

# Central West Local Health Integration Network

HEALTH SERVICE PROVIDER SURVEY RESULTS AND ANALYSIS



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## BACKGROUND

In the spring of 2012, concurrent with the development of the third Integrated Health Services Plan (IHSP3), the Central West Local Health Integration Network (LHIN) conducted a survey of Health Service Providers (organizations that receive LHIN funding and have negotiated accountability agreements with them) to gauge their opinion of the LHIN, its system-wide priorities and progress to date. Additionally a survey was conducted in the fall of 2013 on the residents of the Central West LHIN to gain a better understanding of how they felt health services were progressing in their area. These surveys established a base line for stakeholder opinions.

Since the 2012 Health Service Provider survey the LHIN leadership and governance has changed. A need to refresh the information gathered from the previous survey was identified, as well as to compare current stakeholder opinions to see what impact the changes at the LHIN have had on these important relationships. The following report provides a summary and analysis of the findings from this survey.

## METHODOLOGY AND RESPONSE RATE

Using the 2012 survey as a starting point, questions were designed to evaluate how Health Service Providers felt about the LHIN as an organization, its role in the regional health care system and the progress of that health care system as a whole. Consideration was given to tracking and comparing responses from the 2012 Health Service Provider survey and the 2013 public opinion poll, but gathering new relevant data to inform LHIN efforts going forward was also a priority in question development.

An online survey tool was used and Board Chairs, Chief Executive Officers/ Executive Directors, and some additional senior team members were invited from each of the LHIN's 50 health service provider organizations to participate. The online survey tool was open from Monday, March 3<sup>rd</sup> to Tuesday, March 18<sup>th</sup>. Of 96 individual participation invitations issued, 42 online surveys were completed. The following is a breakdown of participants by sector and by geographical area.

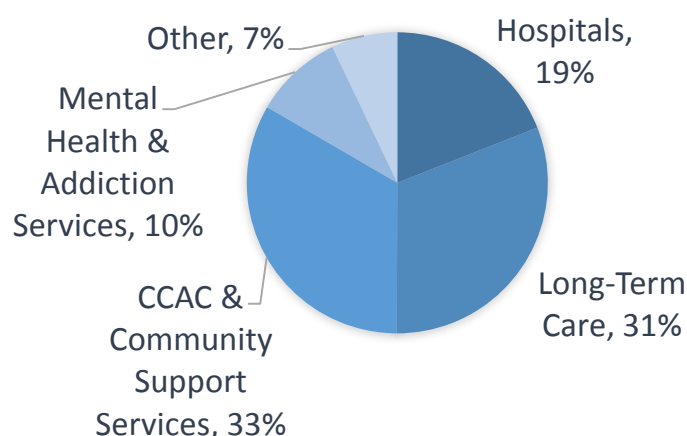
*Hospitals = 8*

*Long-Term Care = 13*

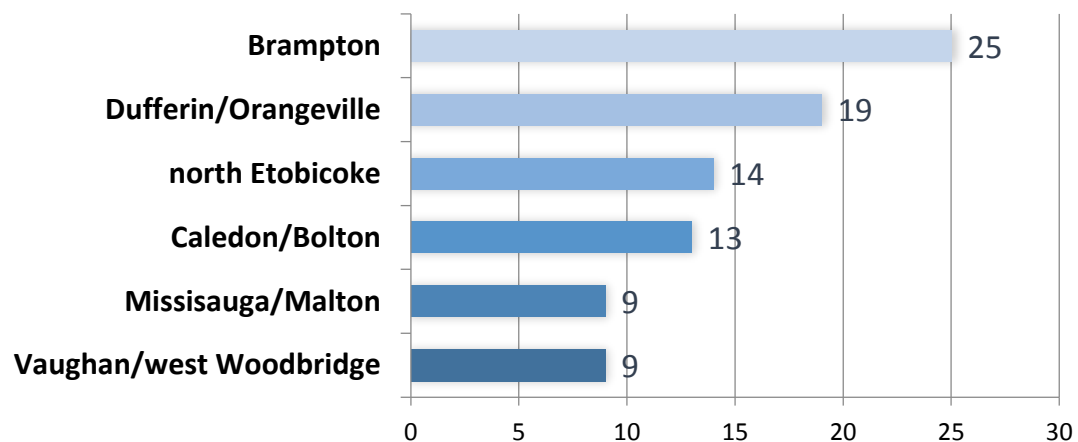
*CCAC & Community Support Services = 14*

*Mental Health & Addictions = 4*

*Other = 3*



For geographical area, respondents were asked to identify all of the LHIN regions in which they operate. This accounts for the fact that numbers were higher than that of the total response rate. Graphs throughout the report may add up to between 98-102% as the percentage totals were rounded up or down to the nearest whole number for ease of reading.



## SUMMARY OF KEY FINDINGS

Overall the results of the 2014 survey were positive, and show directional improvement where compared to the survey administered in 2012. 60% of respondents agreed or strongly agreed that the LHIN is achieving both its vision and mission. In terms of values the LHIN scored marginally higher on the values tied more directly to health system outcomes (person-centred, stewardship), and lower on the values related to open communication and trust (transparency, integrity).

While the LHIN received strong positives identifying them as responsive and respectful, positive responses were marginally softer in the areas of effectiveness, efficiency and productivity.

62% of respondents felt the health care system in the area they serve has changed for the better in the past 3 years. Confidence in the direction of the health care system was also relatively high, with 71% of respondents confident that the quality of health care will improve in the future, 64% confident that the accessibility of services will improve and 60% confident that the health care in the area they serve is sustainable.

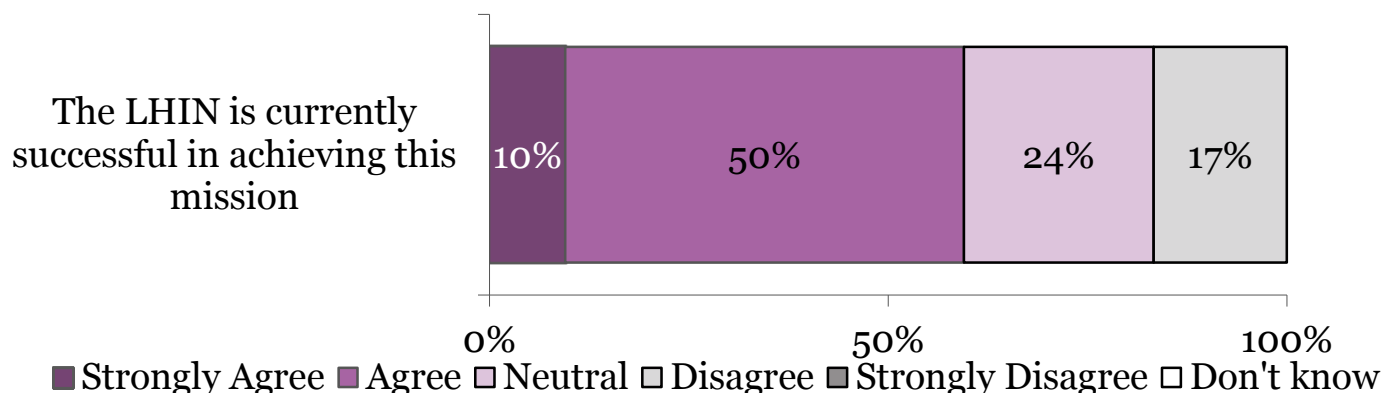
With regards to the success achieved thus far on the priorities identified in the third IHSP, the highest positive success rates occur in improving access to primary care (66%), improving access to chronic disease prevention and management programs (61%) and improving linkages between primary care and other providers (59%). The weakest area is in increased system collaboration through the use of information technologies.

When asked to identify future priorities 57% of respondents said something relating to funding and allocations (eg. “more equitable funding” “increased funding”). This was the most common response with the next closest being some variation on “provide care for seniors.”

## MISSION, VISION AND VALUES

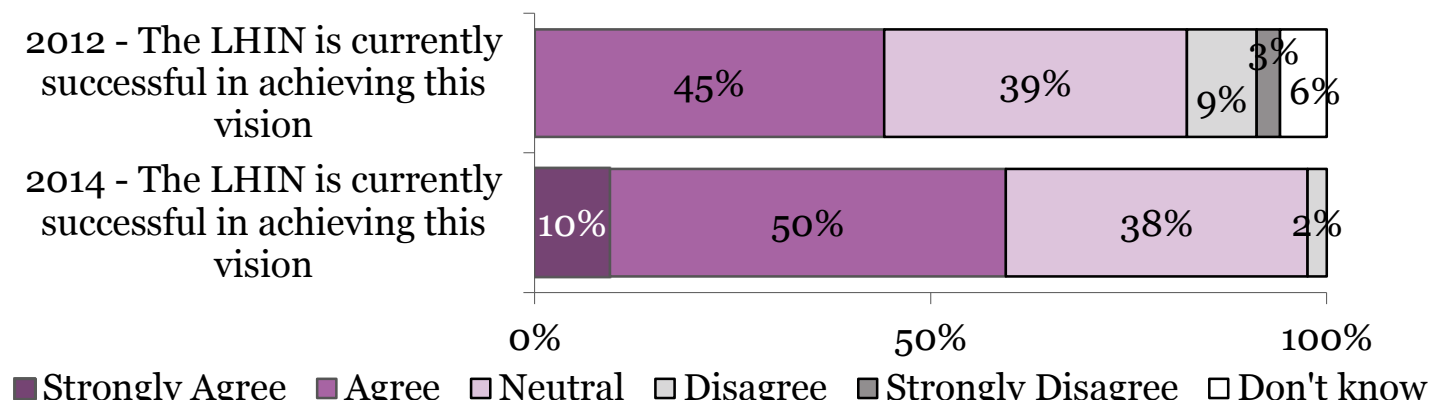
Overall participants responded very positively with regards to the LHIN's vision and mission. 60% agreed or strongly agreed that the LHIN is achieving both its vision and mission. The majority of remaining respondents were neutral.

### **2014 AGREEMENT THE LHIN IS ACHIEVING ITS MISSION**



These results reflect an improvement over the 2012 survey question on vision, as the graph below demonstrates. As the mission and vision are relatively high-level conceptual statements, what these results most directly quantify is participants' general feelings on the LHIN. At a high conceptual level, the majority of health service providers feel positively about the LHIN, and a greater number of providers feel positively than in 2012.

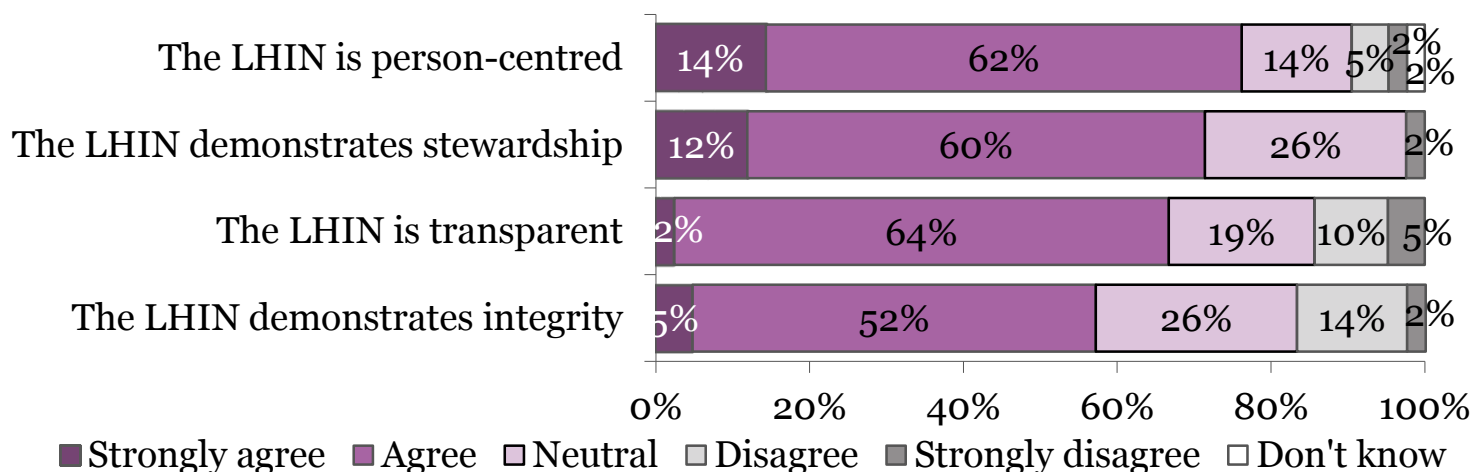
### **2012/2014 AGREEMENT COMPARISON THAT THE LHIN IS ACHIEVING ITS VISION**



In terms of the LHIN's values of integrity, transparency, stewardship and being person-centred the majority of respondents also answered positively that the LHIN demonstrates these ideals. The highest positive response rate for the LHIN values was that of being person-centred. 76% of respondents either strongly agreed or agreed that the LHIN is person centred. Another 14% were neutral, leaving less than 10% of participants responding negatively to this statement. The LHIN scored lowest on the value of integrity, however the majority of participants still responded positively. 57% of respondents agreed or strongly agreed that the LHIN demonstrates integrity, with another 26% responding neutrally. What can be inferred from the results of these values questions is that the LHIN is seen more positively in the

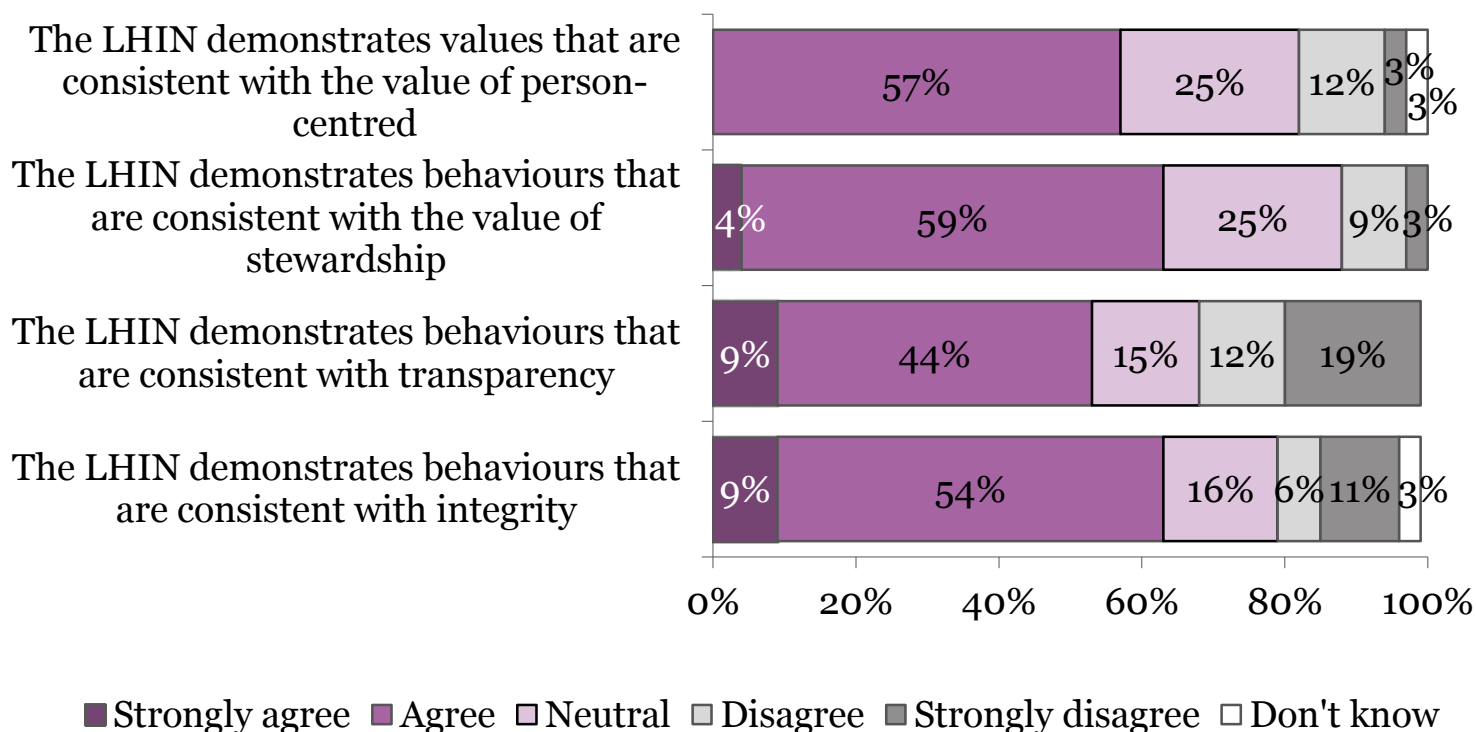
values relating more directly to outcomes such as creating a system focused on patients and people (person-centred) and leading the health system in the right direction (stewardship). The values that have to do with open communication and fostering trust score marginally lower.

### **2014 AGREEMENT THE LHIN IS DEMONSTRATING ITS VALUES**



However, it is important to note that the LHIN has shown directional improvement in all four of the values questions when compared to the 2012 survey. Particularly in the area of transparency where 31% of respondents in 2012 disagreed or strongly disagreed that the LHIN demonstrates behaviours consistent with the value of transparency. Please see the 2012 results graphed below for comparison.

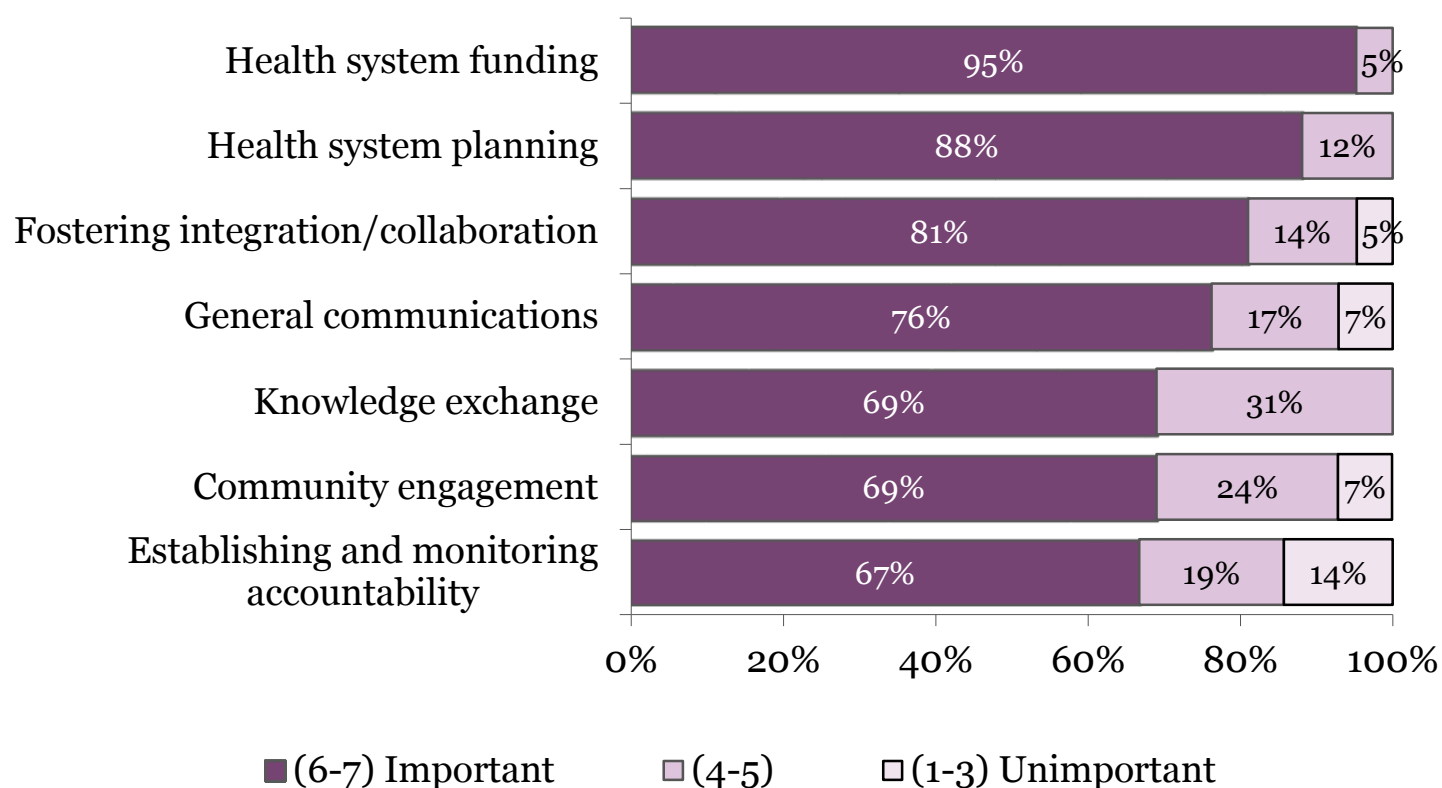
### **2012 AGREEMENT THE LHIN IS DEMONSTRATING ITS VALUES**



## THE LHIN AS AN ORGANIZATION

A range of questions was asked to evaluate how respondents felt about the day-to-day activities of the LHIN and the way in which the LHIN as an organization interacts with Health Service Providers. A number of activities important to the LHIN's work were identified and respondents were asked to evaluate how effective the LHIN was at completing these tasks, as well as whether or not it demonstrates its core values in each of these areas. To provide some additional context for these results respondents were first asked to rate how important each of the identified activities was to their organization. Perhaps not surprisingly health system funding was rated as most important and establishing and monitoring accountability was rated as least important. This simply reflects the perspective of respondents as they can be expected to place a priority on their funding envelopes and autonomy. It is important to note here however, that the areas related to government-level activities such as funding, planning and system integration scored higher in importance than more operational activities. This implies that Health Service Providers place a priority on LHIN activities at a higher system-governance level than those the LHIN engages in on a more operational scale.

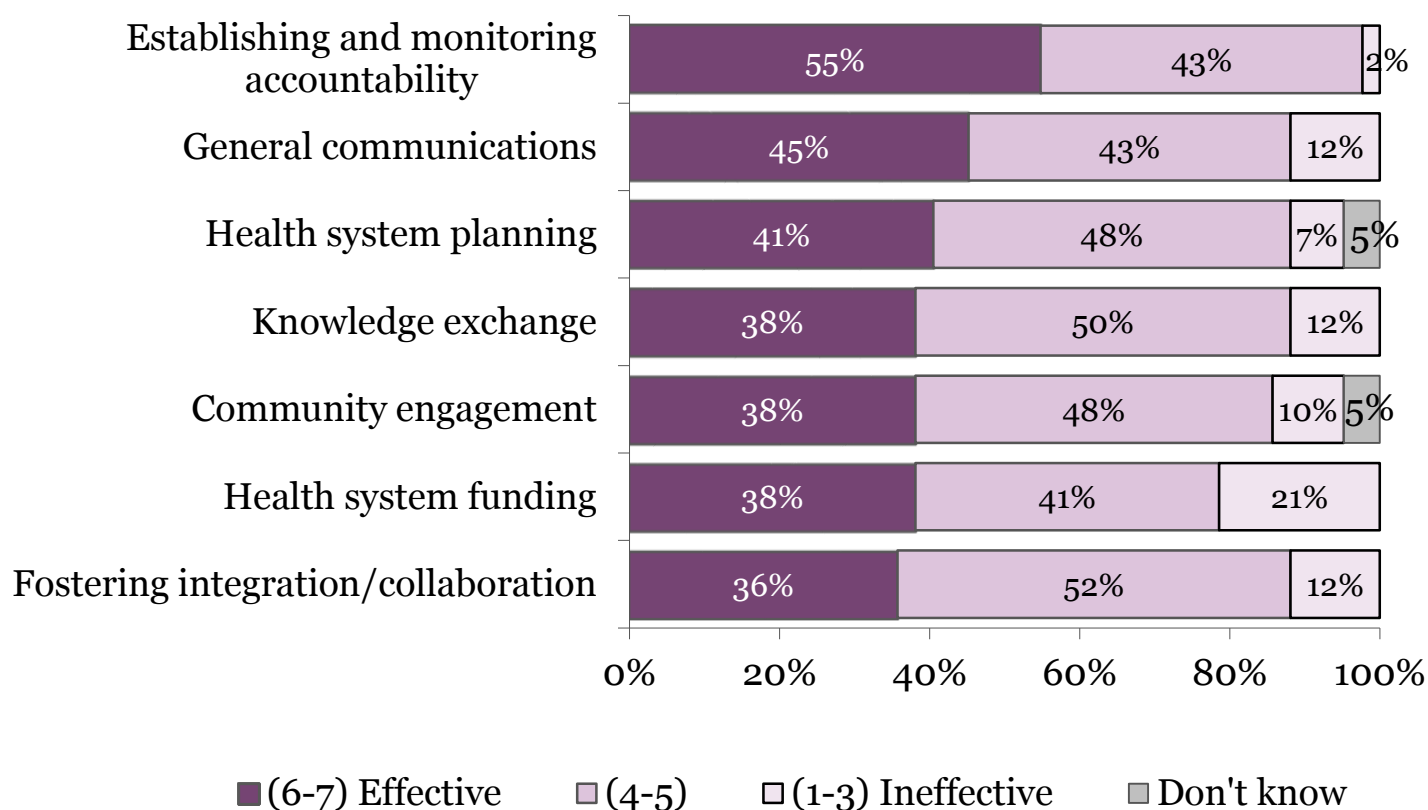
### HOW IMPORTANT IS EACH ACTIVITY TO YOUR ORGANIZATION?



Overall, however respondents did not cumulatively find any identified LHIN activity as unimportant to their organizations. Even at the lowest end of the scale, 67% still felt that the LHIN's work of establishing and monitoring accountability agreements was important to their organization (6 or 7 on a 7 point scale).

Respondents were then asked “when it comes to each of those areas of activity, how effective is the work of the LHIN?” Please see the breakdown of responses below.

### **HOW EFFECTIVE IS THE LHIN AT EACH ACTIVITY**



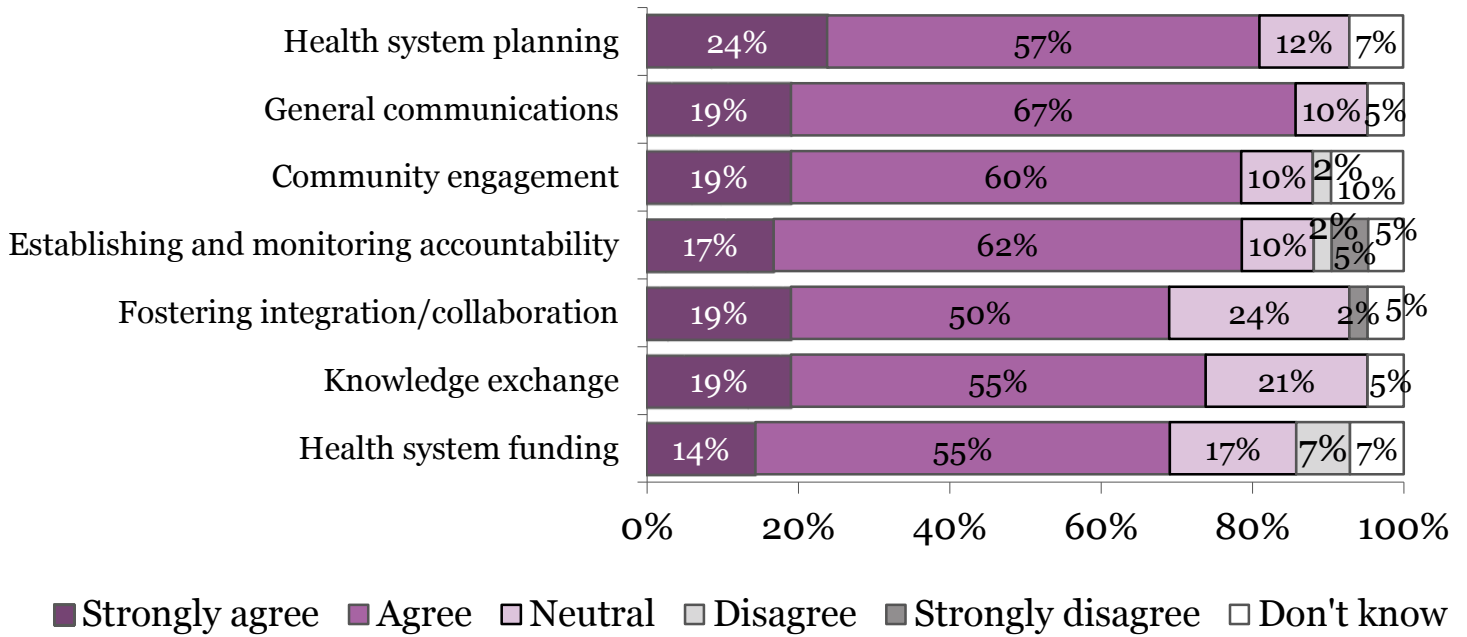
Although relatively few participants identified the LHIN as ineffective in the majority of these categories, responses trended towards the middle of the scale, identifying some room for improvement. Perhaps the most important result demonstrated in this graph is that of fostering integration/collaboration. This is a significant area of focus for the province going forward and demonstrating measurable progress in this area will be important in the ongoing efforts to improve the health care system, both regionally and province-wide. It may be interesting to track this statistic over time as Health Links continue to roll out to see what impact this policy has at the regional level.

It is also important to note here that, with the exception of health system planning the areas Health Service Providers find the LHIN most effective in are those areas which they place the least importance on. Particularly in the reversal of health system funding and establishing and monitoring accountability.

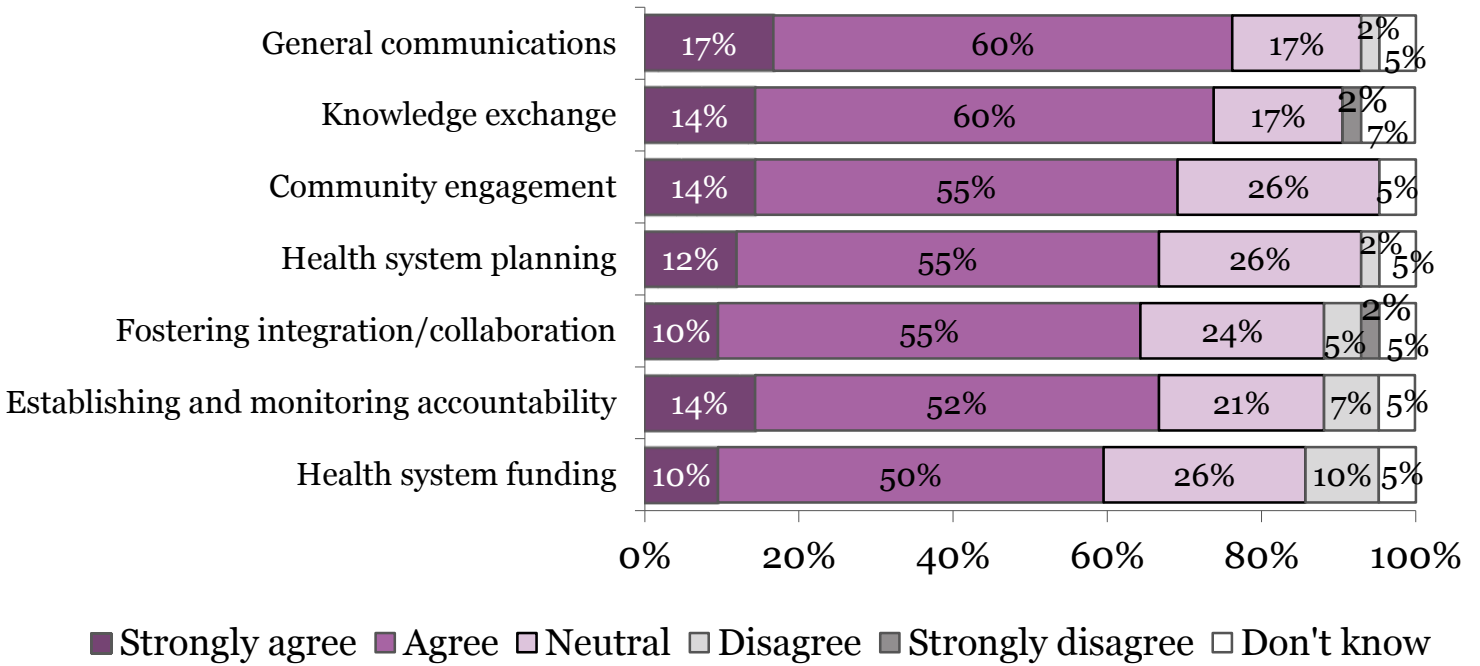
The four graphs on the following pages identify to what extent respondents felt the LHIN values were being demonstrated in each of the specified activities. The objective with these questions was to gather more actionable information with regards to achieving the values of the LHIN in the eyes of its stakeholders.



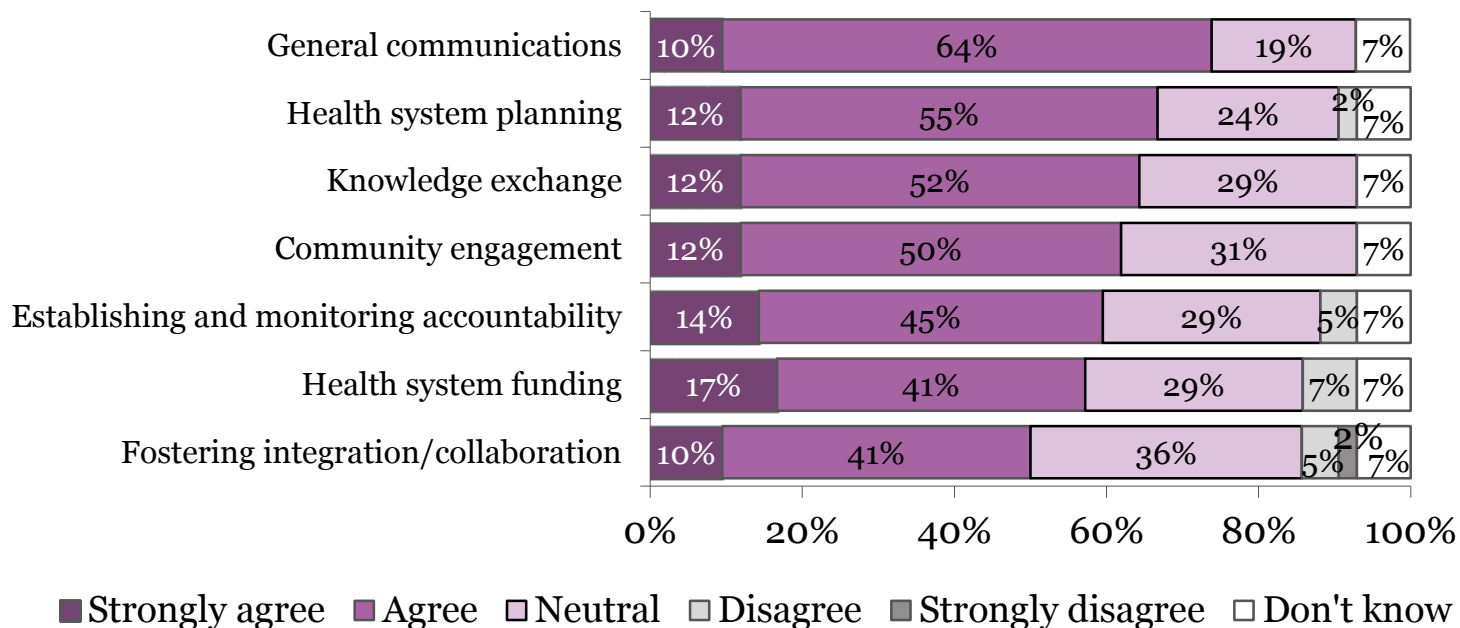
### THE LHIN DEMONSTRATES INTEGRITY IN...



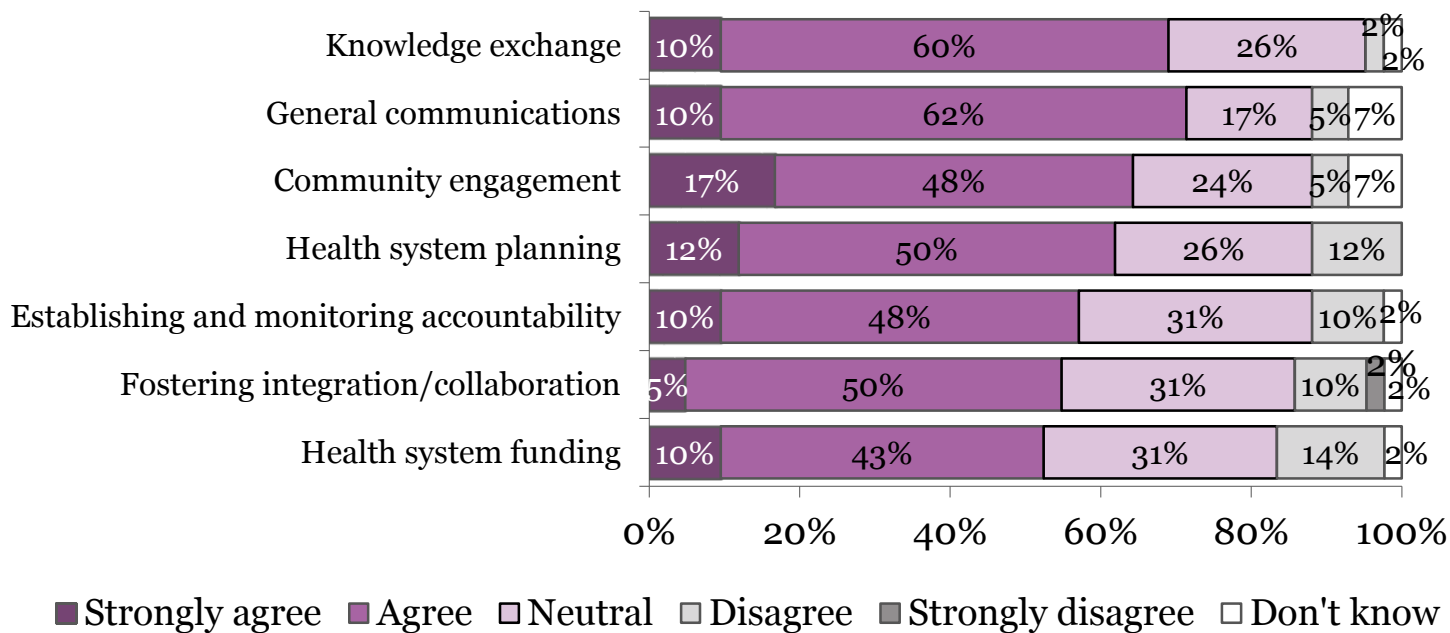
### THE LHIN DEMONSTRATES TRANSPARENCY IN...



### THE LHIN DEMONSTRATES GOOD STEWARDSHIP IN...



### THE LHIN DEMONSTRATES PERSON-CENTREDNESS IN...

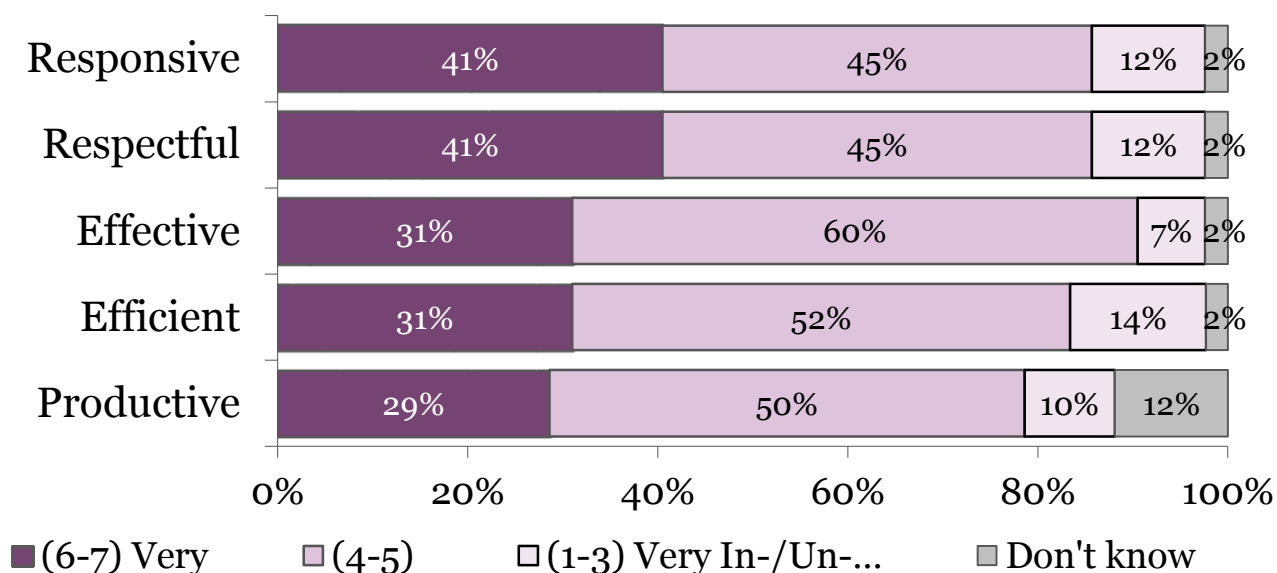


Overall responses were positive. ‘General communications’ scored particularly well across the board, showing that the LHIN and its staff are seen to demonstrate their principle values when interacting with Health Service Providers. Health system funding and fostering integration/collaboration showed softer positives across the board.

There is an interesting split in the activity of health system planning. Twice as many respondents strongly agreed the LHIN demonstrated integrity in this activity compared to any other value (24% versus 12% for transparency, stewardship or person-centredness). This seems to denote a higher level of confidence in the LHIN’s intentions as health system planners.

Following the evaluation of LHIN values in relation to organizational activities respondents were asked to rate how responsive, respectful, effective, efficient and productive they feel the LHIN is based on their day-to-day experience with them. The majority of respondents gave the LHIN fair grades across the board (4-5 on a 7 point scale). A low rate of negative responses in these questions demonstrates that stakeholders are generally satisfied with their day-to-day experiences with the LHIN and its staff. There is an interesting split between the activities which indicate a positive relationship (responsive and respectful) versus the activities that imply operational confidence. A higher positive response rate for responsive and respectful would seem to indicate that Health Service Providers “like” the LHIN and its staff but recognize that there is room for improvement from an operational perspective.

#### **BASED ON YOUR DAY-TO-DAY INTERACTIONS THE LHIN IS....**



Following these questions, if participants did give a negative response they were asked to provide a recommendation for how the LHIN could improve in that area. Considering the low rate of negative responses there were few recommendations made, however on the following page are the most constructive and actionable answers in each category:

**Effective** – “Host meetings that are forums for all system partners to build closer relations/partnerships.

**Efficient** – “[speed up] Response time to service provider inquiries. Provide details on information required for plans (ie. Quality Improvement Plans) much earlier. Provide training to new providers on reporting requirements, resulting in better data for the LHIN.”

**Productive** – “Circulate the agenda prior to the meeting and ask if anyone wants to add to it.”

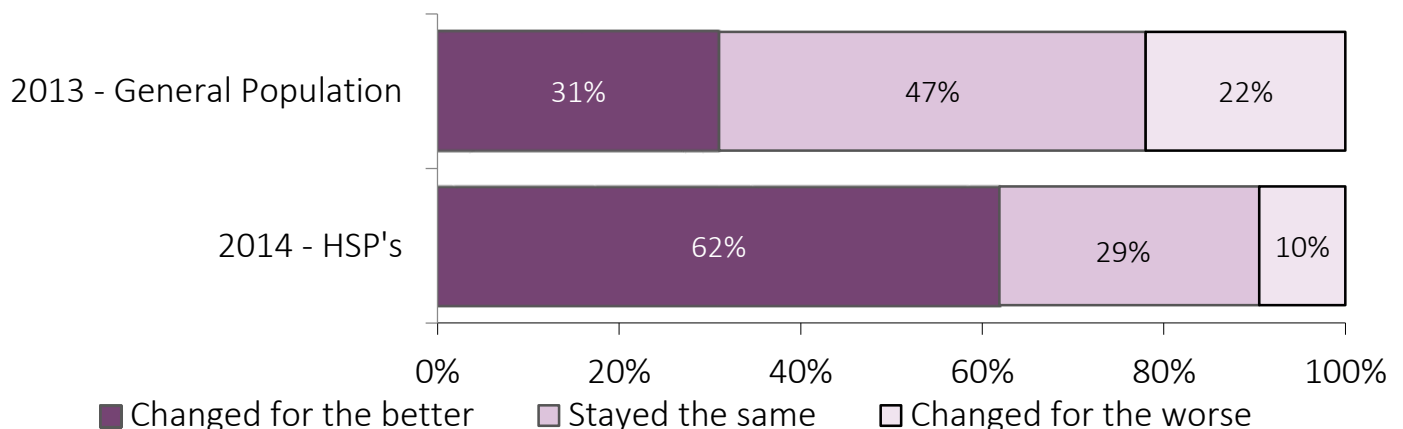
**Responsive** – “Hold regular meetings for stakeholders i.e. quarterly ED meetings for example on a specific day of every third month.”

**Respectful** – “Utilize people at the LHIN to oversee sectors they have experience in ie. LTC should be overseen by someone who worked in the field”

## THE LHIN AS A HEALTH CARE SYSTEM

As well as evaluating the LHIN as an organization, it was deemed important to capture the LHIN as a health care system – a community of Health Service Providers, community organizations and residents working collaboratively and responsible for the regional health care system. To evaluate this aspect of the LHIN two questions were asked that also appeared in the public survey conducted with the general LHIN population in 2013. Firstly respondents were asked if they felt the health services in the communities they served had changed for the better, stayed the same or changed for the worse in the past three years. 62% of Health Service Provider respondents felt that the health services in the areas they serve had changed for the better. As an interesting comparison, this is significantly better than the opinion of the general population in 2013, where only 31% of respondents felt health services had changed for the better.

### COMPARISON OF GENERAL POPULATION AND HSP VIEWS ON SYSTEM CHANGE

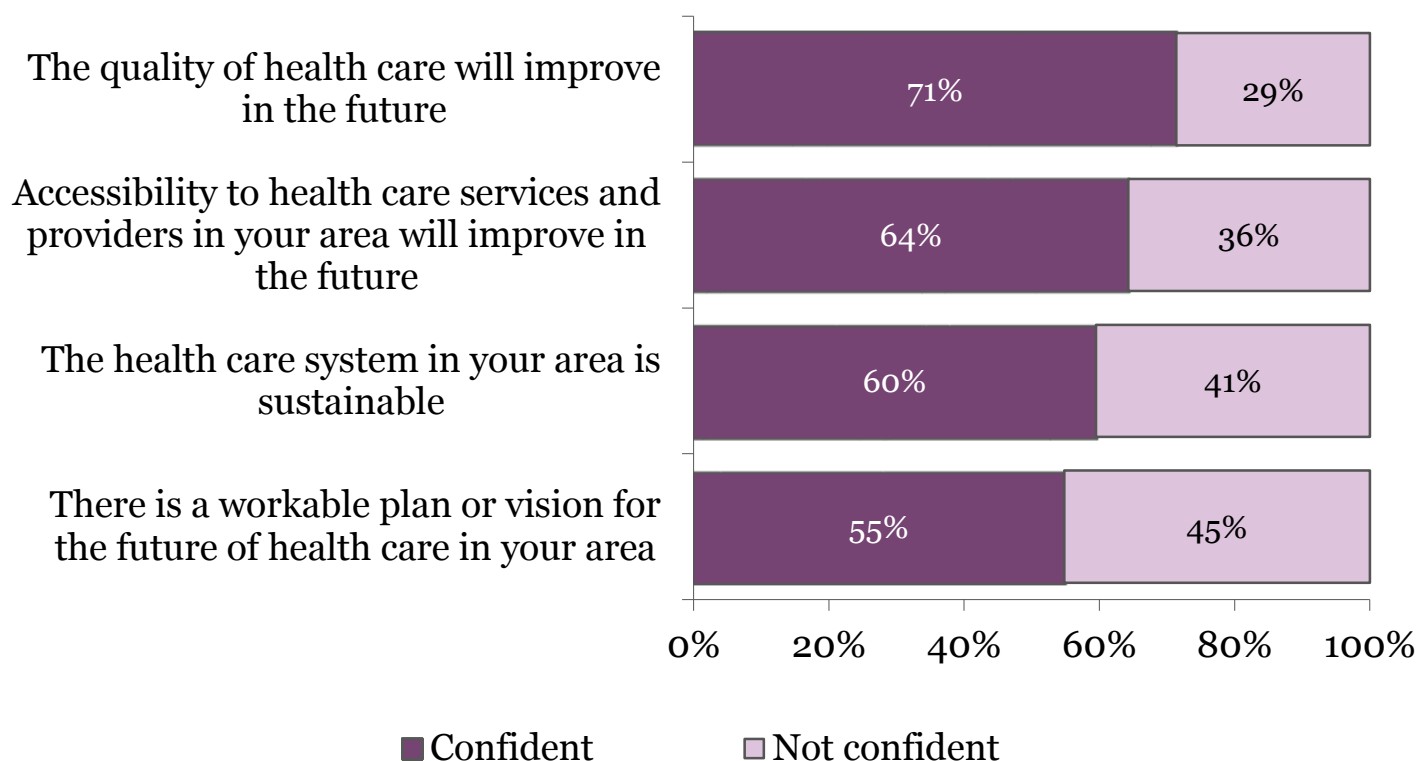


This discrepancy may identify the need to better communicate regional health system progress to the general public. As Health Service Providers have a more direct relationship with the health services in the area, their responses can be considered to more accurately reflect actual changes to those services over time. As such the 2014 HSP survey reflects a very positive reality of health system change in the

region. It is worth noting that the results from the 2013 survey may be slightly skewed because respondents were forced to provide an answer rather than having the option of responding “I don’t know”. Answers by those individuals with little to no interaction with the health care system would therefore not have been based on experience. For continuity and direct comparison we adopted the same forced answer policy for this survey, however including an “I don’t know option” may have yielded slightly different, more accurate results.

The second health system question repeated from the 2013 general population survey asked respondents if they felt confident or not confident in the quality improvement, increasing accessibility, sustainability and vision of the health care system. The majority of health service providers felt confident in all four areas, with the highest positive response rate being 71% of respondents confident that the quality of health care will improve in the future. Please see the full breakdown in the graph on the following page.

### **ARE YOU CONFIDENT OR NOT CONFIDENT THAT...**



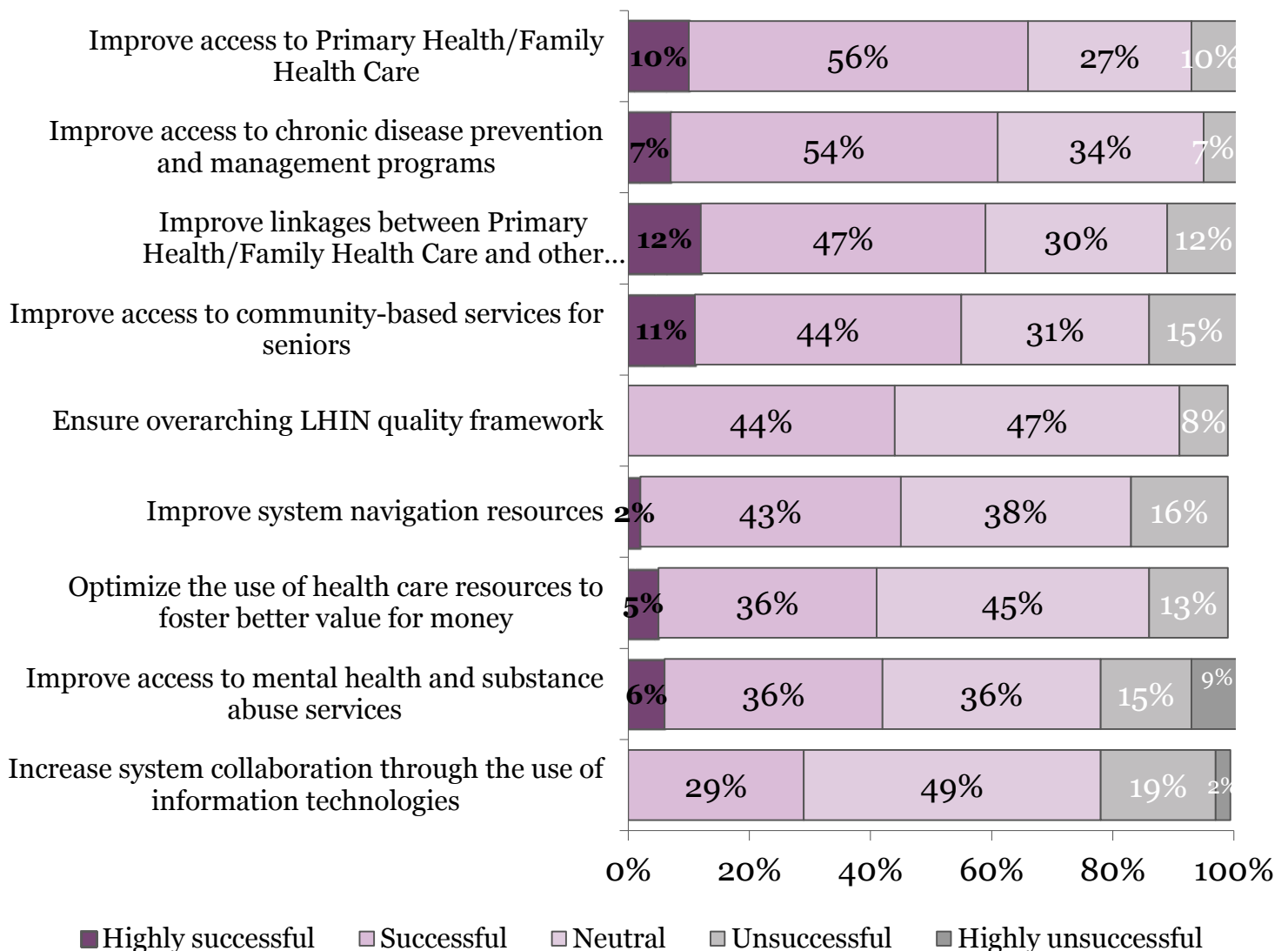
Interestingly these results were almost identical to that of the general population survey in 2013 where 71% of respondents expressed confidence in quality improvement, 60% were confident in an improvement in accessibility, 60% were confident in health care sustainability and 56% were confident in a workable plan or vision for the future.

Although the majority of respondents were confident in a workable vision or plan for the future, this question demonstrated the lowest confidence rates. This is likely in part because of the way the question was posed – it not only asks about a plan but also a vision for the future which is a less tangible and more difficult question. Still, these results may indicate a need to either more actively communicate

the regional health system planning completed in the IHSP and Annual Business Plan, or to adopt a different approach to the framework and messaging of this document.

Respondents were also asked to evaluate how successful the LHIN, as a community of health service providers, has been at meeting the priorities identified in the third IHSP. Please see the results below. This graph does not depict the “don’t know” or “not applicable” responses in order to more accurately reflect Health Service Provider understanding of progress in these areas.

### **SUCCESS IN IHSP 3 PRIORITY AREAS**



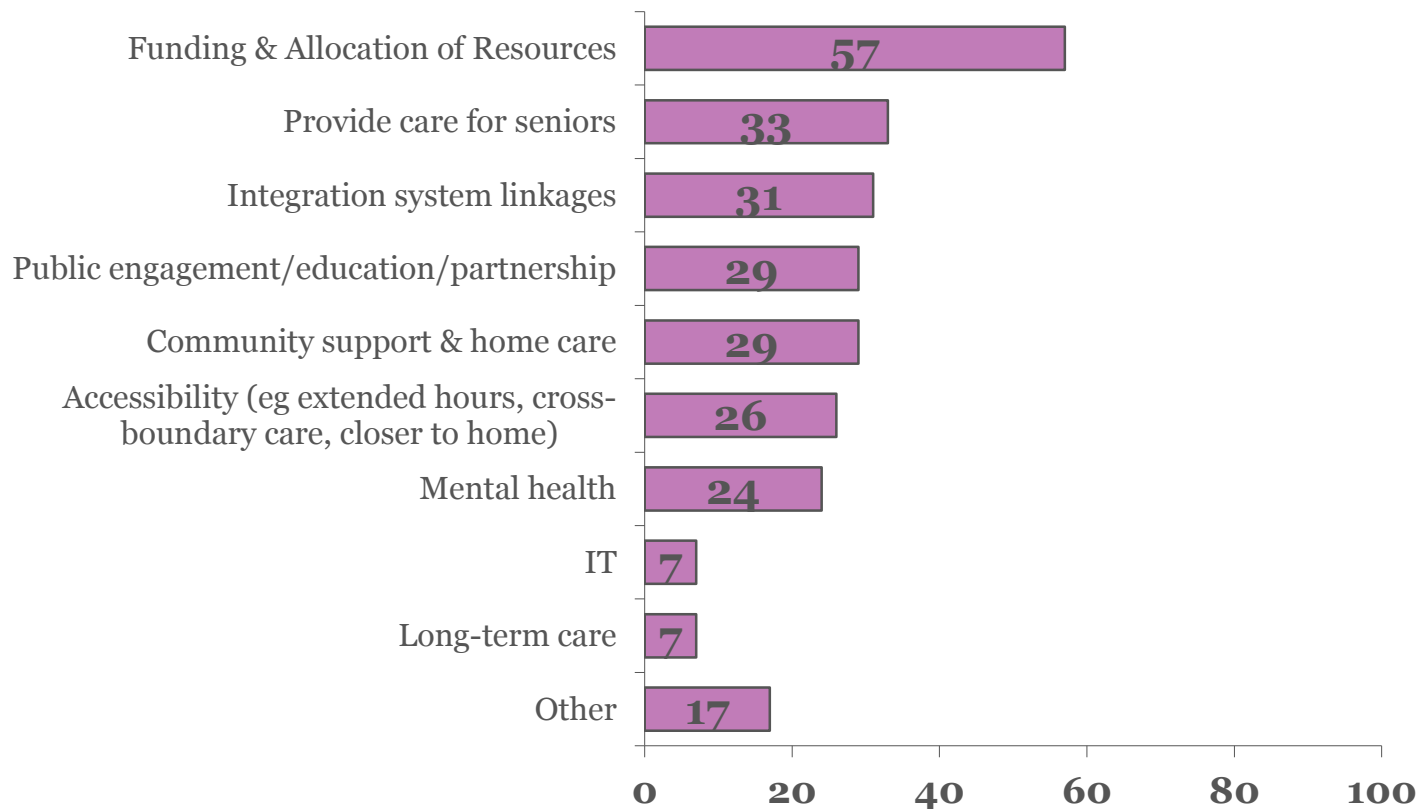
The highest positive success rates occur in improving access to primary care (66%), improving access to chronic disease prevention and management programs (61%) and improving linkages between primary care and other providers (59%). The weakest area is in increased system collaboration through the use of information technologies. This result is consistent with the LHIN's lower effectiveness rating in achieving integration and collaboration.

Overall this question provided a mixed bag of results. Although almost no one gave the LHIN a "highly unsuccessful" rating in any priority, there was no demonstrated "breakthrough" success either. Overall respondents felt there was some success across the board, but responses were soft with a high percentage in the neutral category.

## SUGGESTED PRIORITIES GOING FORWARD

In the final survey question respondents were asked to identify the top three priorities they felt should be a focus in the next IHSP. Responses fell into a range of categories as demonstrated below.

Responses about funding and allocations were the most prevalent with comments such as "more equitable funding", "increased funding" and "funding for more staff" common. 57% of respondents indicated funding as one of their top three priorities. The next six most common responses occurred with similar frequency (between 33% and 24%) and demonstrate a high-level of agreement between providers as to the areas of service that require prioritization in the future.



Before completing the survey respondents were asked to offer any additional comments that they thought might be helpful to the LHIN. 9 respondents provided additional comments which were all positive and/or constructive. We have provided these additional comments below:

- *"A great new energy in the LHIN since Scott's arrival. Old habits are still present. Keep going in changing the culture of the LHIN."*
- *"Develop small group homes for people with mental health and/or behavioural needs. Funding to improve structural quality of existing LTC homes. Increase access to community based care. Adopt a model like the Support for Daily Living in Mississauga, with their wheel and spoke philosophy in order to better utilize existing funding for community care."*
- *"Great job thus far!"*
- *"Greater integration of competitive private health care resources & facilities into the public system"*
- *"Innovative projects should be funded. Those projects which demonstrate: unnecessary admissions, 30 day admissions, spiritual care which enhances the quality of care for LTC seniors (eliminates readmissions to the hospital"*
- *"Keep an eye on timeframes and deadlines. Sometimes they are very short and it creates unnecessary challenges for HSPs and doesn't always demonstrate respect for each other ie. workloads, priorities"*
- *"Thank you for the opportunity to participate in this survey and provide feedback. My hope is that this information will be shared back with the participants and health care sector in the CW LHIN so that we can work together to continuously improve services for our patients. It would be very disappointing if we did not see the result of the survey and the action plan that the LHIN will be taking as a result of the feedback."*
- *"The CW LHIN needs to ensure a high level of trust exists amongst its HSPs as community providers, in a collaborative working environment and not inadvertently create a "have vs. have not" scenario."*
- *"There seems to be very tight timelines associated with all LHIN initiatives, requests for information or responses to questions. Given that most of us are immersed in ensuring day to day operations are effective, efficient and safe for residents of our community this can be perceived as disrespectful. Not sure what can be done about this as I believe some of the reasons are a result of an inefficient MOHLTC however this needs to be addressed if we are going to be thoughtful about developing programs and services that meet the needs of our patients and community that are effective and sustainable."*



## CONCLUSIONS

There are a number of interesting conclusions that can be derived from the survey data when looked at as a whole. One of the first would be that, overall respondents feel the LHIN is steering the ship in the right direction. The high positive rates in the values of stewardship and person-centred coupled with good confidence rates and a recognition of positive change indicate this. The fact that the LHIN is seen to engage in health system planning with integrity also supports this conclusion.

Another conclusion that can be gleaned from this data is that the LHIN is seen by providers as a higher-level government type body that is less important in the operational activities of health care. Providers place a premium on the LHIN's planning, funding and system-integration activities, and they seem to feel relatively positive about LHIN planning but see room for improvement in the area of system integration.

Health system funding is a unique activity area for the LHIN, which led us to an additional conclusion – that there is an understanding from providers that the LHIN is operating within the confines of a system that it does not have total control over. There are some obvious challenges with health system funding as that activity scored low across the board of values as well as in effectiveness, and was identified as the top priority recommended for the future. This is significant when considering the fact the HSPs identified it as the #1 most important activity to their organization, but despite this it did not negatively impact their perception of the LHIN in any other area. Scores for mission, vision and overall values remained high, especially for stewardship and there is a good level of confidence in the regional health care system and a recognition of positive change. On top of that providers largely find the LHIN responsive and respectful, and identify some success in all of the IHSP 3 priorities. If providers were attributing all of their issues with health system funding to the LHIN it is extremely unlikely they would have been so positive in other areas considering the importance of this activity to them. From this we can infer an acknowledgement that the LHIN is doing what it can with the resources at its disposal. Providers may feel underfunded but they recognize this is not wholly within the LHIN's control.

## ACTIONABLE RECOMMENDATIONS

Based on the results from the survey there are a number of tangible recommendations to consider that may assist the LHIN in its ongoing efforts to foster positive relations with Health Service Providers and partner with them in the creation of a better health care system for the communities they serve. These are as follows:

### **1. Place a continued priority on transparency and open communications**

Although the LHIN scored directionally higher in the area of transparency over the 2012 survey, there was room for improvement identified. The LHIN did directionally better overall in the values relating to health system outcomes and worse in the areas of transparency and integrity. As the survey defined integrity as “fostering trust by being truthful”, a focus on increased transparency should also address this. It is recommended that a more active communications approach be taken with Health Service Providers. One recommendation received in the open-ended survey questions suggested a standing quarterly meeting with Health Service Provider Executive Directors. This may be a suggestion worth considering to provide updates on system progress and LHIN activities.

## **2. Implement a renewed focus on fostering integration and collaboration**

The activity of fostering integration and collaboration scored lowest in effectiveness, as well as received lower scores across the board of demonstrated values. This may be in part because the terms 'integration' and 'collaboration' carry different meanings for different Health Service Providers and could include everything from working together to amalgamation. An ongoing task for the LHIN will be to ensure a good understanding of this activity and how it can take a lead role in improving integration and collaboration across sectors. Creating better linkages across the health care system is a priority at the provincial level and the LHIN needs to actively address this issue regionally. Hosting forums for cross-sector discussions and collaboration may be one way to more actively bring Health Service Providers together to address issues of integration.

## **3. Demonstrate and/or implement organizational procedures or policies on day-to-day interactions with Health Service Provider stakeholders where practical and appropriate**

Although the LHIN scored very high in responsiveness and respectfulness, scores were lower in the areas of efficiency, effectiveness and productivity. It is important to remember that this was evaluated based on Health Service Providers' day-to-day interactions with the LHIN. To improve these results the LHIN may want to consider implementing policies designed to address Health Service Provider concerns around this. This could include one respondents' recommendation to circulate meeting agendas a day in advance, a policy to respond to any inquiry within 24 hours or a procedure that indicates how LHIN staff should proceed if they are unable to quickly address any Health Service Provider questions. Communicating these policies and procedures to providers would also have a positive effect on how they view LHIN transparency.

## **4. Work with Health Service Providers to partner, engage and communicate to the public in order to demonstrate system progress**

One of the future priorities that was identified numerous times by providers (29% of respondents) was to better engage, communicate and partner with the public. This is especially significant when you consider that 62% of respondents felt the health care system had changed for the better in the past three years where only 31% of the general public thought so. Since Health Service Providers are involved with the health care system on a daily basis it is reasonable to assume that those positive changes are taking place, but the public just isn't seeing them. Adopting a collaborative approach to public engagement and working with Health Service Providers to get the message of positive change more widely distributed is recommended. This will foster better relationships with providers, better demonstrate the LHIN/provider partnership to the public and utilize the knowledge and first-hand experience that providers have with system improvement.

## **5. More actively communicate, and consider re-formatting the next Integrated Health Services Plan to better demonstrate a workable plan and vision for the future**

Although providers were generally quite positive about the future of the health care system in the Central West LHIN, only 55% felt that *"There is a workable plan or vision for the future of health care in your area."* Results were comparable when the general public was asked the same question. The distressing fact of this result is that there IS a plan and vision for the future of health care services found in both the 3 year Integrated Health Services Plan, as well as the Annual Business

Plan. This means that either Health Service Provider and community stakeholders are unaware of these plans, or they do not feel it is a 'workable' plan with a vision for the future. For the next IHSP and Annual Business Plan the LHIN should consider a more active communications approach, potentially including proactive media activity that focuses on the vision, milestones and objectives of these plans.