

Riverside Health Care

Fort Frances ♦ Emo ♦ Rainy River



Strategic Communications & Community Engagement Plan 2013-16

April 2013



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Organizational Background

Riverside Health Care (RHC) is a multi-site and multi-functional health care system delivering health care services to residents of Rainy River District and is responsible for hospital operations in Fort Frances, Emo and Rainy River, Rainycrest Long-Term Care Home, supportive housing, community health services such as diabetes education, mental health and addictions counseling services and in-home support.

Annex A features a brief history of RHC dating back to 1928. Since the 1983 amalgamation of three hospitals, RHC has experienced a wide-ranging relationship with the communities that it serves. While stakeholders tend to be extremely supportive of their local site, as a corporation RHC has struggled to build trust with the community and its partners. As a result, RHC has not been able to enjoy the benefits of a strong corporate reputation and had limited success in sharing the positive stories of enhanced care.

Instead, stakeholders have readily accepted rumours and are often skeptical of information provided by the corporation. Even small changes at any one of the sites have resulted in community concern.

Following a period of corporate renewal, the past few months have created a renewed sense of optimism for the future of RHC, namely the:

- Successful completion of a \$650,000 digital mammography fundraising campaign lead by the Riverside Foundation for Health Care
- Designation of RHC as the 'district health campus' for the Rainy River Integrated Delivery Network by the North West Local Health Integration Network
- Preparation of a new forward-looking strategic plan featuring a revised vision and mission and focusing on three main pillars: quality, partnerships and organizational health.

RHC delivers healthcare services to over 20,000 residents in the western portion of Rainy River District, north of Rainy Lake and the border with Minnesota State; west of Manion Lake Road to the end of Highway 11 at Rainy River; and north to Nestor Falls.

Approximately 600 staff and over 40 credentialed physicians (12 local and over 30 locums and specialists) and 5 extended class nurses (nurse practitioners) work at RHC delivering care at:

- La Verendrye General Hospital (Fort Frances)
- Emo Health Centre
- Rainy River Health Centre
- Rainycrest Long-Term Care Home & Home Support
- La Verendrye Non-Profit Supportive Housing Corporation
- Community Counseling (Mental Health, Addictions and Family Violence Services)
- Valley Diabetes Education



Guided by a volunteer Board of Directors, RHC's mandate is to:

- Govern, plan, monitor, evaluate and deliver health services according to the healthcare needs of our area, and maintain accountability to the NW LHIN
- Maintain and improve the health care services provided to residents
- Determine priorities and allocate resources accordingly

RHC is now ready to begin the next chapter in its history with a new vision, a new mission statement, new CEO, continued balanced budget and a strong commitment by the Board of Directors for enhanced partnerships, communications and community engagement.

This communications and community engagement strategy is designed to seize the unique opportunity created by these recent events to create a more positive reputation for RHC going forward. This will only be achieved through frequent, timely and open communications with all stakeholders. There must also be a focus on helping the community understand that the currency of hospital care should no longer be defined by the number of inpatient beds.

District-wide education is necessary to help stakeholders understand and believe that continual shifts in health care delivery are necessary to meet changing patient demands and improved quality of care with finite resources.

It should be noted that effective communications is not a silver bullet. Many RHC decisions may not be popular nor accepted by everyone in the community. Rather, communication is a strategic tool to ensure stakeholders know and come to understand RHC's commitment to deliver quality, sustainable patient care within available resources.

This plan is meant to be a working document to spur discussions with key decision-makers. The strategies that follow will evolve as priorities shift and new issues and opportunities arise. The communications plan must also support the new 2013-16 RHC Strategic Plan.

Introduction: *Why do we need this plan?*

A healthcare specific communications and community engagement plan will help our sites, programs and services set priorities and focus resources where they are most needed. If we do not have a plan, we run the risk of saying or circulating something that is confusing, conflicting or unclear.

When delivering messages, we need to know who our target audience is, which will help to clarify our message. We also need to know, in particular circumstances who is best to deliver the message for maximum impact and enhanced credibility. In healthcare as in almost all organizations, there is an internal and an external public, who often can receive similar messaging with some distinct differences.

This plan is to be used as a guide whenever RHC is communicating with the public, internal and external stakeholders, our partners, our donors and funders.



RHC Stakeholders

Internal

- Board of Directors
- Physicians
- Staff
- Union
- Foundation
- Auxiliary Members
- Resident's Councils

External

- Patients, residents and family members
- RHC Community Advisory Committee Members
- North West LHIN
- Rainy River Integrated Delivery Network partners
- Fort Frances Family Health Team
- Donors
- Education partners
- Kenora, Rainy River and Thunder Bay Regional health system partners
- Aboriginal leaders and First Nations health care providers
- Municipal leaders
- Federal and Provincial Members of Parliament (MP & MPP)
- Media
- Borderland health care partners in International Falls and Baudette, Minnesota

A more detailed description of roles and goals can be found in Annex B (Internal Stakeholders) and Annex C (External Stakeholders).

Challenges and Opportunities

Communications Challenges

- There is a lingering issue of lack of trust in RHC that will take some time to rebuild.
- The communities will not easily move past long-standing concerns about services being reduced or removed from smaller sites and centralized in Fort Frances.
- Financial constraints and human resource shortages will continue to force further district and regional service re-alignment across the healthcare sector.
- The province's change agenda is not well understood by local communities. Further education is required by the provincial government, the Local Health Integration Network and all health care providers before residents will understand the need for real change in the health care system.
- The heightened expectation for broad-based community engagement on any material changes to services is to some extent unrealistic since the dynamic nature of health care sometimes requires decisions that can be controversial and made with little time for consultation.



Communications Opportunities

- The new RHC CEO started in April 2012 providing a good opportunity to “start fresh” with the local community.
- The Board is fully committed to open communications with all stakeholder groups.
- RHC is anticipating a balanced consolidated budget position for 2012-13.
- The community is engaged in the health care debate and wants the RHC to succeed.
- A new strategic plan will be developed early in 2013, providing the Board and Management Team with an ideal opportunity to educate and engage stakeholders.

Community Engagement

Community engagement is a requirement for Ontario hospitals. The *Local Health System Integration Act*, Section 16 (6) states that

“Each health service provider shall engage a community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services.”

Health service providers are undertaking a wide-range of activities that could be defined as community engagement to meet this requirement.

When done properly, community engagement creates constructive, open debate with all stakeholder groups so that RHC can ensure it is making the right decisions for health service delivery, policy development and care that is responsive to patient and resident needs. Involving stakeholders in meaningful ways will allow RHC to be more responsive to the diverse needs of the communities that it serves.

Effective community engagement is supported by the following principles:

- Every stakeholder has the ability to provide valuable feedback within their area of expertise if the right questions are asked.
- Build trust through transparency, especially with data.
- Involve stakeholder groups as early as possible and keep them involved throughout the process.
- Provide numerous opportunities for informed and constructive feedback.
- Define common goals between the organization and stakeholder groups.
- Identify what is negotiable and what is a given.
- Use the feedback to help shape plans and influence final decisions.

Community Engagement Spectrum

The International Association of Public Participation recognizes a spectrum of community engagement activities:

1. **Inform** – Provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
Sample tactics: fact sheets, web sites, open houses.



2. **Consult** – Obtain public feedback on analysis, alternatives and/or decisions.
Sample tactics: public comment, focus groups, surveys, public meetings.
3. **Involve** – Work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
Sample tactics: workshops, deliberative polling.
4. **Collaborate** – Partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.
Sample tactics: citizen advisory committees, consensus-building, participatory decision-making.
5. **Empower** – Place final decision-making in the hands of the public.
Sample tactics: citizen juries, ballots, delegated decision.

Engagement Framework (Literature Review)		
International Association for Public Participation (IAP2) – EpicOntario.ca		
Engagement Goal		IAP2 Definition
Inform		To provide the stakeholders with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
Consult		To consult stakeholders on draft plans or on issues; feedback from stakeholders has an influence on decisions.
Involve		To work directly with stakeholders in planning and policy processes to ensure their concerns and aspirations are consistently understood and considered.
Collaborate		To partner with the stakeholders in each aspect of decision-making (including development of alternatives and identification of the preferred solution).
Empower		To actively support stakeholders in developing their own processes and structures necessary to identify issues and to implement solutions.

Source: International Association for Public Participation (IAP2) – EpicOntario.ca

Community Engagement in 2013

RHC's community engagement will be supported by the new Community Advisory Committees who will represent a range of external stakeholders representing all RHC geographic areas.

In their first year as an advisory group, it will be important to develop the right engagement opportunities for the members to provide constructive input to the Board. RHC must also be careful to not just engage the Advisory Members when there is nothing to offer but controversial decisions.



Some Advisory Members may be involved in decision-making as voting members on Board Committees but not the Board of Directors. It is possible that membership on the Community Advisory Committees could be used to help identify future Board members, provided they meet other requirements, such as RHC's commitment to ensuring a skills-based board.

Evolution of Community Engagement to 2016

Longer-term, RHC will consider evolving its program-specific community engagement activities. Opportunities for future community involvement to be investigated or developed include:

- Additional advisory structures with a variety of stakeholders, including patients and family members (i.e., mental health and addictions, diabetes, palliative care/end-of-life, etc.).
- Increased participation by senior and middle management in community activities and structures.
- Outreach to service organization and grassroots groups through guest speakers.
- Public education forums organized on specific topics.
- Continued structured community engagement on specific issues, particularly related to service changes. This would include wide-spread community involvement through surveys, focus groups, workshops, dedicated section of the web site, etc.
- Partnerships with external stakeholders to advise/consult the public on joint initiatives.



Key Messages and Communications Goals & Objectives

Management and staff are responsible for overall leadership in providing a positive communications climate. In order for information and decision making to be effective, regular two way communication between management and employees is key.

Key Messages

RHC will align its key messages with the revised vision, mission and three strategic directions/pillars from its emerging 2013-16 strategic plan (in no specific order):

- **Quality**

RHC, our health care partners, aboriginal and municipal leaders and our community members all have a common goal...to put patients first and find better ways of delivering high-quality, sustainable health care to meet community needs within our available resources.

- **Partnerships**

We look forward to continuing to work with the NW LHIN and our health care partners to create a seamless system of care that puts the patient first. Health care delivery is a rapidly changing environment and all health care providers must continually shift our thinking and services in order to adapt to increased demand; changing medical practice patterns; improved methods of delivering care and diminishing financial and human resources.

- **Organizational Health**

RHC board and management are committed to open communications to ensure that the community is aware of the organization's health. This can be achieved through the creation of Community Advisory Councils that will put the community in touch with issues that matter.

Communications Goals

1. Recognition of RHC as transparent and operating in the best interests of the communities we serve.
2. A sense of pride among staff, physicians and the general public for their community healthcare system.
3. Optimism for the future of RHC as a strong, sustainable hospital with interrelated sites and strong local, district and regional partnerships.
4. Better community understanding of and support for RHC's decisions of how to deliver its services as part of an integrated health system with finite resources.

Communications Objectives

- Internal communication process to better leverage the power of informed staff acting as ambassadors in their communities.



- Proactive media relations program to provide a counter balance to negative stories that will inevitably appear from time to time.
- Support among staff, physicians and external stakeholders for the new RHC Strategic Plan and their role in meeting its objectives.
- Have and be seen to having a leading, reasoned voice in integration planning in Rainy River District and Northwestern Ontario.
- Continued exceptional relationships between RHC and its Auxiliaries and Foundation.
- Greater partnerships between RHC and municipal and aboriginal leaders.
- Higher level of trust by the community that tough decisions are being made with patient care as the first priority.
- Positive profile of the Board and CEO's leadership in a sector under significant change and stress.
- Use of a broad range of media vehicles to deliver messages (website, newspapers, quarterly publications, radio, etc.).

Strategies and Tactics

1. Undertake an employee communications review which will lead to an enhanced internal communications program.
 - Take the pulse of staff on the strengths and roadblocks of current communications processes through a series of focus groups with employees at all sites.
 - Research internal communications best practices at Ontario hospitals and organizations nationally recognized as “great places to work”.
 - Develop and implement a revised internal communications program that improves interactive communications between staff and management and identifies the most appropriate methods to harness the power of well-informed staff telling the RHC story in their respective communities.
2. Execute a proactive media relations strategy that creates and sustains a positive RHC, its quality of care, medical and staff expertise and technology advancements.
 - Submit a regular feature to local print media of good news stories written by RHC, focusing on front-line staff and physicians.
 - Distribute regular news releases on new initiatives and programs across all sites that are enhancing the quality of patient care. Focus on profiling the unique strengths of each of the sites.
 - Work with physicians to take part in media interviews when local media are looking for experts on a range of topics.
3. Utilize the media as an efficient way to educate and inform the public.
 - Ensure positive relationships are maintained with the local media by continuing to provide timely responses to requests for information.
 - Utilize Board Meetings as an opportunity to share information with the media. Provide media with a summary of key discussion points and access to spokespeople following the meeting. Post the media materials on the website following each meeting.



4. Provide open and timely responses to issues that will inevitably arise from time to time.
 - Whenever possible, send news releases on issues proactively so that RHC's messages are delivered as much as possible.
 - When proactively sending a news release is not feasible, ensure spokespeople are well prepared to respond quickly if the issue becomes public.
 - When patients use the media to make accusations about poor care, respond with a clear and simple statement explaining why RHC cannot respond and explain our complaint resolution process.
 - Educate local journalists on our patient complaints process so they are better equipped to ask the questions that may aid in balancing any future articles.

5. Build a positive profile of the CEO and Board within the community through media relations activities, a Speakers' Bureau and internal communications.
 - Provide full media training for key Board Members (Chair, Vice-Chair, Treasurer), the Chief of Staff and CEO.
 - Provide all board members with key messages and Q&A documents to ensure consistency of messages.
 - Work with the Chair and CEO on appropriate introduction to the staff through face-to-face meetings, articles and other internal communications activities.
 - Introduce the Chair and CEO to local media through meetings with journalists and formal interviews.
 - Seek forums such as service clubs and other organizations to meet with the public.
 - Provide quarterly CEO Updates as part of submitted articles and on the website.
 - Promptly distribute Board of Director meeting summaries to staff and Advisory Members following each Board meeting.
 - Post the summary of the Board of Directors meetings, Board policies, by-laws and Directors' attendance on the RHC web site.

6. Keep Advisory Members informed on RHC activities so they can provide constructive input and act as knowledgeable spokespeople in the community.
 - At least semi-annual meetings with Advisory Members, in addition to the Annual General Meeting, with the focus on two-way discussions.
 - Distribute news releases, news clippings, submitted articles and the annual report to all Advisory Members.

7. Improve relationships with key stakeholders through regular meetings and timely access to information.
 - Meetings with the local MPP, RHC Board Chair and CEO semi-annually or as needed,
 - Presentations by the RHC Board Chair and CEO to municipal councils or the Rainy River District Municipal Association at least once a year.
 - Regular engagement with the Fort Frances Tribal Chief's Secretariat
 - Annual meetings with the RHC Board and Foundation Boards to provide information and collaborate on priorities.



- Quarterly sessions Foundation staff to provide a detailed update on medical capital equipment purchases on item-by-item basis with explanations and action plans where necessary
 - On a semi-annual basis, RHC CEO attends meetings of the Auxiliaries to provide updates and maintain open communications.
 - Distribute news releases, submitted articles and newsletters to the MPP, Mayors, NW LHIN, Auxiliaries and Foundations.
 - Keep the NW LHIN, MPP, Ministry and municipal leaders apprised of any potential issues that could result in negative media coverage with the goal of “no surprises”.
 - When appropriate, involve these key stakeholders in positive media announcements.
8. Demonstrate community health care partnerships and a commitment to integration through regular updates on joint planning initiatives.
- Work with communications leads at the NW LHIN, NW CCAC, Canadian Mental Health Association Fort Frances Branch, Atikokan General Hospital, and other health care partners in Rainy River District to find appropriate opportunities for joint announcements.
9. Use the strategic planning process as a way to build new bridges between RHC and its key stakeholders by engaging them in planning discussions.
- Execute a structured community engagement process with a variety of stakeholders to inform the new RHC Strategic Plan.
 - Once final plan is complete, widely communicate the vision and strategic priorities through clear and simple messages.
 - Launch the new balanced scorecard that supports the Strategic Plan as another way to create employee buy-in to the success of the strategic priorities. Provide regular scorecard updates through the RHC newsletter, bulletin boards and website to show progress towards meeting objectives.
 - Post the final strategic plan and scorecard on the RHC website for external audiences with clear definitions of measures and regular updates on progress.
10. Initiate proactive and regular dialogue with the broader public about the operations of the hospital and future directions.
- Seek forums such as service clubs and other organizations to meet with the public through a RHC Speakers' Bureau.
 - Community forums at least once per year as part of the HAPS planning process. If significant changes are anticipated, undertake a more extensive community engagement process to inform the HAPS plan.
 - Continue to provide an Annual Report to the Community to profile the activities and performance of RHC.



11. Look for opportunities to use the RHC website to its full potential, recognizing that it is an increasingly important source of information for the community.
 - Make more frequent updates to keep the RHC website fresh, including updates on key projects and issues, summaries of Board Meetings, news releases, photos, newsletters, etc.
 - Examine opportunities to take advantage of interactive technologies such as surveys, videos and blogs on the website.

12. Consider deploying multi-media screens in RHC waiting rooms as a way to control and disseminate messages directly to patients and the public.
 - Develop a bank of topics that deliver RHC's messages while at the same time providing interesting information for viewers.
 - Work with local educational leaders and students to produce videos on a range of RHC and general health and wellness topics.
 - Update screens every two weeks to keep content fresh and ensure a wide range of information is delivered to viewers.
 - Work with the Foundation to use the screens to generate awareness of their fundraising initiatives.

13. Update and enforce the brand standards manual to ensure consistent use of a strong RHC brand that supports the new vision, mission and strategic direction.
 - Produce and internally distribute a new version of the RHC brand standards manual.
 - Prepare easy-to-use templates for brochures, flyers and posters to ensure brand consistency and a more professional look for printed information.
 - Provide assistance to departments in producing materials that will be distributed externally or posted RHC public areas.

Assessment & Evaluation

It is extremely difficult to measure the actual impact of communications activities on stakeholders' perceptions, attitudes and behaviours and even more difficult to measure the impact of communications on RHC's organizational goals. RHC can look to other more indirect and subtle ways of measuring the success of the above communications strategies, including:

- Number and tone of media articles, editorials and letters to the editor
- Feedback through the website, phone calls and at meetings/speeches
- Employee feedback and future employee surveys
- Ability of Advisory Members to provide input
- Website visitors and monitoring hits on the pages that people visit
- Feedback from all stakeholders as part of regular meetings with these groups



Strategies and tactics will be modified over time in response to these results and as new challenges and opportunities arise. The communications and community engagement plan will also need to be reviewed through the lens of the new RHC Strategic Plan once it has been drafted in 2012-13.





ANNEX A

RAINY RIVER DISTRICT – HISTORY HEALTH CARE

1925 – 2012

- 1928 Canadian Red Cross Society built an Outpost Hospital in Rainy River
- 1941 Order of the Grey Nuns built La Verendrye Hospital in Fort Frances
- 1943 Canadian Red Cross Society built a hospital in Emo
- 1947 Red Cross replaced its original Rainy River Hospital with a new building
- 1952 La Verendrye added an additional wing
- 1969 Red Cross replaced its original Emo Hospital with a new building
- 1975 Grey Nuns transfer ownership of La Verendrye Hospital to the community (new name is La Verendrye General Hospital)
- 1979 La Verendrye completed a Chronic Wing
- 1983 Red Cross transferred ownership of Red Cross Hospitals in Rainy River and Emo to La Verendrye General Hospital Fort Frances Inc. The Corporation changed its name to Rainy River Valley Health Care Facilities Inc.
- 1989 Rainy River Valley Health Care Facilities Inc. changed its name to Riverside Health Care Facilities Inc.
- 1999 A new health centre was built and opened in Rainy River
- 1998 Ongoing renovations to La Verendrye Hospital have been taking place over the last few years. A new front entrance, work on the rehab department, new nursing unit - St. Andrew's and the moving of offices such as Payroll, Administration, Foundation, Health Records, Accounting and Systems into one area was done.
- 2001 Renovations to the Emo Health Centre were completed and the newly renovated health centre was reopened in February 2001
- 2003 The final phase of the renovations was started. In just over a year, La Verendrye Hospital saw a great deal of new development and redevelopment of its existing building in the 1952 wing. An extension was added in 2004 and both the laboratory and operating rooms were functioning in their new permanent areas. The Sterile Processing Department was then moved into their new department which is located in a redeveloped area of the 1952 wing. The Dialysis Unit was then relocated in the new extension.

In order to complete the renovations, the Emergency Department was temporarily located in another area while construction was done in the operating rooms, diagnostic imaging department and emergency area.



2006 After two years of construction, and another two years of planning and preparing, the Phase IV Expansion Project at La Verendrye Hospital is complete. The \$12.2 million project was financially supported by the Ministry of Health & Long-Term Care, Riverside Health Care and community members, organizations, services clubs and businesses from across the Rainy River District.

The Ministry of Health and Long-Term Care assumed control of the Rainycrest Home for the Aged in Fort Frances in March 2005. They then approached Riverside to assume management of the Home which was under several non-compliance orders. The home was compliant by September and was re-opened. Riverside was providing services and sharing resources in several areas, such as payroll, human resources, purchasing, finances. The Ministry of Health & Long-Term Care hired a consultant to conduct an independent assessment of governance and management of the Home and make recommendations for a permanent local solution to assure sustainable quality of care for residents and viability of Rainycrest's operation. The consultant recommended that ownership, governance and management of Rainycrest transfer permanently to Riverside.

In May 2006, a Memorandum of Understanding was signed that was expected to result in Riverside assuming ownership, governance and management of the Home.

On November 30, 2006, Riverside Health Care Facilities Inc. acquired the assets of Rainycrest Home for the Aged .

This was another step in providing continuum of care for the residents of this district.

2006 In the fall of 2006, the Riverside Foundation for Health Care began the "*Just Imagine*" campaign to raise the funds needed to purchase a CT Scanner which would be located at La Verendrye Hospital.

2008 The CT Scanner was installed and became operational in August of 2008.

2012 The Riverside Foundation for Health Care launches and completes a \$650,000 campaign to replace an aging mammography machine. Community response is absolutely overwhelming and the Philips MicroDose SD digital mammography unit becomes the first installation of its kind in Ontario.

We can now boast first-class health care facilities in Emo, Fort Frances and Rainy River with state-of-the art equipment and superior services and programs.

October 2012



Annex B
Communications ‘Roles and Goals’ for RHC Staff

Board of Directors	Leverage their community networks, serve as community ambassadors and highlight how the RHC is meeting the healthcare needs of the community with the resources available.
CEO and Senior Leadership Team	<p>The CEO will be the Chief Communications Officer. The CEO is the communicator of RHC’s overall business strategy.</p> <p>The CEO must also ensure that the overall business strategy and associated corporate messages, behaviors and actions are constantly synchronized with RHC’s senior leaders to reinforce a unified team.</p>
Managers and Directors	Understand that communication is part of the management role that well done will increase overall RHC effectiveness. Respected front-line managers build credibility for new initiatives with other employees.
Medical Staff/Hospital Staff/ Hospital Foundation/Auxiliary/ Volunteers	Serve as community ambassadors, highlighting how RHC is meeting the healthcare needs of the District. Understand the work underway to ensure the District’s long-term viability and sustainability.
Champions	Identify communicators, opinion leaders in the workplace to help mobilize employees and other stakeholders. Ensure stakeholders are equipped with the skills to deliver tailored messages, prompt open discussion and provide timely feedback.



Annex C
Roles and Goals for External Stakeholders

Patients and their families	Patients can help make their health care experience safer by becoming active, involved and informed members of the health care team. The more information patients have about health care, the better they can make decisions about what is best for them. When patients feel involved in their healthcare, they can be leveraged as community ambassadors to share experiences.
Foundation and Auxiliary Donors	Know that their support is valued and is making a tangible difference in delivery of care at their hospital. Understand the work underway aims to ensure the hospital's long-term viability and sustainability in the community.
Government and Non-Government Affiliates	Need to create an awareness that RHC: <ul style="list-style-type: none">● Is the point of excellent care within its mandate (quality pillar),● Serves the healthcare needs of the community in collaboration with all appropriate stakeholders (partnership pillar), and● Will use health care resources in the most efficient and cost effective way (organizational health pillar).