

North East LHIN

2014-2015 Strategic Communications and Community Engagement Plan

Quality Health Care When NORTHERNERS Need It

August, 2014

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Strategic Directions for the NE LHIN Communications Team

Our communications team vision

To provide fellow Northerners with timely, accurate and useful information about regional health care transformation.

Our team values

Two-way communication with stakeholders that:

- Fosters integrity, trust and respect.
- Demonstrates accountability and best practices.
- Is innovative in employing different platforms and methods to engage with Northerners.

Our communication mandate

To develop and execute communication strategies that:

- Build collaborative relationships with stakeholders
- Support the successful achievement of the corporate strategic plan – the IHSP

Communications goal and objectives for 2014-15

GOAL

- To encourage a will amongst fellow Northerners for health care system transformation and increase commitment towards shifting to a person-centred care model, with more programs delivered in community.

OBJECTIVES

- To work closely with internal teams to ensure all NE LHIN employees are informed about project issues, developments, and successes.
- To disseminate a shared vision of the NE LHIN related to the priorities of the IHSP for 2013-2016.
- To increase awareness of transformation and integration successes in the NE LHIN.
- To coordinate corporate communications and community engagement activities, particularly related to realignment (Clinical Services Report, Community Hospitals Report, Lab and Vision Reviews) and stakeholder consultation to prepare the IHSP 2016-2019.
- To successfully communicate and incorporate the new visual identity (VI) and website into our communications materials and mediums, fall 2014. Our visual identity has been updated in order to start the process of becoming compliant with the Accessibility for Ontarians with Disabilities Act (AODA), and to match the look and feel of our new website, which will launch September 2014. This pan-LHIN initiative includes a new visual identity system that allows the NE LHIN to communicate and present information more logically, consistently, and with distinction.

NE LHIN elevator speech

The North East LHIN works with fellow Northerners to increase access to health care programs and services in Northeastern Ontario. Through community engagement and local decision-making, the North East LHIN sets local health care priorities that are focused on building a more people-focused system of health care.

Every year, the North East LHIN invests \$1.4 billion in front-line health care to some 150 organizations that deliver 200 health care programs and services to more than half a million people who call Northeastern Ontario home. To learn more, visit nelhin.on.ca or call 1-866-906-5446.

NE LHIN focus in 2014-15 (to be used in opening remarks at speaking events)

Our publicly funded health system belongs to each and every one of us. We know that the system can be improved and that it needs to be in the hands of Northerners. So after talking and listening to 4,000 people living in the region, the North East LHIN created a three-year strategic plan mapping out our collective priorities. We're now mid-way through this plan, and progress is evident every month.

Health care is shifting to become more person-centred and community-based. In collaboration with our partners, the NE LHIN is helping to realign our local health system to better coordinate care for Northerners, particularly our region's older adults and frail elderly.

Furthermore, we are starting to think about what the next priorities should be once the goals in this plan are achieved. For that purpose, we will continue to consult with Northerners all across our region to ensure that local health care moves forward to meet local needs. Northerners expect and deserve no less.

NE LHIN Overall Key Messages in 2014-15

People-Focused Care in Community

- The North East LHIN is improving care in Northern communities by responding to the voices of Northerners and their desire for more care at home and in community.

Transforming Together

- The voices and priorities of Northerners are the bedrock of the North East LHIN's strategic plan to improve care coordination, accessibility, transition, and cultural responsiveness.

One Coordinated System

- The North East LHIN is bringing health service providers together to help build one system of quality care that is more coordinated, value-driven, accountable, and focused on the needs of Northerners, particularly our frail elderly.
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Key Facts, 2014 -15

- Currently 19% of population is over the age 65 (just over 100,000 residents).
- By 2036, the number of seniors will increase to comprise 30% of the population.
- Our overall population is projected to decrease by 1% during that time period.
- Higher proportion of Aboriginal identity (11% versus 2% for Ontario).
- Higher proportion of Francophones (23% versus 4.4% for Ontario).
- Higher percentage of residents with multiple chronic conditions (22% versus 15%).
- Health Care Services: 538 family physicians, one Group Health Centre in SSM with 34 family physicians, 27 family health teams, six community health centres, six nurse practitioner-led clinics, 16 nursing stations and three Aboriginal health centres.
- There are 106 long-term care beds for every 1,000 people aged 75 and over (2013) as compared to the provincial average of 80 beds per 1,000 people.

Overall Communication Tactics, 2014-15

Media relations

- Media relations program established with month-by-month plans (supported by communications plans as needed).
- Development of stronger relationships with media personnel so that our releases are seen as a constant source of information that should be disseminated, and that LHIN staff are viewed as good spokespeople who can comment on a range of health care issues.
- Maintain positive messaging through strategic timing – Send a release prior to what could be a contentious event; provide content for media during slow media periods i.e. Christmas.
- Provider Media Events – attend more events as a method of producing photos and content.
- Media Releases and Advisories – targeted to Hubs and focused on Northerners and their care.
 - **Media Releases** – Employed to announce investments in new programs. Used more sparingly due to Ministry approval requirements and MPP quotes.
 - **Media Advisories** – Featuring one big photo of LHIN CEO, Staff or Board Members engaging with people and providers at events, engagements, or meetings throughout the North East. Should contain shorter word content that drives people to click on a link that will bring them to a powerpoint, chart, report, or page on our website. Used more frequently.
 - **Letters to the Editor** – Proactive rather than reactive. Used sparingly to ensure pick up. Used as a tool to stay ahead of what may be a contentious issue/period.
 - **Health Care Lead Columns** – Provide regular updates on their roles/work (monthly schedule developed).

Face-to-Face Discussions

- Meetings, Forums.
- Speeches, Presentations – Creating awareness around who we are and what we do. Shorter has greater impact. Tell stories of how real people are having better care because of system transformation.
- Presentations – consistent, concise messaging; current facts and achievements; consistent look.

Multimedia/Interactive

- Website – update “news” stories and photos on our home page several times a week so that our site is viewed as a source of new health care information.
- Video news releases and podcasts – to connect more viewers in more engaging ways.
- Videos featuring patient/provider stories – short, 1-2 minutes in length.
- Social media – use to support our media-driven content in an effort to generate two-way dialogue. More photos to be posted to Facebook and Twitter to engage readers. Social media is also used to build alliances with providers/agencies/associations for cross promotion of events and news.
- CEO Blogs – a way to put a personal face on the work of the LHIN. Shorter messages that include either a personal anecdote by the CEO or a patient/provider story. Limit to 300-400 words to improve message clarity and ensure strong following. Once a month. Opportunity for readers to offer comments.
- Virtual Coffee Breaks.

Healthy Change Champions

- Solicit key stakeholder champions of health care change in NE Ontario to tell their stories; have them share their experiences with colleagues at professional association opportunities.

Internal Communications

- CEO’s Desk – weekly update. Team summaries in bullet format are added to message bi-monthly.
- Internal Board Bullets – summary of board meeting and decisions made – sent to staff in the CEO’s Desk- day following Board meeting.
- Internal Engagement Committee – sharing of best practices across organization.
- Twice-yearly employee retreats with team building exercises built in and two-way discussions.
- Employee Videoconferences – scheduled as quarterly updates between retreats.

Communications to Northerners

- Report to Communities 2014 (September) – a progress update to Northerners at midpoint of IHSP with the strategic plan they helped to create.
- Timely email blasts/updates to HSPs on project developments, initiatives and next steps.
- Board Bullets – short summary of Board meeting proceedings.
- Board Minutes – Approved minutes of previously held board meetings promptly posted to website.
- Presentations by NE LHIN staff – promptly posted to website to ensure anyone who could not attend the presentation in person can still benefit.
- Infographics – Highly designed graphical illustrations that help tell the story of the NE LHIN.
- Population Health Profile – Updated annually – a statistically based piece containing health, population and demographic information for Northeastern Ontario.

Advertising and Promotional Media

- Advertisements – more visual and less wordy. Can support key project campaigns such as Telehomecare or recruitment. Placed in key publications such as NOMJ.
- Promotional items strategically distributed at engagements, forums and events – bags, USB flash drives, etc.

Three Overarching Strategic Communication Areas of Focus in 2014-15

These are:

1. **IHSP** (both progress with 2013-2016 and preparation for 2016-2019)
2. **Change Management** (transitioning to new systems of care)
3. **Stakeholder Relationships** (support for future visions of care that are patient-centred)

Detail Follows on each Focus Area:

➤ IHSP FOCUS

Goals:

- Foster an environment of regional trust and respect for the NE LHIN
- The ability to achieve

Communication

Objectives:

- It is understood by all Northeastern Ontario stakeholders that the patient must be

Key Messages:

- The NE LHIN actively engaged with fellow Northerners in the development of our third, region-wide Integrated Health Services Plan (IHSP) — our roadmap for

our mission is enhanced through positive public perception

- The IHSP for 2013-2016 is recognized as the overarching directional plan for all NE LHIN-funded service providers.

considered at the centre of our new-and-improved health system.

- Providers must begin, or continue, to work together as required through the Local Health System Integration Act.
- Reportable progress is made with the goals of each of the IHSP's four priorities and three enablers

2013-2016. Northern voices have helped set, and will help guide, local health care priorities.

- We have worked with our partners – such as the French Language Planning Entity and the Local Aboriginal Health Committee – to develop a plan that is aligned with the needs of Northerners.
- The plan sets out the LHIN's vision, priorities, strategic directions and local strategies.
- Health care needs transformation to improve the experience of Northerners. We heard that from thousands of Northerners in community engagement sessions.
- IHSP-3 reflects Northeastern Ontario's current and pending demographic, geographic and fiscal challenges.

IHSP Priority 1: Increase Primary Care Coordination

Overall:

- Health Links
- HCC
- Telehomecare
- Diabetes

HUB Specific:

- Health Links in Temiskaming and Timmins – potential new links in other areas
- Algoma's pilot project to increase awareness of Health Care Connect by working with mental health and seniors' groups

IHSP Priority 2: Enhance Care Coordination and Transitions to Improve the Patient Experience

Overall:

- Palliative Care
- Navigation
- Community-based Care

HUB Specific:

- Sudbury CSS Network's One Point of Access. Also promote and profile the work of the CSS sector in Sudbury during the month of October to increase awareness amongst the general public and other providers.
- Palliative Shared Care Team – success in Sudbury – rolled out to other hubs
- Success of PATH program
- Coast communities coastal visit (February)
- Non-Urgent Patient Transfer Review
- Timmins CSS sector integration
- Implementation of a common scheduler for

- transportation services (Cochrane Hub)
- Nipissing Hub – Health Link emerging.

IHSP Priority 3: Make Mental Health & Substance Abuse Services More Accessible

Overall:

Increased initiatives within primary health care

- Attention to geriatric mental health
- Service coordination

HUB Specific:

- Mental Health Forum in Sudbury – relying on the Regional Advisory Committee.
- Work of the BSO in Sudbury to create new training, music and Montessori programs
- Nipissing Hub – Implementation of a mobile crisis team for mental health and addictions

IHSP Priority 4: Target the Needs of Culturally Diverse Population Groups

Overall:

- Strong relationships that lead to mutually beneficial patient outcomes

HUB Specific:

- French language designations
- Progress on Coast – Dr. Sinha and other specialists visiting geriatric patients again in 2015 (TBD), and additional PSW training (TBD)
- LAHC – Fall meeting

Enablers

Enabling technologies

- Raise awareness of NE LHIN’s work to support the availability of such technologies as: telehomecare, telederm, POI, EMR with primary care givers and Northerners.

Realignment and System Transformation

- Continue to disseminate “real” and positive stories on successful health care realignment initiatives within NE Ontario. Launch Community Hospitals Report to begin the conversation on future of smaller regional hospitals, and the analysis of the NE CCAC to ensure sustainable care.

Recruitment and Retention of Health Human Resources

- Work closely with HFO to support the development of a regional recruitment and retention strategy.
- Lead the development of pan-Northeastern HHR workgroup to support HHR activities across the region – partners include NOSM, NW LHIN, HFO, Northern senior health professionals, others (workgroup membership and mandate is in development).

➤ Change Management Focus

Goals:

- To ensure the need for and benefit of health care transformation is understood, accepted and incorporated in all regional health care planning.
- The NE LHIN is recognized and respected as the system manager.
- Employees are engaged at all levels as change agents.

Communication Objectives:

- NE LHIN officers are knowledgeable and committed to their role as key communicators of change.
- Key external stakeholders are supportive of changes.
- Tools and training are provided to support employees' roles as change agents.

Key Messages:

- Any change must be explained through the lens of how it will: benefit patients, improve system accountability; support evidence; and ensure both value and excellence in care.
- The patient is at the centre of everything we are doing – patient engagement is central to our work.
- There are opportunities to improve services to patients by reconfiguring how organizations deliver them.
- There are opportunities to improve service to patients by integrating services
- Everyone will be involved in determining the configuration of services and the organization that delivers them.
- There is an opportunity through integrated governance for local people to have a much greater say in how local health services are provided across different levels of care.

Change Management Tactics:

- Continue to recognize Northern Healthy Change Champions throughout the year, championing the human side of change and resulting benefit for patients/clients.
- Incorporate person-centred stories of health care transformation into regular and ongoing communication efforts.
- Change messages are regularly communicated to LHIN employees in the CEO's Desk Message to develop shared vision in shaping the future. Staff need to believe and see evidence that they are essential to the successful accomplishment of change.
- Comm Team members to attend colleague Team Meetings to determine opportunities for communicating successful change management.

➤ Stakeholder Relationships Focus

Goals:

- Strengthened relationships with key

Communication Objectives:

- NE LHIN-funded health service providers are committed to

Key Messages:

- Health care change is most effective when it's

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| <p>external stakeholders will be achieved.</p> <ul style="list-style-type: none"> • Community engagements are truly opportunities for exchanging information and ideas that lead to enhanced care. • The ability to achieve our mission is enhanced through positive public perception. | <p>working with the LHIN over the next three years to improve, challenge and change the current system so that patients get the right care, at the right place, at the right time.</p> <ul style="list-style-type: none"> • We rapidly build more links across the health system through governor-to-governor engagement and the support of those who champion integration. • News media are receptive to information from the NE LHIN. • Fruitful partnerships are achieved with regional MPPs, the Réseau, LAHC, HPAC, OMA, OHA, District Social Service Administration Boards, and non-LHIN funded health service providers. | <p>approached and supported by a team.</p> <ul style="list-style-type: none"> • The NE LHIN makes every effort to consult and work in partnership with our funded HSPs. • Northerners' concerns and desires for their health care system are at the heart of our strategy for change. • Those who give and receive health care – every one of us – can contribute to improvements to the system. • Community engagement and the voices of fellow Northerners are the bedrock of our plans to improve the health care system. |
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Stakeholder Relationship Tactics:

- Develop infographics to visually map current NE LHIN data for ease of transmitting complex concepts.
- Seek opportunities to communicate one-to-one with media representatives in our Hubs, and with those who work in communications for our HSPs. Recognize accomplishments in support of the LHIN's vision (such as positive media reports) through letters of acknowledgement from NE LHIN's CEO to these individuals and/or organizations.
- Communications staff attend key stakeholder group meetings in person, in possible, to become acquainted with key opinion leaders
- Share NE LHIN team structure broadly (along with photos), to humanize and align programs to the corporate vision, to encourage HSPs to contact and collaborate with staff.
- Demonstrate respect and value for diverse population groups, i.e. use website and releases to acknowledge significant dates such as National Aboriginal Day and St. Jean Baptiste Day.

Integrating our Communications Strategy with Provincial Directions

Objectives

Business Objective:

To implement the North East LHIN's 2013-2016 Integrated Health Service Plan and the initiatives contained in the 2014-15 Annual Business Plan to develop a regional system of integrated health care across the continuum – from primary care to public health through to community, acute and long-term care – by:

- Increasing primary care coordination.
- Enhancing care coordination and transitions to improve the patient experience.
- Making mental health & substance abuse services more accessible.
- Targeting the needs of culturally diverse population groups – Aboriginal/First Nation/Métis People
- Explaining the priority enablers: electronic health record opportunities, realignment and system transformation, and recruitment and retention of health human resources.
- Fostering an understanding of the need for health system transformation both internally and externally.
- Building support for the health system model by focusing on the benefits of the health system transformation that creates an integrated sustainable healthcare system that ensures better health, better care, and better value for money.
- Aligning health service providers to help North East LHIN residents through the common direction of “Quality Health Care When Northerners Need It.”
- Demonstrating how organizations and individuals can participate in the success of the health system transformation.
- Mitigating communication risks of negative publicity by proactively planning risk reduction.
- Providing information on performance and progress – document successes and share them.

Communications Objectives:

- To build understanding and support regarding the rationale for, and importance of, Ontario's transformation of the health care system.
- To build awareness of the NE LHIN's role in the following priorities and their enablers: improving primary care coordination, enhancing care coordination and transitions to improve the patient experience, making mental health & substance abuse services more accessible, and helping to target the needs of culturally diverse population groups – Aboriginal/First Nation/Métis People.
- To guide the communications and engagement activities of the North East LHIN (Board and staff) and health service provider partners involved in initiatives contained in the 2014/15 Annual Business Plan.
- To ensure that stakeholders understand the role of respective organizations to identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services based on funding available, and to track performance against accountability agreements.
- To provide accurate and timely information to all audiences.
- To be transparent and accountable to our shared audiences re: timelines, outcomes and opportunity for participation/feedback.
- To demonstrate the value of the NE LHIN to people in the NE LHIN region – to help them see themselves in the work we do.

Context

- *Ontario's Action Plan for Health Care*, announced by the Minister in January 2012, which is consistent with the principles of the *Excellent Care for All Act (2010)*, puts LHINs at the centre of health system transformation.

- The North East LHIN’s “Quality Health Care When Northerners Need It,” 2013-2016 IHSP, and the 2014-15 Annual Business Plan are strategically aligned with government direction and priorities and recognize the joint accountability of the ministry and LHINs to serve the public interest and effectively oversee the use of public funds.

Target Audience

The North East LHIN engages with many stakeholder audiences with often differing understanding of the local health care system. Stakeholders can be categorized in several categories and sub-categories:

External

- Public (taxpayers, patients/clients and family members)
- Health Service Providers
 - LHIN-Funded Health Service Providers: Hospitals; Community Care Access Centre; Community Support Services; Community Mental Health, Addiction Services; Long-Term Care Homes; Community Health Centres
 - Non-LHIN Funded Health Service Providers: Physicians, Nurses and frontline care workers, Ambulance Services; Family Health Teams; Ontario Telehealth Network; Provincial networks (i.e. Cancer Care Ontario and others); Public Health Units
- Ministry of Health and Long-term Care
- Policy Makers - Northeastern Ontario MPPs; Municipal Government; Councils, Mayors, Reeves and CEOs; Ontario Office of Francophone Affairs; Office of the French Language Services Commissioner; Ministry of Health Promotion; Municipal Affairs and Housing; Services de santé en français; Northern Development, Mines and Forestry; Secretariat for Aboriginal Affairs; Seniors’ Secretariat; Children and Youth Services
- Academic Institutions - Algoma University; Collège Boréal; Cambrian College; Canadore College; Laurentian University; Nipissing University; Northern Ontario School of Medicine; Northern College; Sault College of Applied Arts and Technology; University of Sudbury
- Organizations - Local advocacy groups; College of Physicians and Surgeons of Ontario; Ontario College of Family Physicians; Ontario Medical Association; Ontario Public Health Association; Unions
- Special Population Groups - Francophone, Aboriginal/First Nations/Métis
- Media

Internal to the North East LHIN

- NE LHIN Board of Directors; NE LHIN Senior Leadership Team; NE LHIN Health Care Leads; NE LHIN Advisory Groups and Committees ; NE LHIN Staff

Strategic Approach

Position the NE LHIN as a valued key player within the transformation of Ontario’s health system and as the lead in health system transformation in the Northeast region.

- Communication initiatives will support the priorities of both the ministry’s Action Plan for Health Care, and the NE LHIN’s Integrated Health Service Plan 2013-2016.
- We will use a combination of high-profile and low-profile communication strategies to document and share successes at system transformation, with a particular focus on patient benefit.
- Targeted communications -- specific to service provision and/or geographic areas -- will be used to demonstrate how organizations and individuals can participate in the success of health system transformation.
- Major initiatives will have their own “Communications and Community Engagement Plan” documenting

the context for each initiative, timelines, audiences, tools/tactics, key messages and a deliverables tracking chart. In many cases, this will be a document that will be developed and rolled out in partnership with the appropriate health care partners.

To ensure we are serving persons with disabilities in our region, we will make efforts to communicate and engage with them in a manner, or using facilities, that take these into account.

Key Messages

Ontario is shifting the focus of its health care system to revolve around the person. We have a plan to ensure Ontarians have access to high quality care and a sustainable health system for years to come. By organizing our system differently and focusing on the medical evidence, we will provide Ontarians with better care and better value for tax dollars. Through these changes, we expect to see:

- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Patients receiving care at home or in the community instead of in a hospital

How are we transforming the health care system?

- Partnering with the sector and enabling them to play an active role in how the system will change.
- Strengthening community agencies to support providers and encourage integration around the patient's needs.
- Health care funding will be determined based on the best evidence and will follow the patient.

What can we expect from these changes to the healthcare system?

- A system built for patients by the health care providers and leaders closest to them.
- A health care system that integrates providers around patients to deliver better outcomes.

By bringing together health care partners such as hospitals and community-based agencies to develop innovative, collaborative solutions that lead to improved access to high-quality care for all residents, the NE LHIN is championing system transformation. LHINs have a critical role to play in key provincial initiatives such as Health System Funding Reform, Health Links, Seniors' Strategy and the expansion of Quality Improvement Plans into the primary and community care sectors.

Guided by its 2013-2016 strategic plan, the *Integrated Health Service Plan*, the NE LHIN is collaborating with health care sector partners to organize the system differently and focus on medical evidence to bring about significant and positive change to ensure reduced wait times and faster access to family doctors, fewer unnecessary visits to the emergency room and readmissions to hospital, and patients receiving care at home or in the community instead of hospital.

The NE LHIN is working with our health care partners to address the health profile realities of our regional population – aging and with rising rates of chronic conditions – to enhance care coordination and transitions to improve the care experience.

- We are working respectfully with our culturally diverse population groups to target their health care needs.
- The NE LHIN believes everyone has an important role to play in making healthy change happen, including health-service providers, the LHINs, community leaders and the public (including patients/clients).

Tactics

To be referenced in each plan but will include:

- News releases/blast emails/newsletters/bulletins
- Website postings/alerts/social media
- Stakeholder events
- Outreach to local government stakeholders
- Engagement with specific stakeholders – provincial associations, community groups, etc.
- Organizing and participating in information sharing events
- Board Meetings

Evaluation

Identifying and tracking critical communication success factors will enable the North East LHIN to identify more effectively whether communication activities have been successful. These factors may include:

- Comprehensive monthly media tracking analysis to measure success through output (what efforts were made), outcomes (results of those efforts), and impact (including the NE LHIN's ability to influence transformation, progress with Ontario's Action Plan, and Dr. Sinha's Seniors Strategy).
- The LHIN's ability to make quick modifications based on shifts and lessons learned as activities are carried out – including response by social media and traditional media.
- Visible senior leadership engagement and support of the ABP initiatives and related communications.
- Key stakeholders have a clear understanding of the "*Quality Health Care When Northerners Need It*" transformation agenda and how they will be impacted by the implementation of any related initiatives. At each engagement opportunity, feedback will track success and/or determine needed modification of information dissemination and comprehension.
- Health care providers across the North East LHIN are engaged early and frequently and can see how their participation is impacting implementation/transformation. Evaluation following engagements track progress in this regard.
- People in the North East LHIN region are engaged by the LHIN and with the LHIN via a variety of tactics including traditional media, online/social media (e.g., websites, Twitter), and LHIN communication vehicles (blast emails, bulletins).

Community Engagement

Guided by the organization's vision "Quality health care, when Northerners need it" and focused on achieving its identified priorities in 2014/15, the North East LHIN will fulfil its commitment to community engagement in the following ways:

Engagement Strategies and Best Practices

A variety of best practice strategies will be employed. The objectives of community engagement will be identified in advance for priority initiatives and will vary across the following engagement continuum.

Inform and Educate: To provide accurate, timely, relevant and easy to understand information to the community. This level of engagement will provide information about the LHIN, and offer opportunities for community members to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.

Gather Input: To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns and identify modifications. There may be potential to influence the final outcome.

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

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

Collaborate: To work with and enable stakeholders to work through options/solutions to find common ground or agreement.

Empower: Delegated stakeholder decision-making where final decision-making authority, leading to action, is assigned to a committee (ad hoc, standing) or other organized body (project-related work group or task).

Keeping Public Stakeholders Engaged and Informed

In a process of continuous improvement, the NE LHIN will work to ensure that its messages are being received and understood, and that the NE LHIN as an organization is providing ample opportunity to adjust its efforts when needed to ensure that the public's interests are being met. To keep communities informed, the NE LHIN will continue to use, among others, the following communication vehicles:

- Dialogue through newsletters, communiqués, media releases, community presentations, and proactive media liaison
- LHIN 101 education sessions, presentations and round table discussions with community groups
- Web posting of public accountability reports
- Public meetings of the Board of Directors at locations across the Northeast
- Technology: virtual coffee breaks (audio-teleconferences), town hall meetings, blogs, as well as interactive social media including twitter, Facebook, YouTube.

NE LHIN Engagements

Throughout the year, the NE LHIN will hold engagements with both fellow Northerners and health service providers which includes, but is not limited to:

- Open meetings of the NE LHIN Board of Directors.
- Health Professional Advisory Committee meetings – members represent a wide range of professionals across the health care sector in Northeastern Ontario.
- NE LHIN Local Aboriginal Health Committee meetings to share information and receive advice and recommendations on improving access to care.
- Réseau du mieux-être francophone du Nord de l'Ontario to support Francophone engagements.
- Regional HUBs Group – CEOs and Board Chairs of four large hospitals and the NE CCAC.
- Bi-monthly meetings with 21 small and rural hospitals.
- Bi-monthly engagement meetings with the region's 42 long-term care homes.
- Regular meetings with six Community Health Centres.
- Regular meetings with the NE LHIN eHealth Advisory Council.
- Active discussions with *changemakers* (Northerners actively participating in the work of the NE LHIN) across Northeastern Ontario to provide insight into forums held on health care transformation topics.
- Regular communication with MPPs and one-on-one meetings as needed (NE LHIN has nine MPPs).
- Regular meetings with health service providers to discuss opportunities for collaboration and integration.
- Regular meetings with North East Hospice Palliative Care Network.
- North East Behavioural Support Working Group meetings.
- Regular meetings of the Regional Mental Health and Addiction Consultation Group.
- Quarterly meetings of the North East Emergency Department Network and its small hospitals and Pay for Results sub groups.
- Meetings of the North East ED/ALC Leadership Committee.
- Family Health Team meetings. |

Evaluation

Participants involved in community engagement activities are asked to evaluate and offer suggestions to enhance the NE LHIN approach to community engagement. Generally, the NE LHIN issues a survey to capture vital information. Feedback, comments and suggestions received in relation to any NE LHIN community engagement activity or consultation are documented, tracked and considered by the NE LHIN.

Our website traffic is measured using sophisticated analytics that provide us with valuable insight into the health care interests of all visitors to www.nelhin.on.ca. Just as we must all hold our local health care systems accountable, we hold ourselves accountable. This is achieved, in part, by acting on feedback we receive.

We will continue to actively listen to the people we serve in Northeastern Ontario to ensure our vision of “quality health care, when Northerners need it” becomes a reality.