



Clinical Services Plan **Next Steps**

**Presentation to CE LHIN Board
February 17, 2009**

Engaged Communities.
Healthy Communities.

Next Steps



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Communication: Starting Assumptions

1. Central East LHIN commitment to Community Engagement
 - *Framework for Community Engagement and Local Health Planning*
2. LHSIA Requirements for
 - Integration Decisions
 - Community Engagement as it pertains to integration decisions
3. While the CSP Report and its recommendations are considered final, **feedback and potential changes are to be considered as inputs to future decision making related to case-by-case implementation.**

Assumption #1

The Ladder of Engagement

Successful realization of a CE LHIN “One Acute Care Network” will require the application of different approaches and tools related to outcomes sought.

	Engagement Level and Purpose	Toolbox	
LOW	<p>Inform and Educate</p> <p>To provide accurate, timely, relevant and easy to understand information to the community. This level of engagement will provide information about the LHIN, and offers opportunities for community members to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.</p>	<ul style="list-style-type: none"> • Fact/Information Sheets • Newsletters/brochures • Websites • Open forums and meetings • Public Service Announcements • Paid advertising • Media Publicity 	LOW
ISSUE COMPLEXITY	<p>Gather Input</p> <p>To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns and identify modifications. There may be potential to influence the final outcome.</p>	<ul style="list-style-type: none"> • Surveys or questionnaires • Focus Groups • Open forums and meetings • Written submissions • Community or stakeholder research 	DEGREE OF INVOLVEMENT
	<p>Consult</p> <p>To seek out and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between community and the LHIN. Consultation may result in changes to the final outcome.</p>	<ul style="list-style-type: none"> • Small group workshops • Focus groups / task groups • Online consultation • Public meetings <ul style="list-style-type: none"> ◦ Collaboratives ◦ Health Interest Groups or Networks ◦ Health Professionals Advisory Committee (HPAC) ◦ Strategic Planning Council ◦ Board activities 	
HIGH	<p>Involve</p> <p>To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable residents and communities to raise their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.</p>	<ul style="list-style-type: none"> • Action planning event • Negotiation tables • Collaborations • Panels <ul style="list-style-type: none"> ◦ Collaboratives ◦ Health Interest Groups or Networks ◦ HPAC ◦ Strategic Planning Council ◦ Board activities 	HIGH

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Assumption #2: LHSIA and Types of Integration

- **Integration resulting from changes in funding**
 - under section 19 of the Act
- **Voluntary Integration Initiatives**
 - self initiated by a health service provider under sections 24 and 27 of the Act
- **Facilitated and Negotiated Integration Decisions**
 - facilitated and negotiated by a LHIN under section 25 of the Act
- **Required Integration**
 - required by a LHIN under section 26 of the Act

Assumption #2: LHSIA and Requirements for Engagement

- Central East LHIN to engage the community:
 - On broader “system issues”
(e.g., “One Acute Care Network”)
 - When requiring integration
 - When stopping a voluntary integration
- Hospitals to engage their community
 - Hospital voluntarily pursuing CSP integration opportunities will be required to demonstrate “engagement” (Governance Toolkit).

The CE LHIN and/or hospital boards may pursue CSP integration opportunities at anytime consistent with LHSIA requirements.

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Communicating the Report

Target	How?	Who?	Goals
Public	<ul style="list-style-type: none">• Public Website• Feedback Mechanisms• Distribution of Information Brochure• Hospital-specific community engagement and communication mechanisms	Central East LHIN & Hospital Communicators	Inform and Educate Gather Input
Health Service Providers	<ul style="list-style-type: none">• CSP presentations to each hospital Boards• CE LHIN Board to Board Engagement	<ul style="list-style-type: none">• CSP Steering Committee• CE LHIN representatives	Inform and Educate Consult and Involve

In addition:

- All Central East LHIN Planning Partners will be briefed on the CSP Report with request for input and, in some instances, involvement.
- CE LHIN will coordinate briefings of Ministry and local government officials.

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Communication: Goals and Deliverables

- Public dissemination of the report will be supported by:
 - Website (Feb 17, 2009)
 - Public Brochure (March 27, 2009)
- The CE LHIN and Hospital providers will receive input on the CSP report for a period of 30 days.
- Following the 30 days, a summary of feedback will be provided to the CE LHIN Board, hospitals and the general public. The summary will be considered as part of the decision to implement (all, part, none) of the CSP report.

Readiness for Change: Roles and Responsibilities

CE LHIN Hospital Leadership

- Assume responsibility for creating “One Acute Care Network” as first envisioned by the CSP Report.
- Assist in the establishment of:
 - a joint Health Human Resources leadership table that includes Labour and hospital HR representatives
 - In all cases, LHIN-wide clinical service-specific leadership structures, accountable for performance goals set out in the CSP report.
- Position existing or developing organizational ‘transition’ or ‘transformation’ teams to implement the Change Management Framework proposed for Clinical Integration.

Readiness for Change: Roles and Responsibilities – cont'd

CE LHIN Supports

- CSP Presentations to each individual hospital Board (Feb-March).
- CSP Stakeholder Consultation Day (March 9).
- CE LHIN Clinical Services Planning Portfolio Lead to assist hospitals through implementation stages.
- CE LHIN Project Management Office to assist hospitals in establishing a standardized methodology supporting integration activity.
- Development of “Planning Partner” community consultation toolkit.
- Continuous communication.

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Readiness for Change: Central East LHIN Project Management Philosophy

- By applying sound PM practices, processes and techniques, the likelihood of a project being completed on time, within budget and scope, and to an acceptable level of quality will increase.
- The CE LHIN PMO has been created to ensure there is a consistent set of processes and tools to support development and implementation of projects across the CE LHIN.
- PM will contribute to and support both cultural and transformational change across the CE LHIN.

CE LHIN Project Management Office

- The PMO is located on the secure side of the Central East LHIN website.
- Available to anyone employed by a HSP and/or members of planning partner teams.
- **NEW!** Advisor to HSP on CE LHIN integration activity and requirements.

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Project Management Office

Welcome to the Central East Local Health Integration Network (CE LHIN) Project Management Office (PMO)

The purpose of the PMO is to:

- Lead the identification and uptake of correct PM methods;
- Provide access and linkage to appropriate resources;
- Provide leadership to the CE LHIN planning teams;
- Provide a point of contact on new project ideas and integration opportunities.

Some of the products and services offered by the PMO include:

- Templates, tools and guides for project managers and teams;
- Practical tips for successfully managing a project;
- Notices of project management training workshops;
- Specific information/tools for project Sponsors;
- Resource documents on the Central East LHIN's adopted project management methodology and key knowledge areas of project management;
- Other information and links to the Central East LHIN project management community;
- Advice to project managers on project management best practice.

The CE LHIN has adopted the Ontario Public Service Integrated Project Management Framework as best practice for CE LHIN priority projects. This framework is aligned with the [Project Management Institute's \(PMI\) Guide to the Project Management Body of Knowledge \(PMBok\)](#) - the recognized standard of project management practice.

More information about the framework, methodology and associated templates and tools can be found in the folders below.

Questions about the CE LHIN PMO and the adopted project management framework/methodology can be directed to the [Lead of the CE LHIN PMO](#). For quick reference this [PDF brochure](#) summarizes the CE LHIN's project management philosophy and benefits of the PMO.

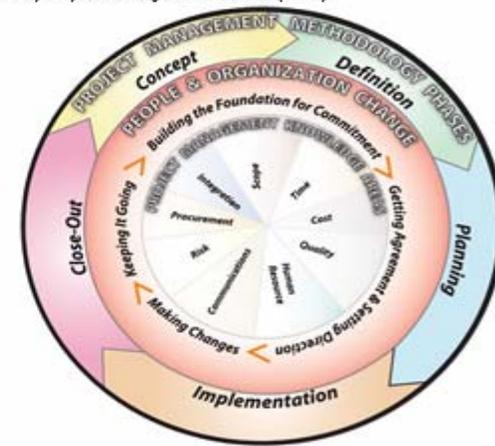
[Top](#)

Categories:

- [PM Framework](#) (1)
- [PM Methodology](#) (2)
- [PM Templates](#) (19)
- [PM Tools](#) (9)
- [PM Community](#) (8)
- [PMO Calendar](#) (1)
- [PM Tips](#) (8)
- [PMO Contact Information](#) (1)
- [PM Training](#) (2)
- [Project Sponsors](#) (2)

Articles:

- [Project Schedules and Status Reports](#)
Click [here](#) to see why Project Schedules and Status Reports are important.
- [Project Sponsors](#)
Click [here](#) if you are a Project Sponsor.
- [Shortcut to PM Templates](#)
Click [here](#) for direct access to a list of project management templates.
- [Training Opportunity](#)
A new Introduction to Project Management workshop has been announced. Click [here](#) for more information.



Action: RAPID Expectations

- RAPID:
 - Who **R**ecommends?
 - Who **A**grees?
 - Who **P**erforms?
 - Who **I**mplements?
 - Who **D**ecides?
- The CSP used RAPID as a guiding framework related to the CSP Process.
- A similar approach will be used to guide CSP Implementation.

RAPID Expectations for CSP Process

- **Recommend:**
 - Clinical service plan is a coordinated effort involving all CE LHIN hospitals, their governance and physician leaders.
 - The recommendations in the form of (a.) the consultant's report and (b.) the CSP steering committee
- **Agree**
 - All parties must agree to the vision, principles, outcomes and process guiding the CSP exercise.
 - Decision-making will be done through consensus **process** (i.e., equal opportunity to be heard). However, decisions do not require consensus, but a strong majority. No health service provider holds a veto.
- **Perform**
 - CSP project will be managed by the LHIN organization and guided by a representational steering committee involving hospitals and other related stakeholders
 - CE CCAC will be the project fund holder
 - Implementation of the CSP (once approved) will be led by CE LHIN Hospitals and related partners as negotiated in Service Accountability Agreements
- **Inform**
 - Planning will be evidenced-based, and respect the engagement and transparent processes established by the CE LHIN
 - There will be constant communication with stakeholders
- **Decide**
 - All activities stemming from the CSP will require decisions or approval of the CE LHIN.
 - No final decisions will be made prior the completion and full consideration of the report.
 - Decisions will be subject to the regulations (due notice) established for LHIN Integration Decisions

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Action: RAPID Expectations for CSP Implementation

Recommends

- The current CSP serves as the starting point for hospital integration activity and the establishment of a “One Acute Care Network”
- Future decision making related to case-by-case implementation of CSP recommendations may be modified following broader consultation.

Agree

- Hospitals agree to bring forward integration opportunities to the CE LHIN for its consideration. The CE LHIN agrees to support hospitals in this process.

Performs

- Hospitals, with the assistance of CE LHIN, will be responsible for CSP implementation and the realization of “One Acute Care Network”.

Implements

- Central East LHIN hospitals

Decides

- On Integration matters, the CE LHIN Board is the final decision maker.

Action: More on Decision Making

- The CSP will generate integration opportunities that will come forward to the CE LHIN Board on case-by-case basis and treated accordingly.
- In the first instance, those integration opportunities will come for decision to the CE LHIN Board as voluntary or facilitated integration activities.
- Where the CE LHIN Board deems it in the public's interest, it may, in the future, require integrations related to the CSP.

Action: Key Success Factors

- Hospitals ability to lead/support the process
 - Leadership: Governance, Central East Executive Committee
 - Support: Medical, community stakeholders, local government
- CE LHIN establishment of cluster-based accountability and leadership mechanisms
- Funding / Resource requirements
- Enablers (e.g., Transportation, e-Health)
- Health Human Resources
 - Labour
 - Physician Leadership and compensation

Initial Timelines

**Feb
17**

Release
of CSP

February / March

- Public Feedback Period
- Government Briefings
- Public Brochure

April

- Summary of Feedback prepared and distributed to the LHIN Board and Hospitals

February / March

- Hospital Board Presentations
- Action Planning Mtg (March 9)
- B2B Mtgs

Spring

- Implementation Priorities Set
- Confirm accountability and leadership structures

June

- CSP Status Report to CE LHIN Board

Spring

- CE LHIN Receipt of Voluntary Integration Opportunities (TBD)

Summer 2009

- CSP Implementation activity on-going (e.g., integration decisions, funding decisions)

Sept 2009

- CSP Status Report
- 2010 IHSP
- Hospital Annual Planning Submissions

Nov 2009

CSP 2

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LOW

ISSUE COMPLEXITY

HIGH

Engagement Level and Purpose**Toolbox**

LOW

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Gather Input

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- Focus Groups
- Open forums and meetings
- Written submissions
- Community or stakeholder research

Consult

To seek out and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between community and the LHIN. Consultation may result in changes to the final outcome.

- Small group workshops
- Focus groups / task groups
- Online consultation
- Public meetings
 - Collaboratives
 - Health Interest Groups or Networks
 - Health Professionals Advisory Committee (HPAC)
 - Strategic Planning Council
 - Board activities

Involve

To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable residents and communities to raise their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.

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- Negotiation tables
- Collaborations
- Panels
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