
Public to be involved in LHIN strategic planning process

Posted 1 hour ago

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The South East Local Health Integration Network (LHIN) will be soliciting opinions from the general public as it embarks on its next round of strategic planning.

This will mark the second time the SE LHIN will be doing a strategic planning initiative, the first time was when the LHIN was first set up back in 2005-2006.

Paul Huras, SE LHIN's chief executive officer, said the first strategic planning process featured 109 meetings in 22 communities over a period of six weeks, on top of analyzing raw statistical data gathered by health care partners, such as hospitals and clinics.

"This time, we've done a much more sophisticated quantitative analysis, and we're bringing a little more rigour to our community engagement," he said.

One part of this community engagement process is a sort of citizen's assembly format. Thousands of people throughout the region will be asked to participate in a random draw, where 36 people will be chosen to participate in three-day workshop format, where major local health care issues will be discussed.

The second major aspect of the community engagement process will be a series of 15 open houses throughout the SE LHIN's jurisdiction.

Locally, open houses will be held in Odessa on April 8, and Deseronto on April 22.

"It presents a real nice environment for someone to not feel threatened. In a town hall meeting, four or five people might take over the agenda and create an emotional discussion or something. But with this, no-one needs to be threatened. They can walk in. They don't have to say a word if they don't want to, they can just look at the information that's posted. And if they feel like they want to talk to someone and give some input, they can have that in a safe environment," Huras explained, adding that it will be mostly information from the more scientific data analysis portion of the strategic plan that will be on display, in easy to read charts and graphs.

“There will be a summary of the data that we’ve analyzed. We’ve done a very sophisticated analysis that’s looked into population projections in these 15 geographic areas, and we’ve applied utilization rates to project our future demand, and we compare that with current capacity,” he said.

People will not only be able to ask questions to help clarify the data, but they will also be able to add anecdotal information that the data analysis might not lead the planners to consider when revamping the strategic plan.

Huras said people living in these communities know what’s happening in their communities better than LHIN planners would. For example, he said they may know of a new company setting up shop in their community, one that is bringing in a certain number of workers.

“There could be things like that coming forward that we didn’t know about. So, again, it’s for us to hear and for us to respond. We don’t want to preach to anybody,” he said, adding that the anecdotal material gleaned from the citizen’s assembly format and the open houses gives context and helps planners make sense of the empirical data.

Another goal of this process is to just make the public more generally aware of the very significant role the South East LHIN, and LHINs in general, play in the planning and delivery of health care services in Ontario.

Before LHINs, health care services were organized primarily by regional offices of the Ministry of Health, which got advice from District Health Councils.

The LHIN model was chosen, which differs from regional health authorities in other provinces in that local boards, such as ones for hospitals and community care access centres, remain intact.

“All the provider boards are in place. So I have 124 health care organizations in our LHIN, and most of them have provider boards,” said Huras.

LHINs are responsible for community engagement, such as what’s going on with the strategic planning initiative, as well as for local health system planning, and funding.

“Local health system planning is about integration - making the various components work as a system, so that it’s not one organization working in isolation of other organizations,” Huras explained. “And the important point of integration is that for the person themselves, we want it to be a seamless transition from one component of care to another, so they can focus on getting better. And the other thing is to make sure we get the most value out of the \$900 million that we’re responsible for so...we can maximize the value of that.”

LHINs get funding directly from the province. And the 124 providers in the SE LHIN then get their funding from that pool of money.

“We also have the responsibility to have them sign an accountability agreement with us. So we will say to the hospital that you will provide these services within this budget, and you will balance the budget,” Huras said. “We have these accountability agreements, which is saying, ‘you need to be held accountable for the money that’s transferred,’ just

like we sign, as a LHIN, an accountability agreement with the ministry, and they hold us accountable for that money.”

Because of all this accountability for finances, another role of the LHIN is to measure the performance of the health care providers and create a report of that performance.

Anyone interested in looking at the data can go to the SE LHIN website at www.southeastlin.on.ca. The region has be divided up into 15 districts, each with its own one-page summary.

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