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Strategic Plan Renewal Qualitative Research

Summary Report

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**Capital Health
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www.cra.ca

1-888-414-1336



Introduction

Given that Capital Health’s strategic plan is now five years old, it is looking to renew its strategic plan for another three years with a view to bringing greater focus and clarity. As it does so, Capital Health is not planning to change its vision, mission, values and strategic directions. Rather, it is striving to make its existing strategies more meaningful to patients, staff and the public.

To help shape its directions for the next three years, Capital Health commissioned Corporate Research Associates (CRA) to conduct qualitative research. The primary objective of this research was to gather input on Capital Health’s five strategies, which include:

- Transforming the person-centred health care experience
- Innovation and Learning
- Sustainability
- Transformational Leadership
- Citizen and Stakeholder Engagement and Accountability

More specifically, the groups sought to assess reactions to each strategy’s descriptive statements or ‘essence statements’, which in turn will be used to provide greater focus and clarity to the audiences Capital Health serves.

Research Methodology

To meet these needs, CRA conducted a series of four (4) focus groups with two key audiences. In particular, two groups were conducted with:

1. **Members of the general public**, (including a mix of age, gender, household income, and education level)
2. **Stakeholders**, as identified by Capital Health.

A total of twelve (12) participants were recruited for each group with a goal of 8-10 to show. Groups were conducted on July 4th and 5th, 2012.

CRA randomly conducted participant recruitment from an electronic list of stakeholders, and from the general public. Each group lasted approximately two hours in length and was conducted during business hours. In appreciation of participants’ time, and as is normal research practice, a \$75 cash incentive was provided to members of the general public, while no cash incentive was provided to stakeholders given their vested interest in the Authority. That said, a lunch was provided for stakeholder participants.

The following report presents a summary report of findings for the ***Strategic Plan Renewal Qualitative Research Study*** conducted by Corporate Research Associates Inc. on behalf of Capital Health. Appended to this report are copies of the final recruitment screener (Appendix A) and a copy of the final moderator’s guide (Appendix B).



Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures.



Executive Summary

Results of the ***Strategic Plan Renewal Qualitative Research Study*** confirm that as Capital Health moves forward with the renewal of its strategic plan, further efforts are needed to ensure its existing strategies and essence statements are meaningful to patients, staff and the public.

Overall, Capital Health is well regarded as providing a high quality of acute care to those who need it. Despite grave concerns for the timeliness and availability of services prior to diagnosis, there is confidence that once you are “in the system” the care provided will be of exceptionally high quality. That said, participants readily identify the challenges facing the health care sector, and recognize that Capital Health is faced with a delicate balance of declining budgets and a growing need for its services.

Upon reviewing Capital Health’s five strategies and each strategy’s descriptive statements, participants provided clear direction on how the statements could be more meaningful. Across statements, participants voiced concern for an apparent ambiguity of statements or phrases and a lack of clarity of how each statement would actually demonstrate relevance to them.

While participants applaud the notion of transformational change and concur that the current health care system requires significant change, they are not confident, based on the statements provided, that transitional change is necessarily realistic or that the appropriate actions are being contemplated that would result in such change. In particular, it was felt the essence statements lacked clear direction on what transformational leadership or transformational change means, and need to better reflect what actions are anticipated or desired. Indeed, it was felt that essence statements should outline crucial areas of change, state a purpose, and clearly define what the transformation should be. Some questioned if there was truly an appetite to take risk within the current system or to make change.

As Capital Health works to finalize its strategies and essence statements, results suggest that a number of changes should be considered. In particular, findings confirm that three key themes should be contemplated in reviewing the descriptive statements including: having the statements written in plain, easy to understand English, being health care specific, and ensuring that each statement is more action-oriented. In addition, it is imperative that consideration be given to more prominently feature the role of prevention and public education in its strategies. Innovation and community involvement should also be given consideration for inclusion.

Finally, results suggest that as Capital Health develops its strategic plan renewal, careful consideration must be given to how it demonstrates its role in leading proactive change in the health care sector, and better communicates its successes. At the same time, it will be paramount that Capital Health clearly articulates key outcomes and measures for each strategy. These outcomes will be key in demonstrating its accountability in a time of transformational change.



Detailed Findings

Perceptions of Capital Health’s Performance

Although Capital Health is well-regarded for its exceptional people and the high quality of acute care it provides, it is harshly criticized for its timeliness and availability of services prior to diagnosis.

To begin discussion, participants were asked in what areas they felt Capital Health performed strongly. Subsequently, they were asked in which areas the Authority exhibited weaker performance.

Top Performing Areas

Overall, participants identified a wide range of areas where Capital Health performs strongly, including most notably, **Capital Health’s people**, its **leadership**, and its **strong voice in the community / health care sector**.

Across audiences, participants appreciated the fact that Capital Health provides an essential and **high quality patient care** when needed. The provision of **acute care** and **emergency services** was especially heralded, as was Capital Health’s involvement as a teaching facility.

“When you really need it, it’s there.”

Across groups, there were a few interesting differences between the stakeholder and general population audiences that warrant mention. Perhaps not surprising, stakeholders were more likely to recognize Capital Health’s **community engagement** and **sharing of information** as top performing areas, as well as its recognition of the huge **challenge facing Capital Health** and the health sector overall. By contrast, members of the general public generally associated top performing areas with those areas where they may have had a direct service interaction.

The table shown to the right and on the following page list all top / weak performing areas mentioned by both stakeholders and members of the general public. A separate table is included for each audience under study.

Stakeholders	
Top Performing Areas	Weak Performing Areas
Staff / people	Timeliness of delivery of services / slow to diagnosis
Quality of Healthcare (once in) / high quality of care	Continued culture shift required
When you need it, it’s there	Lack of integration within IT system
Listening to needs of communities / willing to listen	Lack of streamlining
Academic mandate	Relationship / gap between Capital Health and family doctors
CEO / leadership	Planning / accountability (with specific outcomes / measures)
Evidence based experience	Lack of focus on prevention
Sharing information / Strong voice	Unclear identity; Unclear of who is responsible for what (Cap H vs. Gov.)
Taking on strong subjects	Need to better communicate its recognition of challenges
Flexible / looks at different way of doing things	Not well recognized as a research institution
Recognition of a huge challenge facing Capital Health	Public accountability in efficiency of programs (measurement)
Keep patients in the loop (good communication <u>after</u> diagnosis)	Need to demonstrate ROI



Areas of Weaker Performance

Across audiences, when asked in which areas Capital Health’s performance is weaker, a number of consistencies were evident.

Most notably, there is a clear perception that the **length of time it takes for non-emergency services**, leading up to a diagnosis, was completely unacceptable. Indeed, both audiences were critical of the **timeliness and availability of Capital Health’s delivery of services**.

“Once you’ve got a diagnosis, the service is usually very high quality, but getting to that point is painful.”

Other key areas of weak performance included a **limited focus on preventative health issues / education, sharing of communication** (between doctors, hospitals, patients); **shortage of doctors / specialists** and **lack of public accountability** in terms of the efficiencies within Capital Health.

General Public	
Top Performing Areas	Weak Performing Areas
Emergency services	Community-based programs
Special services	Communication (what they offer)
Prepping patients (for surgery)	Wait times (emergency, gastro, ortho, physc., cardiac)
Blood clinic	Improper / time of diagnosis
Health clinics	Sharing of information (patients’ medical history)
Training of physicians	Mental health support
Research	Shortage of physicians / specialists
Serious issues are dealt with	Limited services (MRIs, Xrays)
Acute care is efficient	Reactive / lack of preventative
Specialists	Lack of process
Family support / outreach	Inadequate seats in medical school
Facilities	
Warm support staff	



Future Direction

A number of changes should be considered to make Capital Health’s essence statements more meaningful.

Participants were told that Capital Health’s strategic plan is now five years old and that its Board of Directors has asked that it renew its strategic plan for another three years with a view to bringing greater focus and clarity. They were told that as Capital Health renews its strategic plan, it will not be changing its vision, mission, values and strategic directions. Rather, it will be working to make its existing strategies more meaningful to patients, staff and the public.

With that in mind, participants were shown Capital Health’s five strategies, and each strategy’s ‘descriptive statements’ or ‘essence statements’. They were told that these corresponding statements define what each strategy means to Capital Health.

After each strategy was shared, and its statements reviewed, participants were asked for their overall reactions to the statements and what the statements mean to them. The following outlines participants’ comments on each strategy’s statements.

Strategy # 1: Transformational Leadership

Across groups, participants were somewhat critical of the descriptive statements for the first strategy. While most recognized that the first statement implied that employees are encouraged to take ownership, participants were largely critical of its suggestion that everyone within an organization can actually be in, or would want to take on, a leadership role. More so, expecting everyone to be a leader was deemed ‘silly’ and ‘contradictory’.

Strategy # 1 - Essence Statements
Everyone is expected to be a leader, and we lead together.

We lead change with passion and purpose.

“How can everyone lead? Who do you follow? This to me suggests too many chiefs and not enough Indians. There has to be a defined chain of command.” General public

“Someone has to be THE leader. Who takes the final responsibility?” Stakeholder

“This is a value-based, fundamental and cultural shift that needs to be led by the senior management group.” Stakeholder

“This is far-fetched. Everyone in CDHA is not equipped to lead.” General Public

Some participants questioned the relevance of including the word ‘everyone’ and felt that it implied that anyone can step up and define their actions. It was also felt that this statement suggested that accountability or leadership comes from within. This was deemed unrealistic in Capital Health’s current workplace setting. One stakeholder questioned if it is realistic to expect that everyone in the organization would understand this direction or to believe that everyone would be brought into it.



Although participants generally supported the second statement presented, they questioned how it reflected anything transformational. Indeed, both stakeholders and members of the general population questioned how these statements actually aligned with transformational leadership. Some took exception to the use of the word ‘transformational’ and felt it was being used inappropriately.

“Where is the transformation in those statements?” Stakeholder

“Transformational suggests a huge difference, not just a little change. A major redirection. These statements don’t suggest that.” General Public

Others felt the strategy and statements were in ‘government talk’, esoteric and lacking meaning to most. In addition, they were criticized for being too generic and non-specific to the healthcare sector.

“What does that mean!? It’s like generic motivational statements. It could be any business. It will not resonate with the public.” Stakeholder

“We ‘lead change’. What is change? It is communicated as a pacifier, saying Capital Health is open to change. Change is frightening to many because the consequences are unknown. People are resistant to change.” Stakeholder

“I get that they want to instill ownership, but it’s the wrong statement to do that.” General Public

Perhaps one of the greatest criticisms of these statements was that they were ‘soft’, ‘fluffy’, and lacked clear direction on what transformational leadership means. It was felt that specific actions need to be articulated to reflect what change is happening. Indeed, it was felt that the essence statements should outline crucial areas of change, state a purpose and clearly define what the transformation should be.

“Transformational Leadership says that you are doing something different, but how does it make a difference? What is senior management doing to meet that?” Stakeholder

Finally, a few participants felt that the tone used in these statements needed to be more engaging rather than dictatorial.

Participants identified a number of key actions that would demonstrate **transformational leadership** including:

- ✓ Visible leadership / taking a hard stance on challenging issues;
- ✓ Being bold and courageous;
- ✓ Be less risk adverse (willing to make mistakes);
- ✓ Celebrate successes;
- ✓ Show how you lead the way;
- ✓ Having employees take ownership and being given clear accountability to do so;



- ✓ Recognition of efforts where employees have done so;
- ✓ Active listening;
- ✓ Clear articulation of what the transformation should and will be;
- ✓ Identification of the key change areas;
- ✓ Admitting fault in the system/ Identifying weaknesses; and
- ✓ Outlining healthcare outcome costs.

Direction: Advice on how these statements could be further enhanced included: Avoid jargon, write in plain English (e.g. we will listen, value change, measure our performance/ evaluate), be healthcare specific, and include specific actions that demonstrate what the leadership will do different. Specific words changes suggested included replacing the word everyone and putting the statement in first person (i.e. 'we'), and making the statements more active. Replace 'expected' with 'encouraged' to diminish expectation or implication that everyone can lead.

Define what the transformation should be. State the purpose (giving more empowerment), and define what the crucial areas of change are. Speak about engagement, rather than use a dictating tone.



Strategy # 2: Transforming the Person-centered Health Care Experience

Although these statements were both deemed important and worthy, they too were criticized across groups. For the most part, participants felt these essence statements reflected basic expectations in health care and were not indicative of ‘transforming the person-centered health care experience’. The statements implied that there is a concerted focus on the needs of the patient, that Capital Health is trying to help people, and that it wants to enhance the care it provides.

Strategy # 2 - Essence Statements
Putting People First
Excellence in Care and Service.

“These suggest they are working to high standards. But haven’t they always been? Is that a change?” General Public

The statements were considered ‘generic’, ‘very vague’, ‘superfluous’ and ‘vacant’. Some questioned how this would be different from what Capital Health has always done. Others felt that the statements were ‘a nice wish list’, but actually unrealistic in some areas given the budget cuts that have been experienced, and the realities of service reductions in some areas. A number of participants felt that behind this strategy and essence statements is an expectation that appropriate resources are in place.

“Can you say this if you are short funded? If they don’t get the proper funding, they can’t give the proper service.” General Public

Others simply felt these statements did not accurately reflect the true service provided by Capital Health.

“Threatening to strike does not say that you are putting people first, or that you are committed to providing excellence in care and service.” General Public

“If we were, we would listen to patients’ needs. We would make changes to reflect those needs.” Stakeholder

“It has to ring true in the organization. Right now it doesn’t always.” Stakeholder

A good deal of discussion evolved around the word ‘people’. Participants questioned who that was referring to, with a general consensus that it could be anyone, including patients, their family members, and citizens at large. Similarly, it was felt it could include the people delivering health care. Some stakeholders felt ‘people’ should be more clearly defined.

Regardless, it was felt that there was a need to focus primarily on the individual needs of the patient when delivering health care, and not so much on the rules of the hospital.

“These should speak to health care, and also to being individual-based – something like ‘putting individual care and service first’, rather than ‘putting people first’.” General Public

Once again, participants took exception to the use of the word ‘transforming’.



“They are using transforming again – but describing that with table steaks. Those are not transformational statements! Where is the transformation?” Stakeholder

“There is an assumption that this means they are transforming to make things better. It means change. The statements don’t suggest that.” Stakeholder

Stakeholders consistently articulated that the statements needed to be more action oriented, including verbs that correctly demonstrate the desired action.

“It needs to have verbs that tell me how it’s going to get there. A statement that is transformational. Ask, listen, serve, act.” Stakeholder

Finally, while supportive of the notion of excellence, some participants felt that it in itself was perhaps far reaching.

“Nobody is perfect. With the limited funds we have, is this realistic?” General Public

Participants identified a number of key actions or areas of focus that would demonstrate **transforming the person-centered health care experience** including:

- ✓ Listening to patients’ needs;
- ✓ Clear actions that demonstrate you’ve heard and are addressing the problems that exist;
- ✓ Clear accountability / outcomes;
- ✓ Focusing on ensuring adequate staff levels;
- ✓ Ensuring tools and technology are in place and readily available;
- ✓ Show average wait times (e.g. in ER) and demonstrate how they are dropping;
- ✓ Share realistic goals for better service;
- ✓ Public report card;
- ✓ Measure and communicate performance in patient care / show change;
- ✓ Share stories of excellence; and
- ✓ Implement changes that reflect best interests of patients.

Direction: Advice on how these statements could be further enhanced included: Replace ‘transforming’ to something more realistic – perhaps ‘ensuring’. Reflect individual care and health care in particular in the ‘putting people first’ statement. Write in plain, action-oriented English.



Strategy # 3: Innovating Health & Learning

Participants were generally more receptive to the third strategy's statements, and felt they were more easily understood than previous statements and presented in clear language. Each essence statement was considered a noble statement reflective of aspirational goals of Capital Health.

When considering '**Academic Excellence – period**', participants believed that the statement implied that good is not enough. This statement was seen as 'throwing the gauntlet', while at the same assuming boundaries of clear protocol. Of note, for some, this statement spoke solely of the Authority's teaching or learning facility and its output, while others related it to excellence overall in the caliber of professionals Capital Health attracts and retains.

Strategy # 3- Essence Statements
Academic Excellence – Period.
Learning all the time, in everything we do
Daring to do different things, and to do things differently.

"It suggests good isn't enough and that you need to have competent and not just mediocre staff. It articulates that you want to be the best in your field. Period suggests no compromise." Stakeholder

Others, however, questioned if excellence was realistic.

"Can we afford to keep the best?" General Public

Across group types, a number of participants felt the use of the word 'period' created too narrow of a focus in relation to excellence and did not encompass the full breadth and depth of areas of excellence necessary.

"They made it too short. It is meaningless as presented. It is not only academic excellence that leads to that strategy, also excellence in other areas like provision of care. The period should go." Stakeholder

It was felt that 'innovating' speaks to efficiency, as well as new practices, and could be interpreted to include equipment and technology. Some participants felt that this strategy overall was unclear and does not relate to each site within Capital Health.

"It suggests that we're not seeking out what has already been developed." General Public

Of the three essence statements shown for this strategy, participants were consistently receptive to the last two. These statements were considered simple and easy to understand, while implying that Capital Health was committed to continuous improvement, and to looking at doing things differently to find new opportunities.

"If you always do the same thing, you won't get different results." Stakeholder

To most, the third statement (daring to do things differently...) implied that Capital Health is willing to



make change to achieve better results. That said, some questioned if there was truly an appetite to take risk within the current system.

“This implies risk, which some may not be comfortable with. Capital Health is typically risk adverse.” Stakeholder

“We have a more conservative approach in NS. I’m not sure it’s realistic to say that we are daring to do different things. Case in point the MS treatment. Capital Health and NS have not accepted that.” General Public

Others were unsure how these statements would translate into actions that they could see.

“What do they really mean? How does that transcend to me?” Stakeholder

Participants identified a number of key actions that would demonstrate **Innovating Health and Learning**, including:

- ✓ Ability to demonstrate change
- ✓ Have readily identifiable indicators for each
- ✓ Demonstrate / communicate success when taking risk
- ✓ Promote / showcase Capital Health’s ‘top dogs’
- ✓ More bragging / self-promotion
- ✓ Demonstrate academic excellence (publications / published works / research initiatives)
- ✓ Personalize health care and its success; profile student and patient success stories
- ✓ More promotion of medical school
- ✓ Showcase learning / profile graduates and the NS communities they serve
- ✓ Find a positive spin and profile positive successes
- ✓ Show how you learn from stakeholders too
- ✓ Ensure and demonstrate that checks and balances are in place

Direction: Participants had minimal advice on how these statements could be further enhanced. That said, suggestions included: Be inclusive of all sites (not just academic site); add other types of excellence; remove the reference to the word period; ensure the statement doesn’t overpromise (i.e. position Capital Health as more of a risk taker than it actually is).



Strategy #4: Sustainability

Across group types, participants consistently had strong reactions to these essence statements.

To begin, when reviewing the first statement, a number of participants took exception to ‘within our means’. Although this portion of the statement was clearly associated with some degree of fiscal responsibility, and providing the same services under challenging financial circumstances, it was considered to set the stage for excuses or reasons for lack of service provision. Others considered it to be a scare tactic.

“I’m an accountant. I know when someone is trying to tell me they have to be cheap. They are telling me they are limited in what they can do.” General Public

“This sounds like a prelude to an apology.” Stakeholder

“There needs to be a change in thinking. The area where the most innovation is required is from a financial perspective.” Stakeholder

“It’s a bit scary. Negative. It says whatever we have is all we have.” General Public

It was felt that ‘within our means’ should be avoided, and that a message of fiscal restraint should be communicated in a way that doesn’t suggest that the system is so financially strapped. Replacing it with the word ‘responsibly’ was deemed more appropriate and less likely to evoke a strong negative reaction with the general public.

“If there are not enough dollars to maintain what we have, how can we improve? Recognize what changes are needed, but imply that they can really happen.” General Public

Two other areas garnered notable attention with these essence statements. First of all, the use of the word ‘transforming’ again caused concern, with participants believing that the statement, as presented, implied that the system is broken and needs fixing, but doesn’t suggest how that is possible. It was felt this statement was missing the fact that efficiencies needed to be found.

“We will fail if we continue to do the same thing. We need to address the way that care is delivered.” Stakeholder

“Using ‘transforming’ says it’s broken. I agree that we need a huge transformation, but we also need the courage to step up. We need to change expectations.” Stakeholder

“Something is lacking. We need to find creative ways to sustain what is already provided. We need to make changes.” General Public

Strategy # 4 - Essence Statements
Working together within our means for improved health now and into the future.

Transforming the system to ensure it is there when and where needed.



Both stakeholders and members of the general public felt strongly that the sustainability strategy was lacking one primary focus, namely prevention. Consistently, participants believed the essence statements, as presented were lacking in that they did not include a prominent reference to prevention.

“Capital Health needs to weigh in on the issues they know...Expand its scope to recognize the power of a healthy community and advocate the issues.” Stakeholder

“What this strategy is missing is the courage to focus on prevention.” Stakeholder

“I am deeply saddened that prevention is not included. It needs to be included. It should be in the forefront.” Stakeholder

“There needs to be a greater emphasis on wellness and personal responsibility.” General Public

Participants also believed that this essence statement should have reference to innovation, as well as a more proactive stance on increased education. It was felt that a community connection should also be better articulated, as well as putting accountability back on the people.

Key actions that would demonstrate sustainability include:

- ✓ Show cost efficiencies realized;
- ✓ Communicate what needs to be done to fix the problems;
- ✓ Clear communication of the problems;
- ✓ Identify cost savings opportunities;
- ✓ Increased efforts and focus on finding efficiencies and talk about them;
- ✓ Explain what health care costs (derail the prevalent sense of entitlement);
- ✓ Share more information on where the money is spent;
- ✓ Identify whose problem it really is;
- ✓ Clear actions on prevention; assign a % of budget going towards prevention;
- ✓ Communicate the impact prevention has on the system;
- ✓ Define what role Capital Health plays in prevention; and
- ✓ Communicate trends / changes in behaviour.

Direction: Specific advice on how these statements could be further enhanced was consistent, and included: Replace ‘within our means’ with something like ‘responsibly’. A prominent reference to prevention is currently lacking in the statements. Ensure the statements articulate community involvement and innovation. Reconsider the use of ‘transforming’.



Strategy #5: Citizen and Stakeholder Engagement & Accountability

Participants were critical of the fact that this strategy clearly suggested engagement and accountability but did nothing to demonstrate how it would be accountable. More specifically, the strategy's essence statements were considered vague, non-committal, without any type of apparent accountability.

"Who is accountable? This is confusing because it's a strategy implying accountability, but is not saying who is." General Public

When considering 'nothing about you without you', participants were generally unclear what it meant. Some believed that it spoke of patients being given a voice, while others suggested it implied that patients and others would always be considered or involved in any actions undertaken by Capital Health. Participants challenged if that was possible or realistic as a promise.

"I'm not sure what that means." General Public

"Are they suggesting that no decisions would be made without the patient being involved? That's not always possible." General Public

"Capital Health has a history of having input fall on deaf ears. Information goes into a black hole. This is not completely believable." Stakeholder

The second statement 'deeply listening...' spoke clearly of engagement but also lacked action. Participants appreciated that this statement spoke of listening and understanding, and ultimately achieving wellness. Some felt it implied that we are responsible for our own health. However, participants questioned what was implied by 'deeply' and were critical of the fact that this statement did not offer any clear direction as to how wellness would be achieved as a result of that input.

Key actions that participants believed would demonstrate **Citizen and Stakeholder Engagement & Accountability** include:

- ✓ Share statistics and trends on how things are changing;
- ✓ Increased public education on prevention;
- ✓ Being proactive in relation to health living;
- ✓ Proper diagnosis and follow-up;
- ✓ Demonstrate that they are listening;
- ✓ Patient satisfaction scores;
- ✓ Show examples of where change has been made / show accountability; and
- ✓ Public reporting.

Direction: Advice on how these statements could be further enhanced was minimal and included: Remove 'nothing about you without you'; reconsider the use of 'deeply'; include more active verbs in the statement that imply action and accountability.

Strategy # 5- Essence Statements
Nothing about you without you.

Deeply listening to understand and work with patients and the public to achieve optimal levels of wellness.



Final Thoughts

As a final part of the discussion, participants were asked if anything was missing from the strategies and statements presented, or if they had any final thoughts on Capital Health’s future direction.

Participants offered a number of comments that warrant mention, with most relating to articulation of the essence statements or advice on Capital Health’s future direction:

On the essence statements:

*“The word transformed is overused and not used appropriately. Reconsider its use carefully.”
Stakeholder*

“The system talks at me or to me, not with me. Be inclusive in how you speak to others.” General Public

“Use plain language!!! And make sure that prevention is in the forefront.” Stakeholder

*“Be bold. Take risk. Use figures. Assign dollars to services. Report outcomes and activities.”
Stakeholder*

“Acknowledge its (Capital Health’s) role and the magnitude of its role, and the importance of change.” Stakeholder

On general direction:

“Be proactive - not by just listening. Commit to doing something and taking action where appropriate. Instead of saying ‘we can’t do that and here’s why’, tell us what you can do - action and accountability.” Stakeholder

*“Capital Health needs to adjust expectations. Knowing is key. The public needs to be educated.”
Show me what you’ve done for the last five years. Be more visible and make information accessible.” General Public*

“Take advantage of the leadership role that Capital Health has to play.” Stakeholder

“There is a perception, from the outside looking in, that Capital Health is changing because it’s being forced to do more with what it has. It’s being reactive. Recognize that change is what’s needed to make the system more efficient.” Stakeholder

