

2/16/2016

Central West Local Health Integration Network

Health Service Provider Survey and
Interviews Results and Analysis



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BACKGROUND

In an effort to ensure effective communications with key stakeholders and evaluate progress on system wide priorities, the Central West Local Health Integration Network (LHIN) has conducted two previous surveys of regional Health Service Providers. One survey was undertaken in the spring of 2012 and, following a leadership and governance change at the LHIN, a second survey was conducted in the spring of 2014. These surveys established benchmark data which the LHIN can use to objectively evaluate its relationship with health service providers, as well as how providers feel the region as a whole has moved forward on health system priorities.

The LHIN opted to undertake a third survey of Health Service Providers at this time. In addition to the online survey component, which primarily looked at the same data as the previous two surveys, qualitative interviews were also conducted to access deeper insights into provider responses and inform LHIN activities going forward. The following report provides a summary and analysis of the findings from the online survey and qualitative interviews, as well as makes actionable recommendations based on this data.

METHODOLOGY AND RESPONSE RATE

Grosso McCarthy and the Gandalf Group developed a survey in consultation with the LHIN which largely reflected the questions asked in the survey completed in 2014. This was done to align with existing benchmark data. Questions were designed to evaluate how HSPs 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.

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 health service provider organizations to participate. Respondents were not asked to identify whether they were an organizational executive or board member. The online survey tool was available from Monday, January 12th 2016 to Friday, January 29th 2016 for a total of 3 weeks. Of the 94 invitees 63 people started the survey, 56 people completed the first 10 questions and 53 people completed the entire survey. This translates to a 56% completion rate. This is an increase from the 44% completion rate that was achieved in the 2014 survey. The following is a breakdown of participants by sector and by geographical area. It is interesting to note that this represents a different disbursement than in the 2014 survey, most notably only 10% hospitals compared to 19% in 2014.

Hospitals = 6

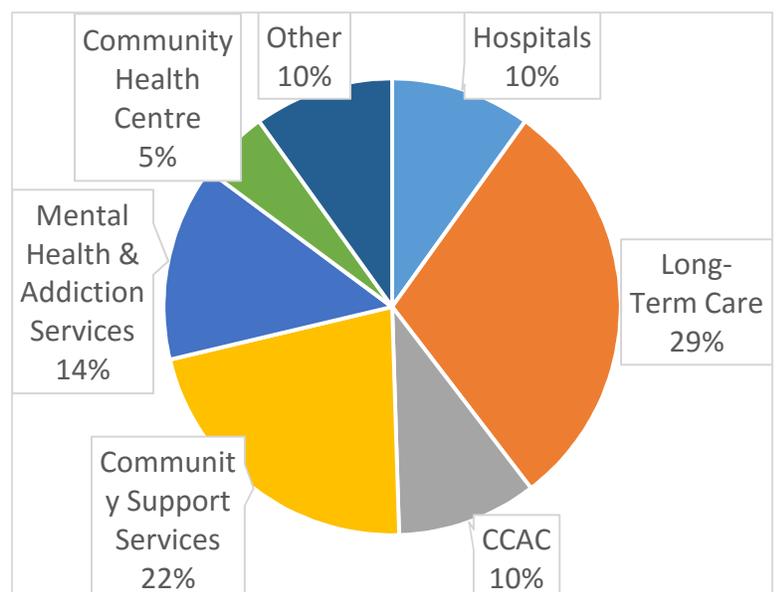
Long-Term Care = 19

CCAC & Community Support Services = 20

Mental Health & Addictions = 9

Community Health Centre = 3

Other = 6



Respondents were also asked to identify all of the sub-regions of the LHIN in which they operate. The division of respondents into LHIN sub-regions were as follows:

Bolton-Caledon = 24

Brampton & Area = 30

Bramalea & Area = 21

Dufferin & Area = 22

North Etobicoke, Malton, West Woodbridge = 29

Following the completion of the online survey, questions for qualitative phone interviews were developed in consultation with the LHIN. These took into consideration the data from the online surveys and were crafted to delve deeper into the findings and provide additional details in the areas where changes or issues were identified. 13 priority stakeholders were identified by the LHIN for participation in the interviews, one stakeholder was unable to participate so a total of 12 phone interviews were conducted.

SUMMARY OF KEY FINDINGS

Overall survey results were very positive and largely comparable to the results achieved in 2014. It is important to note that because of the relatively small sample size, comparison to the results from the 2012 and 2014 surveys can largely only be used to indicate directional change. The margin of error in the 2016 survey is +/- 9%. Due to a similar margin of error in the 2014 survey and comparable results, there was very little data that indicated a statistically significant change. Comparison to the 2012 data is limited as that survey contained primarily different questions and a different approach. Where comparisons can be made we have done so as indicated in the graphs throughout the report.

When looking at respondents by sector, there was no one sector with obviously consistent negative responses. In the cases where there was an interesting sector-wide trend we have identified this in the analysis following the graphed results.

The LHIN scored slightly lower in the questions evaluating success in the mission, vision and values when compared to the 2014 survey. However, these changes were within the margin of error and primarily indicated a softening of responses, with more respondents selecting a neutral position and negative responses remaining low.

Health system funding and planning remained the two LHIN activities HSPs place the most importance on. Community engagement moved up to third with 79% of respondents rating it a 6 or 7 on a 7 point scale, up from 69% in 2014. Establishing a quality framework was ranked least important, however the qualitative interviews indicated that HSPs place a high level of importance on quality initiatives within their organizations. Survey results likely reflect some uncertainty on where the LHIN quality framework fits within the broader context of quality initiatives. Additionally, the fact that larger organizations that participated in the interviews are well underway on this priority seemed to impact on the importance they place on the LHIN's efforts in this area. Smaller organizations may place diminished importance on this effort as they have many competing priorities and limited resources to engage in broader health system initiatives such as the quality framework.

One of the most statistically significant changes from the 2014 survey was in the area of respectfulness. 59% of respondents gave the LHIN a 6 or 7 on a 7 point scale when evaluating how respectful the organization is based on their day to day experience. This is up from 41% in 2014. The qualitative interviews indicated that improved transparency, an effort to schedule meetings further out in advance and efforts to take into account provider responsibilities and deadlines may have contributed to this movement.

Significant movement was also seen in the questions that evaluated HSP confidence in the health care system as a whole. When asked about their confidence that health system quality, accessibility and sustainability would improve in the future responses were significantly lower than in 2014. However it is interesting to note that results were virtually identical when asked if there is a workable plan or vision for the future of health care in your area. This would seem to indicate that concerns about the future of the health care system are a result of larger, provincial issues or changes and not reflective of the LHIN's regional planning activities. Findings in the qualitative interviews support this conclusion.

When evaluating progress on regional priorities respondents felt the LHIN as a whole was doing better at increasing system collaboration through the use of information technologies than in 2014. Respondents rated the success of improving access to chronic disease prevention and management programs and improving access to mental health and addictions services lower than in 2014.

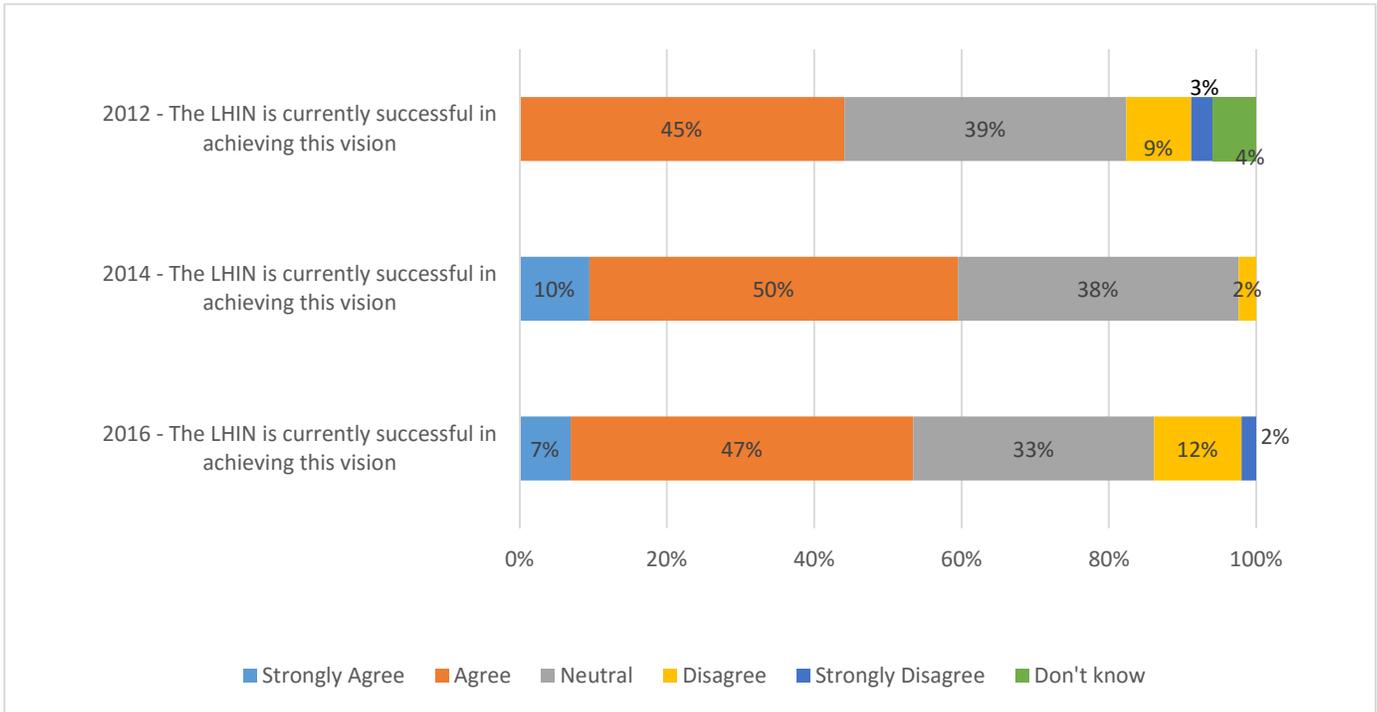
In the following comprehensive review of findings graphs may add up to between 98-102% as the percentage totals were rounded up or down to the nearest whole number for ease of reading.

VISION, MISSION AND VALUES

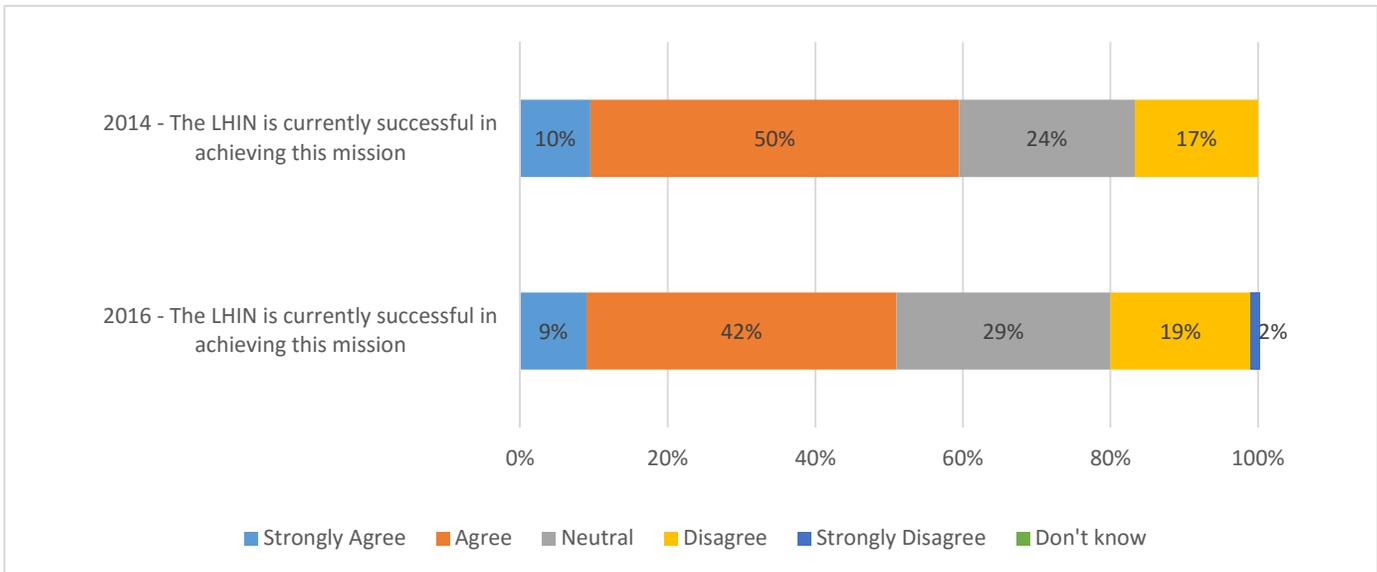
Overall participants responded positively with 54% agreeing or strongly agreeing that the LHIN is achieving its vision "to create a local health system that helps people stay healthy, delivers good care when they need it and will be there for their children and grandchildren." However, when compared to 2014 results are directionally less positive with 12% disagreeing in 2016 compared to only 2% in 2014.

There are a few possible explanations for this result. On the vision and mission questions the results from CCAC respondents were notably more negative than in other sectors. This may be in part due to proposed system wide changes which stand to have the greatest impact on this provider population. Softer results in the vision question may also reflect the language around system sustainability that is included in the vision statement, namely that the system will be there for their children and grandchildren. A loss of confidence in system sustainability was reflected in other areas of the survey.

Comparative Agreement the LHIN is Achieving its Vision

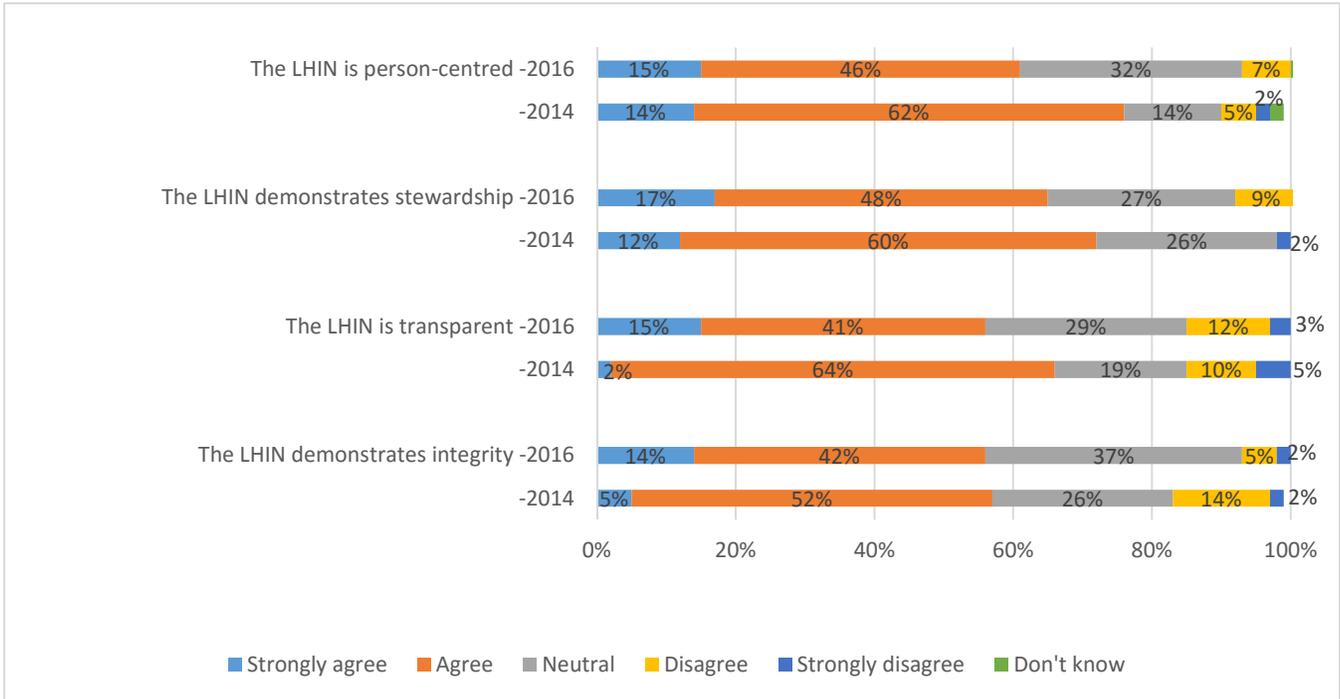


Comparative Agreement the LHIN is Achieving its Mission



As the graph above demonstrates, results are virtually unchanged from 2014 on the question of whether or not the LHIN is achieving its mission “to improve access to, and the quality of, health services for the residents of the Central West LHIN through strengthened integration and coordination of health services.” There is a slight softening of the responses but this is well within the margin of error.

Comparative Agreement the LHIN Demonstrates its Values

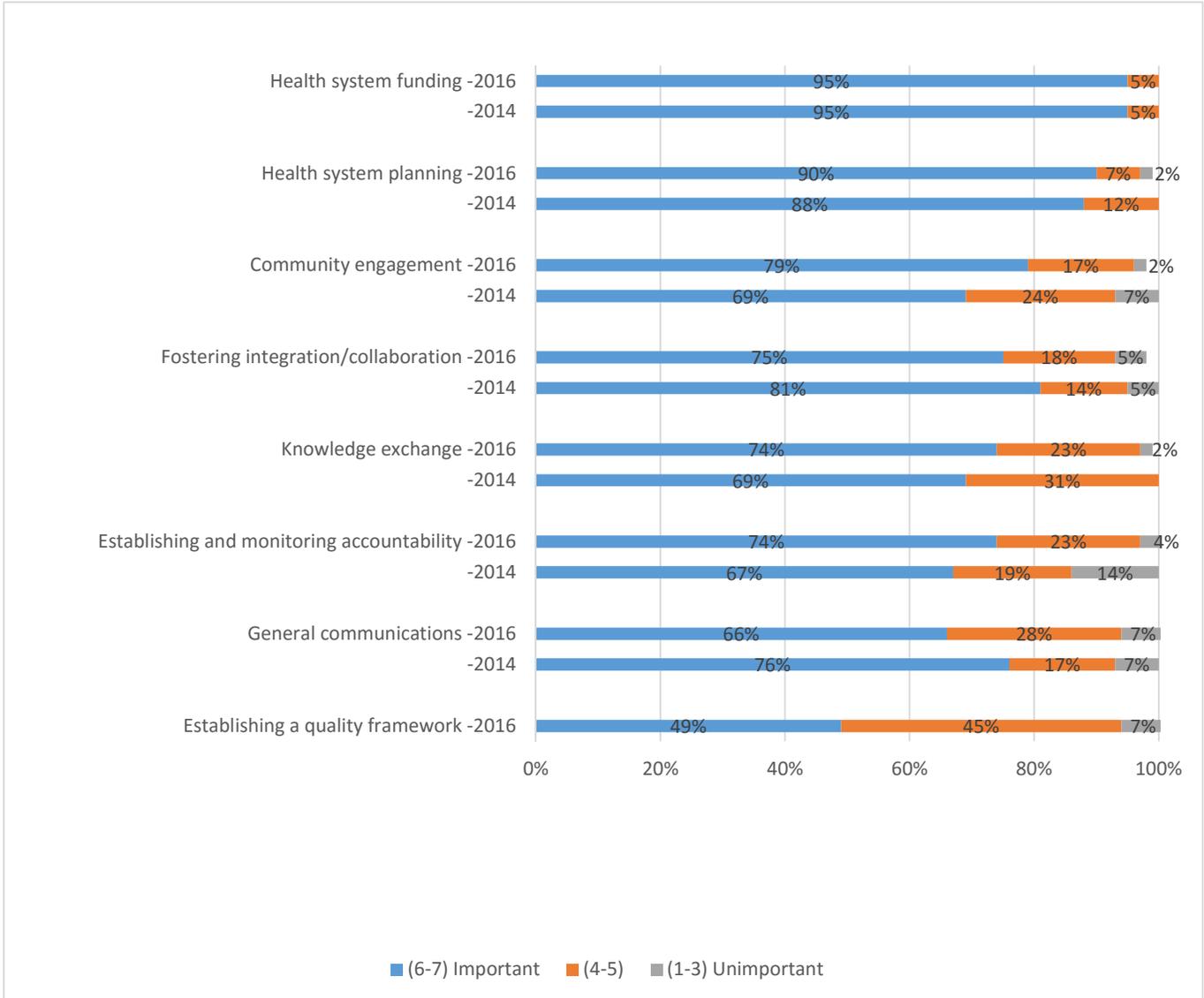


As the graph above demonstrates, the LHIN scored marginally lower across the board in the agreement category than in 2014 with regards to whether the LHIN demonstrates its core values. However there was improvement in the strongly agree category, particularly with regards to transparency and integrity. For the most part 2016 results saw the number of respondents growing in the neutral category with very little change in terms of disagreement. Again, these results are within the margin of error, indicating directional change only.

THE LHIN AS AN ORGANIZATION

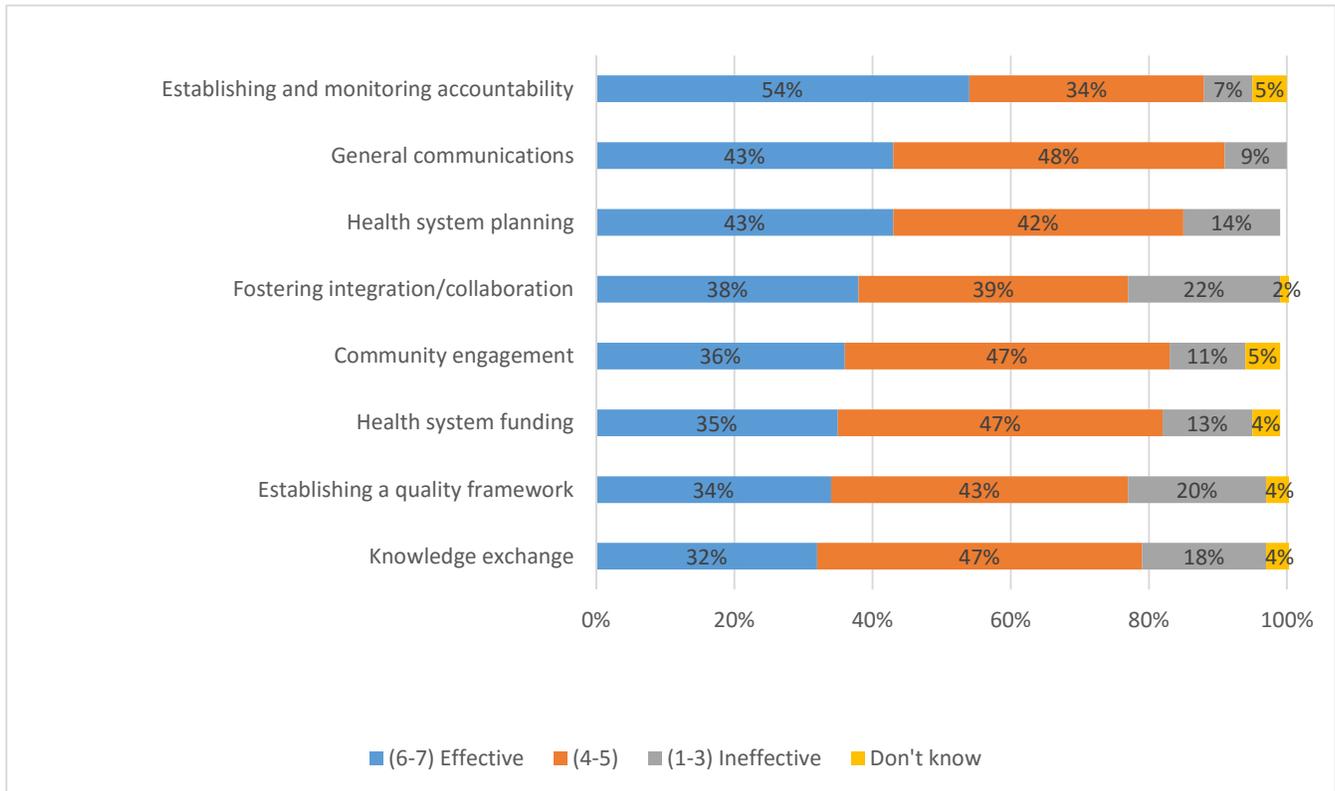
In line with the 2012 and 2014 surveys, a range of questions was asked to evaluate how respondents felt about the day-to-day activities of the LHIN and the way in which the LHIN as an organization interacts with Health Service Providers. A number of activities important to the LHIN’s work were identified 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. One additional area was added as an activity category from the 2014 survey, this was “establishing a quality framework”. Firstly respondents were asked to rate how important each of the identified activities was to their organization. Please see the graphed results on the following page.

How Important is Each Activity to Your Organization?



Overall none of the areas identified in 2016 were rated as unimportant. This is consistent with the 2014 survey. Health system funding and planning remained the two most important areas for providers. Community engagement moved up in importance with 79% of respondents rating it a 6 or 7 on a 7 point scale, up from 69% in 2014. Establishing a quality framework, which was added in the 2016 survey but not asked in 2014, ranked last. However the qualitative interviews indicated that HSPs place a high level of importance on quality initiatives within their own organizations. Survey results likely reflect some uncertainty on where the LHIN quality framework fits within the broader context of quality initiatives. Additionally, the fact that larger organizations that participated in the interviews are well underway on this priority seemed to impact the importance they place on the LHIN's efforts in this area. Smaller organizations may place diminished importance on this effort as they have many competing priorities and limited resources to engage in broader health system initiatives such as the quality framework.

How Effective is the LHIN at Each Activity?

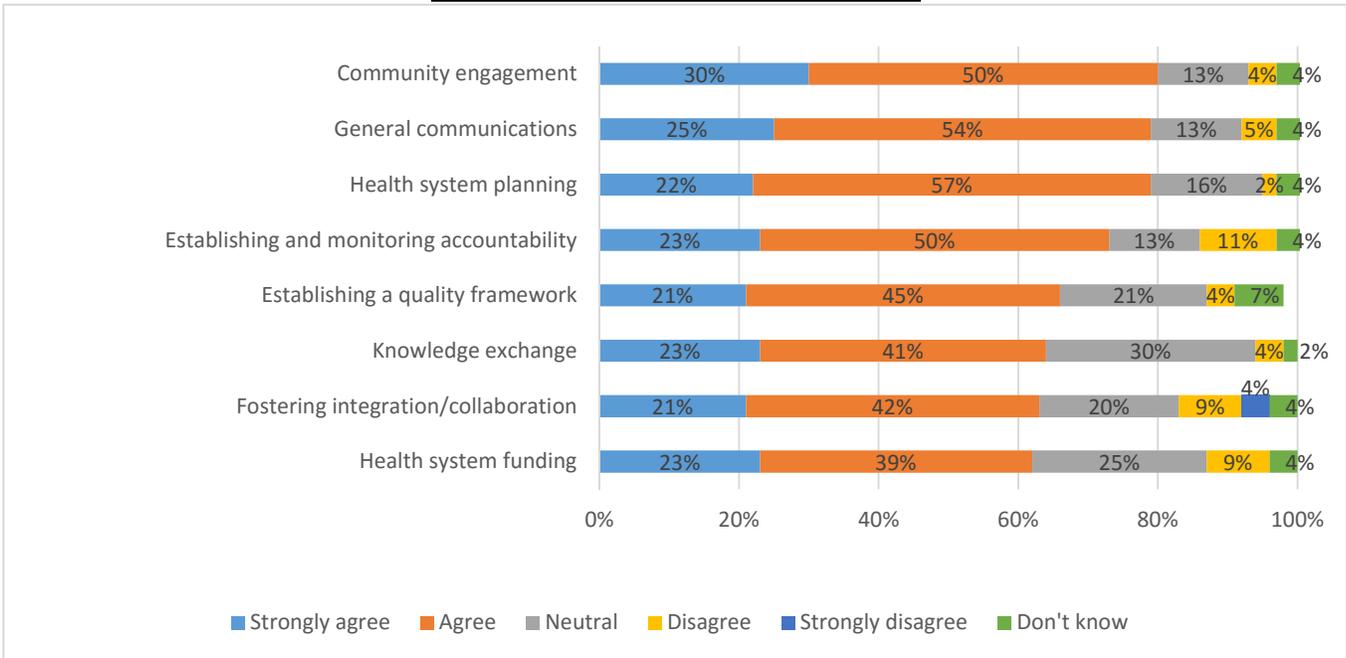


Results evaluating how effective the LHIN is at each core activity were virtually unchanged from the 2014 survey. Health system funding received a modest bump with only 13% identifying the LHIN as ineffective in this area compared to 21% in 2014. Fostering integration and collaboration scored marginally lower with 22% identifying it as ineffective compared to 12% in 2014. Again these changes were well within the margin of error and indicate directional change only.

Follow-up conversations in the qualitative interviews on the issue of integration and collaboration identified this as a highly divisive subject with no key themes emerging on the topic. Some respondents felt that the LHIN was doing a great job fostering integration and collaboration where others felt that all successful efforts to integrate and collaborate were undertaken at the Health Service Provider level without LHIN involvement. Some encouraged the LHIN to be more aggressive in their efforts to foster integration where others commended the LHIN on not taking an aggressive approach on this priority. Qualitative results would indicate that Health Service Providers perspectives on integration and collaboration vary widely depending on the organization. It is also important to note that 77% of respondents gave the LHIN at least a 4 on a 7 point scale when evaluating the effectiveness of integration and collaboration, thus the majority of providers still feel the LHIN is effective in this area.

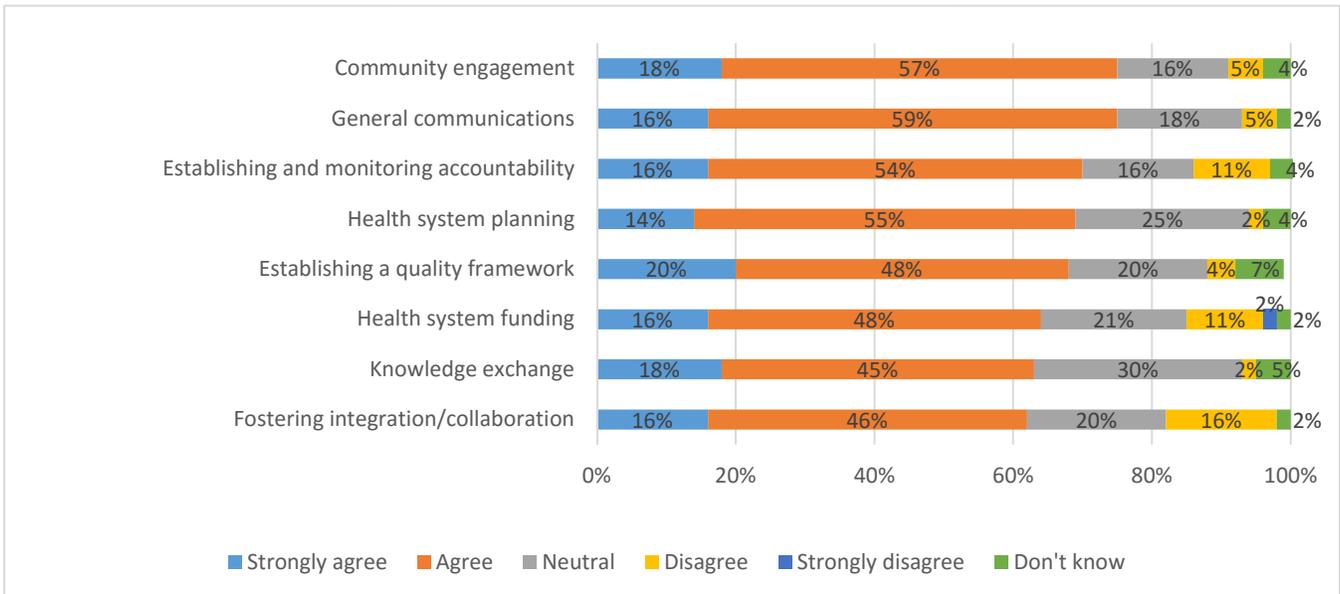
The following four graphs identify to what extent respondents felt the LHIN values were being demonstrated in each of the identified core activities. Again, results were largely positive and consistent with those seen in 2014.

The LHIN Demonstrates Integrity In...



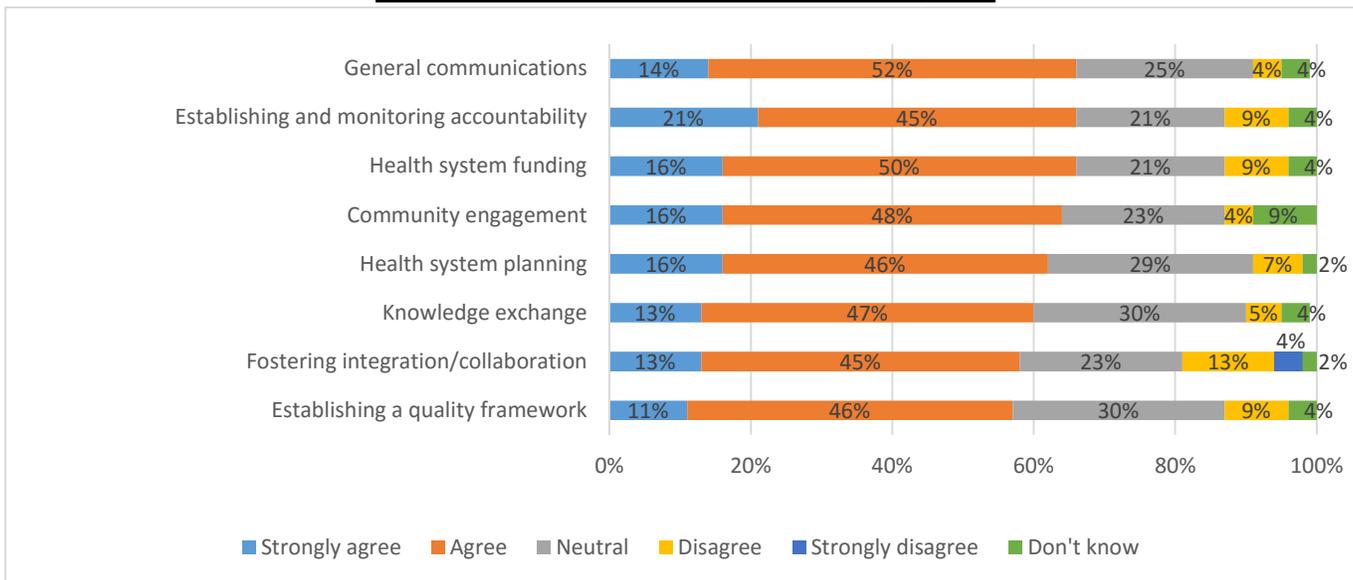
Consistent with 2014 respondents were most likely to associate integrity with the LHIN's community engagement, planning and communications functions. In the strongly agree category the majority of 2014 survey results were under 20% so 2016 saw slightly stronger agreement in this area.

The LHIN Demonstrates Transparency In...



The LHIN received very similar scores to the 2014 survey in the area of transparency. Community engagement and general communications remained among the most highly rated areas.

The LHIN Demonstrates Good Stewardship In...



As in 2014 the LHIN is most associated with good stewardship in the area of communications, however there was positive movement in the area of health system funding with 66% of respondents in 2016 agreeing or strongly agreeing the LHIN demonstrates good stewardship in this area compared to 58% in 2014.

The LHIN Demonstrates Person-Centredness In...

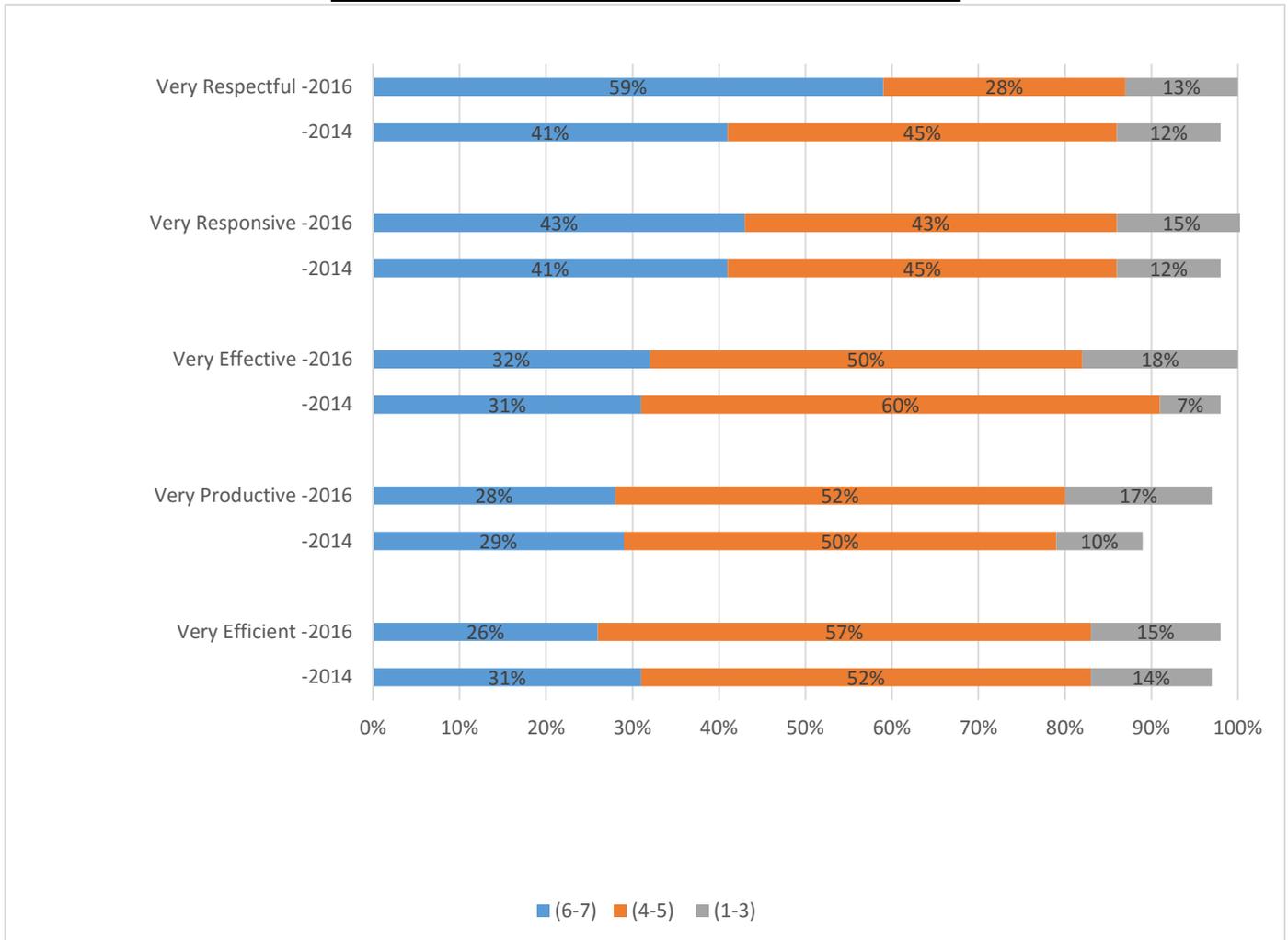


Once again results were comparable to 2014 in this area, with a slightly higher tendency towards the neutral category. Overall responses remained positive. General communications and community

engagement scored particularly well across the board, showing that the LHIN and its staff are seen to demonstrate their principle values when interacting with HSPs and the community.

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. This question identified one of the most significant changes from the 2014 survey with the LHIN scoring much higher in the area of respectfulness (59% giving a 6 or 7 out of 7 compared to 41% in 2014).

Based on Your Day-to-Day Interactions the LHIN is...



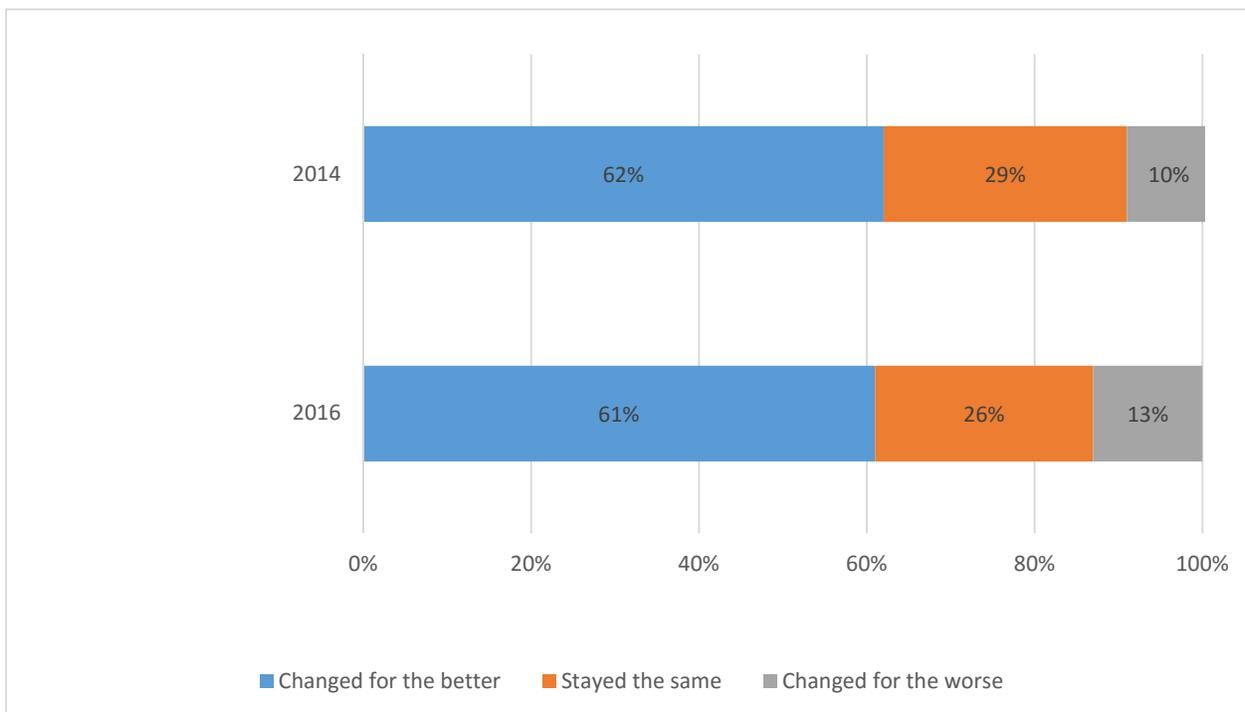
Some responses from the qualitative interviews identified the LHIN has improved in transparency, at scheduling meetings well in advance and taking into consideration HSP deadlines and timeframes. This may have contributed to the upward progress in the area of respectfulness.

Responses in the areas that deal with operational activities (effective, efficient, productive) versus those that indicate a positive relationship (responsive, respectful) remain softer, in line with 2014 results.

THE LHIN AS A HEALTH CARE SYSTEM

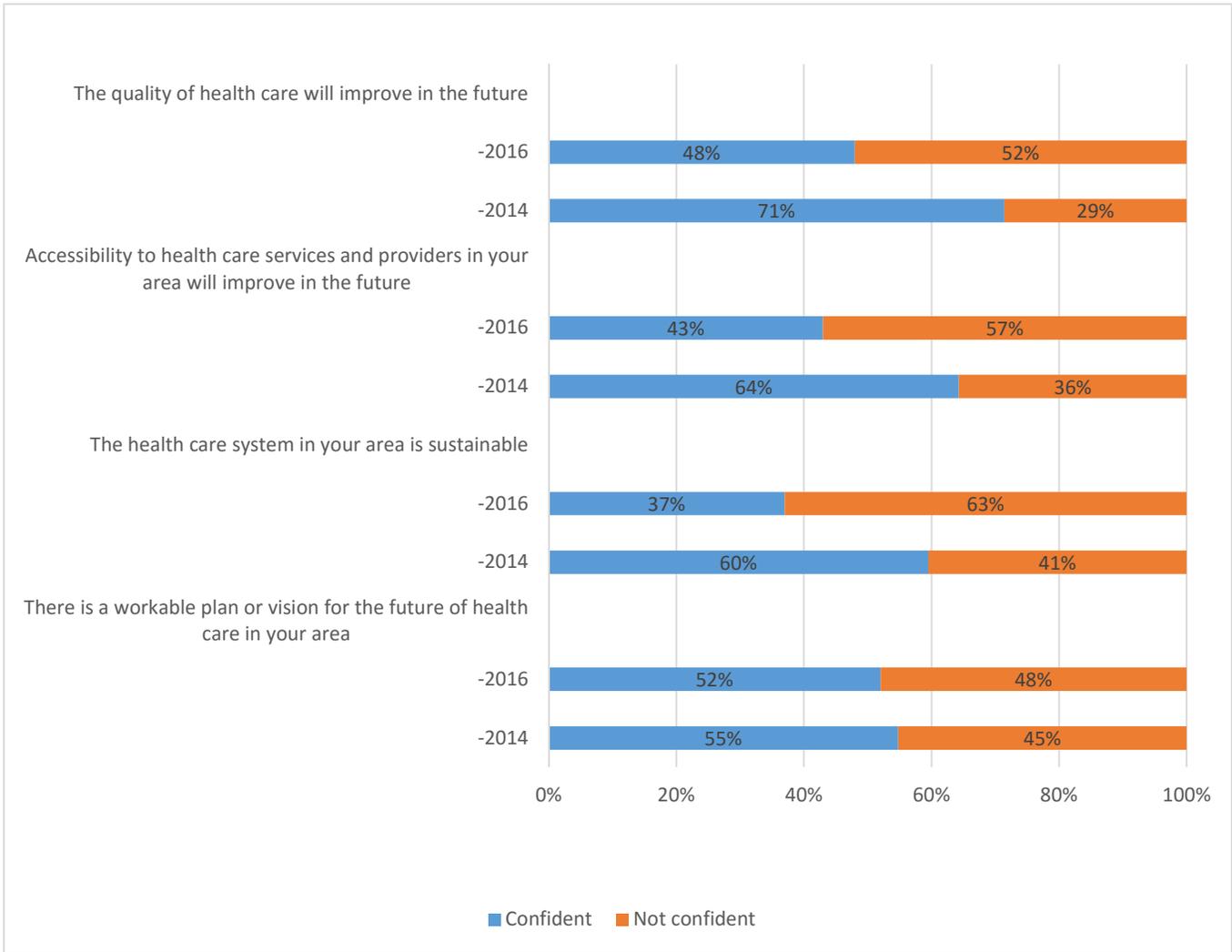
As well as evaluating the LHIN as an organization, the previous LHIN Health Service Provider surveys also considered the LHIN as a health care system – a community of Health Service Providers, community organizations and residents working collaboratively and responsible for the regional health care system. To evaluate this aspect of the LHIN two questions were asked that originally 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. As the graph below shows, results were virtually identical to 2014 with 61% of HSP respondents feeling that the health services in the areas they serve had changed for the better.

Comparative Views on System Change



The second question which addressed the LHIN as a health care system looked at Health Service Provider confidence in the future of health services, specifically in the areas of quality, accessibility, sustainability and in a workable plan for the future. These questions demonstrated the most dramatic change from the 2014 survey as the graph on the following page demonstrates.

Are You Confident or not Confident That...

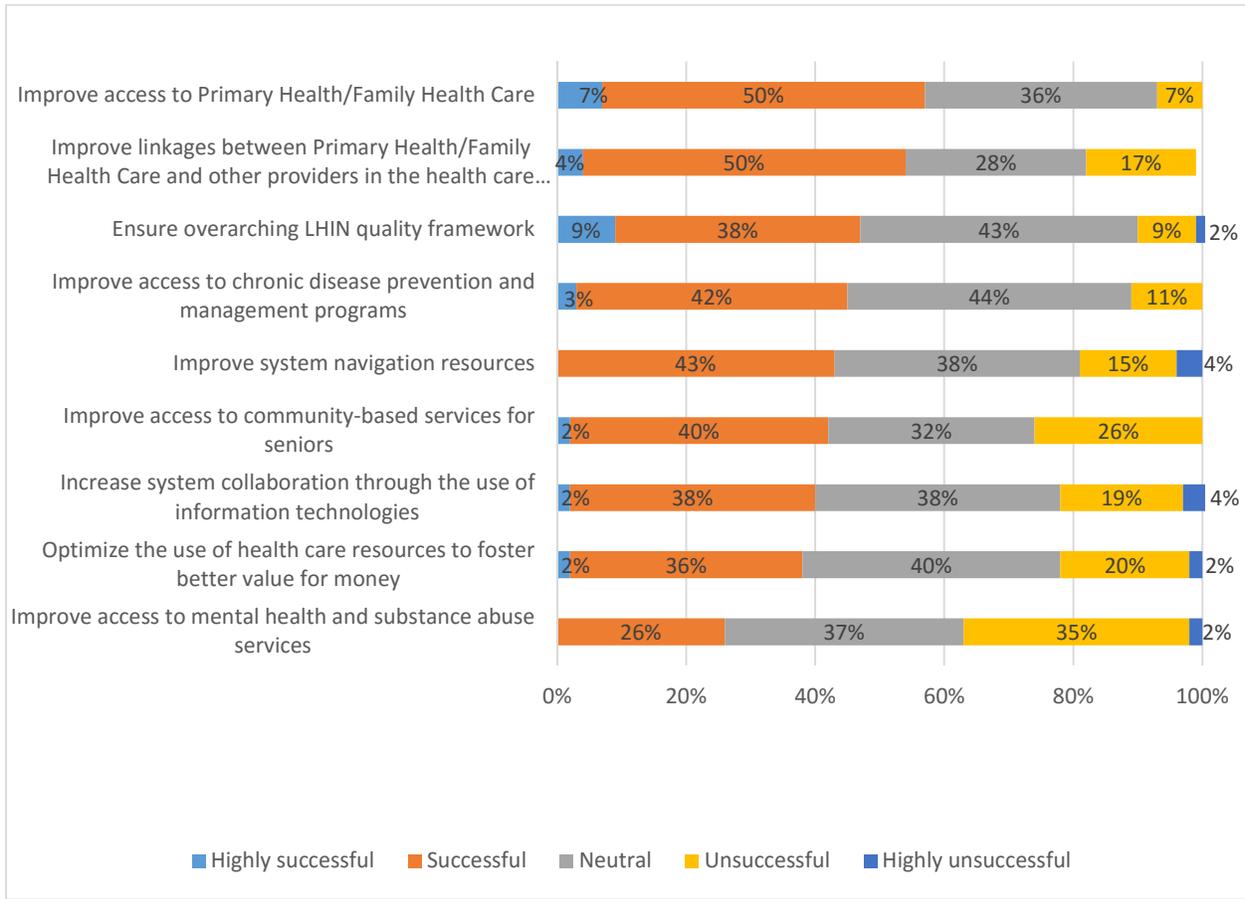


We see here a significant drop in confidence in the future of the health care system. This is especially true with regards to quality, accessibility and sustainability. However it is important to note that when asked about their confidence in a workable plan for the future in their area the results are virtually unchanged. It might be that the drop in confidence has less to do with the LHIN and its planning activities and more to do with broader system changes and province-wide issues. Results from the qualitative interviews support this conclusion. Many respondents felt the LHIN was doing its best in the context of broader system challenges. When asked about the greatest challenge facing the LHIN in the next year virtually every interviewee referenced the proposed system changes that will see CCACs rolled into the LHIN.

It is interesting to note here that the hospital sector respondents demonstrated more confidence in the future of the health care system. Particularly that it would improve in the future and that accessibility of services and providers would improve.

In the context of the LHIN as a health system 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 graphed results on the following page. 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.

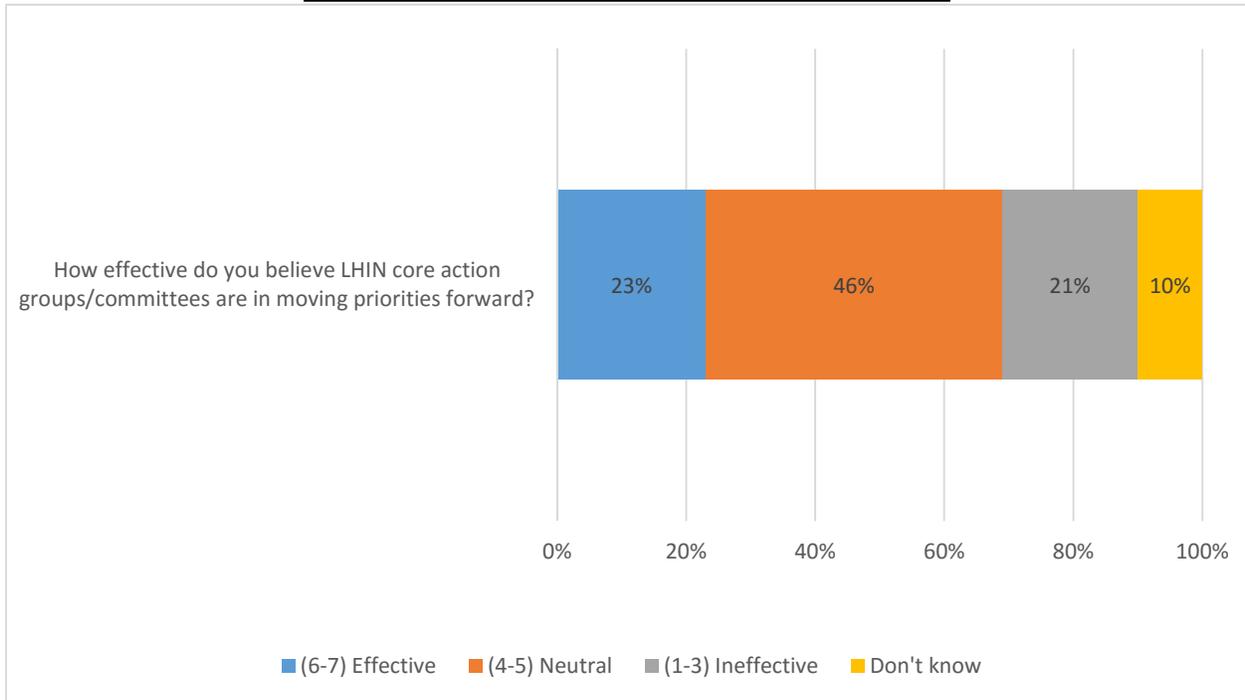
Success in IHSP 3 Priority Areas



Results on this question were comparable to 2014, with access to primary care and linkages between primary care and other providers remaining at the top. The LHIN did better in the area of increasing collaboration through the use of information technologies with an 11% increase in respondents saying successful or highly successful. The LHIN received lower scores in the areas of access to community-based services for seniors, access to chronic disease prevention and management programs and access to mental health and addictions services. Any changes were within the margin of error thus indicating directional change only.

At this point in the survey we added an additional question which was not asked in the 2012 or 2014 surveys. This looked at the effectiveness of core action groups and committees, asking respondents to rate the effectiveness of these groups at moving priorities forward. Please see graphed results on the following page.

Effectiveness of Core Action Groups/Committees

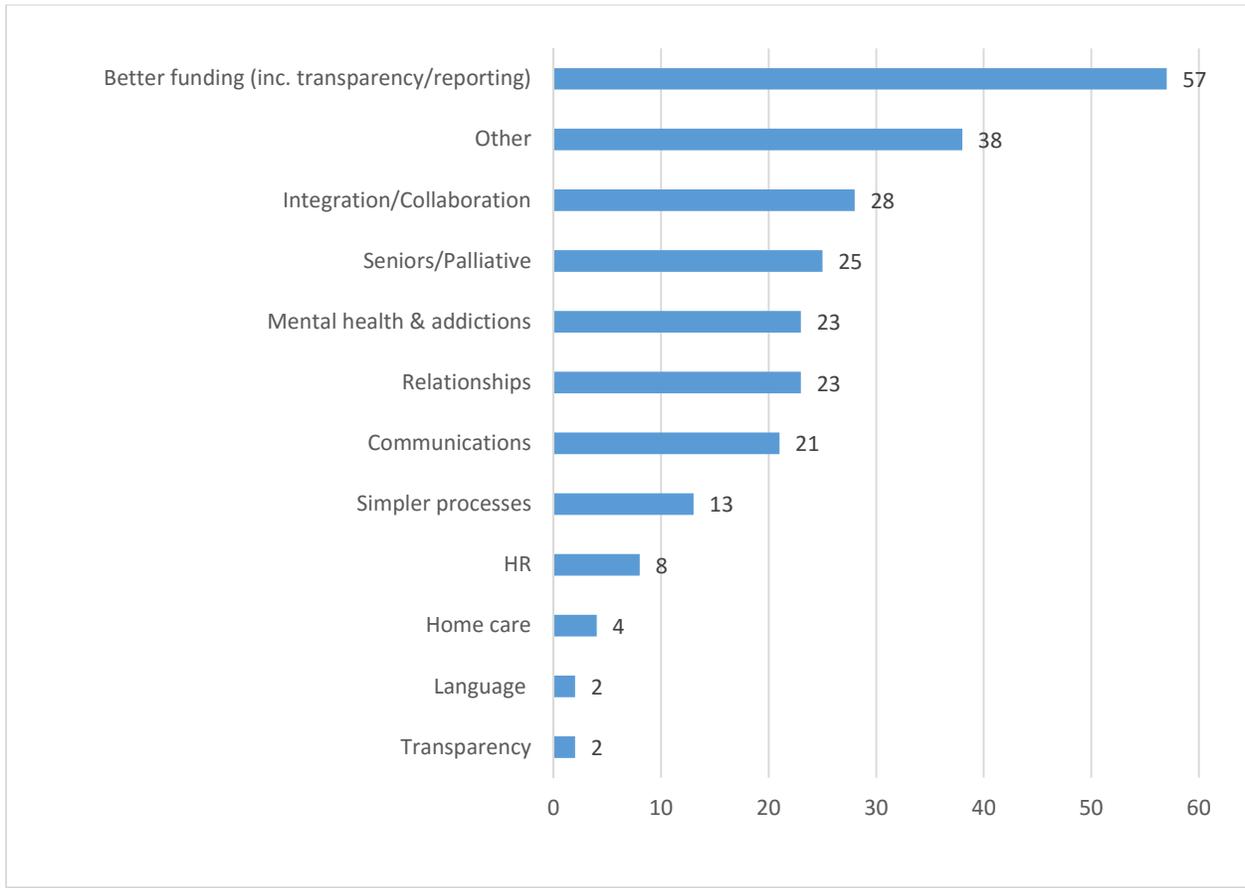


The majority of responses in this area fell into the neutral category with a similar number of respondents identifying these groups as either effective or ineffective. Follow-up on this topic in the qualitative interviews suggested that the effectiveness of core action groups and committees needs to be considered on a case by case basis. Some groups were identified as being very successful whereas others were not. Suggestions for improving the effectiveness of these groups included establishing more concrete objectives and deliverables and measuring group progress against these agreed-upon priorities.

SUGGESTED PRIORITIES FOR RELATIONSHIP BUILDING

The final survey question was edited slightly from previous surveys due to the fact that the IHSP 4 was released during the time this survey was being conducted. Rather than asking respondents to identify the top three priorities they felt should be a focus in the next IHSP, they were asked what areas the LHIN should focus on to improve its relationship with them. They were asked to include as many as three suggestions and rank them in order of priority. Overall there was a very diverse range of answers, however the graph below groups common responses into categories and identifies the frequency with which these responses came up.

Priorities for Relationship Building



Perhaps not surprisingly many of the responses included comments on funding. This included the transparency of funding decisions, funding for accreditation, multi-year funding, funding equity and funding flexibility to name a few. Because of the diverse range of responses the 'other' category was the second most prevalent response. The following are some examples of the responses received which fell into that category;

“Regular meetings with robust agenda with key issues”;

“Less emphasis on process metrics in the accountability agreements and more focus on health outcomes”;

“Be more open to custom/creative solutions rather than a standardized solution”;

“Focus more on how the LHIN can be part of the solution to service delivery rather than the overseer”;

“Assist sector to attract qualified human capital”.

QUALITATIVE INTERVIEWS

In order to delve deeper into survey responses and provide additional context for the data Grosso McCarthy conducted 12 qualitative interviews with an identified list of key HSP stakeholders. This included Chief Executive Officers / Executive Directors from the following organizations:

- Caledon Community Services
- Canadian Mental Health Association Peel Branch
- CANES Community Care
- Central West Community Care Access Centre
- Dufferin County Community Support Services
- Headwaters Health Centre
- Kipling Acres
- Peel Region Health Services
- Punjabi Community Health Services
- Rexdale Community Health Centre
- Supportive Housing in Peel
- William Osler Health System

Interview participants were asked the following questions:

1. Did you complete the online component of the survey?
2. Can you please comment on how you feel communications with the LHIN are overall? What should the LHIN do to improve its communications with you?
3. The LHIN is always trying to be more efficient and effective in its interactions with health service providers. How can the LHIN be more efficient and effective in its interactions with you?
4. A central part of the LHIN's mission is supporting the integration and coordination of health services in the region. Can you please speak to how you think the LHIN could improve in this area? *(a-c to be used at the discretion of the interviewer if additional detail is required after the initial response)*
 - a. How does a lack of integration and coordination manifest itself?
 - b. What do you see are the most significant barriers to integration and collaboration?
 - c. In your experience what specific aspects of health care management and delivery are negatively impacted by a lack of integration and collaboration?
5. The LHIN is working to establish a quality framework for the LHIN. Can you please speak to the importance of this effort for your organization? *(a & b to be used at the discretion of the interviewer if additional detail is required after the initial response)*
 - a. What is your impression of how the LHIN has gone about this?
 - b. Could it be done in a way that would be more valuable to your organization? If so, how?
6. Are you participating in any of the LHIN's core action groups or committees?
 - a. **If yes:** how can these groups become more effective at moving priorities forward? What do you feel are the barriers preventing this now?
 - b. **If no:** Would you be interested in participating in these groups? What would make participation in these groups worthwhile for you?
7. Is there anything else you would like the LHIN to know about your relationship with the LHIN?
8. What do you think the biggest challenge for the LHIN will be over the next year?

The following will look at the themes that emerged from each question above during the qualitative interview process:

1. DID YOU COMPLETE THE ONLINE COMPONENT OF THE SURVEY?

All 12 individuals interviewed did complete the online component of the survey. This indicates that these stakeholders place importance on their relationship with you.

2. CAN YOU PLEASE COMMENT ON HOW YOU FEEL COMMUNICATIONS WITH THE LHIN ARE OVERALL? WHAT SHOULD THE LHIN DO TO IMPROVE ITS COMMUNICATIONS WITH YOU?

The large majority of stakeholders (11 out of 12) identified communications with the LHIN as being very good overall. The term 'responsive' was used in several interviews (3) and 4 of the 12 respondents made a point of saying that they did not see any room for improvement in this area and/or had no suggestions for improvements.

Among those who had suggestions for how to improve communications, improving the transparency of funding decisions was mentioned by two different stakeholders. There was also the suggestion that the LHIN could be more sensitive to the timelines and workload of operational staff at Health Service Provider organizations and that more advanced notice of deadlines and meetings would be appreciated.

3. THE LHIN IS ALWAYS TRYING TO BE MORE EFFICIENT AND EFFECTIVE IN ITS INTERACTIONS WITH HEALTH SERVICE PROVIDERS. HOW CAN THE LHIN BE MORE EFFICIENT AND EFFECTIVE IN ITS INTERACTIONS WITH YOU?

As the LHIN scored marginally lower in the areas of efficient, effective and productive when compared to responsive and respectful in both 2014 and 2016, this question was posed to get a sense of how the LHIN could improve in these areas.

5 of the 12 respondents felt the LHIN was already doing very well in this area. This highlights the fact that, although the data indicates room for improvement the vast majority of providers still give the LHIN at least a 4 out of 7 in these areas.

Improved clarity was mentioned in 4 of the 7 interviews as an area that could positively impact efficiency and effectiveness. This included being clearer in requests made to providers, providing greater detail on the priorities of the year over and above the high level annual and multi-year planning documents and clarity on the process for business cases.

Two respondents felt that annual Board to Board and executive level meetings should be standard practice. There were very positive comments made about the value of these meetings in setting a joint agenda for the year. Another two respondents identified challenges in efficiency stemming from being a service provider to more than one LHIN. It was suggested that greater efforts need to be made to work with neighbouring LHINs to support providers who work across LHIN borders.

Some additional comments included;

- the recognition that the LHIN is working within a larger system and that often inefficiencies are a result of that system and therefore out of their control
- a request that the LHIN be cognizant of how much reporting and participation is asked of small providers with limited human resources
- the suggestion that agendas be pre-circulated before meetings and that meetings only be held if there is a robust agenda to be considered

4. A CENTRAL PART OF THE LHIN'S MISSION IS SUPPORTING THE INTEGRATION AND COORDINATION OF HEALTH SERVICES IN THE REGION. CAN YOU PLEASE SPEAK TO HOW YOU THINK THE LHIN COULD IMPROVE IN THIS AREA?

- HOW DOES A LACK OF INTEGRATION AND COORDINATION MANIFEST ITSELF?
- WHAT DO YOU SEE ARE THE MOST SIGNIFICANT BARRIERS TO INTEGRATION?
- IN YOUR EXPERIENCE WHAT SPECIFIC ASPECTS OF HEALTH CARE MANAGEMENT AND DELIVERY ARE NEGATIVELY IMPACTED BY A LACK OF INTEGRATION AND COORDINATION?

Integration and coordination were identified as a recommended area of focus for the LHIN based on the results of the 2014 survey. Results in this activity area were comparable in the 2016 survey. As such the qualitative interviews were leveraged as an opportunity to gain insight into how the LHIN could move forward on this priority.

The most interesting thing that came out of the questions around integration and coordination was the disparate and often contradictory nature of the responses we received. In conducting 12 interviews we received 12 very distinct responses. Where the responses can be categorized, 6 out of 12 respondents identified that they have seen improvement in the integration and coordination of services in the past few years or that they feel the LHIN is doing a good job in this area. 3 respondents felt that most successful coordination and integration initiatives are happening at the HSP level without LHIN involvement. 3 respondents felt that there were larger system barriers to integration and coordination that were outside of the LHIN's control.

Beyond the above mentioned similarities responses tended to be all over the map, especially in terms of how providers felt the LHIN could improve in this area. One provider felt the LHIN needed to be more aggressive with HSPs including intervening when partnerships between providers weren't working and linking funding with successful integration. Another provider felt that the LHIN's stewardship approach on this priority was best and that being more aggressive would alienate providers and discourage organic partnerships. One provider felt a greater focus on integration in rural areas was needed where another identified the lack of time that small and rural organizations have to devote to a multitude of partnerships as a key issue.

What these results demonstrate is the divisive nature of this topic for Health Service Providers. A system wide or 'one size fits all' approach to integration and collaboration will likely not be successful as such, and considering each organization or potential partnership on a case-by-case basis is recommended.

- 5. THE LHIN IS WORKING TO ESTABLISH A QUALITY FRAMEWORK FOR THE LHIN. CAN YOU PLEASE SPEAK TO THE IMPORTANCE OF THIS EFFORT FOR YOUR ORGANIZATION?**
- a. **WHAT IS YOUR IMPRESSION OF HOW THE LHIN HAS GONE ABOUT THIS?**
 - b. **COULD IT BE DONE IN A WAY THAT WOULD BE MORE VALUABLE TO YOUR ORGANIZATION? IF SO HOW?**

When rating the importance of the LHIN's core activities to their organization establishing a quality framework ranked lowest. As this has been a priority of LHIN activity recently greater clarity was sought on what this data meant and how the LHIN could improve the importance of a quality framework for providers.

Results identified that organizational quality is a top priority for most organizations. 10 out of 12 respondents communicated quality initiatives as very important to them. What we saw however was that the system wide approach to this priority by the LHIN was of less importance for many organizations. While 3 organizations were very positive about the LHIN quality agenda, 5 organizations identified themselves as already very involved in quality initiatives prior to LHIN involvement and were unsure of where the LHIN framework fits in with that. 4 providers identified some confusion as to how quality was moving forward from a system-wide perspective in terms of how the LHIN initiative on quality would interface with other quality agendas such as those of other LHINs or of Health Quality Ontario. 2 organizations were concerned with the level of involvement/reporting required for the LHIN's quality framework and identified that more support needs to be given to smaller organizations in order to effectively implement this priority.

In order to increase the importance of the LHIN's efforts to develop a quality framework providing greater clarity should be provided on how this fits in with existing quality initiatives across the system. Additionally, implementation support for smaller organizations would be likely to increase the priority they place on this effort.

- 6. ARE YOU PARTICIPATING IN ANY OF THE LHIN'S CORE ACTION GROUPS OR COMMITTEES?**
- a. **IHOW CAN THESE GROUPS BECOME MORE EFFECTIVE AT MOVING PRIORITIES FORWARD?**

The LHIN received largely middling scores with respect to the effectiveness of its core action groups or committees (46% of respondents giving a 4 or 5 out of 7). The above question was asked in the qualitative interviews to collect feedback on how the effectiveness of these groups could be improved.

Results identified that not all of these groups are created equal. While all 12 of the respondents were on at least one core action group or committee, those that were a part of multiple groups had different suggestions for each group or felt that some of their groups needed no improvement whereas others needed a significantly new approach. Consistency across groups was identified as an issue.

5 of 12 respondents felt that concrete objectives and deliverables that were established annually by the group would be very helpful in moving priorities forward. 5 respondents also identified that ensuring each meeting has a pertinent and robust agenda is important, that the agenda should be circulated to participants ahead of time and that if there isn't sufficient

material to support a comprehensive agenda that a meeting should be cancelled or postponed until there is. 2 respondents felt that the groups needed a consistent structure, that every group should have at least one LHIN representative present at every meeting and that every group should have a representative from a Health Service Provider as the co-chair. 2 respondents identified collaboration issues as a barrier to the productivity of some groups. This included providers bringing their own organizational priorities forward rather than looking at the system as a whole, or LHIN 'favoritism' of some organizations over others creating a barrier to successful partnerships.

7. IS THERE ANYTHING ELSE YOU WOULD LIKE THE LHIN TO KNOW ABOUT YOUR RELATIONSHIP WITH THEM?

Overall the answers from this question were highly positive. 9 of the 12 respondents made a point of saying that they have a very good relationship with the LHIN and/or that they place a lot of value on this relationship.

Some additional comments included;

- There is a lot of respect shown and a great staff
- The LHIN is very responsive
- The LHIN is receptive and respectful
- Appreciation for the LHIN Board effort over the past few years to reach out to HSPs and work collaboratively with other Boards
- The LHIN is one of the best groups out there to work with
- The Board and CEO have really worked hard to be transparent and collaborative and it is appreciated
- There is a lot of faith in the LHIN as a system partner and an organization that keeps all providers working together
- I feel very fortunate to be a part of this LHIN, they are very collaborative and use resources well to improve patient care

8. WHAT DO YOU THINK THE BIGGEST CHALLENGE WILL BE FOR THE LHIN OVER THE NEXT YEAR?

The final question asked in the qualitative interviews was what providers feel the biggest challenge is facing the LHIN now. Responses to this question were notably uniform with 10 of the 12 respondents identifying the transformation agenda, the Patients First proposal and/or bringing the CCAC mandate into the LHINs. There is concern about how this will affect the LHIN's ability to continue managing from a system perspective and how the LHIN will handle the significant change management required to implement this direction successfully.

Some additional comments included;

- Resource allocation
- Managing physicians
- Caring for seniors/broader community service investment
- Prioritizing funding appropriately
- Improving patient care without the ability to inject significant additional funds

CONCLUSIONS

Both the online survey and the qualitative interviews contribute to a whole picture of HSP feelings towards the LHIN, provider concerns and priorities, and how the LHIN can continue to improve and foster even stronger relationships with these critical stakeholders.

One of the key takeaways from the results should be that, on the whole, the LHIN continues to maintain very strong relationships with the providers in the region. Consistent with the 2014 survey, quantitative results demonstrated no areas where respondents felt primarily negative about the LHIN or its efforts. Overall responses trended towards the positive or neutral. This was supported by the qualitative interviews, the majority of which were very positive especially when discussing the existing relationship with the LHIN. It is also important to note that there was very little statistically significant change from the results of the 2014 survey. It appears the LHIN has maintained a comparable level of provider support and approval over the past two years.

A key theme that emerged from both the data and the interview responses was that Health Service Providers are aware of, and understand the broader health system challenges faced by the LHIN, and that they do not hold the LHIN accountable for those issues. These system-wide changes and challenges are a real concern for providers in the LHIN's area, but for the most part they see the LHIN as a partner in addressing those concerns and not as the cause of them.

With regards to the LHIN's core activities, there were three key conclusions that can be drawn from both the data and the interviews. Firstly, that a 'one size fits all' approach will not work for integration and collaboration initiatives. There appear to be as many opinions on how to approach integration and collaboration as there are providers in the LHIN. Similarly the opinions on whether the LHIN has had success in this area are divided. Although integration and collaboration is a system priority, in the Central West LHIN it should be tackled on a case-by-case or project-by-project basis.

Secondly, it appears that clarity is needed on the quality agenda. Survey data identified this as an area of low importance but the qualitative interviews told a different story. Providers seem to care deeply about quality and quality initiatives, they are just unclear what importance to place on the LHIN's activities in this area in the context of broader system quality initiatives and other system wide priorities.

Finally, in order to be more effective core action groups and committees need more structure and consistency. Survey data found the majority of providers give these groups a middling score in terms of effectiveness. A key theme that came out of the interviews on this issue was that a plan was needed for each group that outlines specific objectives and deliverables. A lack of consistency in the format of these groups was also an issue, leading some groups to be considered quite successful where others were not.

ACTIONABLE RECOMMENDATIONS

Based on survey and interview results there are a number of actionable 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. Be as transparent as possible when implementing the transformation agenda

The anticipated changes to the LHIN mandate, including bringing the CCACs into the LHINs, is a real concern for many providers and is likely a key factor negatively influencing provider confidence in the future of the health care system. As the implementation of these changes are rolled out it will be critical for the LHIN to keep providers actively informed. If possible it is recommended that the LHIN engage with providers as decisions on how these changes will move forward are made so that their input can be sought and considered.

2. Take an individualized and collaborative approach to implementing integration and coordination initiatives

It is recommended that each partnership, collaboration or integration initiative that the LHIN is a part of be considered as a unique endeavour and treated as such. Participating providers should be asked to collaborate to define what the partnership will look like and how it will work best for them. The LHIN should not assume that an integration approach or initiative that worked for some providers will work the same way for others. The LHIN should offer as much or as little support as the partners in any collaboration identify they want.

3. Host an information day on the quality agenda and LHIN quality framework

In order to bring clarity to the quality agenda it is recommended that the LHIN consider hosting a one day event on the quality framework and how it fits in with the other quality initiatives being spearheaded by other organizations. Invitees should include all HSPs, ministry representatives, Health Quality Ontario representatives and representatives from bordering LHINs. Work should be done up front to define where the LHIN's framework fits in and to collect questions from providers that will inform what topics are covered during the day.

4. Standardize core action group and committee structures and implement standard planning processes

In order to increase the productivity of core action groups and committees some standard processes and structures are needed. Each group should have at least one LHIN representative that attends each meeting, and each group should have a co-chair from a provider organization. The group should decide together at the start of each year how frequently it feels it needs to meet, how many agenda items constitutes a full agenda and how it would like to proceed if a meeting does not have a full agenda planned. Agendas should be circulated to participants in advance of all meetings. Additionally each group should establish a planning document at the start of each year which clearly sets out the objectives and deliverables of the group. Group progress should be tracked against that planning document.