Champlain LHIN Citizens' Advisory Panel on the Eastern Counties Clinical Hospital Distribution Plan

Final Report

Prepared for the Eastern Counties Hospital Clinical Services
Distribution Plan Steering Committee
April 2010

Ontario

Introduction

Since its inception in 2005, the Champlain Local Health Integration Network (LHIN) has been responsible for overseeing and funding the region's health care system on behalf of the Ontario Ministry of Health and Long Term Care. In 2009, the LHIN announced an initiative to review the region's current distribution of hospital services. Across the Champlain region, twenty hospitals provide acute and urgent care. In the Eastern Counties, five hospitals provide a wide range of health services to local residents. The EC Clinical Hospital Distribution Plan will look at how the system can be improved so it can be more efficient, effective and patient-centred.

The EC Clinical Hospital Distribution Plan is directed by a Steering Committee comprised of CEOs and Board Chairs at the Champlain region's hospitals. The Steering Committee established four working groups to examine the services provided by the five Eastern Counties hospitals: surgical, medicine, mental health and addictions and emergency services. Each Working Group began by establishing an inventory of each hospital's expertise and resources. Next, the Working Groups examined epidemiological and demographic data which helps health system planners to better understand how the health needs of the region will evolve over the course of the next twenty years. Each Working Group was also charged with identifying recommendations for improving and better coordinating the delivery of specific health services across the Eastern Counties hospitals.

Ultimately, the EC Clinical Hospital Distribution Plan will set out a series of reforms that will shape the way hospitals provide health services in the Eastern Counties. One of its goals is to bring many different perspectives into the planning process and promote greater collaboration between hospitals. Ensuring that the public has a place in this conversation is very important. Too often decisions about health care are made without enough involvement from patients and residents. This was something of concern for members of the Steering Committee: it wanted to tap the expertise of local residents and ensure the recommendations it would consider enjoyed public support. This is why they chose to establish a Citizens' Advisory Panel to support the work of the Steering Committee.

The twenty-four member Citizens' Advisory Panel was convened by the Steering Committee to ensure that members of the public could participate in the development of the hospital distribution plan. Members of the Panel were randomly selected using a process called a Civic Lottery.

5,000 invitations were mailed to randomly selected households across the Eastern Counties, inviting a member of the household to participate on the Panel. In early January, these letters began arriving at homes across the region. One in twelve households received this invitation, and residents quickly responded to the invitation to serve on the Panel which would meet on three Saturdays in February and March.

More than 140 people volunteered to learn about the regional health care system and provide advice to the Steering Committee. From among the volunteers, 24 members were randomly selected in such a way that ensured that the panel reflected the age, gender and geographic profile of the region. Just over a third of the panelists identified themselves as francophones. Panel members came from communities throughout the Eastern Counties, including Hawkesbury, Rockland, Finch, Glen Robertson and Cornwall, among others.

The Panel had two tasks: to learn about the region's five hospitals and the pressures facing the region, and to consider possible models for redistributing services among the Eastern Counties' hospitals.

The Eastern Counties' Citizens' Advisory Panel

DAY ONE

The members of the CAP spent three Saturdays, February 20, March 6 and March 27, working together at the Sandfield Centre in Alexandria, Ontario.

On the first morning Dr. Robert Cushman, the Champlain LHIN's CEO, officially welcomed and thanked the members for their participation. He noted that the Panel would provide important advice to the Steering Committee, and that these contributions were critical to understanding how the health system could evolve to better serve their needs.

With Dr. Cushman's endorsement, members began something of a crash course on regional health care. Lisa Sullivan, a senior planner with the Champlain LHIN described the work of the LHIN's regional programs and its area hospitals. The LHIN is responsible for overseeing the entire Champlain region, and coordinating the distribution of health services. The agency is responsible for overseeing nearly $2 billion, which funds hospitals and health services for 1.2 million residents.

Next, Brian Schnarch, an epidemiologist working with the LHIN, reviewed the demographic profile of the region. Like many other communities, the Eastern Counties must face the challenges of a rapidly aging population. Relative to Ottawa, the Eastern Counties population profile is older, more rural, more Francophone and more aboriginal. It also has fewer visible minorities. Over the next thirty years, the region's senior population is projected to double. The 'greying' of the population will place new pressure on the health system, and require additional geriatric care, including new long-term care beds and specialized psychiatric services. At the same time, the population of residents under 65 is projected to decline.

Looking at the health status of the population, two concerns were noted: the levels of obesity and smoking rates. Both men and women were reported to have higher levels of obesity than their counterparts in Ottawa. Obesity carries many health risks, among them diabetes. Cornwall and Hawkesbury have the highest prevalence of diabetes within the region. Smoking rates for the Eastern Counties hover around 27%.

This is more than twice the average seen in Ottawa. Predictably, high rates of obesity and smoking place additional burdens on the health system.

When comparing health service usage rates, Schnarch observed that Eastern Counties' residents use the emergency departments more than Ottawa residents. Residents who do not have a family physician often turn to Emergency Departments for non-urgent issues.

After learning about the region, the members then met one another. Panelists were asked to create a human map: members spread out across the room, standing in rough approximation to where they lived relative to others. This was a good way for everyone to see how they truly represented the region and its many communities. They introduced themselves and everyone took a moment to share why they had volunteered to serve on the panel. Some panelists had undergone major life-saving surgeries, while others had spent long hours in emergency rooms with their kids. Others felt it was an important part of citizenship and wanted to serve their community.

By lunchtime, the members had completed their initial orientation to the health system, the Eastern Counties and to each other. Next, the five hospitals were profiled.

Learning about the five Eastern Counties' hospitals

Jeanette Despatie, Cornwall Community Hospital's CEO, made the first presentation to the panelists. The members had some tough questions for her. Many had heard about the hospital's changes to its services and wanted to know more. The hospital had recently announced that there would be service cuts coming because it had to balance budget. Every hospital in the province is required by the province to balance their books, and CCH worked with the community and other care providers to try and minimize the impact on patients. However, the hospital had secured some additional financial support for its new redevelopment project after the province had reviewed the hospital's record. Panelists were interested understanding how the hospital executive was making tough choices and the budgeting processes.

In Alexandria, the Glengarry Memorial Hospital works to promote healthy lifestyles and community care. The hospital's high satisfaction ratings are well above the provincial average. Shelley Coleman, the Chief Nursing Officer talked about its strengths, including the rehabilitation and health promotion pool which is used extensively by the community.

Panelists heard from Bonnie Ruest, executive director, St. Joseph's

Community Care Centre. Its Complex Continuing Care unit provides skilled nursing care to patients living with stable chronic diseases to over 200 patients. The centre also provides long-term care to the Cornwall area.

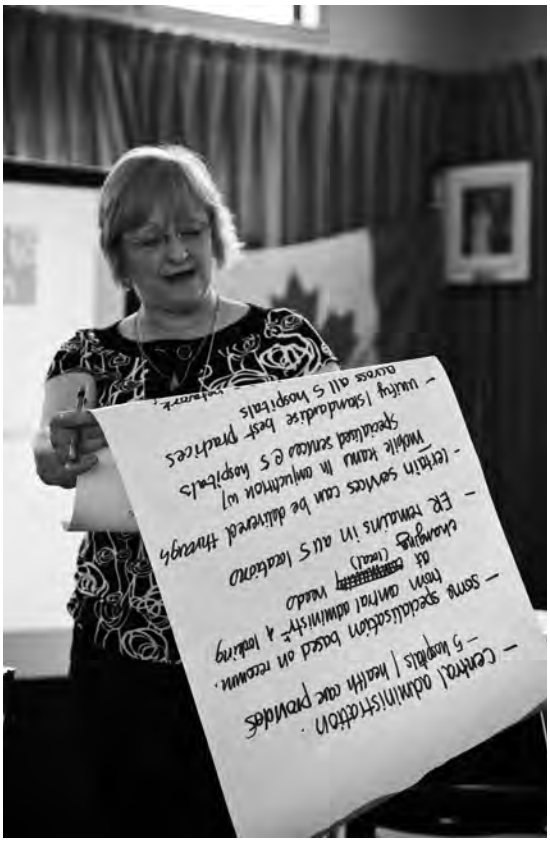
In Hawkesbury, the community hospital sees many residents from Ontario and Quebec. Fortunately, 96% of their staff members are bilingual. Marielle Heuvelmans, Vice-President of Clinical Services, described the Hawkesbury District Memorial hospital as offering a wide-range of services, with particular expertise in chronic disease management, diabetes and stroke care, smoking cessation, geriatrics and dialysis. It is also in good financial health: HDMH has run a balanced budget for 25 years.

Lastly, panelists learned about the Winchester District Memorial Hospital. Trudy Reid, CEO, emphasized the hospital's community roots. In the 1940s, when the government declined to provide financing, the community rallied together and raised the funds. The hospital is proud of its history and connection to its community. It is also the first rural teaching hospital in the region.

Having heard extensive presentations from the LHIN and the five hospitals, the members then began their first group discussions. To help guide the EC Hospital Distribution Plan, the Steering Committee had identified a set of 16 "guiding principles". These principles informed the work of the four Working Groups as they reviewed the hospital services. While each principle was important, they had not been prioritized or ranked. Panel members were asked to discuss each of the principles, and consolidate them into groups. Members spent much of the afternoon debating which principles they believed were the most important. Some challenged the complicated, technical language the Steering Committee had used, and wanted to see principles that were more clearly written, with the broader public in mind.

At the close of the day, each group had an opportunity to present their redrafted, ranked principles. Nearly all the groups had clustered the sixteen principles into three broad categories: those they deemed were most, somewhat and least important.

Before the close of the first day, members were assigned a homework activity. Each member would take the sixteen principles and propose new definitions, and then make their own individual ranking of the priorities. Members left having completed a full and exhausting first day, but ready to take on their next tasks.


– Central administration.
– 5 hospitals / health care provides
– some specialisation based on recommendations from central administration & looking at changing (local) needs
– ER remains in all 5 locations
– certain services can be delivered through mobile kamu in conjunction w/ specialised services @ 5 hospitals
– unify / standardise best practices across all 5 hospitals

Ontario
Ontario
Ontario

DAY TWO

Members of the Panel returned to the Sandfield Centre for their second day together. The day's agenda included presentations from each of the four working groups and further work on the principles they would use to guide their deliberation. The morning started with a quick warm-up activity to review some of the information members had learned from their first day. Each member was asked to answer five different questions about the region's health providers.

One thing was clear: the Panelists were motivated. One member mentioned that he had found a new government publication, while sitting in his GP's waiting room, that talked about the costs of publicly-funded care. He waved the hefty document and surprising everyone with what he had learned. On average, each Ontarian costs the system roughly $5,000 a year. Another panelist talked about how the system had saved his life. He had been told that a recent surgical procedure had cost more than $30,000 and he was grateful for public insurance and the excellent care he had received.

Learning about hospital services across the Eastern Counties

The Panelists were ready to tackle their next assignment. Guests from each Working Group arrived to present their findings and discuss the current patchwork of services offered by area hospitals. Following the four presentations, members of the panel sat down in small discussion groups and interviewed the representatives of the Working Group. By all accounts, they asked tough, constructive questions as they tried to better understand how and why the system worked the way it does and what could be done to strengthen it.

Surgical Services

Nancy Desrosiers, co-chair of the Surgical Working group, explained that each hospital operates with its own set of standards and procedures. She outlined what happens for patients who need elective surgeries and those who need emergency procedures. For many elective surgeries, the referral patterns tend to be based on physicians' preferences. She suggested that a central waiting list for the region, rather than physician-specific list might be a constructive approach to addressing wait times. Emergency surgical services are not provided at each of the four hospital sites, but systems exist that allow for patients to be transferred based on their level of acuity and the procedures they require.

Desrosiers also shared her concern that given the aging population, there will be an increased demand for certain surgeries. Projections for the future show the need for additional surgical beds and operating room capacity. However, some of the surgeries that are happening out of the region (in Ottawa) could be moved to Eastern Counties' hospitals, allowing for patients to be closer to home. Her key message to the Panelists was that surgical services could be improved through coordination and standardization.

Emergency Services across the Eastern Counties

Dr. Brian Devin, co-Chair of the Emergency Working Group and chief of staff at Winchester Memorial District Hospital discussed the work of emergency departments (ED) and the services they deliver. According to Dr. Devin, one of the key challenges facing hospitals throughout Ontario, including the Eastern Counties is the growth of alternate level of care patients (ALC). ALC patients crowd the system and often occupy a bed in a hospital that can provide services they don't require. In other words, patients are waiting to be transferred to another level of care and taking up a bed designated for another use. This is a major cause of longer wait times.

Another challenge facing EDs throughout the region is the costs of transferring patients between facilities: every year, more than $500,000 is spent to move patients. EDs are sometimes the only access point for health care for some residents in the region. Twelve percent of residents visiting the emergency department do not have their own physician. Dr. Devin focused on a series of challenges facing ED services, but underlined the need to make better use ED resources.

Medicine Services

Dr. El Salibi, chief of staff for the Glengarry Memorial Hospital and co-Chair of the Medicine Working Group spoke to the Panelists about the current state of medicine services at the Eastern Counties' hospitals. Dr. Salibi described the major reasons for admittance to medicine services: chronic diseases, such as lung cancer, heart disease and diabetes. Each hospital is faced with long lengths of stays (LOS). LOS will continue to increase by 31%, and will be affected by the ALC issues that also clog up the emergency departments. Dr. Salibi explained that while some hospitals are operating at maximum capacity, others are underutilized.

Mental Health and Addictions Services

Finally, Shelley Coleman and Dr. Suzanne Filion spoke on behalf of the Mental Health and Addictions group. Coleman and Dr. Filion served as co-chairs for the working group. According to Coleman and Filion, significant challenges face the Eastern Counties. Long wait times persist for community-based psychiatric and counseling services, geriatric services

and other treatments. Few people realize that mental health issues affect, at some point, 20% of the general population. Another troubling figure was that the suicide rate for the Eastern Counties is 30% higher than the provincial average. Like emergency, surgical and medicine services, this working group also identified ALC as an issue of concern. Currently, the only hospital beds designated for mental health treatment are at the Cornwall Community Hospital, while each of the other hospital sites accommodate patients as needed. Coleman and Filion agreed that investing in mental health has a huge impact for overall health. They cited a recent report that for every $1 invested in mental health, there are savings of up to $7 for the health system.

After each presentation, members had the chance to sit down and speak with one of the four working group representatives. This gave them the opportunity to have a more thorough and focused discussion.

After a pause for lunch, new groups were created with representatives from each of the discussion groups. These new discussions began by summarizing any additional details panel members had learned during their interviews with the representatives from the Working Groups. As members began to see common themes across the sets of services, panelists began to identify potential solutions.

By mid-afternoon, the four groups had filled up wall-sized scrolls of paper with their ideas. They started to realize just how complicated questions about the health system could be. But, they had also begun to see how changes could be made to improve health care for all in the Eastern Counties. Following this exchange, members presented their initial reflections and suggestions to the wider group.

Members then turned their attention back to their first day's work: reviewing and ranking the sixteen principles. Based on what they had learned during the day, members began to identify the principles that they thought were most important. Each of the four groups chose four to six principles that they believed were most critical for guiding the work of the Steering Committee. One panelist revealed that she had gone out and spoken to nearly 20 people in her community, reflecting a range of ages and life experiences to see how they would complete the exercise. She described how surprised she was that there was real consensus on what people believed mattered most.

The day concluded with each of the four new sets of revised values. Some panelists generated new, modified definitions of the principles. Other groups merged values that they thought were redundant. Having re-worked the principles, it was becoming clear that there was real agreement among panel members about the direction the regional health system should take.

DAY THREE

When panelists reconvened for their final Saturday session on March 27, the first signs of spring had arrived. Some major changes in the provincial health system had also been announced. Newspaper headlines across the province focused on the deficit challenges facing hospitals and reductions of services in some communities. And while Ontario's government struggled with these questions, our neighbours in the US had just passed historic legislation to create their publicly-funded health insurance program.

Some members of the CAP worried that their efforts would fall on deaf ears and wondered whether the Steering Committee and the LHIN already had a plan in place. Others wondered how far they could push for change. This general conversation led towards the morning's first activity. Panel members were presented with three fictional scenarios based on different priorities: Maintaining the Status Quo, Developing Hospital Specializations and Creating an Eastern Counties' Health Network.

Based on each panelist's own interests, everyone chose one scenario to review. Working on the three different scenarios, members received a set of conditions that defined the scenario and detailed possible consequences. Their discussion began by identifying the strengths and weaknesses of the scenario. They also considered the potential cost implications and discussed whether it would better meet patients' needs.

The 'status quo' group discussed whether business-as-usual was sustainable, and recognized the many strengths of the current system, including a high degree of local autonomy. A second group considered whether each hospital could become more highly specialized, and offer their services in concert with complimentary services from other area hospitals. For instance, one hospital could focus on chronic conditions, another geriatric care or mental health. The third group looked at a more aggressive scenario that would amalgamate the five hospitals to form a regional network with satellite sites. In this scenario, the group was asked to discuss the implications of closing two emergency room departments and replacing them with augmented primary care services.

Before the lunch break, the three groups reconvened to present their findings. Each group made a pitch for their scenario and argued why their model for the system best suited the Eastern Counties. Many of the members agreed that there were elements in each scenario that had merit. Over the next hour, panel members took turns speaking for their

proposal and asking questions of each other in order to clarify the consequences of each scenario. Soon a consensus began to emerge that borrowed different features from each group.

Having achieved a rough agreement on their principles, goals and recommendations, panelists spent the balance of the afternoon preparing their report. Panel members broke into three groups. One group crafted the preamble and principles that explained the work of the Panel. Another group consolidated the options for the panel's preferred scenario. A third group focused on editing the lengthy list of recommendations that had been generated on the second day.

After the first hour of discussion, the panel reconvened and each group took turns presenting details of what they proposed to include in their section of the report. This opportunity to hear a first draft of the report gave panel members a chance to respond and ask for clarifications and modifications.

The groups continued their work, and after another period of refining and revising, the groups presented their final recommendations. Mary Johnson, chair of the Steering Committee joined the panel members for this final presentation. Johnson listened to each group's contribution to the draft report, which she praised as being both thoughtful and constructive. Johnson remarked that she was impressed at the level of understanding the members had demonstrated, as they spoke articulately about the urgency with which they hoped to see changes in the system. Following the presentations, each panelist was presented with a certificate of appreciation.

After three full Saturdays together, hundreds of powerpoint slides and many hours of deliberation, the work of the Panel had come to a close. In the final wrap-up conversation, members reflected on the experience and this opportunity. Some members shared how much they had personally learned and how much they had enjoyed this role. One member suggested that the LHIN should convene more conversations so that their fellow citizens could also become better informed and involved in the health system.

In the coming weeks, the Steering Committee will have an opportunity to hear directly from the panel. Their recommendations will be presented to the committee and this advice will form an important component of their own deliberation process.

Report of the Panel

Members of the Eastern Counties' Citizens' Advisory Panel developed the following vision and guiding principles for considering the future distribution of services across the five Eastern Counties Hospitals.

OUR VISION

To create a more people-oriented health care system that can adapt to the evolving needs of a rural population and that works to maximize collaboration, integration and coordination between the region's hospitals, emergency rooms and clinics.

OUR PRINCIPLES

QUALITY OF CARE: Hospital services should strive to be responsive and respect the needs of patients, and instill confidence in the expertise of our health care providers.

EFFICIENCY: The health system must maximize and make the most of the scarce resources to ensure that Eastern Counties' residents have access to the services they need when they need them.

INTEGRATION AND COORDINATION: The system must focus and be organized around the patient experience. Health care providers, administrators and other professionals should share their skills and information. They should work towards achieving a single standard of care across the region and a more seamless experience for patients as they move through the system.

ENGAGEMENT AND EDUCATION: Patients and practitioners are partners in health. The health system should promote a philosophy of wellness at a younger age, in partnership where possible, with the education system. It should also encourage the flow of information and learning between patients and practitioners.

ACCOUNTABILITY: It is important that hospitals and health providers be subject to ongoing evaluation and review for the purposes of accountability, adaptation and learning.

SUSTAINABILITY: Flexibility and long-term thinking are required to ensure that the health system we are building today will also serve tomorrow.

ACCESSIBILITY: The region's health services, health information and other important health resources should be available to all regardless of the health status or social status of residents.

EQUALITY: Patients should be treated with the same respect and care, regardless of health condition or medical history.

Recommendations for the Eastern Counties Clinical Hospital Distribution Plan

The Panel recommends that the Eastern Counties Clinical Hospital Distribution Plan adopt a model that enhances the quality of services to its citizens through the regional integration of hospital administrations and increased specialization among the five Eastern Counties hospitals.

By amalgamating hospital administrations or specific functions more efficient use of resources is possible and can provide greater accountability to the region's residents. It will also assist in the efficient distribution of medical personnel and health services, and promote a more uniform standard of care.

We also suggest that the Steering Committee examine the creation of a single federation of Eastern Counties' hospitals. This federation would be aligned with all Ottawa area hospitals that provide regional services and associated and relevant clinics, such as diabetes and addiction services. It would be composed of representatives from each of the sites, and provide opportunities for greater coordination and regional planning. The aim would not be to create another level of bureaucracy, but rather to provide a formal structure for each of the hospitals to share best practices, possible back-office administrative costs and for planning purposes.

In partnership with the Champlain Local Health Integration Network, this administration would enhance the collaboration and coordination of personnel, services and resources available at the various hospitals and clinics.

The federated administration would be responsible for:

- Unifying and standardizing best practices across the five hospitals of the Eastern Counties, related clinics and among other Ottawa-area hospitals;

- Ensuring the community as a whole has access to the necessary services and resources through a regional network for communication, coordination and collaboration; and

- Overseeing the specialization and distribution of services at the five Eastern Counties hospitals.

While the administrative board will be responsible for overseeing the implementation of specialized services in certain areas of health care, it is also responsible for ensuring that local needs are met and accounted for.

Emergency rooms and key local services such as dialysis and chemotherapy should remain available at all five Eastern Counties hospitals.

Otherwise, Eastern Counties hospitals should be encouraged to specialize in key areas. The specialized services would be delivered in their respective hospitals, and where appropriate could also be delivered by hospital-based mobile teams to ensure greater ease of access.

Certain specialized health care services currently delivered from Ottawa-area hospitals will continue to be delivered exclusively by these hospitals.

Through a collaborative and coordinated effort, the efficiency and sustainability of resources and services available in the Eastern Counties would be optimized to secure the sacredness, equity and efficiency of health care in the Eastern Counties.

ADDITIONAL RECOMMENDATIONS

The Panel would also like to put forward a series of additional recommendations to help address some of the major obstacles facing the Eastern Counties hospitals.

Administration

1. Work to improve the coordination of patient records and test results among health service providers and hospitals.
2. Expedite the establishment of electronic patient records and electronic networks for the region.
3. Provide more information concerning major medical procedures through a website that show what patients can expect.

Communication

1. Create a “regional care map” so that patients can better navigate the health system. Residents should know about the availability of health resources and facilities in their region, and how wait lists function.
2. Hospitals should engage with their communities on major planning decisions, and seek the input and advice of patients whenever possible.
3. Residents should be encouraged to learn more about their own health and take a more active role in health promotion and prevention.

4. Better communication channels should be established between hospitals and other health service providers.
5. The referrals process for surgical services should be improved and made more transparent.

Transportation

1. Address transportation needs through the coordination of volunteers and ride-shares for services such as dialysis, chemotherapy, and routine geriatric care.

Coordination

1. Increase the collaboration and coordination of all health and social services. Organizations including the CCAC, schools, public health, social welfare, correctional institutes, long-term care, hospitals, mental health and addictions must work together to improve the health of Eastern Counties' residents.
2. Develop specializations for each of the hospitals based on local needs which could be supported by advances in technology.
3. Establish a standard of care and practices for surgical procedures at the five EC hospitals.
4. Maintain linkages with Champlain LHIN's regional hospitals to provide specialized high acuity care as needed.

Resource Allocation

1. Improve access to primary care by building 24-hour primary care clinics, community-based health care and adding family physicians to reduce emergency room pressures.
2. Encourage hospitals, public health units and schools to work together and draw on existing community spaces, such as school gyms, as locations for prevention and health promotion programs.
3. Provide more education about healthy food, nutrition, mental health and additions issues to residents.
4. Create "mobile health units" which could travel and better serve residents.
5. Provide additional resources/facilities to respond to the long-term care demands and ALC patients.

Appendix

PROGRAM MATERIALS

Day 2: Core principles for the Citizens' Advisory Panel
Panelists revised the 16 Guiding Principles, and proposed their 4-6 Core Principles for inclusion in the report.

Table One	Table Two	Table Three	Table Four
Quality of care (Redefined)	Accessibility	Quality of care & communication	Quality of care & Patient experience
Transparency / Accountability	Patient flow	Realistic & affordable	Engagement & education
Clinical & community engagement	Critical mass	Client experience	Transparency, accountability & adaptability
Integration & service coordination	Health promotion	Redistribute resources	Financial resources, efficiency & sustainability
Accessibility	Client experience	Acceptability & transparency	

Day 3: Scenarios for consideration of the Panel
The three scenarios discussed by the Panelists are outlined below. Panelists each selected one scenario to review and in small group discussions identified the strengths and weaknesses and considered the financial implications.

Scenario 1:

Status Quo: What if the Eastern Counties' Hospital Services maintained its current status quo state? Each of the five hospital providers keeps the services as they are today:

- The hospitals would maintain their current standards of practice.
- The surgical, mental health/addictions, emergency and medicine services would be provided according to each hospital's standard of care.
- Doctors would maintain their preferred referral patterns to specialists.

- Certain services would require patients to travel to Ottawa for the care they needed.

Scenario 2:

Local Expertise: What if the Eastern Counties' Hospital each developed expertise for specific conditions? Each of the five hospital providers would develop an area of expertise and specialty services:

- The hospitals would work collectively to determine what specialties it would develop expertise in.

- Each hospital would maintain the right balance of doctors and care specialists to provide the specialty service.

- A waitlist for care would be established and maintained by the host hospital for the region. This would reduce the region's reliance on Ottawa-area hospitals and develop expertise in the regions.

Consider two options for Local Expertise:

- These "specialty" teams could be based at a single hospital, but travel to other sites within the Eastern Counties to provide care. This would introduce the idea of a regional "mobile specialist" and reduce the region's reliance on Ottawa-area hospitals.

OR

- Patients would need to travel to get the best quality care for the condition, but the hospital would also then be able to have the best equipment and expertise developed at this site.

Scenario 3:

Eastern Counties' Hospital Network: What if the Eastern Counties' Hospital amalgamated, and shared central administration? Each of the five hospital sites would be administered by one central administration, and continue to provide services to the Eastern Counties:

- A central administration would coordinate and plan the work of each of the five sites.

- Each site would develop specific expertise across certain specializations.

- One of the sites would develop a specialization in geriatric services for the region.

- Two of the four ERs in the region would be closed, but develop more primary care to better meet these demands.

- The sites would share a network, resources, electronic records and collaborate more effectively. They would manage standardized patient wait lists for the EC region.

Biographies of the Members of the Citizens' Advisory Panel

Arthur Lachance

I am a retired teacher, living in Hawkesbury. I have been married for 45 years, with four children. I am grandfather to nine, and soon ten children.

Cheryl A. Jacobs

My name is Cheryl Jacobs and I live on the Ontario side of the Akwesasne Mohawk Community. My background is in Politics, Gaming, Policing and I am an aide volunteer in the community and I advocate on behalf of our elders. I love to travel and have extensively across North America and abroad. I look forward to sitting on the panel.

Denis Brunet

I am 57 years old, and married to Gabrielle for 37 years. We have three children, and eight grandchildren. A part from celiac disease, I am in good health. I worked for 35 years for the federal government and NAV Canada. During those years, I have held many positions. For the last eleven years, I have been the director of conference services. In August 2007, I took early retirement, and since then, I have been keeping busy with all sorts of things that keep me happy, including cultivating my garden with flowers. Most recently, I have taken on a part-time position with the community health centre in Estrie. I have found this work incredibly enriching for the opportunity to meet other people. I am also very involved in the community, having served on many committees and in my parish. In my free time, I love to read, to hike and to travel.

Dennis McCullough

I am a resident of Cornwall, Ontario. I am presently a member of several boards: Citizens Against Poverty and the Adult Community Healing Resources Centre. I believe in helping my community as much as possible and I am very proud to have been invited to join the advisory panel. I am 40 years of age and on a pension. I am married with no children.

Dona McNish

I am the mother of one daughter who has three children. My husband has three children who have five children between them. I have worked in various offices, mostly in administrative positions for many years. At the present time, I drive the school van for special needs children and also work part-time as a bartender. I am affiliated with the Navy League of Canada, Cornwall Branch, sponsors of Sea Cadets; the Cornwall and

District Navy Club; and the Kiwanis Club. In the past I volunteered with the Heart and Stroke Foundation for their door-to-door campaign and with the Tri-County Literacy Foundation.

Gilles Joanette

I am a resident of Glen Robertson and live with my wife Madeleine on my family's farm. I have two sons, Yves and Pascal and I have six wonderful grandchildren. I am retired but before retiring, I was a principal for 31 years. In total, I have been teaching for 36 years and am currently supply teaching about three times a week. I love hockey and have been involved in with the game, either playing or coaching, since 1963.

Jacob Leichleitner

I was born in Switzerland and moved to Canada in 1979, to a farm near North Lancaster in Ontario. For 28 years, we operated it as a dairy farm and now it is a cash crop farm. I am married and we have three kids (18, 16 and 14).

Jean Lemay

I am the manager of a laboratory for one of the federal government agencies that is responsible for the implementation of national Weights and Measures legislation. I am also the school trustee elected in the Rockland-Clarence region for twenty-five years. I am married with two adult children.

Jennifer Rose

I am married, with two teenaged daughters and have been a resident of Ormond, just outside of Winchester, for the past 18 years. After growing up in Ottawa, I decided that small town values were what I wanted when raising my family. I work at Canadian Blood Services in the Fundraising Office as their Donor Relations Specialist. My passions include is animal welfare and I spend much of my off-work time volunteering for various dog rescue groups in the area.

Johanna Murray

I am the Executive Officer of the Cornwall and District Real Estate Board for over 24 years. I have a passion for the real estate industry and believe that I have the best job in the world. In my down time, I am a runner, golfer, play bridge and love puzzles. I also travel and volunteer for a number of charities and work related committees. I try to return to Holland every 2 years to visit family.

Lesli Gut

I was born in Montreal and only became a country girl when my family moved to Lachute and I started high school. I later attended college in Sherbrooke, then Montreal and became a professional graphic designer. I worked in the field for a number of years as the director of reservations and tournaments at a beautiful golf course in the Laurentians, I worked there for six years and loved it. My husband is originally from Switzerland and comes from three generations of farming and together we work on our dairy/cash crop farm along side his brother and family. I milk cows, drive tractor and do whatever is needed to help support the farm. We have two wonderful children, Megan, eleven years old and Joshua who is nine. I do a lot of volunteer work at their school and involved in the school parents' association for the past four years. I coordinate the hot lunch program for the school and kicked of a resource centre for parents within the school two years ago. I am an avid soccer player who plays in the Glengarry league for ladies over thirty. I felt lucky to be able to serve on the advisory panel and have learned a lot.

Michel Jalbert

I am 44 years old who resides in Vankleek Hill. I'm married and have two children that are pursuing post secondary education. My wife works as a caregiver for seniors. I was born in Hawkesbury and went to Vankleek Hill high school and pursued post secondary education at Algonquin College in Ottawa. I worked for 20 years in the steel industry as a supervisor. Currently unemployed and actively searching for work, I keep active by playing hockey in the winter and soccer in the summer. I'm very concerned with our current health care system. It is something that I don't take for granted and I'm worried about the sustainability of the system without reducing services and care.

Michel Richer Laflèche

I was born and raised in Quebec. Upon completing my secondary studies, I chose a career in the Canadian Forces in September, 1973. I served aboard HMCS FRASER as a Radar Plotter and Ships Diver then as an Airborne Electronic Sensors Operator on several Squadrons in Greenwood, Nova Scotia, flying aboard multiple anti- submarine aircraft. In 1995, I took different senior staff positions in Ottawa, which brought me to Russell, Ontario. I raised two children from a first marriage, Éric and Natalie, whom both completed degrees in Computer System Engineering and Sociology respectively. I was medically released in March 2009, having served over 35 years for the Canadian Forces. I am still recovering from multiple surgeries as I now contemplate an early retirement. I have taken this present challenge as a means to better understand the province's health care system along with fulfilling something totally different. I hope to provide the necessary assistance to the panel, rendering better health care to the population in the Eastern

Counties.

Penny MacGillivray

I am a 32 year old Cornwall native, married and a mother of two young girls under the age of 5. I left Cornwall in 1996 to go to college in Barrie. I retuned in 1999 and started my career in my field of hospitality. I am interested in the health care systems current and future services as my family continues to grow in age. I am also interested in services for the aging population.

Pierre Joly

I am a retired teacher with a 34 year career in education, first as a teacher and then for 22 years as a principal. My wife works, and I have a son at the University of Ottawa. I am the Chair of the Board of Directors for the Catholic Parish in Hawkesbury.

Suzanne Shaw, Resident of Russell

N/A

Thelma Doyle

I am a month short of my 75th birthday. I live alone with my cat Casey. I have 4 children, 10 grandchildren and 1 great grandchild, (with another on the way). I have survived cancer twice, but lost my dad, mom and a sister to cancer, other sister is a breast cancer survivor. Only my brother is clean so far. My children are still free of it. I enjoy reading and gardening.

Robin Poston

I am married and the father of a severely developmentally delayed son who just turned 18 in December. At Trent University, I completed a degree in political science and history. I work in sales selling Canadian manufactured products all over the world. I have spent many years on the board of Directors for the Stormont, Dundas and Glengarry District School Council and for Open Hands.

Tony Koggel

I am a lucky man who happens to be married to my best friend, and the love of my life. We have three grown children, and four wonderful grandchildren. I have lived in various cities and towns throughout Eastern Ontario, all my life. I have been interested and involved in community affairs since I attended Ottawa University. I began volunteering for different organizations when I was twenty-one years old, and have continued with it through my life. My career has included farming, being a business owner, and for the past twenty years, working for Long-Term Care. When I'm not spending time traveling with my wife, or playing with my grandchildren, I enjoy gardening and caring for our menagerie of animals.

Victoria Middleton

I am a resident of Crysler, Ontario, born and raised. I received my education from Carleton University and Algonquin College, graduating in Hotel and Restaurant Management, making this my career for 10 years and using this opportunity to travel. Realizing my heart still resided in Crysler, I moved home and now work for the Canadian Human Rights Commission as the Discrimination Prevention Branch Program Coordination Officer. I am the proud mother of two and a firm believer that people are the backbone of a small community. I believe that we need to support what we have and fight for what we need.

Walter Henry

I am a retired Canadian Forces officer, and a Member & Treasurer of Eastern Ontario Health Council. I also serve as the president (and other office) of Addiction Services Eastern Ontario. I am active in the community and a member of the Official Plan Committee in Rockland. I have organized the Revenue Canada Volunteer Tax Return group. I am married with three grown children in Rockland, Japan, and Fredericton.

Yolande Robinson

I was born in Cornwall and received my education in Cornwall & Ottawa. After receiving my B.A., I went to the Toronto College of Education and received my teaching diploma. I took a position at St. Lawrence High School. That same year I was married to a college professor and I resided in the USA until 1967 at which time the family returned to Cornwall and I took a position with St. Lawrence High School and remained there until my retirement. My husband now has Parkinson's disease and is a patient at St. Joseph Villa.

Survey Results

Prior to the first session of the CAP, panelists were asked a few questions to identify their levels of interest, of feeling informed about the health system, and their level of enthusiasm about the process.

PRE AND POST SURVEY

How interested in the health care system do you feel?

Level of Interest: Before their participation in the process, 37.5% participants identified their interest level at 8, with a range between 5-10. By the end of the process, 50% of participants identified that their own level of interest level at 10, range between 7-10.

(%)	Very										Not
	10	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**0**
Pre	12.5	12.5	37.5	11.8	6.3	12.5	0.0	0.0	0.0	0.0	0.0
Post	50.0	38.9	5.6	5.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0

How informed about the health care system do you feel?

Level of Information: Before their participation in the process, 37.5% participants identified how informed they felt at 5, with a range between 3-8. By the end of the process, 33% of participants identified how informed they felt at 7, range between 7-10.

(%)	Very										Not
	10	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**0**
Pre	0.0	0.0	6.3	12.5	25.0	37.5	12.5	6.3	0.0	0.0	0.0
Post	16.7	22.2	27.8	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0

How enthusiastic do you feel about the Citizens' Advisory Panel?

Level of Enthusiasm: Before their participation in the process, 37.5% participants identified they felt at 8, with a range between 3-9. By the end of the process, 44.4% of participants identified that their own level of interest level at 10, range between 8-10.

(%)	Very										Not
	10	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**0**
Pre	0.0	12.4	37.5	18.8	6.3	18.8	0.0	6.3	0.0	0.0	0.0
Post	44.4	27.8	27.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

EVALUATIONS

Over the course of the three Saturdays, Panelists completed short evaluation forms on the process itself. This gave organizers an opportunity to modify and adapt programming to respond to concerns and questions raised. *These results from the final session are listed below.*

Overall, today's Session of the Citizens' Advisory panel was well organized.

Strongly Agree	92.3%
Somewhat Agree	7.7%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

After today's presentation, I have a better understanding of the health care system in the Champlain LHIN.

Strongly Agree	76.9%
Somewhat Agree	23.1%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

I understand and feel comfortable with the tasks and goals we have been asked to achieve as a panel.

Strongly Agree	84.6%
Somewhat Agree	15.4%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

In the facilitated group sessions, my facilitator treated every group member with respect and valued all of our opinions.

Strongly Agree	91.7%
Somewhat Agree	8.3%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Community: Fellow panelists showed respect for each other and were open to each other's views.

Strongly Agree	70.0%
Somewhat Agree	30.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Participation: I was able to raise questions and express my views as much as I wanted to.

Strongly Agree	70.0%
Somewhat Agree	30.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Consensus: Group work was able to produce results based upon consensus.

Strongly Agree	80.0%
Somewhat Agree	20.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Enjoyment: Overall, I enjoyed being a member of the Citizens' Advisory Panel.

Strongly Agree	80.0%
Somewhat Agree	20.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Usefulness: Overall, participating in the Citizens' Advisory Panel was a useful experience.

Strongly Agree	80.0%
Somewhat Agree	20.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Importance: Overall, I feel that the Panel accomplished something important over the three sessions.

Strongly Agree	80.0%
Somewhat Agree	20.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Appropriateness: Overall, the speakers and presentations at the Panel provided the appropriate level of information.

Strongly Agree	70.0%
Somewhat Agree	30.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

I would agree to participate in a similar citizens' advisory process in the future if I had a chance to do so.

Strongly Agree	90.0%
Somewhat Agree	10.0%
Somewhat Disagree	0.0%
Strongly Disagree	0.0%
Not Sure	0.0%

Which Saturday did you enjoy the most?

February 20, 2010	9.1%
March 6, 2010	9.1%
March 27, 2010	100.0%

MASS LBP

MASS LBP is a new kind of company that works with visionary governments and corporations to deepen and improve their efforts to engage and consult with citizens. Fundamentally we believe in people. Given the opportunity to participate in a thorough, fair and inclusive process, citizens are ready to provide constructive advice, offering officials the intelligence, perspective and sensitivity that difficult public issues require.

Our work goes far beyond polling or focus groups. From conception to execution to evaluation, MASS LBP designs and delivers highly innovative engagement strategies that increase public understanding, legitimacy and support for complex decisions and policy choices.

MASS LBP
392A King Street East,
Toronto, Ontario, M5A 1K9
CANADA

www.masslbp.com
hello@masslbp.com

Report of the Champlain LHIN Citizens' Advisory Panel on the Eastern Counties Clinical Hospital Distribution Plan