair LHIN vision and will be people-focused
- Communications are accountable to the ESC LHIN CEO and may receive direction from the Ministry of Health and Long-Term Care
- Communications promote the purpose and value of LHINs as part of the 14 provincial LHINs, and collaboratively with health service providers and local partners
- Communications materials will respect both official languages
- The LHIN will strive to adhere to public relations and communications best practices
- LHIN staff, Board and affected health service providers will be informed of major announcements first
- Communication plans will be developed for all major initiatives, decisions, and issues, is a component of the ESC LHIN project management planning tools, and will contain measurement and evaluation criteria
- Communications support the goals of the Annual Community Engagement Plan (Appendix C)
- Communications will be guided by the *Ontario Public Service Correspondence Style Guide*, Ministry of Health & Long-Term Care and LHIN Visual Identity Guidelines, and Canadian Press Stylebook

Communications Strategy

Strategy Statement:

Proactive, Informative, People-focused

Strategic Direction:

Use proactive communication as the prioritized method for delivering the Erie St. Clair LHIN corporate communications and community engagement plans. Informative communications will focus on the “Access to Care” messaging, LHIN value statements, and local initiatives and successes. People-focused communications will bring to light patient/consumer experiences, crafted with clarity and relevancy, and respect both official languages.

Strategic Objectives:

Primary - Increase access to health care

Access to health care will be increased by producing educational and engaging communications that improve navigation of the health care system and public understanding of local health care services.

Secondary - Promote the value of LHINs

Communicating the value of LHINs will be achieved through proactive communication with a focus on demonstrating LHIN investments and results that improve the health outcomes of local residents.

Goals:

1. Produce **proactive** communication strategies and materials that support Pan-LHIN and provincial projects; ESC LHIN projects and community engagement plans; and other major initiatives.

   For example – AGM, Media calendar, LHINfo Minute, news releases, media events, communications plans, communication and marketing materials

2. To create people-centered communications in a manner that uses common language, demonstrates relevancy to the audience, and highlights the patient/consumer experiences and testimonials.

   For example - news releases, social media postings, LHINfo minutes

3. Further enhance community conversations, with and amongst all stakeholders, by utilizing informed two-way dialogue.

   For example - "join the discussion" campaign, enhanced Facebook postings, community based presentations and events, ESC LHIN Compliments and Concerns Process, online feedback, Open Mic

4. Partner with HSPs/stakeholders on joint communication initiatives in order to present a system view, make the most efficient use of resources, and as a means of sharing information with common audiences.

   For example - joint funding announcements, Pan-LHIN Community Engagement Guidelines, Health Care Connect

Communication Tactics and Tools

The ESC LHIN uses a number of integrated communication tactics and tools to inform and engage its stakeholders. These tools and tactics are captured in the Communication & Community Engagement Tactical Plan.

An emphasis will be placed on the ESC LHIN website as a comprehensive and interactive resource to find more information.

Communications tools include, but are not limited to:

- Media Releases
- Media Conferences
- Public Service Announcements (PSA's)
- Letters to the Editors
- Editorial Boards
- Email campaigns
- Email Taglines/Signatures
- Web alerts (via ESC LHIN website)
- Website
- Online Collaborative
- Social Media (Facebook, Twitter, YouTube)
- Video/Podcasting
- Video Blog
- 3rd Party Publications (e.g. Health Service Provider's Newsletters)
- Presentations/Public meetings
- Video and Teleconferences/Webinars
- Annual Report
- Publications (e.g. Brochures, Reports, etc.)
- Board Meetings
- Board Meeting Highlights
- Online Board Meeting Packages
- Community Engagement Activities
- Direct mail
- Advertising

Communications Roles and Responsibilities

In delivering communications on behalf of the Erie St. Clair LHIN, the following roles and responsibilities will guide all communications.

ESC LHIN Board of Directors

Role of Chair

- Official spokesperson for the ESC LHIN Board of Directors on governance
- Provides approval of Board communications and governance matters
- Facilitate communication and education with local MPPs, municipal/regional politicians and MPs on the local health care system
- Engage with the Minister of Health and Long-Term Care on behalf of the ESC LHIN
- Engage with other LHIN Chairs and Chairs of HSP Boards
- Communicate to ESC LHIN residents

Role of Board Directors

- Ambassadors and promoters of the ESC LHIN
- Engage and interact with stakeholders, as appropriate
- Engage and interact with public in their communities
- Other, as delegated by Chair

Board Communication Guidelines

Communications related to official Board of Directors matters are guided by Board By-Laws and official motions approved by the Board. The public notice of Board meetings and supportive documents is directed by the "Dissemination of Board Meeting Materials" motion approved on June 22, 2010, prescribes the following:

Open Board Meeting Agenda - will be posted to ESC LHIN website five days prior to the Board meeting

Open Board Meeting Materials ("Package") - will be displayed on screen and distributed to all persons in attendance (with the exception of Board Briefing Notes)

Open Board Meeting Materials ("Package") - will be posted to the ESC LHIN website within two days following the Board meeting (with the exception of Board Briefing Notes)

Board and Committee Meeting Minutes - will be posted to the ESC LHIN website within two days following Board approval

Board Highlights - will be disseminated within one day following the Board meeting

Public documents are all documents presented at the Open Board meeting, with the exception of Board Briefing Notes.

Role of CEO

- Official spokesperson for the Erie St. Clair LHIN regarding operational matters
- Supports the Board Chair with communication and education with local MPPs, municipal/regional politicians and MPs on the local health care system
- Engage with the Minister of Health and Long-Term Care Office and various divisions of the Ministry
- Engage with other LHIN CEOs as well as CEOs and Executive Directors of HSPs
- Engage with community and Aboriginal leaders

Role of Communications Staff

- Engage with the Ministry of Health and Long-Term Care
- Engage with constituents offices, staff of elected officials, HSPs, and public
- Develop relationships with the media
- Create communication plans
- Craft key messages with local proof points and facts
- Create the platform for communications
- Prepare the spokesperson
- Monitor the issue and conversation

Staff Communications Guidelines

Communications related to operational matters are guided by requirements outlined within Ministry-LHIN accountability agreements, policies communicated by the Ministry of Health and Long-Term Care and the ESC LHIN Corporate Communications Plan.

Specifically, any public communications (e.g. news releases) must adhere to the following protocols:

Five-Day Notice Protocol - A minimum of a five-day notice is required to the Ministry of Health and Long-Term Care for public communications. Final draft materials are required for submission prior to or in conjunction with the five-day notice (at minimum). Public communications to be issued by LHINs will be included in the Ministry's Communications & Information Branch Status Calendar.

Issues Management Protocol - Issues of a public importance originating within the ESC LHIN or funded health service provider are to be communicated to the Ministry of Health and Long-Term Care in a timely manner (e.g. same day). This includes sentinel events, issues with the potential for media coverage or community concern (Appendix D).

Available Spokesperson - A media spokesperson will be confirmed and available during a set time following the release of communications to the media.

Content Experts - ESC LHIN communications will be informed by identified content experts. These include internal project leads, health service providers, health professionals (physicians, allied health professionals), etc.

Identification of Draft Documents - All documents will be marked draft until final approval is received.

Editing and Proofing Process - All communications will undergo a two-stage editing and proofreading process.

Content Editing: Editing the content of final draft documents with the support of an identified content expert(s)

Proofreading: Following content editing, review of final draft documents for spelling and grammatical errors. Proofreading should be completed twice using staff identified and trained in proof reading

Provincial Key Messages

Access to Care

1. Because of LHINs, for the first time, providers in the local health care system are working together to improve access to quality care for Ontario residents.

2. Because of LHINs, for the first time, the health care needs of people in your community are being identified, coordinated and addressed as a truly integrated system.

    - Local residents are receiving the right care at the right time in the right place, at the right cost.
    - Hospitals and community partners are working together to reduce ER wait times and deliver greater access to care.

3. Because of LHINs, for the first time, local decisions are being made to respond to local health care needs.

    - Every corner of this vast province has different health care needs. Those needs are best met through local decision-making.
    - By talking and listening to local health care providers and community residents, LHINs identify and bring to life local initiatives.
    - Health care decisions are focused on quality and with an understanding of the diverse and unique needs of each community.

4. Because of LHINs, for the first time, health service providers, such as hospitals, long-term care homes and community agencies, are being held accountable for the taxpayer dollars they are given.

Project Specific

Key messages and communication plans will be developed for ESC LHIN projects.

An example can be found in Appendix G, which highlights the roll-out of the Pan-LHIN Community Engagement Guidelines and Toolkit.

Appendices

Appendix A

LHSIA Section 16

Appendix B

Planning Teams and Advisory Networks

Appendix C

Annual Community Engagement Plan 2011 – 2012

Appendix D

Compliments and Concerns Policy

Appendix E

Board Engagement Framework

Appendix F

Communication Plan – Community Engagement Guidelines

Appendix A

LHSIA Section 16

Community engagement

16. (1) A local health integration network shall engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan and while setting priorities. 2006, c. 4, s. 16 (1).

Definition

(2) In this section,

"community" includes, in respect of a local health integration network that engages the community,

(a) patients and other individuals in the geographic area of the network,

(b) health service providers and any other person or entity that provides services in or for the local health system, and

(c) employees involved in the local health system. 2006, c. 4, s. 16 (2).

Methods of engagement

(3) The methods for carrying out community engagement under subsection (1) may include holding community meetings or focus group meetings or establishing advisory committees. 2006, c. 4, s. 16 (3).

Duties

(4) In carrying out community engagement under subsection (1), the local health integration network shall engage,

(a) the Aboriginal and First Nations health planning entity for the geographic area of the network that is prescribed; and

(b) the French language health planning entity for the geographic area of the network that is prescribed. 2006, c. 4, s. 16 (4).

Health professionals advisory committee

(5) Each local health integration network shall establish a health professionals advisory committee consisting of the persons that the network appoints from among members of those regulated health professions that the network determines or that are prescribed. 2006, c. 4, s. 16 (5).

Engagement by health service providers

(6) Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services. 2006, c. 4, s. 16 (6).

Appendix B

Erie St. Clair LHIN Planning Teams

Erie St. Clair LHIN - Aging At Home Advisory Network

Erie St. Clair LHIN - ALC Regional Network

Erie St. Clair LHIN - Chronic Disease Prevention and Management Leadership Team

Erie St. Clair LHIN - Diabetes Regional Advisory Network

Erie St. Clair LHIN - ED / Medicine Advisory Network Members

Erie St. Clair LHIN - End of Life Advisory Network

Erie St. Clair LHIN - Long Term Care – Community Support Services Network

Erie St. Clair LHIN - Mental Health and Addictions Advisory Network

Erie St. Clair LHIN - Rehabilitation Advisory Network

Erie St. Clair LHIN - Surgical Advisory Network

Erie St. Clair LHIN - Health Professionals Advisory Committees

Erie St. Clair LHIN - Primary Health Care Task Group

Erie St. Clair LHIN - CEEH Reference Panel

Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
www.eriestclairlhin.on.ca

Annual Community Engagement Plan

2011 - 2012

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

Table of Contents

Introduction 3

Background Overview 3

Our Role and Responsibilities 4
Erie St. Clair LHIN Vision 4
ESC LHIN Strategic Goals 4
Capacity Building Engagement Efforts and Activities: 5

Communities of Specific Focus 5

Aboriginal Community 5
Elected Officials, Aboriginal and Community Leaders 6
Francophone Community 6
General Public 6
Health Service Providers 7
Physician Engagement 7
Seniors 8

Information on Engagement Activities 8

Input and Feedback 9

Evaluation of the 2011 – 2012 Annual Community Engagement Plan 9

How will the results of the engagement activities identified in this plan be communicated? 9
Notice of Public Consultations & Information Sessions 10

Conclusion 10

Introduction

All Local Health Integration Networks (LHINs) are required to publish a plan for community engagement that is updated on an annual basis. The plan is intended to provide the LHIN community with an overview of activities planned within the fiscal year.

This annual plan will target specific communities within the Erie St. Clair Local Health Integration Network (ESC LHIN) where there is both need and opportunity to further develop relationships that are foundational to achieving the vision of the ESC LHIN, and those that will enhance the ESC LHIN's capacity to make progress against the five priorities identified in the Integrated Health Service Plan (IHSP) 2010 - 2013, Ministry LHIN Performance Agreement (MLPA), and the 2011 - 2012 Annual Business Plan.

Although this plan identifies specific, targeted communities, the ESC LHIN will continue to welcome community engagement opportunities - as yet unidentified - that present themselves over the course of 2011 - 2012.

This document is not intended to provide a comprehensive detailed community engagement plan for activities that are project-related. The community engagement needs of individual projects will be identified in project-specific plans developed in-year and as required.

Background Overview

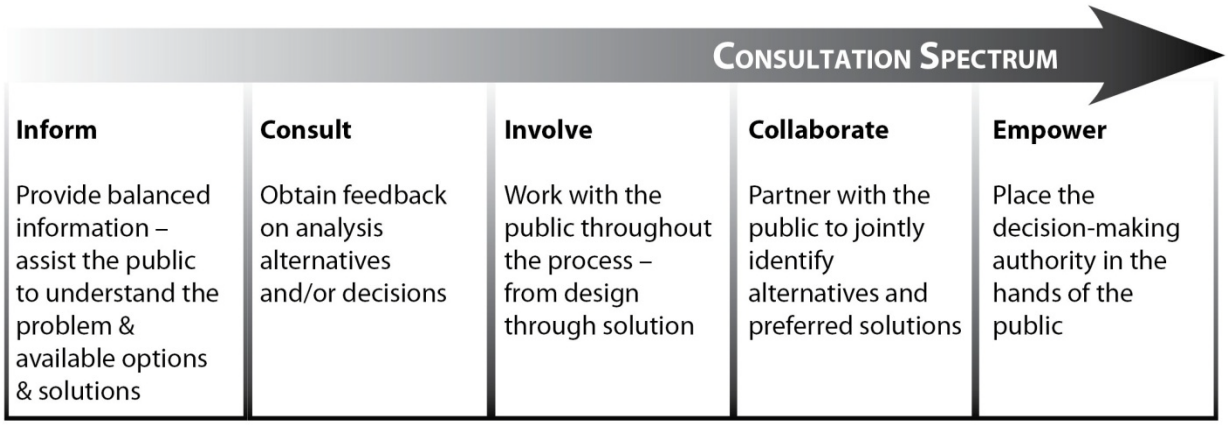
Ontario's 14 LHINs are a fundamental component of the government's plan to build a stronger health care system in Ontario and provide a means for local decision making. LHINs are legislated through the Local Health System Integration Act 2006 (LHSIA) which is intended to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province, and effective and efficient management of the health system at the local level by local health integration networks.

Community engagement refers to the methods that LHINs and health service providers undertake as they interact, share and gather information from, and with, their stakeholders. Communications refers to the wider array of activities used to inform stakeholders about the activities and actions of the LHIN.

The new Community Engagement Guidelines and Toolkit is a foundational document that guides the creation of the Annual Community Engagement Plan. The resources will be used in the planning of all Community Engagement events.

One of the foundations of which LHINs were built on was community input and engagement. This responsibility is a core value of the ESC LHIN and is respected in LHSIA. The ESC LHIN is responsible for engaging health care providers, consumers, volunteers and the public about decisions that affect health care in their community. We do this in many ways and strive to engage 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, outbound or inbound.

The following diagram outlines the spectrum of community engagement that the ESC LHIN uses to determine the most appropriate methodology when planning community engagement.



Our Role and Responsibilities

The ESC LHIN is a Crown Agency responsible for the planning, integration and funding of nearly 85 health service providers (HSPs) including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, and the Erie St. Clair Community Care Access Centre.

The ESC LHIN services the regions of Chatham-Kent, Sarnia/Lambton and Windsor/Essex which includes over 650,000 people, 88 HSPs, and supports an annual budget of approximately 1 billion dollars.

Erie St. Clair LHIN Vision

Vision: A health care system that helps people stay healthy, delivers good care to them when they are sick and will be there for their children and their grandchildren.

ESC LHIN Strategic Goals

2010 – 2013 Integrated Health Service Plan Strategic Directions - Navigating Change in the Right Lane

- Improved outcomes in alternate level of care
- Improved outcomes in emergency department care
- Improved outcomes in diabetes management (chronic disease management)
- Improved outcomes in mental health and addictions
- Improved outcomes in rehabilitation care and interventions

Capacity Building Engagement Efforts and Activities:

Community engagement takes many forms and occurs throughout the year in both a general way and in a project specific approach. The following is a sample of community engagement initiatives that the ESC LHIN will be undertaking in 2011-2012:

- Alternate Level of Care engagement opportunities focusing on the input from seniors and caregivers
- Continued interface with the ESC LHIN Health Professional Advisory Committee
- Continuation of the ESC LHIN Advisory Networks Seniors' initiatives such as Home First, Falls Prevention, Aging at Home and a Seniors' Services Guide
- Continuing to promote Health Care Connect
- Creation of a Citizens Advisory Network to provide a formal mechanism for public input
- Fostering ESC LHIN-Health Service Provider partnerships to enhance collaborative community engagement efforts
- Implementation of Pan-LHIN Community Engagement Guidelines
- Improved online *Compliments and Concerns* process
- Increased community participation at open Board meetings through the Education Delegation process and the Open Mic opportunity
- Join the discussion - facebook, a means to increase dialogue with, and amongst, the community
- Utilizing the ESC LHIN Speakers Bureau to reach out to the community

Communities of Specific Focus

Community Engagement initiatives impact many populations and sectors within the LHIN during the year, however, during 2011-2012 the ESC LHIN will focus its resources to engage the following populations primarily, and consider other engagement opportunities pending resource availability. The following target populations have been identified based on LHSIA obligations, priority projects, and communities of interest/practice that are essential to the achievement of planning outcomes.

- Aboriginal community
- Elected officials, Aboriginal and community leaders
- Francophone Community
- General public
- Health service providers
- Physicians
- Seniors

Aboriginal Community

The ESC LHIN Aboriginal population comprises approximately 2.4% of our local population and reside in both urban areas and on reserve lands. The ESC LHIN has a Local Aboriginal Health

Planning Entity (LAHPE) that works in partnership with LHIN staff to identify and implement initiatives to better health outcomes for local Aboriginal and First Nations people, especially in the areas of diabetes and mental health and addictions.

2011 – 2012 Goal: hire an Aboriginal Consultant to dedicate their time in working with the ESC LHIN Local Aboriginal Health Entity and local Aboriginal leadership to collectively plan engagement opportunities. Funding for Aboriginal engagement is spent in consultation with the ESC LAHPE on initiatives that both parties will derive meaningful outcomes.

Elected Officials, Aboriginal and Community Leaders

Engaging local elected officials (federal, provincial, municipal), Aboriginal and community leaders across the spectrum of community engagement has always been a part of the ESC LHIN community engagement priorities. By engaging with decision makers and community leaders the ESC LHIN is able to provide education and solicit feedback that will inform future planning and decision making processes. Annually, the ESC LHIN develops a comprehensive *Government, Aboriginal and Community Leaders* strategy that outlines specific initiatives and common goals.

2011 – 2012 Goal: provide increased community engagement opportunities with elected officials (federal, provincial, municipal), Aboriginal, and community leaders.

Francophone Community

On December 15, 2010, the Ministry of Health and Long-Term Care named the Francophone planning entity for the Erie St. Clair LHIN and South West LHINs. This newly formed organization, known as Entité de planification des services en français Érié St. Clair/Sud-Ouest (Erie St. Clair/South West Planning Entity), is incorporated as a non-profit organization with a board of directors comprised of residents from each of the LHINs. Additionally, the ESC LHIN-based French Language Services Coordinator will assist in identifying health care planning initiatives that require engagement specific to the Francophone population.

2011 – 2012 Goal: the ESC LHIN will work closely with the planning entity to establish a working relationship, including roles and responsibilities in relation to engaging the Francophone community. The ESC LHIN will rely on the expertise of the entity to assist the ESC LHIN to explore and expand Francophone engagement opportunities.

General Public

In an ongoing effort to keep our communities informed, the ESC LHIN will use its website (www.eriestclairlhin.on.ca) for regular posting of news and information of interest to our communities, as well as provide opportunities for feedback or concerns. The ESC LHIN continues to use social media (Facebook, YouTube, Twitter) to reach out and dialogue with the online communities and welcomes opportunities to speak with community groups or attend special events. To request a speaker from the ESC LHIN, interested groups can forward their

speaking requests or event requests through the *Speaker's Bureau* button on the ESC LHIN website.

2011 – 2012 Goal: further enhance community conversations, with and amongst the general public, as a dialogue tool that will complement existing communications materials and CE initiatives. Venues for this type of dialogue may include enhanced Facebook postings, "join the discussion" campaign, and community based presentations and events.

Health Service Providers

The ESC LHIN will continue to engage with our HSPs on initiatives of common interest, such as the above mentioned seniors initiatives.

The new pan-LHIN Community Engagement Guidelines will be shared with local HSPs, in an education session, to inform the HSPs of the new requirements the LHIN will be accountable to and also be a resource for HSPs who wish to incorporate the CE Guidelines into their own community engagement planning.

Community engagement fatigue can occur when the same people or communities are frequently approached for consultation and input and with 88 local HSPs wanting to provide community engagement the risk of CE fatigue is a concern. Also, in order for community engagement to be effective it must be meaningful for both parties and not burdensome for the person/community being engaged. A more coordinated and collaborative approach may be beneficial as a means to avoid engaging repeat audiences, making better use of human and financial resources, as well as providing an opportunity to engage on system-level issues.

2011 – 2012 Goal: the ESC LHIN and HSPs will discuss and explore opportunities to collaborate on community engagement initiatives in order to make most efficient use of resources and as a means of sharing community engagement input.

Physician Engagement

The ESC LHIN is home to approximately 812 physicians – 416 family physicians and 396 specialists.

With few exceptions (Community Health Centres), physicians are not LHIN-funded. However, physician input and support for LHIN initiatives are essential factors in successfully making health care changes.

The ESC LHIN will continue to engage with local physicians, medical societies, and the Ontario Medical Association (OMA). By continuing to create a strong relationship with local OMA leadership and membership, the ESC LHIN hopes to encourage greater participation both at the strategic and project planning levels. The ESC LHIN and the OMA collectively host physician engagement sessions in the fall and spring each year. The sessions are held in each county and provide an opportunity for an update and discussion on LHIN initiatives as well as give an avenue for physicians to provide project specific and general input.

The ESC LHIN will consider the Primary Care Physician Resource Guide and Toolkit and the OMA Engaging Physicians in LHIN-Based Health System Planning: A Report on the Ontario Medical Association's Regional Physician Engagement Strategy, when planning engagement initiatives, as well as reflect on the evaluation feedback and input from physicians who attended or did not attend previous community engagement events.

2011 – 2012 Goal: provide increased opportunities for physician input into new initiatives at the planning stage and provide opportunities for physician education regarding new LHIN/HSP initiatives and investments.

Seniors

Seniors' investments and initiatives have been a focus of LHINs since 2005 and presumably will remain so for many years to come. The ESC LHIN will continue to engage with seniors and HSPs who provide care/services to this population. Several new seniors' initiatives are planned for 2011-2012 and will require detailed project specific community engagement strategies (not included within this document). These initiatives include, and are not limited to:

- Aging at Home
- Alternate Level of Care projects and investments
- Falls Prevention
- Home First
- Senior Friendly Hospital Assessment
- Senior's Services Guide

2011 – 2012 Goal: to solicit feedback and input into project-specific initiatives from seniors and caregivers, to better inform health care planning and service provision.

Information on Engagement Activities

The ESC LHIN uses many methods to make available the details of community engagement initiatives, including the following:

- Advertising
- Email campaigns
- ESC LHIN Website www.eriestclairlhin.on.ca
- Facebook
- Health Service Provider's communications
- Media releases and subsequent articles
- Public Service Announcements
- Web alerts

Input and Feedback

The ESC LHIN welcomes both general and initiative-specific feedback. The LHIN uses feedback to inform future CE and planning projects, as a means of tracking trends within communities, and as information to improve on the planning and decision making processes of the LHIN.

Input can be provided in the following ways:

- Facebook
- Mail
- Online through the ESC LHIN website
- Project specific avenues such as: public meetings, focus groups, surveys, education sessions
- Telephone

Evaluation of the 2011 – 2012 Annual Community Engagement Plan

As required by the Pan-LHIN Community Engagement guidelines, participants in each of the activities 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 ESC LHIN approach to community engagement.

Any member of the public or HSP is invited to provide their feedback on this plan and make suggestions for future annual engagement plans by sending their comments to the ESC LHIN using the means outlined in the *Notice of Public Consultations & Information Sessions* section of this document.

Feedback, comments, and suggestions received in relation to any community engagement activity or consultation conducted by the ESC LHIN will be considered and posted on the ESC LHIN website under the Community Engagement tab. Project related feedback, comments, and suggestions will be posted on the appropriate project page and provided to the project lead for their consideration. All community engagement initiatives will have opportunities for feedback and will be considered for future community engagement plans.

How will the results of the engagement activities identified in this plan be communicated?

The results of the community engagement plan will be reported within the 2011-2012 Annual Report.

Notice of Public Consultations & Information Sessions

Notice of planned consultations, as well as any project or consultation-related reading materials, will be posted on the ESC LHIN website. The engagement process may vary depending on the project as the form of consultation must be designed to accommodate the informational needs and goals of the project, and within available project resources.

However, any member of the public can provide input and feedback to the ESC LHIN at anytime. General feedback can be forwarded to the ESC LHIN through the following methods:

- Email : colleen.close@lhins.on.ca
- fax: 519-351-9672
- mail to:
  Erie St. Clair Local Health Integration Network
  180 Riverview Drive
  Chatham, ON, N7M 5Z8
- online: www.eriestclairlhin.on.ca
- telephone: Communications Coordinator at 1-866-231-5446 x 3215

As per the ESC LHINs *Compliment and Concern Policy,* acknowledgement of receipt of inquiry or feedback is within 48 hours, however, a full response may require additional response time.

Conclusion

The ESC LHIN is committed to receiving and considering health care input and feedback from local residents, health service providers, and health care stakeholders. Community engagement is one of the foundational values of which LHINs were built on, and one that is essential in creating a health care system that meets the local needs of Chatham-Kent, Sarnia/Lambton, and Windsor/Essex residents.

Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
www.eriestclairlhin.on.ca

Appendix D

Erie St. Clair LHIN Compliments and Concerns Process

Updated March, 2011

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

Table of Contents

RATIONALE 3

SCOPE 3

POLICY 3

CONCERNS 3
RESPONSIBILTIES 4

PROCEDURES 4

A) CONCERNS 4
B) METHOD OF RECEIPT 4

EXPECTATIONS OF RESOLUTION 6

Individual code of conduct: 6

ADDITIONAL RESOURCES 6

For Resolving Issues/Concerns/Concerns 6

APPENDICES 7

Appendix 1 – Issues Management Flowchart 7

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

RATIONALE

The LHIN Compliments and Concerns Process (CCP) provides the public with a means of registering health care compliments and concerns. The process ensures adequate follow-up, resolution, and identifies potential systemic problems. The LHIN does not facilitate concerns of an operational nature regarding any funded or non-funded provider.

The management of every concern will be from a consumer-service perspective. Concerns are seen as opportunities for learning and evaluating our local health care system. The ESC LHIN is committed to the timely and effective resolution of concerns. All concerns will be acknowledged, and resolution processes will:

- Reflect the Vision and Values of the ESC LHIN
- Be transparent, accessible, and responsive
- Be managed in a timely manner; committing to timelines within our control and communicating frequently with the individual when timelines are dependent on others

The purpose of this policy is to outline the ESC LHIN's process to review compliments and concerns.

SCOPE

This policy applies to all ESC LHIN employees.

POLICY

CONCERNS

ESC LHIN staff will follow-up with the individual within two business days of receipt. ESC LHIN staff will contact the individual in the manner the concern was received, unless otherwise requested by the individual. All individuals have the right to raise concern about health care without fear of interference, coercion, discrimination or reprisal.

All concerns (verbal or written) received by the ESC LHIN will be entered in the issues database, and will be retained for seven years. The ESC LHIN is subject to the Freedom of Information and Protection of Privacy Act (FIPPA), and in the event of a FIPPA request, personal information will be severed according to the allowable FIPPA exemptions.

RESPONSIBILTIES

- The Communications Coordinator is responsible to triage concerns, ensure a response is provided, enter all concerns received into the issues database, and to monitor and complete event resolutions in the issues database
- The Director, Communication and Community Engagement is responsible to provide consultation to the Communications Coordinator and/or respond to concerns; to escalate high risk and/or unresolved concerns to the CEO, where appropriate; and to ensure documentation is maintained

PROCEDURES

A) CONCERNS

All staff are expected to encourage individuals to resolve the issue with their health service provider (HSP). The majority of health care concerns are best resolved at the point of care. The ESC LHIN may be able to address system level issues and provide information for appropriate avenues of resolution. The ESC LHIN does not resolve HSP operational concerns or clinical decisions made by a health care professional.

1. Immediate action protocol when concern is received:
    a. Receive and acknowledge the individual's concerns within two business days as per method of delivery
    b. Notify the appropriate ESC LHIN staff and/or HSP to discuss the situation, review the issue, understand desired outcome, and determine an immediate plan of action
    c. Gather and review necessary information and consult with appropriate parties
    d. Review concern with client/individual to determine next steps
    e. Ensure that the plan of action is communicated to the individual and all other relevant parties
    f. Document in the issues database

2. Director, Communication and Community Engagement or designate is to be informed of concerns that:
    a. Are serious in nature
    b. Involve potential litigation
    c. Involve potential investigation by a professional college
    d. Involve an ethical dilemma
    e. Cannot be resolved at the Communication Coordinator level

B) METHOD OF RECEIPT

All responses will be initially drafted by Communications Coordinator.

Mail

- Received by Receptionist
- All issue/concern letters directed to Communications Coordinator
- Communications Coordinator logs letter in issues database

- Communications Coordinator stamps and distributes accordingly for action
- All action taken is reported back to Communications Coordinator for documentation in the issues database
- Response issued to individual

Online/Email

- Concerns should be directed through the ESC LHIN website "Contact Us" section
- Email mailbox monitored regularly by the Communications Coordinator
- An automated response will be sent acknowledging the receipt of the concern
- Issues forwarded accordingly for action
- All action taken is reported back to Communications Coordinator for documentation in the issues database
- Response issued to individual

Phone

- Initially received through Receptionist
- Forwarded to Communications Coordinator, if available
- If Communications Coordinator not available, offer voice mail or make an appointment for a follow-up call
- Communications Coordinator takes details of concern. If response can be given immediately, response provided. If response not available, make an appointment for follow-up with most appropriate staff member
- Issues will be forwarded accordingly for action
- All action taken is reported back to Communications Coordinator for documentation in the issues database
- Response issued to individual

In Person

- Individual must sign in with Receptionist
- Referrals to Health Care Connect may come directly from Receptionist
- Make effort to have Communications Coordinator speak to individual
- Communications Coordinator will let individual know that there may not be an answer today, but will take information and nature of concern
- Appointment made with the most appropriate staff member for the next mutually available business day
- Issues will be forwarded accordingly for action
- All action taken is reported back to Communications Coordinator for documentation in the issues database
- Response issued to individual

EXPECTATIONS OF RESOLUTION

All efforts will be made to follow–up with the individual within two business days, however, as the health care system operates under a multidisciplinary approach, and involves various partners, it may take a few days to have information available. We will not provide any personal information to a third party organization without the written consent of the individual.

The LHIN does not facilitate concerns of an operational nature, or regarding clinical decisions, of any funded or non-funded provider.

To issue a concern about a licensed health professional, please see additional resources below.

Individual communicating to ESC LHIN staff code of conduct:

- Speak in a respectful manner
- Shall not use disrespectful words
- Be proactive in finding a solution
- Cooperate with ESC LHIN staff in finding solution

ESC LHIN staff code of conduct:

- Speak in a respectful manner
- Shall not use disrespectful words
- Be proactive in finding a solution within the scope of the LHIN

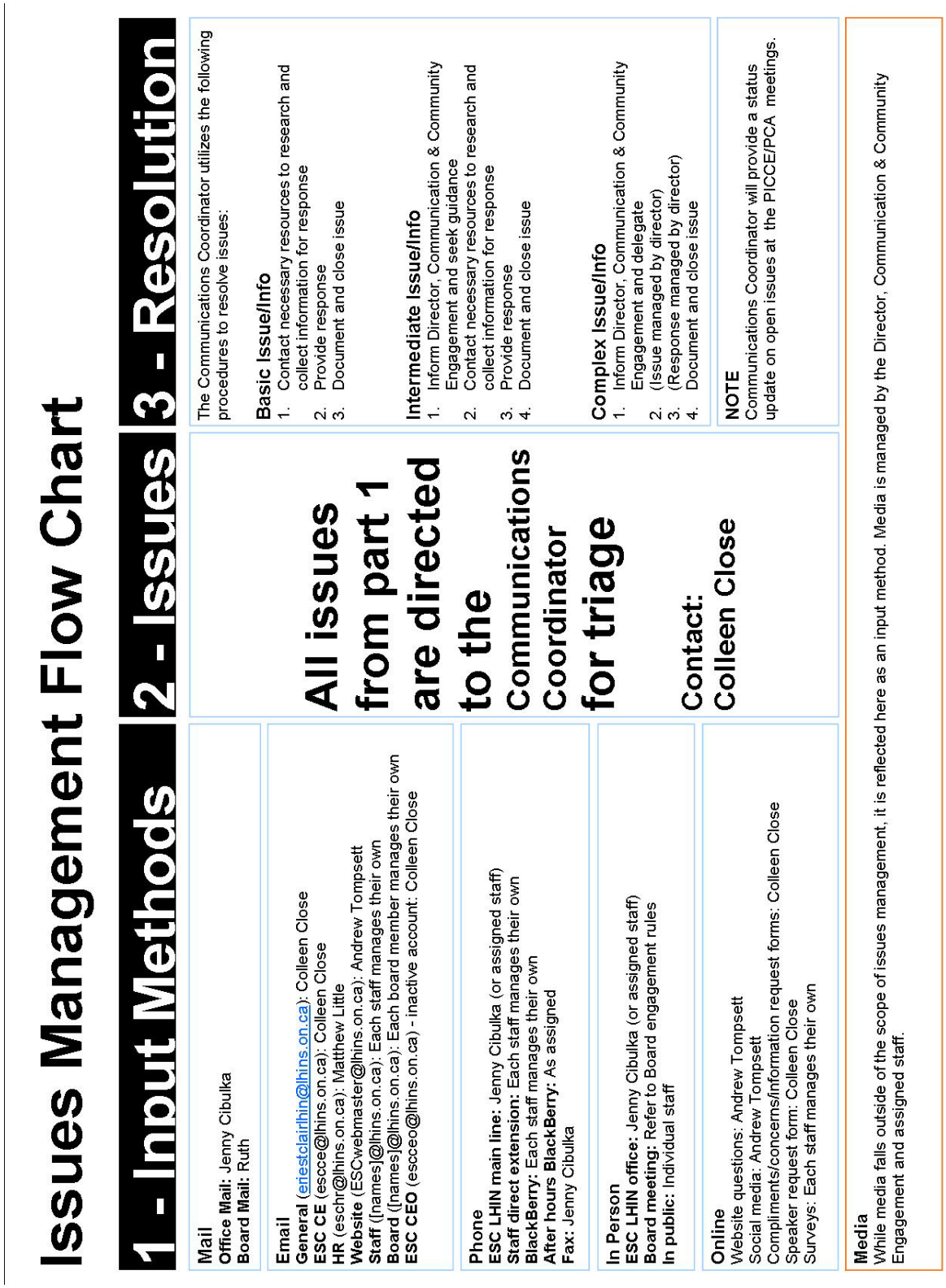
ADDITIONAL RESOURCES

For Resolving Issues/Concerns

- Ministry of Health and Long-Term Care's toll-free Long-Term Care ACTION Line: **1-866-434-0144**
- College of Physicians and Surgeons: **1-800-268-7096**
- Ministry of Health and Long-Term Care – Service Ontario: **1-866-532-3161**
- Community Care Access Centre: **1-888-447-4468**
- Ontario Health Insurance Plan (OHIP): **1-866-532-3161**
- College of Nurses of Ontario: **1 800 387-5526**
- Hospital Patient Advocate: **please contact the hospital from which you received service**
- Freedom of Information and Protection of Privacy Act (FIPPA): **1-800-387-0073**
- Health Care Connect: **1-800-445-1822**

APPENDICES

Appendix 1 – Issues Management Flowchart



Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
www.eriestclairlhin.on.ca

Appendix E

January 2011

Board Meeting Engagement Framework and Implementation Plan

Approved by the ESC LHIN Board on Decemeber 14, 2010

Board Members:
Renee Moison, Leland Martin and David Wright

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

Table of Contents

BACKGROUND 3
FRAMEWORK COMPONENTS **Error! Bookmark not defined.**

Phase 1 – To Begin January 7, 2011 3

Overview 4
Education Sessions - Begin delegate application process January 7, 2011 4
Open Mic - Beginning at the January 23, 2011, Open Board meeting 5
Presentation Delegates - to be considered for January 23, 2010 meeting 7

Phase 2 - To be implemented on future direction of Board 10

Teleconference 10
Video web posting 10
Evening Open Board Meetings **Error! Bookmark not defined.**

Measurement and Evaluation 8

Communications 8

Communication Plan 8
Website 8

Other 9

Board Highlights 9
Public Dissemination of Open Board Meeting Materials 9
Offsite Board Meetings 9

Board Meeting Engagement Framework and Implementation Plan

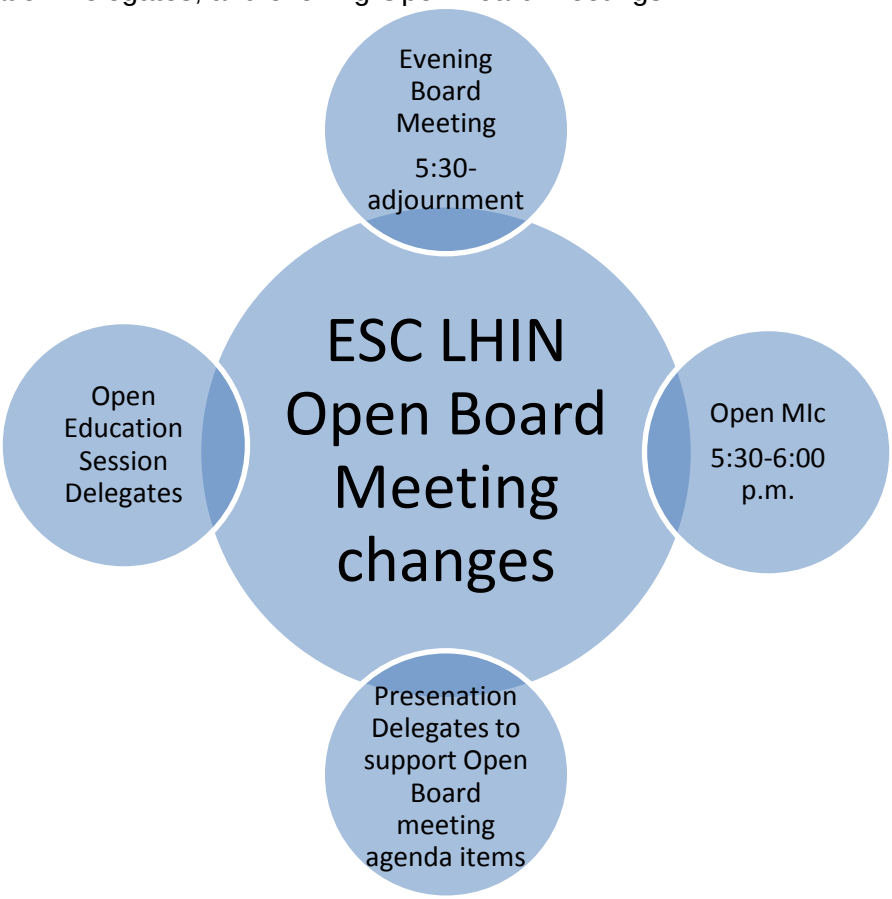
BACKGROUND

Per the request of the Board of Directors, Communications and Community Engagement has developed a framework for expanding the role and practices of the Erie St. Clair Local Health Integration Network (ESC LHIN) Board with respect to engaging the public and stakeholders as part of their monthly Open Board Meetings and Education Sessions. The ESC LHIN Board is committed to openness and transparency and values the input of the community, stakeholders and Health Service Providers.

Phase 1 is to be implemented for the January 25, 2011, Open Board Meeting. Upon successful evaluation of Phase 1, Phase 2 could be implemented at any time.

Phase 1- To Begin January 25, 2011

Phase 1 consists of four engagement opportunities: Open Education Session Delegate, Open Mic, Presentation Delegates, and evening Open Board meetings.



Education Sessions - Begin delegate application process January, 2011

Presentation time and length

- Day of the Open Board meeting
- 3 p.m. – 4:30 p.m.
- 1 presentation slot available

Who can make a presentation?

- Education Sessions can be lead by delegates that are Health Service Providers or other health care stakeholders

Presenter selection process

- Education Sessions are to be chosen by the Education Working Group (EWG) comprised of ESC LHIN CEO, Director, Communications and Community Engagement, and two Board members.
- Criteria for acceptance as an Education Session presenter will be developed by the EWG and used to review delegate applications and determine monthly presenters. The criteria will be posted on the ESC LHIN website as part of the application process
- Preference will be given to priority projects and topics that align with the ESC LHIN IHSP and annualized standing presentation calendar

Requirements for presenting

- Delegate application to be submitted to ESC LHIN
- Delegates will sign a permission form to allow the ESC LHIN to use their image and voice on video or in photos, which may be posted online. Additionally, delegates will give permission to the ESC LHIN to publically distribute all materials and presentations included in their Education Session
- PowerPoint presentations (Office 2003/2007) will be permitted provided they are brought on a memory stick or provided in advance to the ESC LHIN Corporate Coordinator
- Those bringing handouts are required to bring a minimum of 20 copies

Additional

- Annual education calendar will be developed by the EWG to accommodate annual standing education sessions (i.e. Emergency Department Lead, Critical Care Lead, etc)
- Public, in attendance, will be able to ask questions of the presenters after the formal presentation and question period from the Board, time permitting and at the discretion of the Chair
- Delegates will be requested or notified in advance of the Board meeting

Open Mic - Beginning at the January 25, 2011, Open Board meeting

Presentation time and length

- Day of the Open Board meeting
- 5:30 p.m. – 6:00 p.m.
- 3 presentation slots available
- 5 minute presentation + 5 minutes Board Q&A

Who can make a presentation?

- Health Service Providers, health care stakeholders, and members of the public

Presenter selection process

- **Delegates can register for an Open Mic presentation time slot from 4:30p.m. - 5:15p.m. on the day of the ESC LHIN Open Board meeting**
- Registration can only be made in person on the day of the Open Board meeting
- Open Mic time slots will be filled on a first-come first-serve basis
- No advance Open Mic registrations will be permitted

Requirements for presenting

- Delegates may make a presentation, statement or pose a question
- Delegates will sign a permission form to allow the ESC LHIN to use their image and voice on video or in photos, which may be posted online. Additionally, delegates will give permission to the ESC LHIN to publically distribute all materials and presentations included in their Open Mic session
- PowerPoint presentations (Office 2003/2007) will be permitted provided they are brought on a memory stick at registration
- Those bringing handouts are required to bring a minimum of 20 copies

Facilitator- ESC LHIN Board Member

- Introduce presenters
- Read and enforce the Open Mic Rules of Engagement
- Maintain schedule and timelines
- Facilitate questions
- Assist Board Chair as required
- Distribute presenter handouts

Board

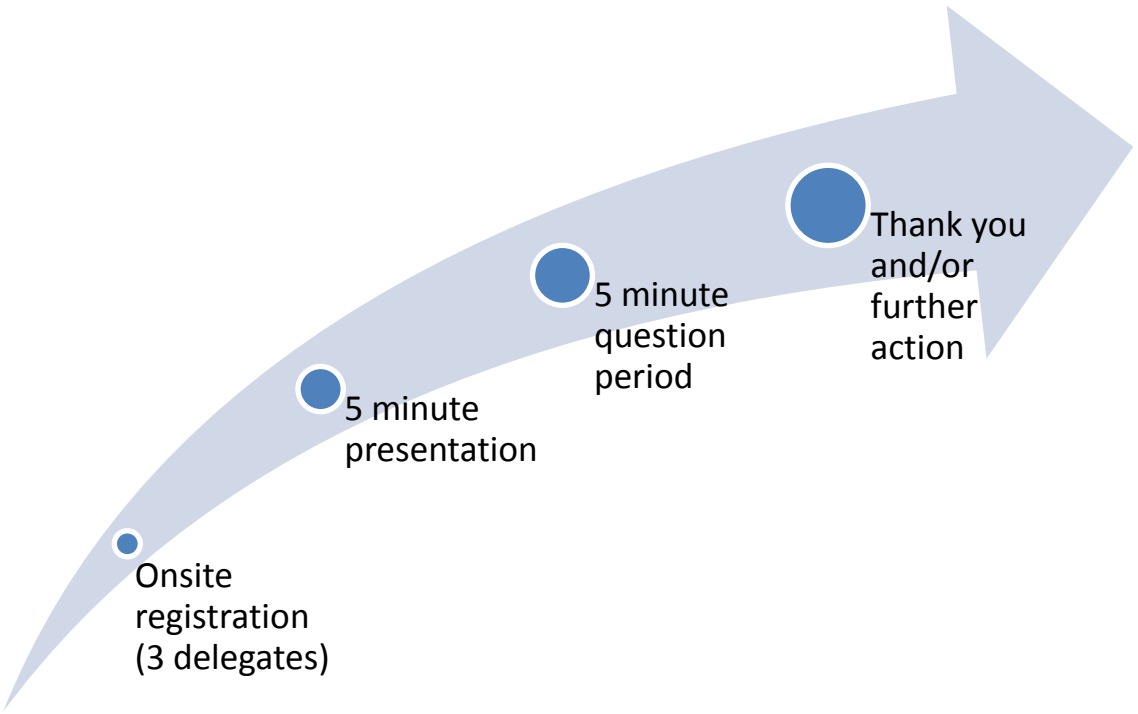
- The Board Chair represents the voice of the Board and will respond to all questions unless the Chair directs the question to another Board or staff member for response

- Responses must be directed through the Board Chair
- Board members will have an opportunity for a 5 minute question and discussion period
- The Board may:
    - Respond to an Open Mic question posed to the Chair
    - Ask questions of the presenter for clarity and greater understanding
    - Direct staff for further inquiry or action subsequent to an Open Mic question
    - Request further action or information of the Open Mic delegate to be provided at another opportunity or through another method (i.e. email, hard copy, future presentation)
    - Accept additional reading material provided by the Open Mic delegate
- The Board will not:
    - Make decisions or pass/defeat motions during an Open Mic question and discussion period

ESC LHIN Staff

- Coordinate the registration process & collect presenter handouts
- Upload presentations for and support facilitator, as required
- Respond to questions as delegated by the Chair

Open Mic Process



Presentation Delegates - to be considered for January 25, 2011, meeting

Presentation time and length

- Day of the Open Board meeting
- 5:30 p.m. – adjournment of Open Board meeting
- Presentation slots as required
- Time length as required

Who can make a presentation?

- Invitation only

Presenter selection process

- Health service providers, families, patients and other stakeholders may be invited to, or may request to be, included as part of an Open Board meeting presentation to provide the Board with expertise or real life perspective on an agenda topic
- Delegates will be selected to present on an agenda item by the Education Working Group (EWG)
- The EWG may choose to solicit presenters through web, media or stakeholder contacts

Requirements for presenting

- Presentations will be limited to Open Board meeting agenda items only and for the purpose of enhancing the information provided to the Board to assist in formulating next steps or making a decision (Education Sessions excluded from this process)
- Delegates will sign a permission form to allow the ESC LHIN to use their image and voice on video and in photos, which may be posted online. Additionally, delegates will give permission to the ESC LHIN to publically distribute all materials and presentations included in their presentation

Additional

- Delegates will be requested or notified in advance of the Open Board meeting

Evening Open Board Meetings

To increase access to ESC LHIN Board meetings the Board will hold meetings:

- 3 p.m. - 4:30 p.m., Open Education Sessions (start time will vary depending on number and length of education presentations)
- 5:30 - adjournment, Open Mic & Open Board meeting

Measurement and Evaluation

An evaluation of the new Open Board meeting engagement process will be conducted by ESC LHIN Board and staff six months following the implementation of the new process, expected to be July, 2011. The evaluation will include, but is not limited to:

- Board members' feedback
- Stakeholder, public, and media feedback
- % increase in website traffic to ESC LHIN Board Meeting webpage
- % increase in # of people attending ESC LHIN Open Board meetings
- # of people participating in Open Mic

Communication Plan

- Present framework at Open Board Meeting to ESC LHIN Board for a decision
- News release and interviews
- Website and social media update (see below)
- Memo from Board Chair to health service providers and community engagement database
- Paid advertisements in major papers to initially announce change to process
- Public service announcements

Website

- ESC LHIN will update the dedicated Board of Directors web page to contain:
    - Education session delegate application
    - Description of Open Mic process and registration information
    - News release announcing changes to Open Board meeting engagement process
    - Agenda
    - All materials and presentations from the Open Board meetings, excluding Briefing Notes (as per motion of June 22, 2010)
    - Board highlights

Other

Board Highlights

- Continue to release Board highlights to health service providers, media, staff and ESC LHIN website within 24-hours of the Board meeting to assure timely access to Board information and decisions

Public Dissemination of Open Board Meeting Materials

Motion Passed, June 22, 2010

1. **Pre-Board Meeting**
   The Open Board Meeting agenda will be posted to the ESC LHIN website five (5) days prior to the Open Board Meeting
2. **At the Board Meeting**
   All Open Board Meeting materials will be displayed on a screen at the Open Board Meeting and will be distributed to all persons in attendance, with the exception of "Board Briefing Notes"
3. **Post Board Meeting**
   All Open Board Meeting materials will be posted to the ESC LHIN website within two (2) days following the Open Board Meeting with the exception of "Board Briefing Notes"
4. **Board / Committee Minutes**
   All Board and Committee Minutes will be posted to the ESC LHIN website within two (2) days following Board approval
5. **Board Highlights**
   Board highlights will be disseminated within one (1) day following the Open Board Meeting

Offsite Board Meetings

Three times per year the ESC LHIN Board will hold its Open Education Session and Open Board meeting in a community location throughout the ESC LHIN region. A geographical rotation will be applied to ensure a minimum of one ESC LHIN Board meeting is held in each of the three geographic regions, Sarnia/Lambton, Chatham-Kent, Windsor/Essex, per year. The location of the Open Board meetings will be at the discretion of the ESC LHIN Board and will be communicated to the public, media, and health service providers through the agenda posted online at www.eriestclairlhin.on.ca.

Phase 2 – May be implemented on future direction of Board

Teleconference

- In order to further increase accessibility to ESC LHIN Board meetings, a publicly distributed and dedicated teleconference line may be made available for the Open Board meeting and Open Education Sessions
- All regular rules of engagement for Open Board meetings would apply to those on the teleconference line, as they do to those attending in person

Video web posting

- If implemented, all Open Board meeting proceedings would be videotaped and posted to the ESC LHIN website within 5 days of the Board meeting

Appendix F

Communication Plan

V8

Prepared by:
Shannon Sasseville (ESC LHIN) and Linda Lopinski (WW LHIN)

Name	**Pan-LHIN *Community Engagement Guidelines Toolkit***
Date	April 15, 2011
Context	• Provincial LHINs collectively began the process of developing Community Engagement (CE) standards in 2008/2009. A new *Community Engagement Guidelines Toolkit* has been developed and approved by the Ministry of Health and Long-Term Care (MOHLTC). As such, the guidelines must be adopted by all LHINs. The Guidelines Toolkit will be a required resource to be used in any future community engagement and planning initiatives. A consistent roll-out of the CE Guidelines is required across the province to inform LHIN staff/Board, Health Service Providers (HSPs) and stakeholders of the new guidelines LHINs will be held accountable to. Additionally, LHINC has developed a *Primary Care Physician Engagement Resource Guide and Toolkit* to assist LHINs in engaging local physicians, as part of their ongoing physician engagement initiatives
Outcomes	• To consistently communicate the *CE Guidelines Toolkit* to LHIN staff, LHIN Boards, HSPs, stakeholders, media, and public • To create a working knowledge of the *CE Guidelines Toolkit* among LHIN staff with the goal of immediate implementation into LHIN planning and decision making processes • To identify the *Primary Care Physician Engagement Resource Guide and Toolkit* as a resource for this specific stakeholder group
Challenges	• Consistent communication of *CE Guidelines Toolkit* across 14 LHINs • Consistent implementation strategy across 14 LHINs • Limited public and stakeholder knowledge of current community engagement processes • Community Engagement human resources vary substantially by LHIN
Themes	• Openness and transparency • Consistency across LHINs • Immediate implementation • CE is important to health care planning • Responsiveness

Name	Pan-LHIN *Community Engagement Guidelines Toolkit*
Key Messages Re: *CE Guidelines Toolkit*	• LHINs value the role of community engagement. Our communities and stakeholders give us insight and perspectives that are critical to the success of local health care planning and decision making • The *CE Guidelines Toolkit* is to be used for all LHIN community engagement activities to ensure an open and transparent process, consistency, best practice, and accountability across the province • The Local Health System Integration Act (LHSIA, 2006) states that community engagement is a LHIN requirement. Community Engagement was established as a core function of the LHINs, with the understanding that regional planning is a better way to understand and address the local needs of a community • LHINs operate in an accountable and transparent manner. The consistent use of the *CE Guidelines Toolkit* will support public accountability and transparency of community engagement practices • The community will be able to access our *CE Guidelines Toolkit*, performance indicators, and annual Community Engagement plan online • The *CE Guidelines Toolkit* will strengthen Community Engagement practices already in place across the LHINs, and build upon the foundation and relationships that have already been established
Key Messages Re: Primary Care Physician Engagement Resource Guide and Toolkit	• LHINs value and respect the input of physicians in our planning and decision making processes. Endorsed by members of the Expert Panel, Ontario Medical Association (OMA) and Ontario College of Family Physicians, the *Primary Care Physician Engagement Resource Guide* provides a framework to guide future primary care physician engagement in LHIN activities • The toolkit provides LHINs with a range of preferred engagement tools and techniques that can be used to strengthen physician relations and enhance collaboration, and represents a positive step towards enabling the provision of high quality care

**All materials are to be translated into French **

Tactic	Audience	Strategy	Engagement	Timelines	Assigned Staff	Evaluation
Reformat Guidelines Toolkit Template Package	• 14 LHINs	• To reflect LHIN branding, better flow, and easier reading of document	• Inform and educate	• Completed	• Ron Sheppard	• Feedback on draft format from Comm and CE staff
Post all materials on N:/drive	• 14 LHINs	• *CE Guidelines Toolkit, Primary Care Physician Engagement Resource Guide and Toolkit*, memo templates, PowerPoints • To allow for easy access to most current templates by LHIN staff	• Inform and educate	• Completed	• Linda Lopinski • Colleen Close	• N/A
CEO Internal Memo to Staff/Board with *CE Guidelines Toolkit* and *Primary Care Physician Engagement Resource Guide and Toolkit* attached	• LHIN staff and Board	• To increase understanding of new Pan-LHIN *CE Guidelines Toolkit* • Standard template to be developed	• Inform and educate	• Completed	• Shannon Sasseville	• N/A
Memo to LHIN CEOs (Paul Huras)	• LHIN CEOs	• To announce the completion of the *Primary Care Physician Engagement Resource Guide and Toolkit* and encourage	• Inform and Educate	• Completed	• LHINC	• N/A

Tactic	Audience	Strategy	Engagement	Timelines	Assigned Staff	Evaluation
		distribution and implementation within LHINs				
LHINfo minute	• MPPs • Elected officials	• Include the information on the new *CE Guidelines Toolkit* and the LHINs plan on adopting them in a LHINfo minute that will go out before the news release announcement to elected officials with advance notice and an opportunity to ask further questions to their LHIN	• Inform and educate ***NOTE: This date maintains the LHINfo Minute's biweekly publication schedule and is available to MPPs before the Feb 15/11 News Release***	• Feb 8/11 • Will be sent once Ombudsman memo is released	• Ron Sheppard	
Presentation at February Senior Directors Meeting	• LHIN Senior Directors	• To increase understanding of new Pan-LHIN *CE Guidelines Toolkit* and introduce *Primary Care Physician Engagement Resource Guide and Toolkit*	• Inform and educate	• As needed	• Linda Lopinski • Shannon Sasseville	• Feedback and questions
Standardized PowerPoint	• LHIN Staff/Board	• Creation of a standardized PowerPoint to be used by LHIN staff for board/staff education session as well as HSP in-service sessions	• Inform and educate	• Completed	• Linda Lopinski	

Tactic	Audience	Strategy	Engagement	Timelines	Assigned Staff	Evaluation
Toolkit Kick-off In-service Session	• CE staff • Communication staff • MOHLTC representation • LLB representation • LHINC representation • LHIN Legal representation • LHIN Senior Directors (if available)	• See attached agenda • A full-day face-to-face meeting in Toronto to familiarize and in-service LHIN staff to the new *CE Guidelines Toolkit* to result in information sharing within their own LHIN and immediate implementation • Additionally, consistency of understanding and communication of common messaging will also be strived for • LHINC will also be included on the agenda to provide an in-service on the new *Primary Care Physician Engagement Resource Guide and Toolkit*	• Involve	• Feb 11/11 • completed	• Shannon Sasseville • Linda Lopinski	• Meeting evaluations • # of attendees
***CE Guidelines Toolkit* LHIN Lead**	• Provincial LHIN staff	• Establish a LHIN lead for *CE Guidelines Toolkit* to act as a resource to LHINs looking for information or assistance in implementation • To be discussed at kick-off meeting	• Consult	• deferred	• Linda Lopinski	• Informal feedback

LHIN Distribution of *CE Guidelines Toolkit* and *Primary Care Physician Engagement Resource Guide and Toolkit*	• Local OMA and OCFP Regional Managers/LHIN Liaisons • Physician champions • Network members • HPAC members and • other physicians engaged with individual LHINs	• Provide as information	• Inform and Educate	• completed	• All 14 LHINs	• Feedback
LHINC Distribution of *CE Guidelines Toolkit* and *Primary Care Physician Engagement Resource Guide and Toolkit*	• OMA • Ontario College of Family Physicians • Ontario College of Physicians and Surgeons	• Provide as information	• Inform and educate	• completed	• LHINC on behalf of all LHINs	• Feedback
Community Engagement Webpage Preamble	• Public	• To ensure consistent website messaging across 14 LHINs in regards to *CE Guidelines Toolkit*	• Inform and educate	• completed	• Linda Lopinski	• Feedback on draft messaging from Comm and CE staff
Creation of Community Engagement Webpage	• Public	• Create a *Community Engagement* webpage on LHIN websites to increase accessibility and transparency of the *CE Guidelines Toolkit,* performance	• Inform and educate	• completed	• All LHINs	• Community and stakeholder feedback • Website rating button • Page visits

		indicators, annual plan and other resources • Additionally, this will also make website navigation easier				
Website Posting	• Public	• Posting of *CE Guidelines Toolkit* on LHIN website under Community Engagement webpage • Additionally, *CE Guidelines Toolkit* may also be posted as part of a LHIN annual CE plan • Post *Primary Care Physician Engagement Resource Guide and Toolkit*	• Inform and educate	• completed	• All LHINs	• Consistency of messaging and placement • Page visits
CEO Memo to HSPs with *CE Guidelines Toolkit* attached	• HSPs	• To increase understanding of new Pan-LHIN *CE Guidelines Toolkit* and to invite to a webinar for further learning and understanding • Standard template to be developed	• Inform and educate	• completed	• Shannon Sasseville	• N/A
LHIN News Release	• Public	• To update the community on the status of the *CE Guidelines Toolkit* as noted in the Ombudsman's report and inform the community to where to find the information	• Inform and educate	• pending	• Ron Sheppard	• Media pick up

		• Standard press release to be developed and customizable for each LHIN to reflect branding and current CE initiatives • Post news release on LHIN websites				
2010-11 Annual Report Statement	• MOHLTC • HSPs • Media • Stakeholders • Public	• To provide a standardized statement for all LHINs to include in their AR referencing the adoption of the new CE Guidelines and performance indicators	• Inform and educate	• Mar /11	• Shannon Sasseville	• N/A
Communication from MOHLTC to Ombudsman office	• Ombudsman office	• Regarding update on *CE Guidelines Toolkit* as noted in Ombudsman report "The LHIN SPIN" recommendation #4 **Recommendation #4** "The Ministry of Health and Long-Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network should report back to my Office at quarterly intervals on their progress in implementing my recommendations until such time as I am satisfied that adequate steps have been taken to	• Inform and educate	• pending	• LLB on behalf of ADM	• N/A

		address them." Subsection 21(3)(b),(g) *Ombudsman Act*				
Presentations to LHIN Boards	• LHIN Boards	• To increase understanding of new Pan-LHIN *CE Guidelines Toolkit* • Standard presentation to be developed	• Inform and educate	• Feb/Mar 2011 • **Not before Feb 15/2011**	• LHINs • Linda Lopinski	• Board feedback and questions
Regional Webinar/ Teleconference for HSPs	• HSPs	• Each LHIN to host an educational event for HSPs to outline new *CE Guidelines Toolkit* and provide knowledge of how the LHIN will implement the guidelines into current CE practices • A standard PPT deck will be provided	• Inform and educate	• Mar/Apr 2011	• All LHINs • Linda Lopinski	• Evaluations • Feedback
Post CE Annual Plan	• Public • HSPs • Media	• According to Performance Indicator 1.0	• Inform and Educate	• Apr 29 /11	• All 14 LHINS	• Feedback

Other considerations:

- Creation of an Annual CE community report by each LHIN to highlight the CE initiatives and learning's that occurred over the past year
- Creation and distribution of electronic CE template documents with drop down menus for ease of use
- Discussion with LLB to discuss changes in Annual Report template and criteria to reflect the performance measurement indicators in the *CE Guidelines Toolkit* that indicates, "Performance against plan will be reported in each LHIN's Annual Report"
- A more thorough implementation strategy will be required by each LHIN to ensure the CE Guidelines are implemented effectively and consistently in each organization. Further discussion around this topic will continue as part of the Community Engagement Network meetings
- *CE Guidelines Toolkit* could also be housed on the 15th website, once it is updated
- Creation of a Provincial LHIN CE Network to act as an advisory group on the Guidelines and provide further clarification and details to areas that require additional planning such as: consistent release of CE Annual Plan across the province, evaluation criteria and selection of CE evaluation committee, annual review of CE Guidelines (as noted in the toolkit)
- Creation of a joint LHIN and HSP Task Group that will:
    - clarify the LHIN's expectations about how HSPs engage their communities
    - better coordinate, integrate and streamline community engagement activities
    - support HSPs and other stakeholders to share leading practices and resources for community engagement
    - identify key local system level priorities that the LHIN and HSPs can engage communities on together
    - *Please contact TC LHIN for more information*