The Niagara Health System

Trust & Reputation Study

Report

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Dr. Terence (Terry) Flynn, APR, FCPRS

Rebecca Edgar, MCM (c)

Douglas Calderwood-Smith

Sheila Hartford

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Acknowledgments

We would like to thank the people of the Niagara Region for participating in this study. Response rate was beyond expectation, as thousands of you generously gave your time to share opinions and personal experiences.

We appreciate all of you who reached out to us personally, sometimes with support, other times with criticisms, but always with a passion for making things better.

We would like to thank the various media outlets in the Niagara Region that helped "spread the word" about this project, raising awareness and encouraging community participation.

A special thanks to Mike Williscraft and *Niagara This Week* for generously running a print-version of the survey, ensuring folks - not inclined to participate online - had a say.

Thanks to Karen Cudmore and her team at Brock University for sharing their research on trust of hospitals within the Niagara Region.

Finally, thank you to the staff, management and volunteers of the Niagara Health System for inviting us in and sharing yourselves with us, in a "tell it like it is" fashion.

"People value health systems not only for the care they themselves receive in times of sickness, but also for the contribution the systems make to the broader well-being of society."

Overview of Study

In late July of 2011, the Niagara Health System asked our team to conduct a study on the public's trust for and relationship with the NHS. Organizational leadership recognized a loss of community trust and expressed a need to better understand the situation.

The research goal was to provide a baseline measure, identify key reputation issues and provide recommendations for a public engagement strategy. We hope this study is a stepping stone in the NHS' efforts to rebuild its relationships with the members of the Niagara Region community.

To gain a deeper understanding of the various thoughts and opinions of Niagara Region residents, the research design was multidimensional and included: a stratified random telephone survey, an open access online survey, a community newspaper print survey, in-depth interviews conducted with civic and community leaders, and a systematic content analysis of media coverage of the NHS over the past seven years. The combination of data gives us rich insights and perspectives from the community to help us better understand public opinion.

Survey and interview content is based on established communication research whose relationship constructs of control mutuality, trust, commitment, satisfaction and exchange vs. communal relationships have been well tested. From these studies, the evidence is clear: building relationships with the community is fundamental to a positive reputation.

When we reviewed survey and interview results, we focused on common reputation drivers, as used in the Reputation Institute's annual ranking of most reputable organizations, Leger Marketing's annual Corporate Reputation Survey and Fortune Magazine's Most Admired Companies. These drivers include products and services, employee engagement, financial performance, leadership and governance.

Public response to the project was overwhelming. In a matter of weeks, we heard from thousands of Niagara Region residents who shared thoughts, opinions and personal experiences via telephone, online, print surveys and in-depth interviews. The addition of the printed version of the survey resulted in hundreds more paper responses, many with pages of personal accounts attached.

What follows is a report on key findings based on these reputational drivers and research results, including our communications recommendations for improving the NHS' relationship with the Niagara community.

Overview of Results

Based on data collected through the stratified, random telephone survey, the community's relationship with the NHS is damaged. There is a significant lack of trust for the organization, a sense that the community has little influence or control, and a feeling of being continually let down. This has led to hopelessness, frustration and in some cases anger for many citizens of Niagara Region.

The results show that there is a significant reputational deficit and relationship are fractured; a great deal of work is needed and it will take time to un-do the damage done. The NHS, and the community, must look at this as a long-term commitment that starts with action before words.

But there are reasons to be hopeful.

Residents are highly engaged and want to be a part of the solution. Over the past several months, we spoke to many concerned and well-intentioned community leaders, volunteers and advocates who are committed to quality health care for all citizens of Niagara Region.

There is notable admiration and respect for the doctors and staff of the NHS often described by the respondents in caring terms. Their direct encounters with the staff and volunteers of the NHS were often the reason for their positive opinions.

Despite this, there is a new, guarded sense of optimism appearing, brought on by recent changes including the appointment of a Supervisor and noted improvement in communication efforts.

Now, with this baseline measure for trust and reputation established in this study, there is a tremendous opportunity to make positive change for citizens of Niagara Region.

Why is Telephone Data used as the baseline?

Through the telephone survey, we collected a "random sample". This means every number in Niagara had the same chance of being called and included in the survey.

A random sample is most reliable because of its ability to closely estimate public opinion. We don't talk to highly-engaged citizens only, or those with extreme opinions only. In fact, in random samples it is more likely we hear from citizens with moderate views or who are not necessarily aware of the subject matter. In combination with stronger or more informed views, this is representative of "Joe or Jane Public".

Overview of the Methodology

We learned from the community through the following:

- Telephone Survey
- Online Survey
- Paper Survey
- In-Depth Interviews
- Content Analysis of media coverage

Measuring Relationships

The relationships the NHS has with people (patients, staff, community members, employees, etc.) contribute to how those people feel about the NHS. We know from existing relationship research that the following elements contribute to a relationship:

- Control mutuality – the idea that a healthy relationship has a balance of control and influence
- Trust
- Commitment
- Satisfaction
- Transparency

Measuring Reputation

The NHS' reputation is a collection of the many perceptions and beliefs that people have. We know from existing reputation research that there are key attributes that contribute or drive our opinions about the organizations we interact with. These are:

- Products & Services
- Employee Engagement
- Innovation
- Financial Performance
- Citizenship
- Governance
- Leadership
- Emotion Appeal (or that good feeling we get)

Overview of Relationship Results

Low **control mutuality** means respondents feel they have little control over their relationship with the NHS. This was often expressed as not feeling they had a voice or were not being listened to. There was also the perception that the NHS asks for feedback as a way to keep people quiet. "Don't ask if you're not going to do anything about it" was a common sentiment.

	Telephone	Online	Paper	Average
Control Mutuality	-32.88%	-74.9%	-74.5%	-60.7%
Trust	-20.84%	-82.78%	-85.75%	-63.13%
Commitment	+6.17%	-47.79%	-53.93%	-32.18%
Satisfaction	-29.77%	-85.73%	-79.28%	-64.92%
Exchange vs. Communal	+20.55%	-54.30%	-40.46%	-24.25%

Survey questions were based on elements of each of the five relationship factors. This chart combines answers to those questions to give a total score per element.

The public feels less **satisfied** when an organization fails to meet expectations. The more it fails, the less satisfied people feel. This sentiment was expressed by respondents in the study. Some expressed a sense that the NHS has never met expectations - since amalgamation - or that when they do things "right", it's not enough to make up for a history of dissatisfaction.

Respondent lack of **trust** was often connected with the NHS' inability to do what it said it would. This was sometimes related to reorganization or closures of departments (emergency, maternity) and the St. Catharines location for the Centre of Excellence. Low trust was also mentioned in regards to organizational leadership and governance.

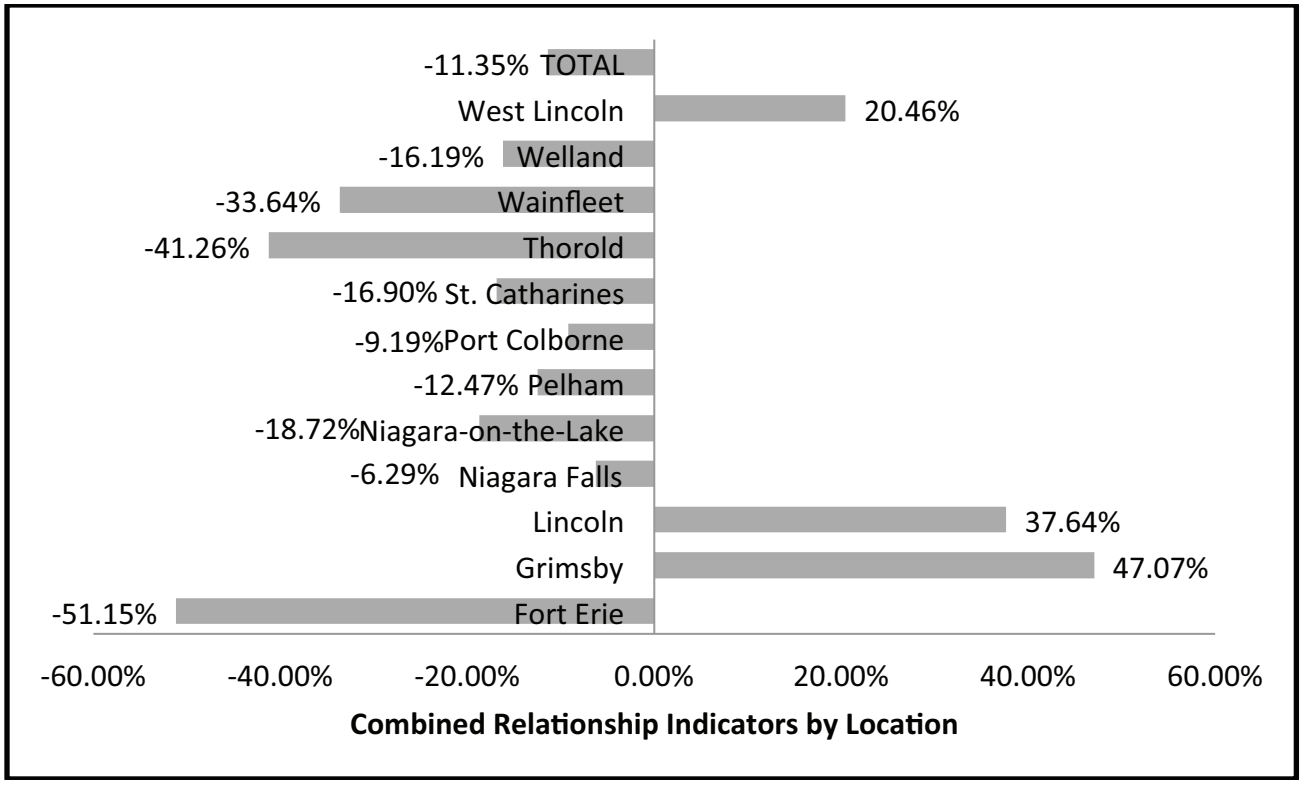
The good news is that while not always feeling **commitment** from the NHS, the public generally feels committed to the NHS and wants to be part of the solution. Responses also indicate that while far from ideal, the relationship is viewed as having some degree of reciprocity. There were many respondents who expressed a desire for a new, improved and mutually beneficial relationship with the NHS.

Relationship drivers were often connected to reputation drivers (discussed in the next section). People want to have a voice/influence and have confidence that their expectations will be met more often than not when it comes to quality of and access to care.

Results from the online and paper surveys reveal significantly more negative opinions. This illustrates a connection between highly engaged people and people holding a strong (in this case negative) opinion. Those who had something to say took the opportunity to voice their concerns via the alternative survey methods. While not statistically reliable, responses here provide a view of some of the NHS' most passionate critics and highly valuable comments around what makes them feel that way.

Response by municipality revealed clear negative sentiment in all locations, except for Grimsby, Lincoln and West Lincoln, where exposure and experience with other hospitals (namely, West Lincoln Memorial) is most likely a factor. It should be noted that removing these three municipalities from the sample would clearly lower average scores.

Relationship scores were lowest in Fort Erie (-51.15%), Thorold (-41.26%) and Wainfleet (-22.64%). Niagara-on-the-Lake, St. Catharines, Welland and Pelham had moderate scores and Port Colborne and Niagara Falls , had neutral range scores .



This chart combines answers to questions (Q8, Q9, Q10, Q11 and Q12 in surveys) that focus on relationship indicators (trust, commitment, control, etc). It uses positive opinion – negative opinion to assign a score for each municipality. A negative score represents = respondents' negative view of their relationship with the NHS.

Overview of Reputation Results

To provide a baseline reputation score, we asked respondents whether they had a good opinion, bad opinion or didn't know enough to form an opinion and relied on Leger's formula:

> % good opinion - % bad opinion = Reputation Score[i]

The NHS' overall reputation score is: -18.5%. Based on our knowledge and experience with these scores, this is very low. Online and paper surveys had more negative scores, representing the viewpoints of that participant group.

Again, municipalities in the western portion of the Region reported the most positive scores or in other words, are more likely to have a positive opinion of the NHS. Niagara Falls (.5%) and Pelham (-1.40%) reported moderate scores.

Fort Erie (-65.9%), St. Catharines (-38.5%), Wainfleet (-53.7%) and Thorold (-34.1%) reported the lowest scores, indicating a lower opinion of the NHS in these areas.

TOTAL	**Telephone -18.50%**	**Online -77.20%**	**Paper -80.30%**	**Average -58.67%**
Fort Erie	-65.90%	-87.70%	-86.80%	-80.13%
Grimsby	23.50%	-75.90%	-50.00%	-51.20%
Lincoln	18.60%	-71.90%	-45.50%	-32.93%
Niagara Falls	0.50%	-65.90%	-86.60%	-50.67%
Niagara-on-the-Lake	-21.5	-72.20%	-41.20%	-22.634
Pelham	-1.40%	-61.70%	-57.10%	-40.07%
Port Colborne	-12.10%	-86.50%	-83.60%	-60.73%
St. Catharines	-38.50%	-79.80%	-80.60%	-66.30%
Thorold	-34.10%	-81.50%	-100.00%	-71.87%
Wainfleet	-35.70%	-93.80%	-100.00%	-76.50%
Welland	-13.40%	-78.00%	-100.00%	-63.80%
West Lincoln	25.60%	-60.00%	-100.00%	-44.80%

This illustrates good-bad opinion by location, for each of the three survey methods.

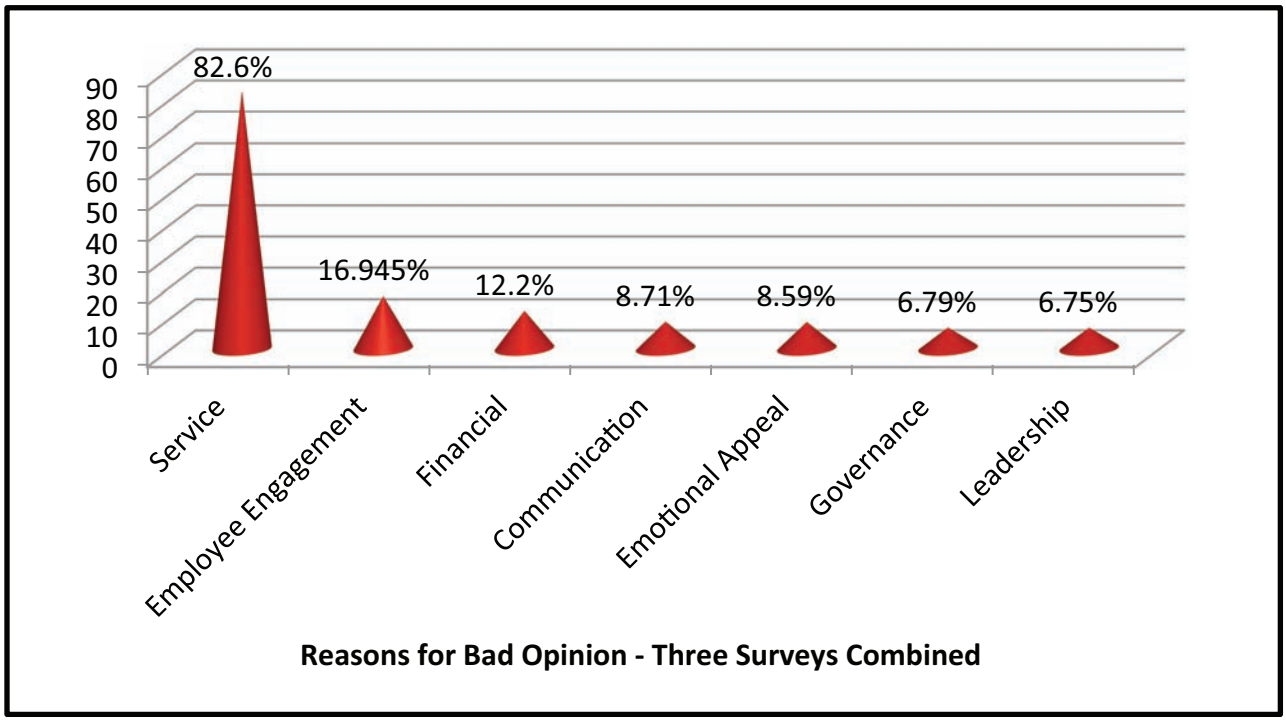
Qualitative data provided rich insight into reputation drivers. Negative opinions were most often due to excessive wait times, lack of cleanliness and a number of access to care concerns that were particularly predominant in the southern portion of the Region.

Online and paper survey results placed a greater emphasis on a lack of patient-focus, sometimes described as uncaring. This was compounded by an over-riding belief that the NHS does not listen and that people are too often treated as numbers.

There is a common view that the NHS is a top-heavy organization with high administrative salaries, often at the expense of frontline resources.

Citizenship and innovation did not play a significant role in respondents' answers.

Good opinions were most often attributed to a positive care experience (self and family), a general good feeling about the hospital/organization and appreciation for caring, albeit often considered over-worked staff.



This combines answers to Q7 (Why do you have a bad opinion) across three survey methods. Researchers read and coded answers to this question.

Research Methodology

To gain an understanding of the public's opinions, a number of data collection methods were employed during this project. These include quantitative data collected through surveys, qualitative data collected through personal interviews, as well as a content analysis of seven years worth of media coverage. Being able to cross-reference data from different sources is useful in validation, and provides a more robust overview of the situation.

Collection Methods:

Telephone Surveys

Through the telephone survey, we obtained a random sample of opinion. This means every household phone number in Niagara had the same chance of being called, the numbers selected by a computerized dialler. The telephone survey was also stratified, meaning there was a quota for each municipality in the Region. Results can be generalized for both the greater Region, as well as for each municipality.

From a statistical standpoint, the random sample survey is most reliable because of its ability to closely estimate public opinion[ii]. Telephone surveys have several advantages over other methods, including a better sense of who is being interviewed and an exact count of the number of calls it takes to reach the required number of completes[iii]. For that reason, results from the telephone survey will provide the baseline reputation and relationship data for this report.

It should be noted that while limitations to this type of survey are minimal, the growth of cellular service over traditional home phone service and an increased tendency to avoid calls from unknown callers, has limited access to the total survey population.

Online & Paper Surveys

Through the online and paper surveys, we obtained a convenience sample of participants who self-selected to take part. This type of collection has a number of important limitations. Because of self-selection, the sample does not reflect the geographic disbursement of the Region. Participants often have a particular interest in the topic of the research. This is particularly true in high concern, low trust situations like the health care in Niagara Region. It is also quite possible that participants completed more than one method, since timing of methods overlapped. For these reasons, the online and paper survey results cannot be generalized as representative of the entire population[iv].

On its own, a convenience sample can overstate the views of the group most likely to respond, however in the context of this project where data can be cross-referenced, it captures something very important: the opinions, beliefs and experiences of a highly engaged group.

This provides interesting comparative data to that collected during the random telephone sample.

A tremendous benefit of both the online and paper surveys is the improved reach to and inclusion of willing participants in the Niagara Region. Both offered an alternative engagement opportunity to those not contacted during, or comfortable with, the telephone survey.

In-depth Interviews

One-to-one communications with community members provides a level of detail and understanding of an individual's perspective not possible through other methods.[v] Here, we are able to ask both prepared and probing questions, often taking the interview in different areas. This is complementary to data collected through other methods.[vi]

Determining who to interview is challenging. Ideally, we would speak to everyone within the community but time, resources and access are factors. We started with a list of 30 community and civic leaders (actively involved in social and political life of their communities) representative of the regional geography. During each interview we asked for recommendations for additional interviews.

In addition to time and access limitations, in-depth interviews are prone to bias[vii]. It should also be noted that, like a convenience sample, interview data cannot be generalized to the greater Niagara Region because it is specific to the individual.

Content Analysis

A systematic content analysis is a review of qualitative information that identifies and quantifies messages. Rules of analysis are applied so that statements are transformed into numerical data.[viii] For this project, all available media coverage concerning the NHS was gathered, from 2004-2011. Researchers reviewed all and measured units such as topic, location and publisher, as well as sentiment.

Research Status –

	Timeframe	Target	Actual
Telephone Survey	Sept 7 – Sept 26	500	523
Online Survey	Sept 7 – Sept 28	Unlimited	1559
Paper Survey	Sept 12 – Sept 28	Unlimited	310
In-depth Survey	Sept 12 – Oct 28	25	27
Content Analysis	Sept 1 – Oct 1	2004-2011 available media coverage	complete

Survey & Interview Content

Measuring Reputation

An organization's reputation is the many perceptions and beliefs held by its stakeholders. By consistently meeting or exceeding the expectations of these stakeholders, an organization will most likely benefit from a positive reputation.[ix] On the other hand, when an organization continuously fails to meet expectations, its reputation suffers. Reputation is established over time and, therefore, is relatively stable. We know that when an organization has a poor reputation, a few good deeds are not enough to change our opinion.

Stakeholders often have varying opinions of an organization's reputation, depending on their personal experience or the experience of those close to them. It is important to view reputation as a collection of opinions versus an aggregated perspective.[x]

Benefits of a positive organizational reputation are well documented and include: attracting and retaining top talent, positive media coverage and word-of-mouth and lower operational costs. In a publicly traded organization, reputation can affect market value. In a not-for-profit like a hospital, reputation can impact government decision-making around funding and intervention.

In its annual study conducted each year for Marketing Magazine, Leger Marketing calculates reputation scores based on Canadians' responses to "Do you have a good opinion, bad opinion, or you don't know the following companies?" regarding a list of organizations, ranging in industry[xi] Leger then uses the simple equation:

% good opinion - % bad opinion = Reputation Score[xii]

Scores provide interesting baseline measures and benchmarks for organizational reputation, often illustrating the rise, fall, maintenance and recovery of many well known corporations year over year. Highly regarded companies such as Google, Sony and Canadian Tire topped the 2011 list, while companies such as Toyota and Maple Leaf Foods managed to regain reputation capital.[xiii]

This study will establish a reputation score baseline for the Niagara Health System, using Leger's method.

What drives public opinion on organizational reputation has been well researched in the corporate sector. Commonly researched drivers, including those used by Fortune Magazine and the Reputation Institute, often include: products and services, employee engagement or capital, financial performance, leadership or management, governance, innovation, citizenship or corporate responsibility and some sense of likeability or emotional appeal. Let's look at how each of these may shape opinions on health care.

Products & Services

Receiving quality products and services is a baseline expectation of consumers. In other words, it is not a "nice to have" but a "must have" in terms of how we perceive an organization's reputation.

In health care, accessibility to and quality of care provide that baseline for service expectations. Canadians expect to receive care in a timeframe appropriate to the urgency of the need, organized to accommodate a range of personal needs, via a full range of services[xiv]. A decline in service availability can be particularly damaging to reputation.[xv]

A 2007 report published by the Health Council of Canada that utilized data from a number of researchers illustrated marginal improvements in overall rankings of health care by Canadians. The Ipsos Health Report Card (2005) reported 63% of respondents gave a high grade (A or B) to "the overall quality of health care services available to you and your family".[xvi] Despite a majority of respondents reporting mostly positive experiences with the system, there was significant concern about the future sustainability of the system. Both access and quality were thought to be in decline, requiring "a fundamental change to the system".[xvii] Access to specialists, diagnostic equipment and emergency service is often seen as the most problematic.

Consumers expect organizations to be responsive to their concerns, by listening, engaging in dialogue and acting on complaints quickly and efficiently. In fact, a well developed and managed complaints process can help to identify systemic or "bigger" issues earlier, so organizations can act and prevent future problems.

Employee Engagement

Employees are one of the most valuable assets an organization has.[xviii] Employee engagement is the ultimate expression of an employee's commitment to its organization; illustrated by the discretionary effort that employee exhibits in helping the organization reach its goals.[xix] Drivers of engagement include fair pay, good working conditions, regular communication and management that respect and trust its workforce. In fact, leadership is often described as having the ability to inspire.[xx]

The benefits of a highly engaged workforce are plentiful. Cost savings, such as reduced recruitment costs, are realized. Employees who feel proud of where they work provide some of

the best word-of-mouth communications. And in health care specifically, higher employee engagement has been linked to improved quality of care and patient satisfaction.[xxi] Satisfaction reduces stress, which in turn reduces turnover, absences and human-error, increasing patient safety.[xxii]

While this study does not set out to measure employee engagement, it does consider patient perceptions of employee engagement in terms of patient-employee experience.

Financial Performance

A solid financial track record, including strong budget management, little or no deficit and effective use of capital is an important reputation factor. Employees want to know that their jobs are safe, suppliers want to know they will get paid and the community wants to feel confident that services will continue to be provided.[xxiii]

In health care, a system's inability to demonstrate fiscal prudence can also affect future government funding decisions.

Innovation

Innovation refers to a new, better way of doing something. This can be a product, service, process or idea. An organization's ability to innovate – to adapt and change for the better – has been closely linked with success factors such as customer satisfaction, productivity and financial performance.[xxiv]

Finding new ways of providing quality health care to our aging population is a challenge, to say the least. "Innovation in health care continues to be a driving force in the quest to balance cost containment and health care quality."[xxv]

Citizenship

Corporate citizenship or corporate social responsibility is an organization's commitment to sustainable business development, considering the impacts to both society and the environment. This includes business practices that go beyond what is regulated, taking into account the needs of diverse stakeholders.[xxvi]

Like quality service, consumers have come to expect a high degree of citizenship from organizations. When given the choice between like companies, patronage decisions are swayed by an organization's reputation as a socially, ethically and environmentally "good" company. As with the corporate sector, many Canadians have expectations that health care providers will act with social, ethical and environmental impacts in mind.

Governance

Governance sets the tone of an organization by establishing a clear vision and direction for an organization. The board of directors is often responsible for developing a policy framework that "ensures accountability, fairness and transparency" in its relationships with stakeholders.[xxvii] The board is ultimately accountable for organizational performance.

Good governance is essential to "the provision of high quality health care".[xxviii] Variances in care metrics across organizations led the government to make boards more accountable for clinical quality and patient safety, vs. the financial focus they'd held in the past[xxix]. Evidence has shown that effective boards are connected to improved quality. This paradigm shift has increased the need for open dialogue to better understand patient experiences.[xxx]

Leadership

Whereas governance refers to the board of directors, leadership refers to the senior leadership team of an organization. Of the leadership team, it's most often the CEO who is linked to an organization's reputation; a strong, visible CEO often associated with a high-performing organization. The CEO is also believed to have the greatest affect on reputation through her/his decision-making ability.[xxxi]

There is vast amount of literature that attempts to define leadership. In a study conducted by the Canadian Health Services Research Foundation, traditional leadership competencies were action-oriented, such as driving results, cultivating team, communicating and making changes. What the study showed was a growing need for health leaders to "champion caring", including demonstrating respect, dignity, compassion and fairness in all actions.[xxxii]

Emotional Appeal

Our level of trust, respect and admiration for an organization closely aligns with how reputable we believe it to be.[xxxiii] It can also stem from how emotionally appealing an organization is personally, a general good or gut feeling. When the appeal is there, we are more likely to do business with that organization. In a health care situation where consumer choice is less of a factor, we feel more comfortable and confident with a provider who appeals emotionally.

Measuring Relationships

An organization's reputation is inextricably linked to the relationships it forms with its stakeholders.[xxxiv] Some of the world's most regarded organizations are known for excellence in customer service, employee satisfaction, government relations, etc., or, in other words, its relationships with its publics.

Based on existing research on relationship measurement, this study attempts to measure the relationship the Niagara Health System has with the residents of Niagara Region. Survey and interview questions are based on the following elements of relationships:

Control Mutuality

Within every relationship, there is an element of control and some imbalance is normal.[xxxv] In healthy relationships, both parties have some level of control. A complete imbalance, where one party has all of the control, can lead to abuse of power, as well as feelings of futility for the party without influence.

In the past, patients often believed that medical staff knew best and were more willing to relinquish control to the experts. With increased access to information and willingness to self-educate, patients take a more active part in their health care experience.[xxxvi]

Trust

Trust is the confidence we have in someone or something. Integrity (or fairness), dependability (to do what it promises) and competence (ability) are important elements in why a person may or may not have trust. Interestingly, recent reputation research indicates the growing importance of trust over traditional drivers. In the 2010 Edelman Trust Barometer survey of, business leaders ranked transparent and honest practices tied with trust as top priority, eclipsing quality of products and services for the first time.[xxxvii]

Trust has long been the cornerstone of effective health care. According to the College of Physicians and Surgeons of Ontario (2008), trust is:

> … the demonstration of compassion, service and altruism that earns the medical profession the trust of the public … in the absence of a trusting relationship, the physician cannot help the patient and the patient cannot benefit from the relationship.[xxxviii]

While that speaks to the interpersonal relationship between patient and clinician, there is also the trust the public feels for the hospital – called institutional trust. Cost-cutting and medical errors can erode the public's institutional trust.[xxxix]

Commitment

Often associated with healthy interpersonal relationships, commitment is also fundamental to an organization's relationship with its stakeholders.[xl] It indicates how far both parties will go to maintain the relationship.

Commitment can be categorized as continuance commitment, which is action-based, and affective commitment, which is emotional.[xli] In other words, to believe a party is committed to us, we need to see it and feel it.

Here, we attempt to measure whether residents' believe the relationship with the NHS is worth the time and energy to make it work, as well as if the NHS is demonstrating a commitment to its relationship with the community.

Satisfaction

Our degree of satisfaction is related to how often our expectations are met. If they are met regularly, positive feelings are reinforced and we feel good about a relationship.[xlii] In 2007, 85.7% of Canadians reported being very or somewhat satisfied with their health care experience.[xliii]

Patient satisfaction is an important operational indicator that has lead to an increased adoption of patient-centric service models.[xliv] Patient surveys are used to measure and identify gaps between what the patient expects and what they experience.

Communal vs. Exchange Relationship

In an exchange relationship, motivation is often self-serving. One side gives because of what it might get in return.[xlv] This may be witnessed in a stereotypical sales pitch, where benefits are offered to the customer in order to close the sale.

In communal relationships, action is altruistic. Parties act in the best interest of the other, due to a mutual concern for welfare. This is the preferred or normative model of relationship. When working well, communal relationships "appear to be instrumental to maintaining and promoting physical health"[xlvi]

Research Findings

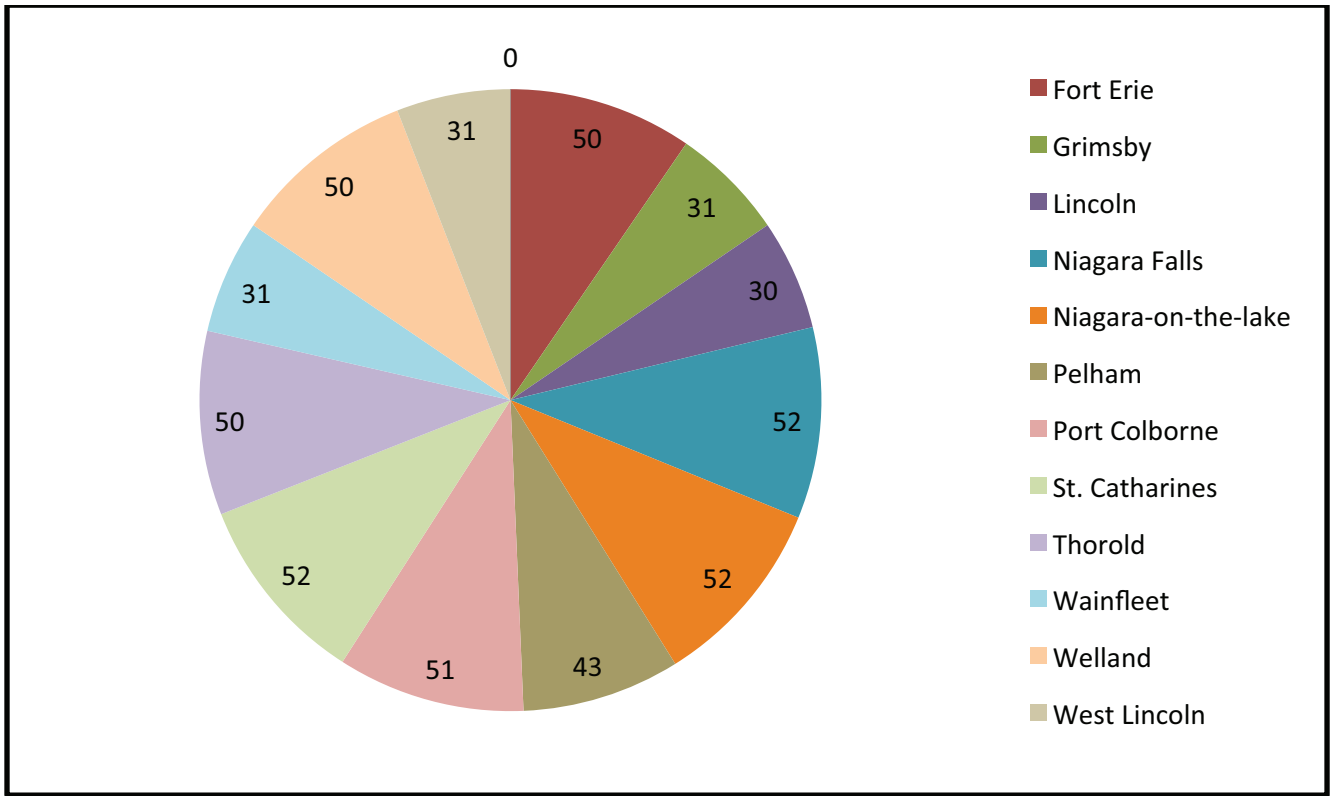
Telephone Survey

Respondents by City:

All 12 municipalities within Niagara Region were included in the data collection, as each of the 12 are included in the NHS' catchment area.

The objective of the telephone survey was to obtain a statistically valid sample of residents that represented share of voice in the Region. Samples were slightly larger in larger municipalities. The minimum numbers were achieved in order to statistically weight responses to represent the population per municipality.

With this type of selection, responses do not indicate level of interest or engagement within specific communities. Engagement may be better assessed in the online and print survey results.

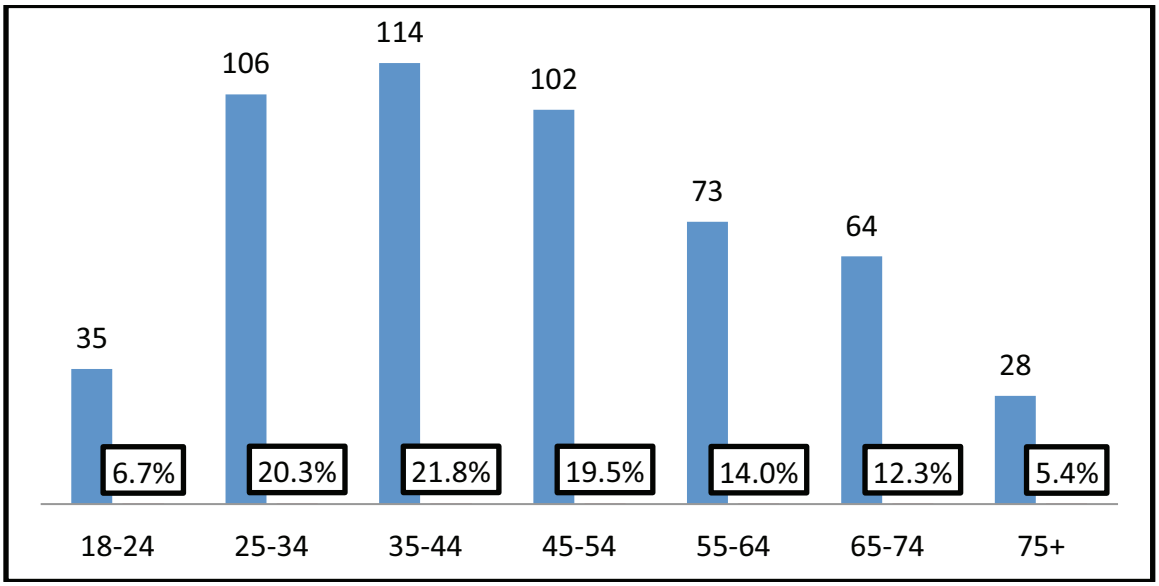


Q1: *In which Niagara Region do you live?* (N=523).

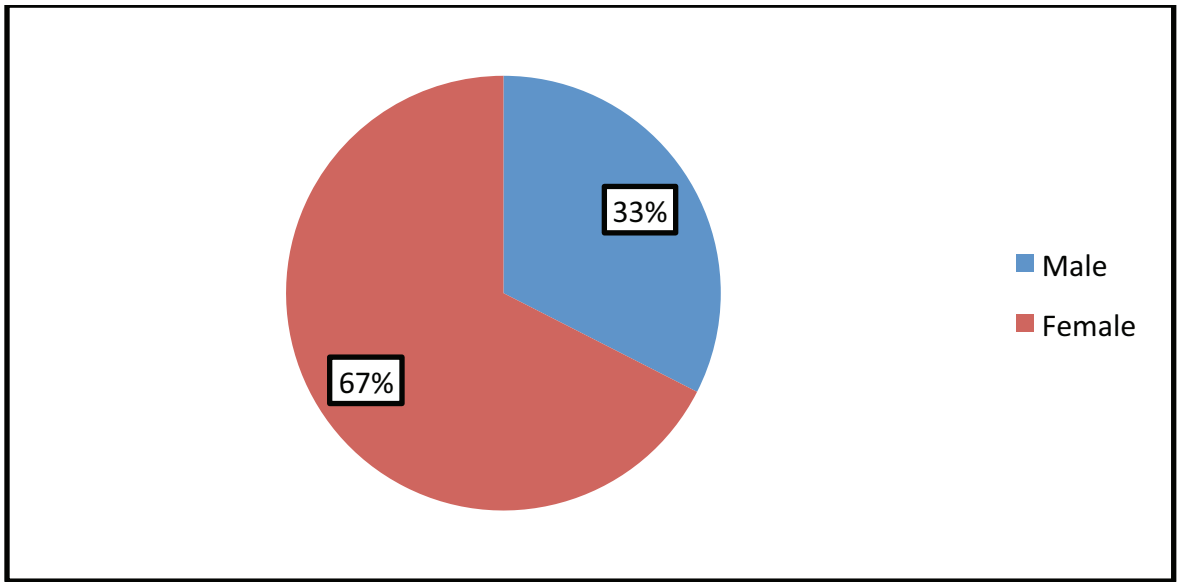
Respondents by Age and Gender:

With the focus on geographical representation, neither age nor gender was criteria in respondent selection. Respondents were most likely to be between the ages of 35-44, followed closely by age groups 25-34 and 45-54. Females were twice as likely to participate.

From a statistical perspective, it should be noted that sample sizes in the 18-24 and 75+ are too small to allow for any generalizations of these groups.



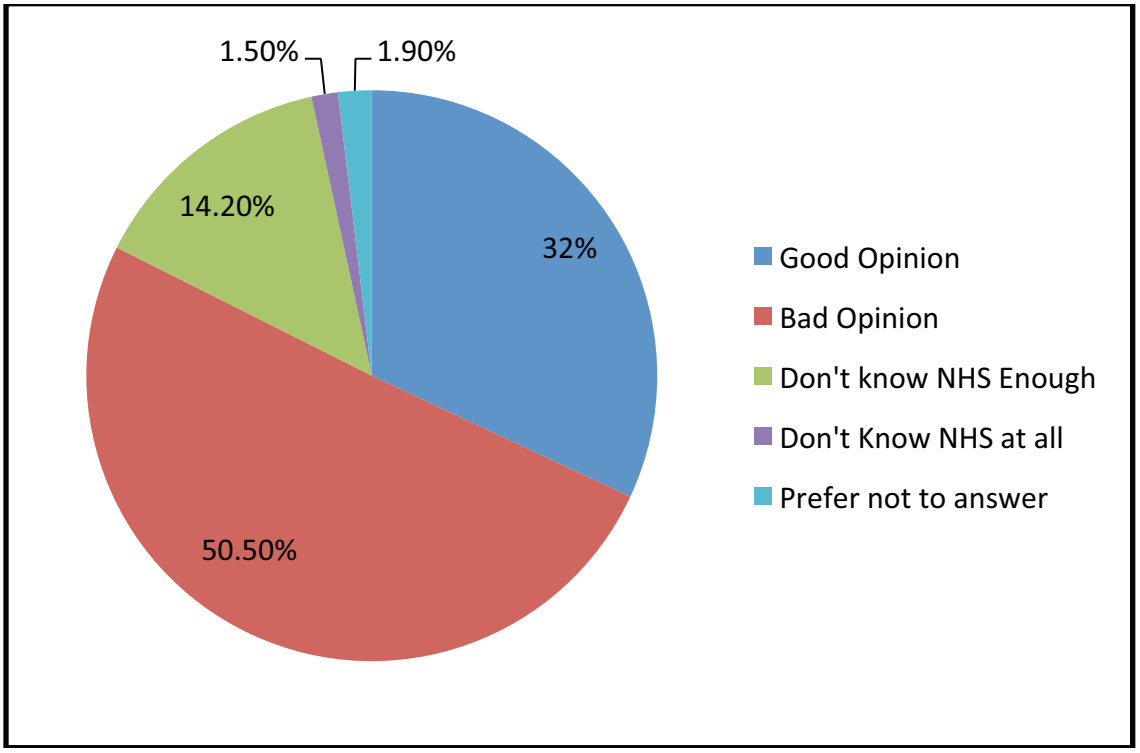
Q2: *In which age group are you? (n=523)*



Q3*: Are you… (n=523)*

Opinion Breakdown

Over 50% of respondents reported having a bad opinion of the NHS.

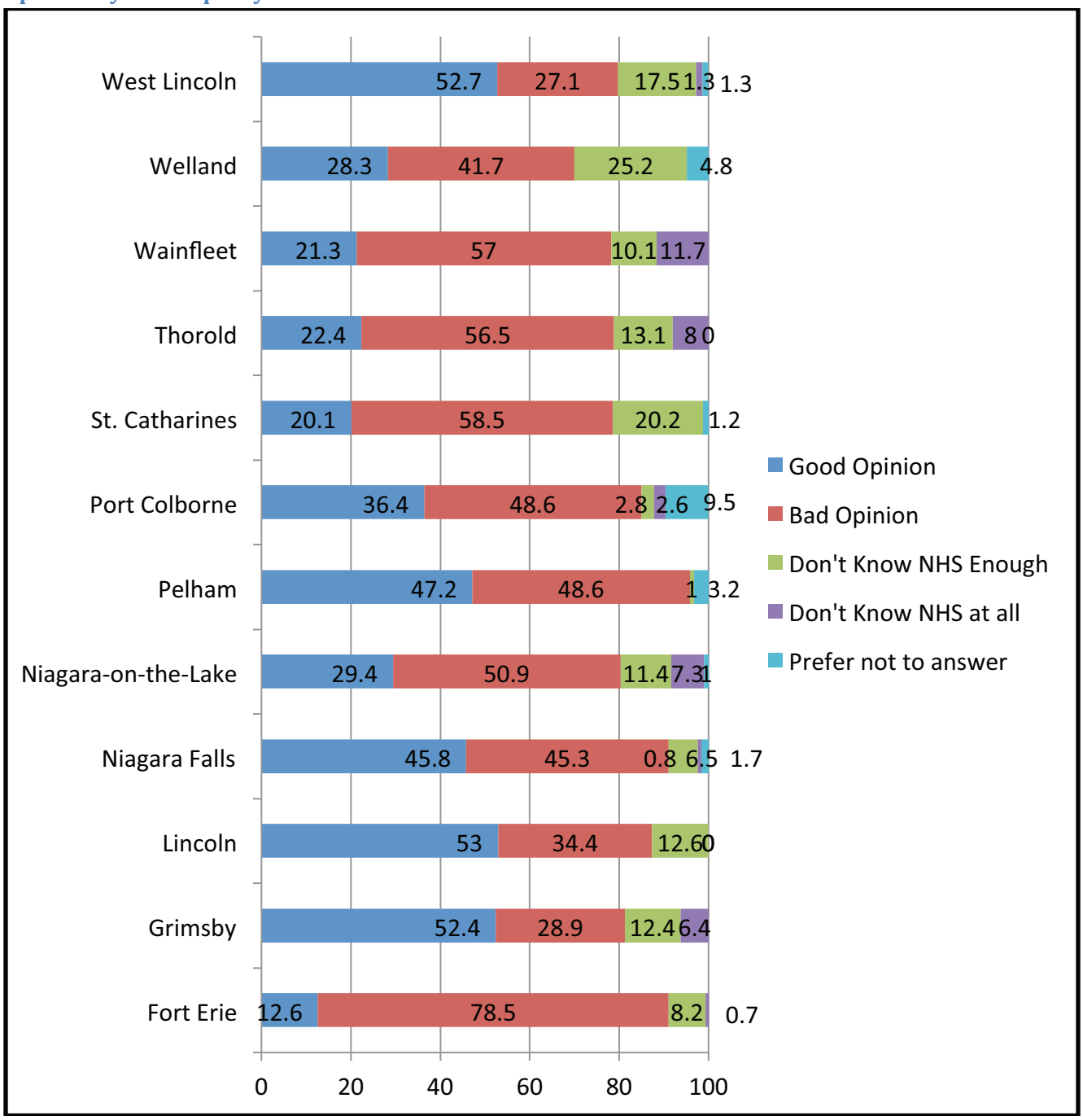


Q5*: Do you have a good opinion, bad opinion, or you don't know enough about Niagara Health System? (n=523)*

A good or positive opinion of the NHS was most common in Lincoln (53% positive), West Lincoln (52.7%) and Grimsby (52.4% positive) where residents are more likely exposed to West Lincoln Memorial in Grimsby or Haldimand War Memorial in Dunnville (neither part of the NHS). Pelham (47.2%) and Niagara Falls (45.8%) had the next highest positive ranking.

Fort Erie (78.5% negative) had significantly more negative response than the next closest municipalities of St. Catharines (58.5% negative), Wainfleet (57% negative), Thorold (56.5% negative) and Niagara-on-the-Lake (50.9%). Welland (25.2%) residents, followed by St. Catharines (20.2%) were most likely to respond that they didn't know enough about the NHS to have an opinion).

Opinion by Municipality:



Q5*: Do you have a good opinion, bad opinion or you don't know the Niagara Health System? (n=523) Illustrates % of response by location.*

Reputation Scores

Once again, reputation scores were calculated based on Leger's formula of: % good opinion - % bad opinion = Reputation Score[xlvii]

Reputation Score	Telephone
AVERAGE SCORE	**-18.5%**
Fort Erie	-65.9%
Grimsby	23.5%
Lincoln	18.6%
Niagara Falls	0.5%
Niagara-on-the-Lake	-21.5
Pelham	-1.4%
Port Colborne	-12.1%
St. Catharines	-38.5%
Thorold	-34.1%
Wainfleet	-35.7%
Welland	-13.4%
West Lincoln	25.6%

Good Opinions Explored:

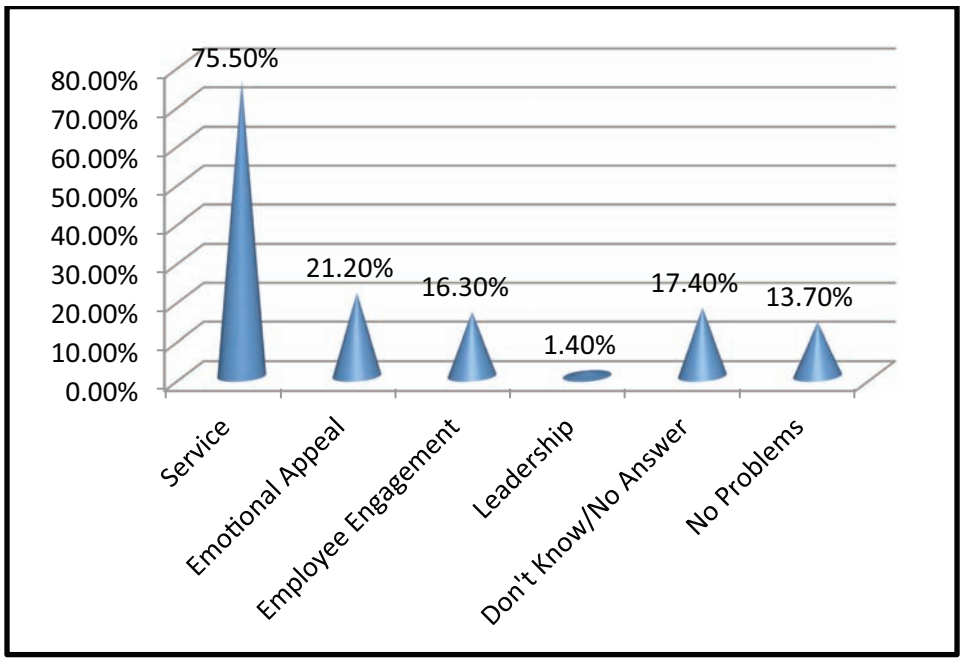
Positive service experiences were the most commonly cited reason for respondents holding a good opinion of the Niagara Health System. This included self, family, friends and general service provision. Access, including speediness of service delivery as well as convenience/availability was mentioned.

Over 20% of those reporting a good opinion expressed emotional appeal for the NHS, a general like for the organization. Some related this feeling to a long-term relationship with a hospital.

Respondents also commonly mentioned staff as reason for positive opinion, including attributes as hard-working, friendly, attentive, helpful, as well as general likeability of individuals.

Interestingly in comparison to the same category in bad opinions, over 17% of respondents did not give a reason for their good opinion and over 13% reported having no problems to report in their dealings with the NHS.

A small number of respondents noted the positive improvements being made by the organization.



Q6: *Why do you have a good opinion? (n=153). Includes multiple responses.*

"I WAS JUST RECENTLY AT THE ONTARIO BREAST SCREENING CLINIC AT THE ST CATHARINES GENERAL HOSITPITAL AND IT WAS EXCELLENT CARE."

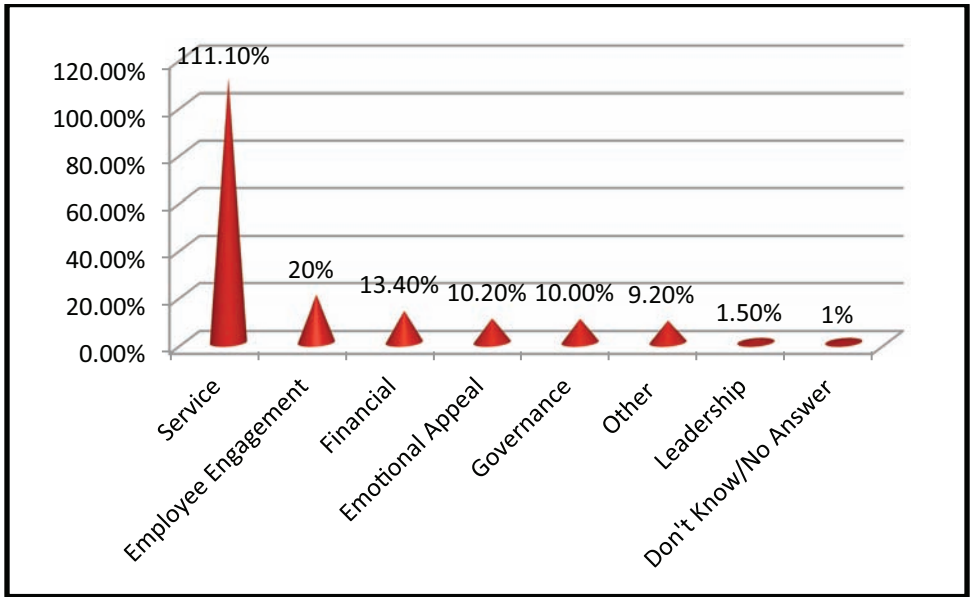
"I WOULD LIKE TO SAY I HAVE OPTIMISIM FOR THE FUTURE. I THINK THAT THE NEW HOSPITAL WILL BENEFIT THE COMMUNITY AND ADDRESS PROBLEMS ASSOCIATED WITH OUR CURRENT SYSTEM."

"I THINK THE FRONT LINE WORKERS ARE GREAT AND THEY ARE DOING THEIR BEST THEY CAN WITH THE RESOURCES THEY HAVE AVAILABLE BUT TOO MUCH MONEY IS GOING TO MIDDLE MANAGEMENT OR SENIOR MANAGEMENT AND NOT ENOUGH TO FRONT LINE."

"I AM VERY THANKFUL FOR THE SERVICES OF THE NIAGARA HEALTH SYSTEM."

" I THINK THEY ARE TRYING TO IMPROVE, … WE ARE STARTING TO IMPROVE, SO IT CAN'T GET BETTER THAN THAT…"

Bad Opinions Explored:



Q7: Why do you have a bad opinion? (n=287). Includes multiple responses.

Service was the dominant reason for a negative opinion and could be broken into access and quality sub-categories. Long wait times were by far the most frequently cited example (43%). It should be noted that wait times refers to both ER wait times, as well as wait times for further service (ex. diagnostic, specialist, surgery). Other access issues included closure of facilities, distance to sites and transfer process between hospitals. Closures were of particular significance to Wainfleet (46%) and Fort Erie (42%) respondents.

Quality issues noted included general poor service, lack of cleanliness and infectious disease outbreaks.

The second most common answer, after wait times, was that staff is not focused on people (16.6%). This was sometimes related to cutbacks/not having the resources to meet people's needs. Human error was also mentioned by a small number of respondents (3.4%).

Financial issues focused on staff cutbacks, as well as wasteful spending by and on hospital administration.

Emotional appeal captures poor public image and a general dislike for the system.

"Wait times in emergency and to see specialists is ridiculous."

"It seems the staff is stressed out and that comes across to the patients."

"There are simple changes they can make to improve the experience... like treating people with dignity and respect..."

"I'm concerned that they build a huge hospital on the north end of the region, and they don't care about the Southern part... I'm concerned about loss of services in our area."

"Too much money is going to middle management or senior management and not enough to the front line."

"They have cut back too much on housekeeping."

"We have to travel miles to get to different departments of our own hospital..."

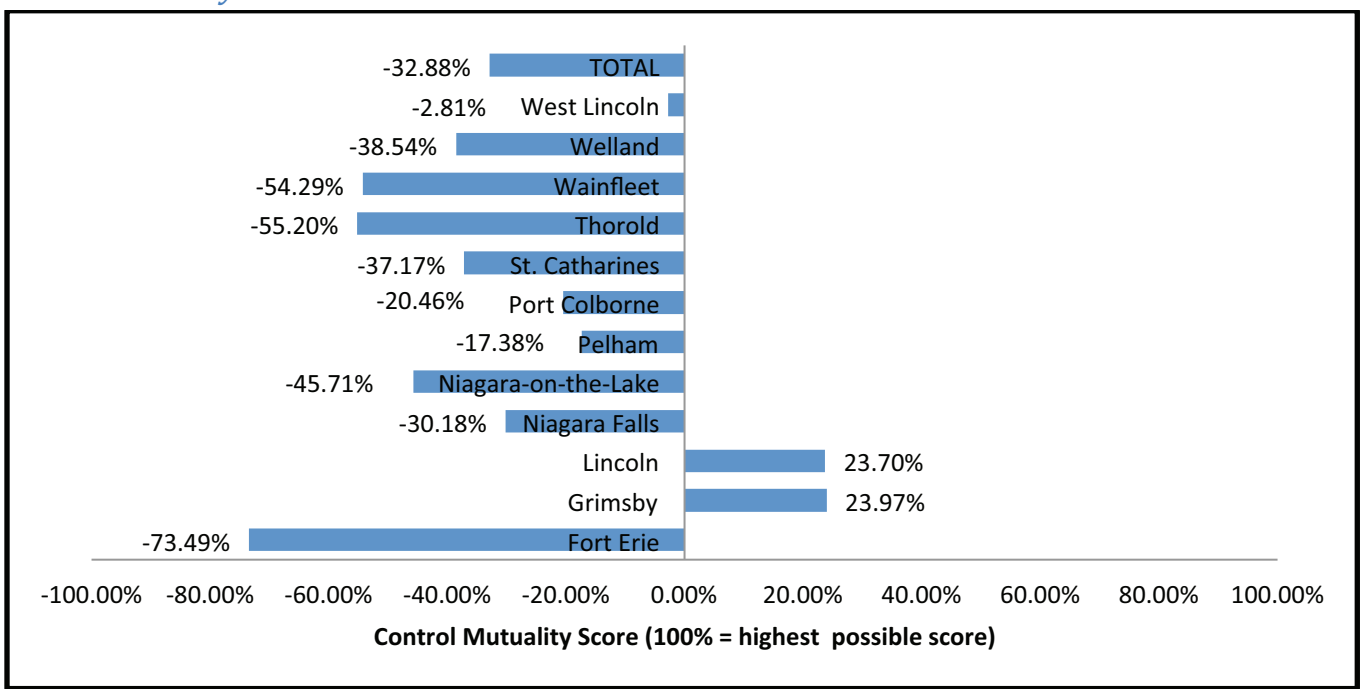
"The NHS doesn't listen to the public, it doesn't listen to its own doctors..."

"Need more doctors..."

"We need more nurses..."

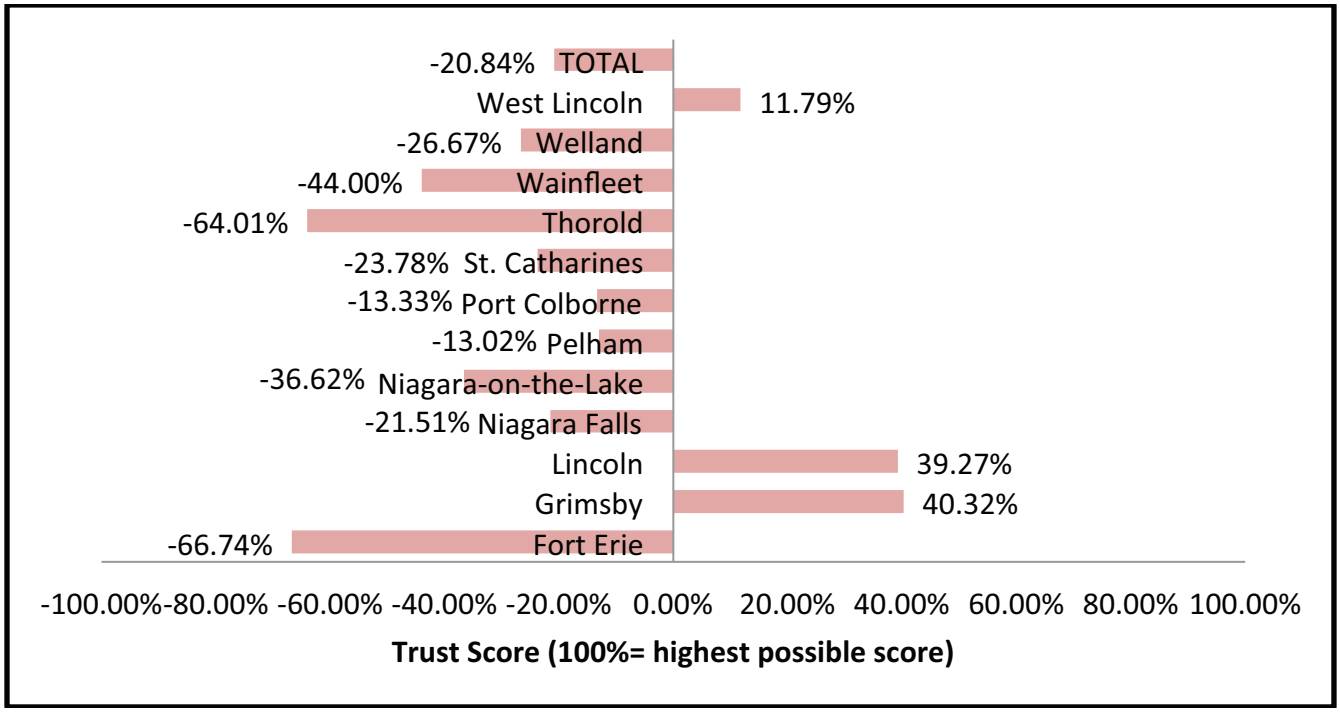
Relationship Scores

Control Mutuality:



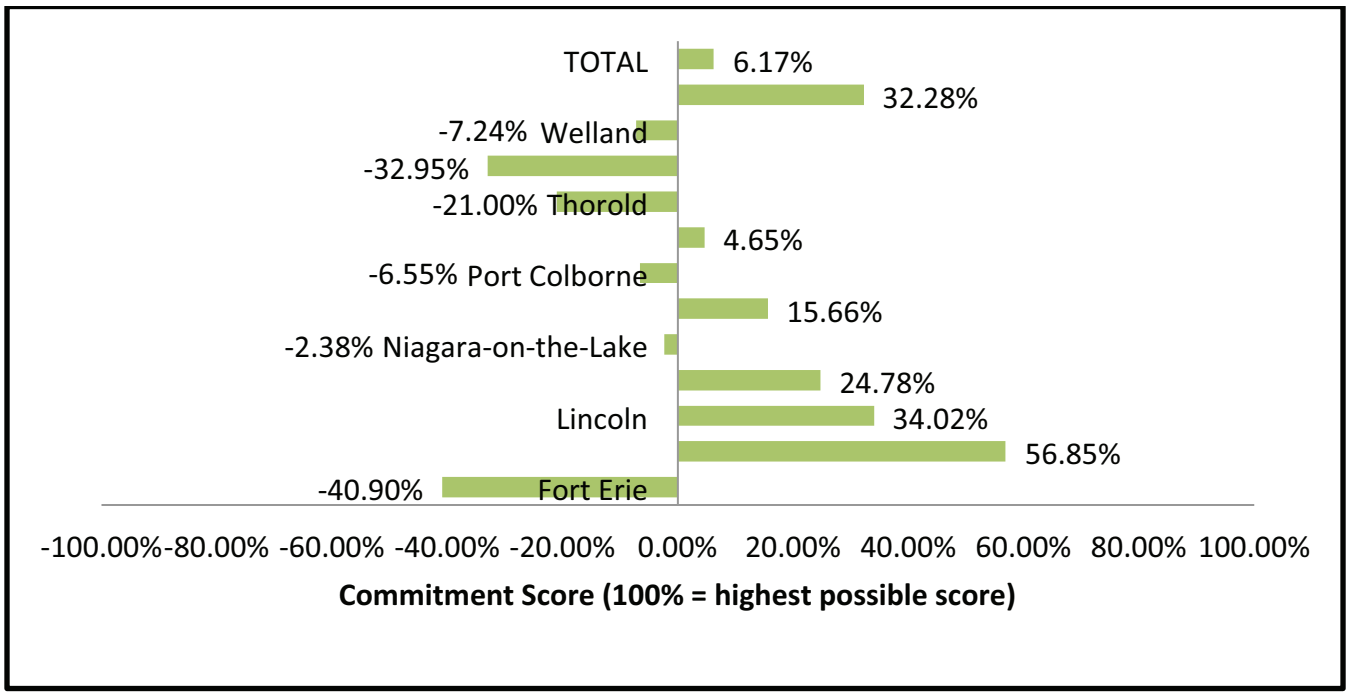
Graph illustrates combined scores of Q8A, Q8B, Q8C, Q8D and Q8E.

Trust:



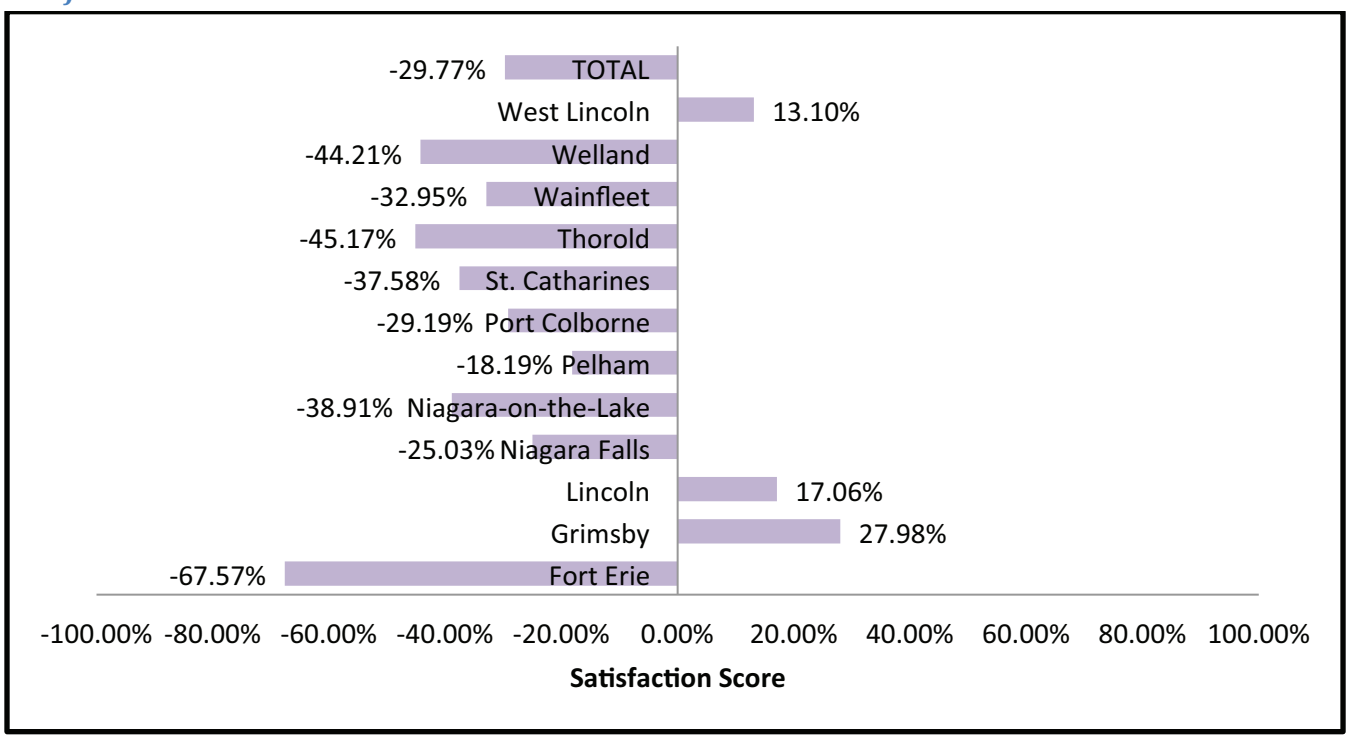
Graph illustrates combined scores of Q9A, Q9B, Q9C, Q9D and Q9E.

Commitment:



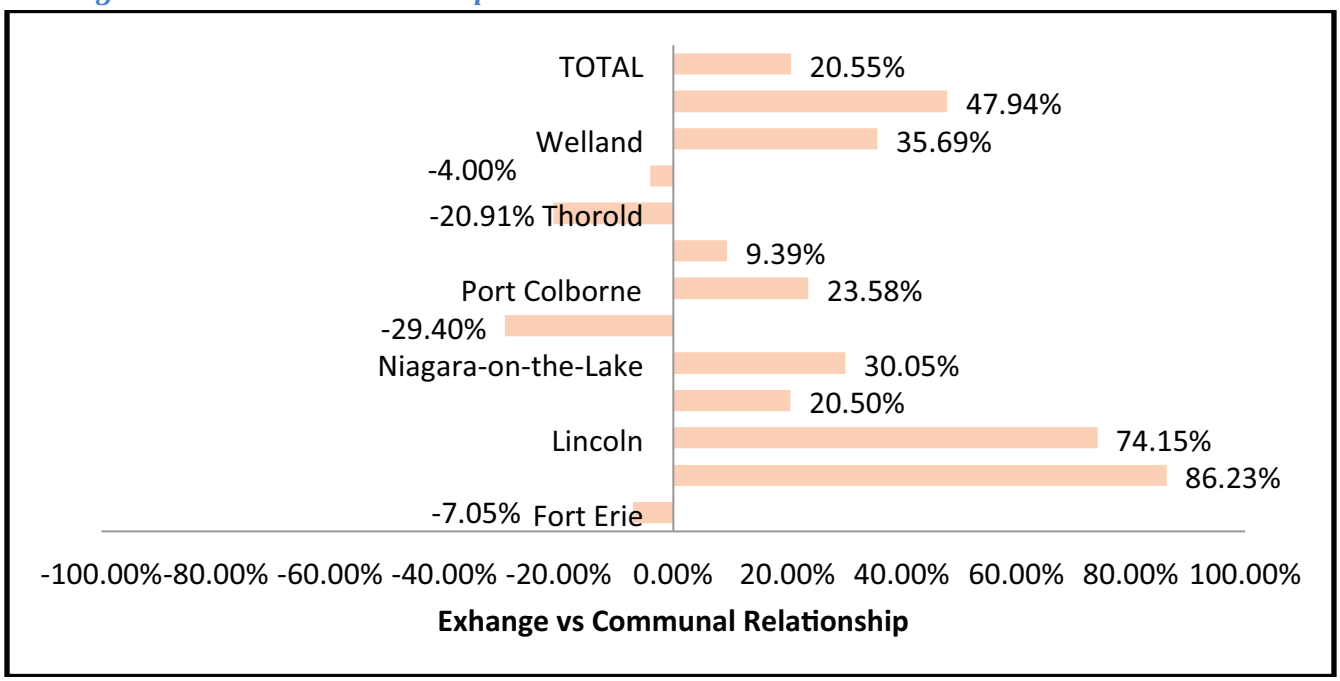
Graph illustrates combined scores of Q10A, Q10B, Q 10C, Q10D and Q10E.

Satisfaction



Graph illustrates combined scores of Q10A, Q10B, Q10C, Q10D and Q10E.

Exchange vs. Communal Relationship:



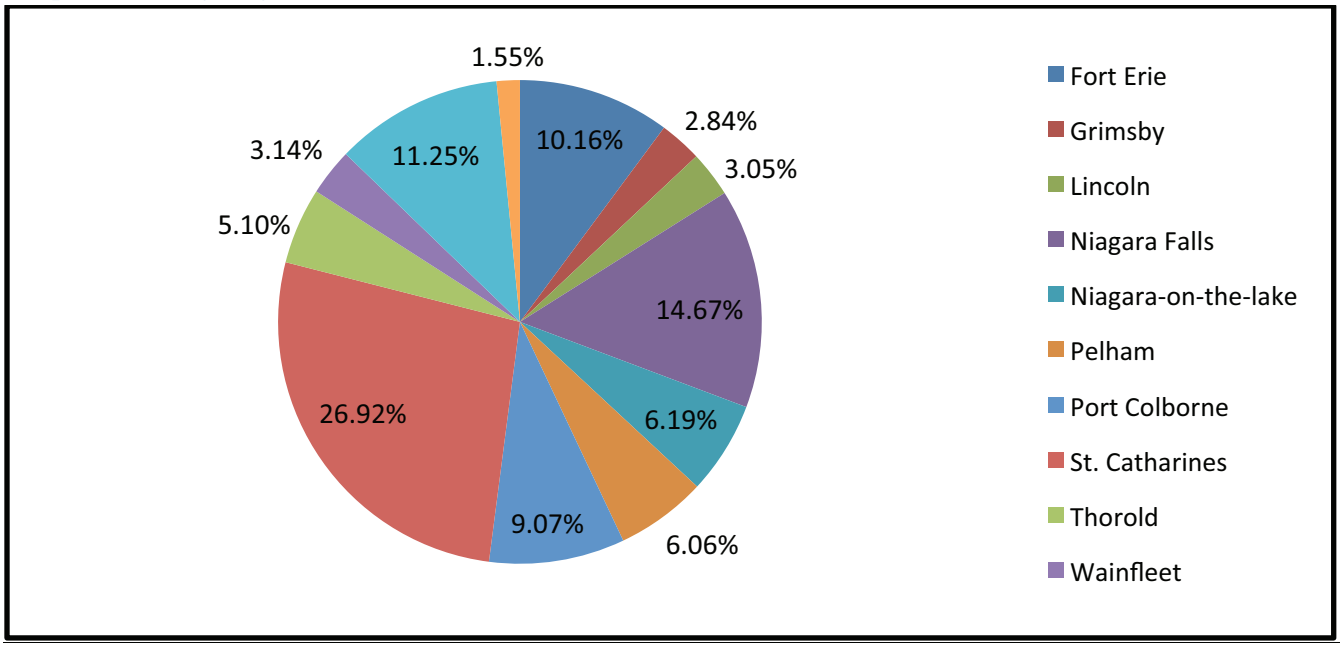
Graph illustrates combined scores of Q12A, Q12B, Q12C and Q12D +/- combined scores of Q13A, Q13B, Q13C and Q13D.

Relationship Score Summary:

Control Mutuality	-32.88	The negative control mutuality score illustrates respondents' belief that they have little to no control over or influence on the NHS. This can be caused by a lack of meaningful dialogue or voice in decision-making. With the exception of Grimsby and Lincoln, all areas reported a negative control mutuality score. Scores were particularly low in Fort Erie, followed by Wainfleet and Thorold.
Trust	-20.84	The negative trust score indicates respondent's lack of confidence in the NHS' integrity, competence and/or ability to deliver what's been promised. Grimsby, Lincoln and West Lincoln reported positive trust scores, while the remainder reported negative scores. Fort Erie, Thorold and Wainfleet saw the lowest trust scores.
Commitment	+6.17	The positive overall commitment score indicates respondents' belief that the relationship with the NHS is worth the time and energy. This is likely indicative of their personal commitment to the NHS. Fort Erie, Wainfleet and Thorold continue to post the lowest scores. Here, Niagara Falls, Pelham and St. Catharines report positive scores.
Satisfaction	-29.77	The negative satisfaction score indicates the NHS' continuous failure to meet respondents' expectations. Again, Grimsby, Lincoln and West Lincoln report positive scores, while Fort Erie, Thorold, Welland and the remainder of municipalities report negative scores.
Exchange vs. Communal	+20.55	The positive score in exchange vs. communal relationships indicates that respondents see the relationship as more two-sided. In light of other negative indicators, this is interesting. While respondents don't agree with many of the NHS actions, they do not generally believe the NHS only cares about its own interests.

Paper & Online Results

Respondents by City:

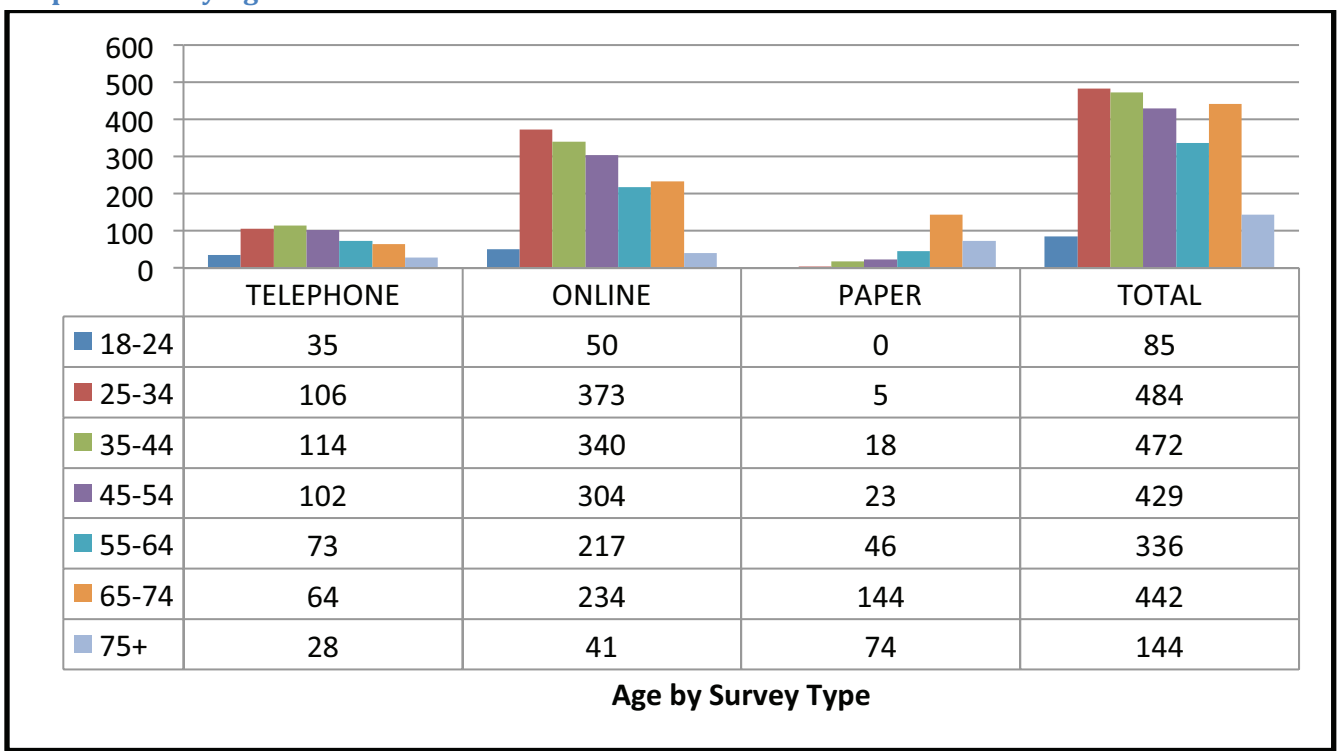


Q1: In which Niagara Region do you live? (combines responses from three survey methods)

	TELEPHONE	ONLINE	PAPER	TOTAL	% Total	Population*	% of Pop
Fort Erie	50	155	38	243	10.16%	29,925	7.00%
Grimsby	31	29	8	68	2.84%	23,937	5.60%
Lincoln	30	32	11	73	3.05%	21,722	5.08%
Niagara Falls	52	264	35	351	14.67%	82,184	19.23%
Niagara-on-the-lake	52	79	17	148	6.19%	14,587	3.41%
Pelham	43	81	21	145	6.06%	16,155	3.78%
Port Colborne	51	111	55	217	9.07%	18,599	4.35%
St. Catharines	52	520	72	644	26.92%	131,989	30.88%
Thorold	50	65	7	122	5.10%	18,224	4.26%
Wainfleet	31	32	12	75	3.14%	6,601	1.54%
Welland	50	186	33	269	11.25%	50,331	11.78%
West Lincoln	31	5	1	37	1.55%	13,167	3.08%
	523	1559	310	2392		427,421	

(*Based on 2006 Census data)

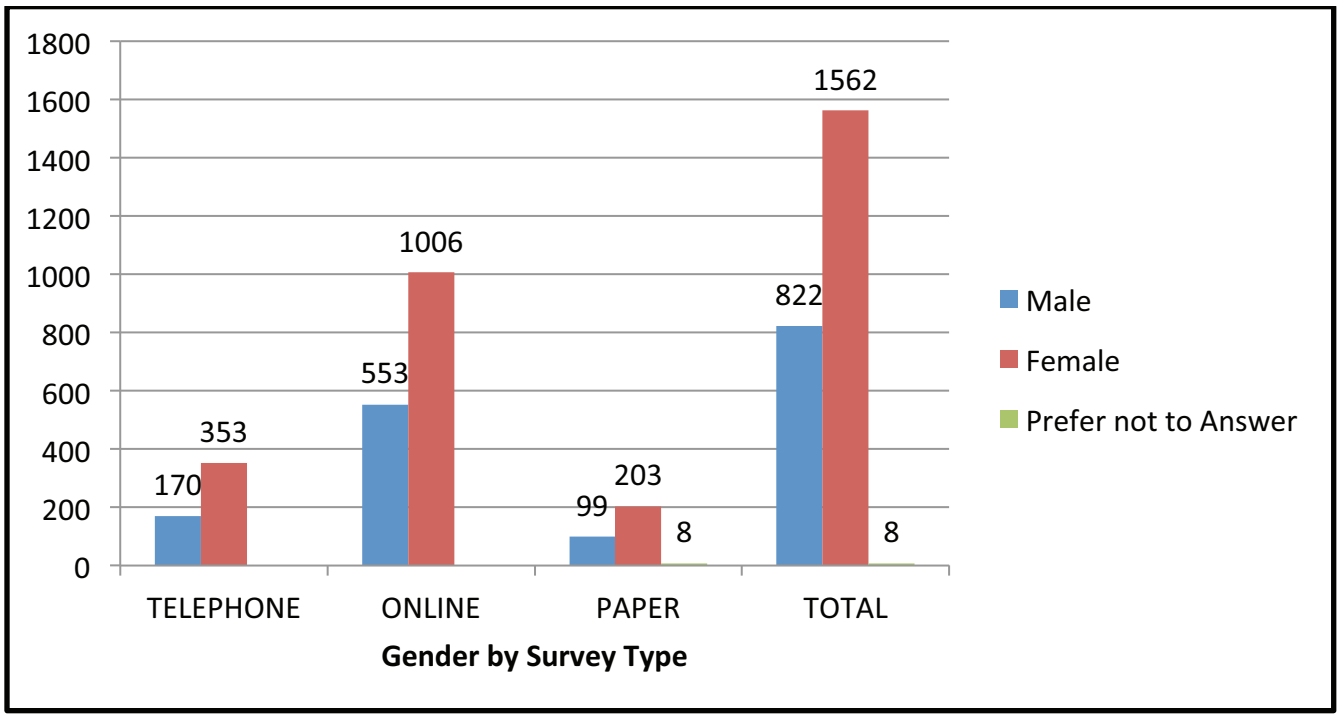
Respondents by Age & Gender:



	TELEPHONE	ONLINE	PAPER	TOTAL
18-24	35	50	0	85
25-34	106	373	5	484
35-44	114	340	18	472
45-54	102	304	23	429
55-64	73	217	46	336
65-74	64	234	144	442
75+	28	41	74	144

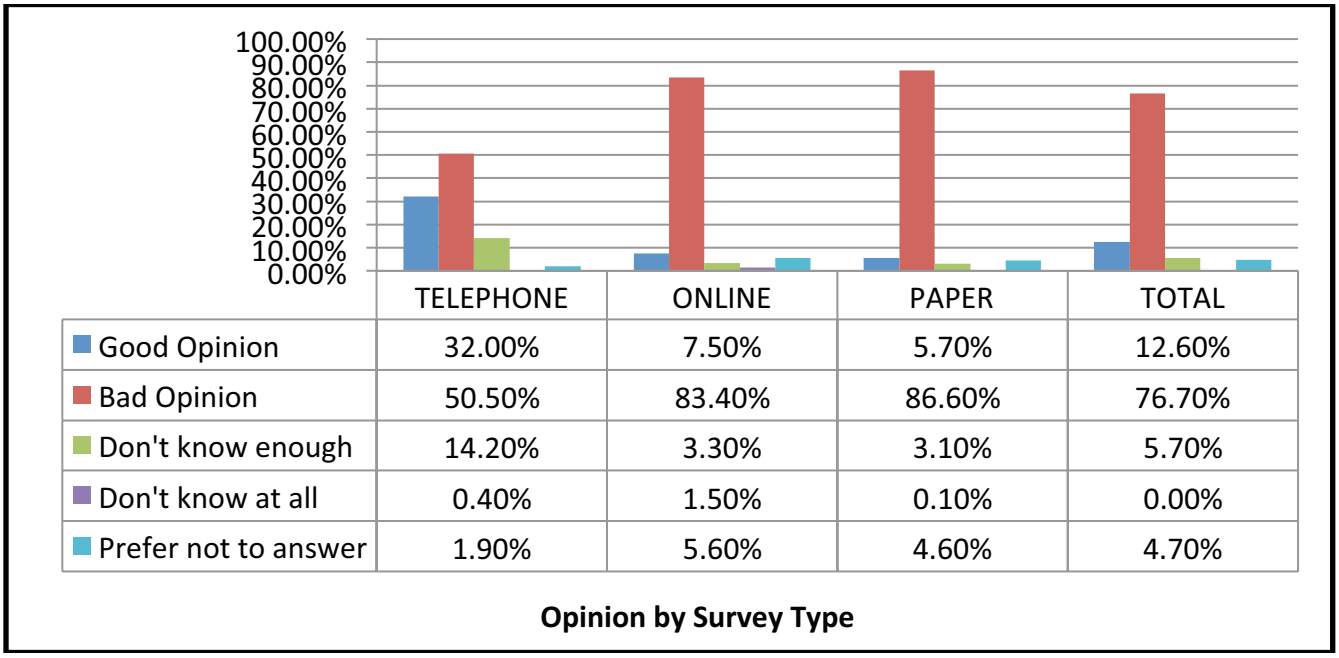
Age by Survey Type

Q2: In which age group are you? (Data from three survey types).



Q3: Are you…. (Data from three survey types).

Opinion Breakdown:



	TELEPHONE	ONLINE	PAPER	TOTAL
Good Opinion	32.00%	7.50%	5.70%	12.60%
Bad Opinion	50.50%	83.40%	86.60%	76.70%
Don't know enough	14.20%	3.30%	3.10%	5.70%
Don't know at all	0.40%	1.50%	0.10%	0.00%
Prefer not to answer	1.90%	5.60%	4.60%	4.70%

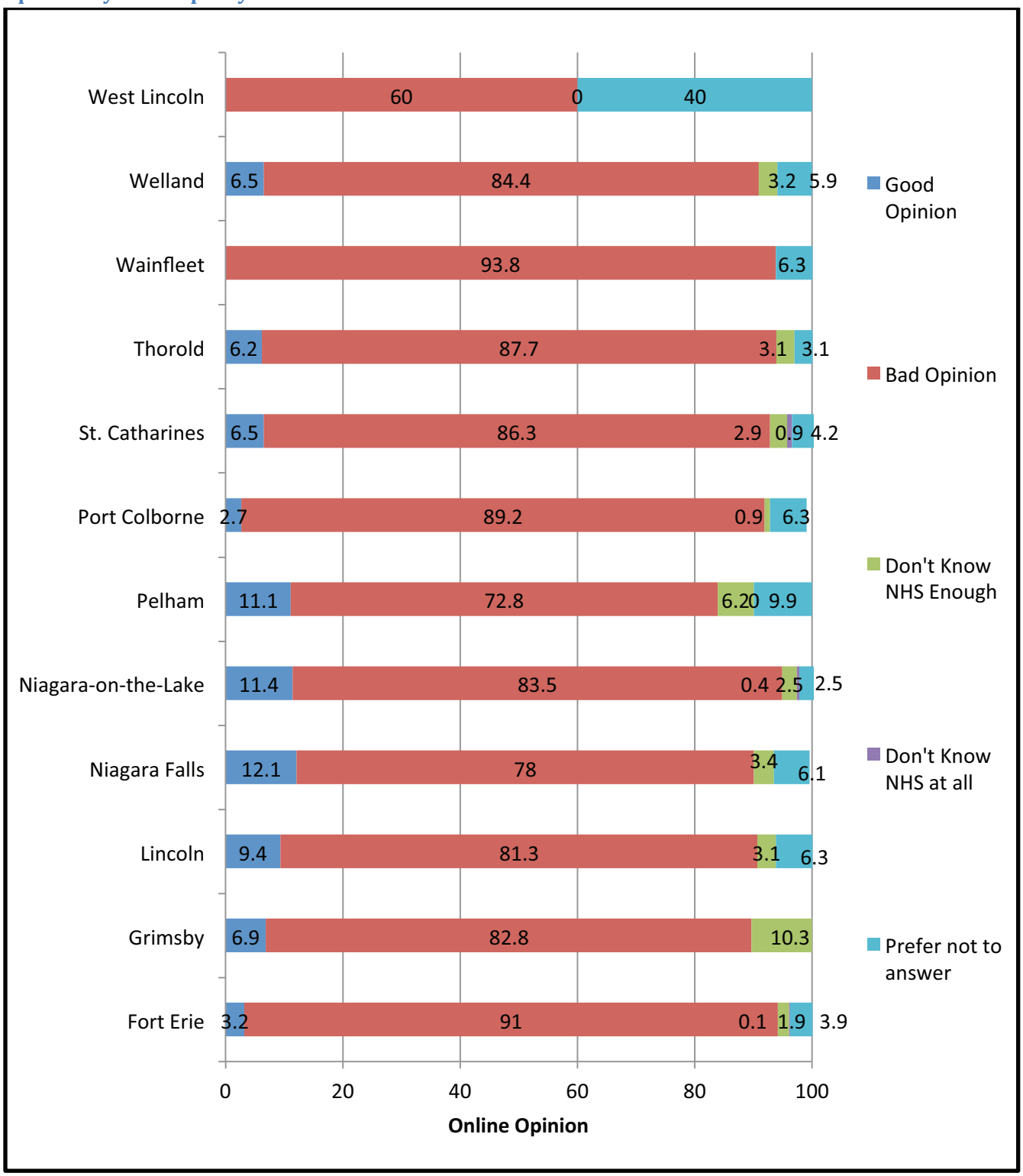
Opinion by Survey Type

Q5*: Do you have a good opinion, bad opinion, or you don't know enough about Niagara Health System? (Data from three survey types).*

Reputation Scores:

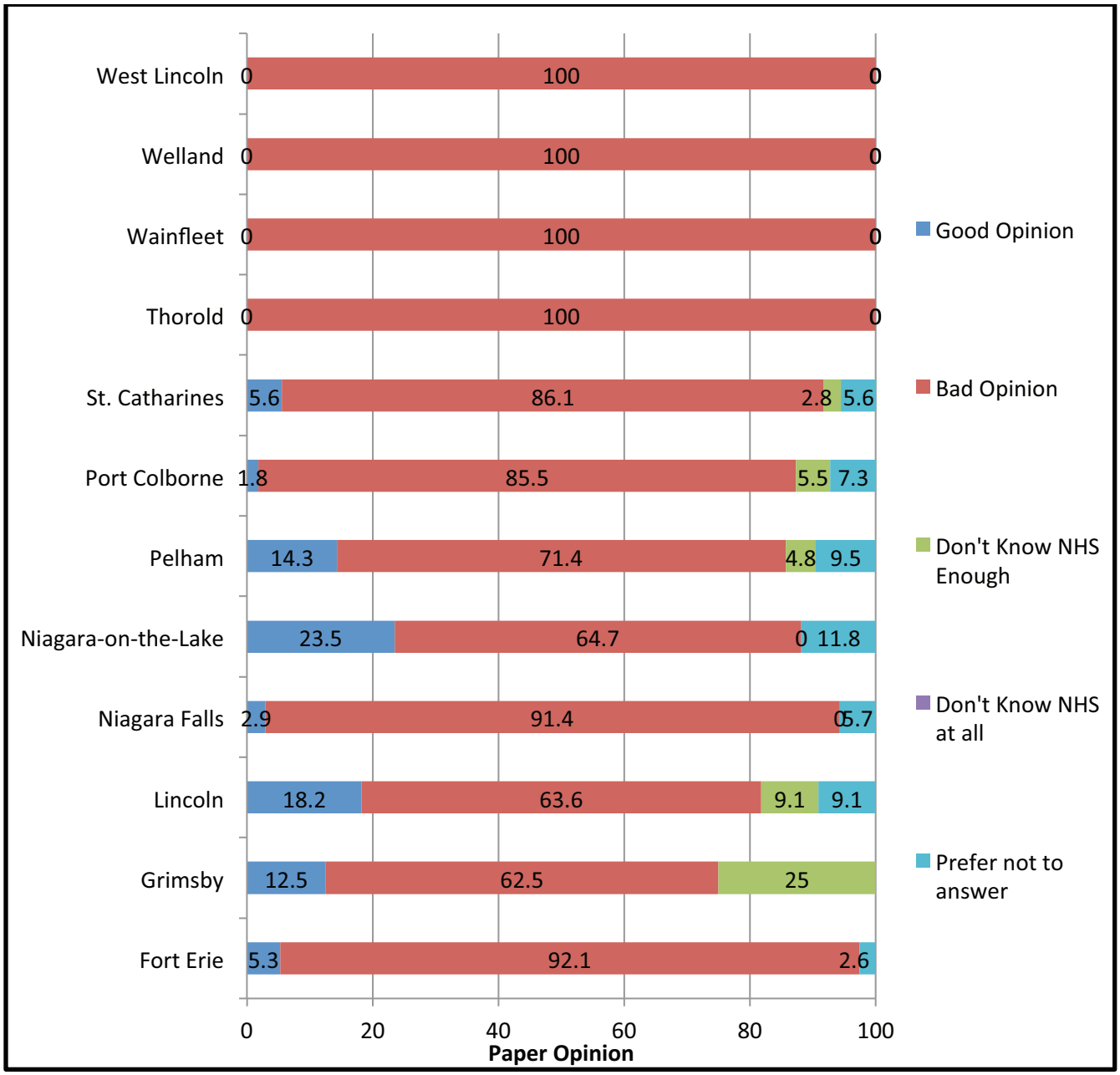
TOTAL	**Telephone -18.50%**	**Online -77.20%**	**Paper -80.30%**	**Average -58.67%**
Fort Erie	-65.90%	-87.70%	-86.80%	-80.13%
Grimsby	23.50%	-75.90%	-50.00%	-51.20%
Lincoln	18.60%	-71.90%	-45.50%	-32.93%
Niagara Falls	0.50%	-65.90%	-86.60%	-50.67%
Niagara-on-the-Lake	-21.5	-72.20%	-41.20%	-22.634
Pelham	-1.40%	-61.70%	-57.10%	-40.07%
Port Colborne	-12.10%	-86.50%	-83.60%	-60.73%
St. Catharines	-38.50%	-79.80%	-80.60%	-66.30%
Thorold	-34.10%	-81.50%	-100.00%	-71.87%
Wainfleet	-35.70%	-93.80%	-100.00%	-76.50%
Welland	-13.40%	-78.00%	-100.00%	-63.80%
West Lincoln	25.60%	-60.00%	-100.00%	-44.80%

Opinion by Municipality – Online:



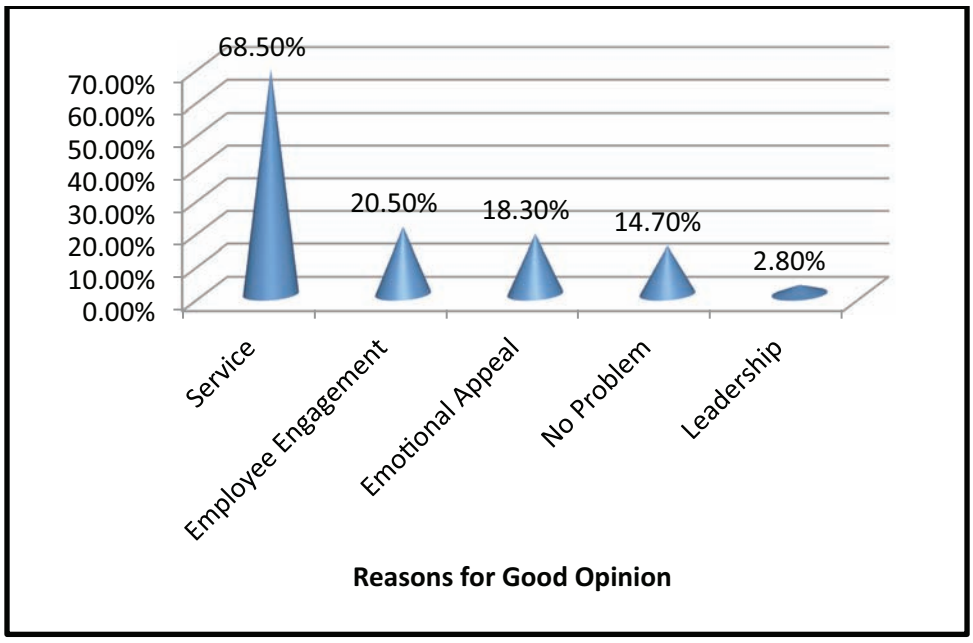
Q5*: Do you have a good opinion, bad opinion, or you don't know enough about Niagara Health System? (n=1559).*

Opinion by Municipality – Paper:



Q5*: Do you have a good opinion, bad opinion, or you don't know enough about Niagara Health System? (n=310).*

Good Opinions Explored:



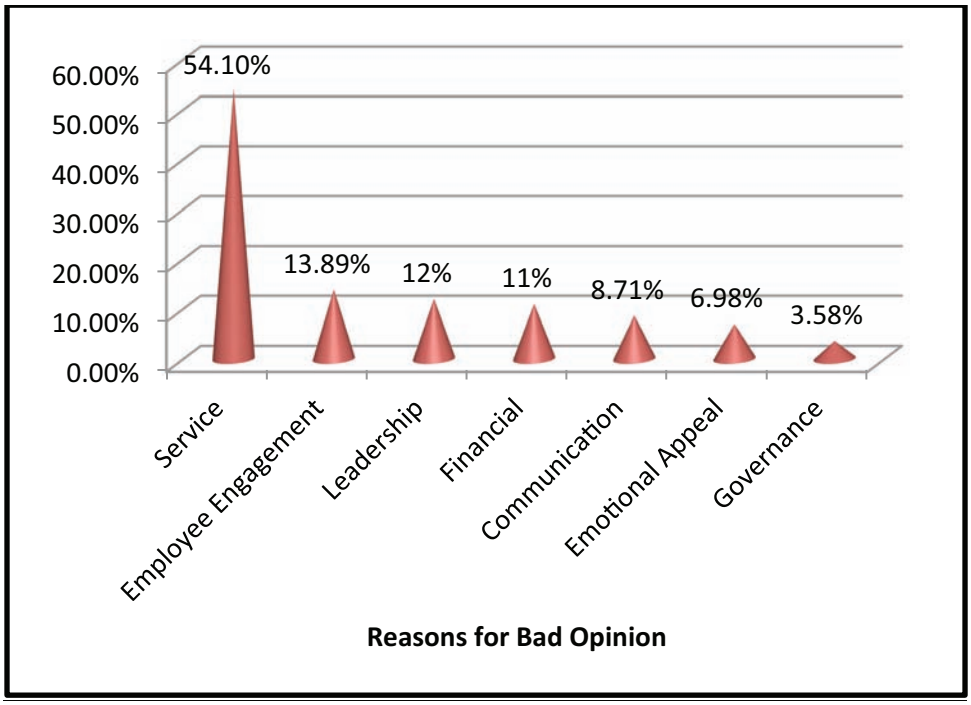
Positive service experiences were the most commonly cited reason for respondents holding a good opinion of the Niagara Health System. This included self, family and friends.

Over 20% of good opinions were based on high regard for employees of the NHS, who were described as “kind”, “competent” and “hard working”.

Respondents also expressed emotional appeal for the NHS, with mentions like “it’s a great organization”, while a number of people expressed not having any personal problem with the organization.

Those who mentioned leadership often expressed belief that the NHS leadership is doing a good job in a challenging industry. There was also recognition of recent improvements (including how leadership communicates). Many of these respondents expressed hope that these improvements would continue.

Bad Opinions Explored:



Service issues were most often cited as rationale for a negative opinion. This includes excessive wait times (10.42%), lack of cleanliness (9.95%), distance between sites including transportation challenges associated (7.59%) and department closures (6.55%).

However, the most commonly cited reason for dissatisfaction is a lack of patient or people focus (10.84%) exhibited by employees. This was often described as rude, uncaring behaviour. Respondents often blamed staffing cutbacks (2.92%) for stressful, less than optimal working conditions that may instigate this attitude.

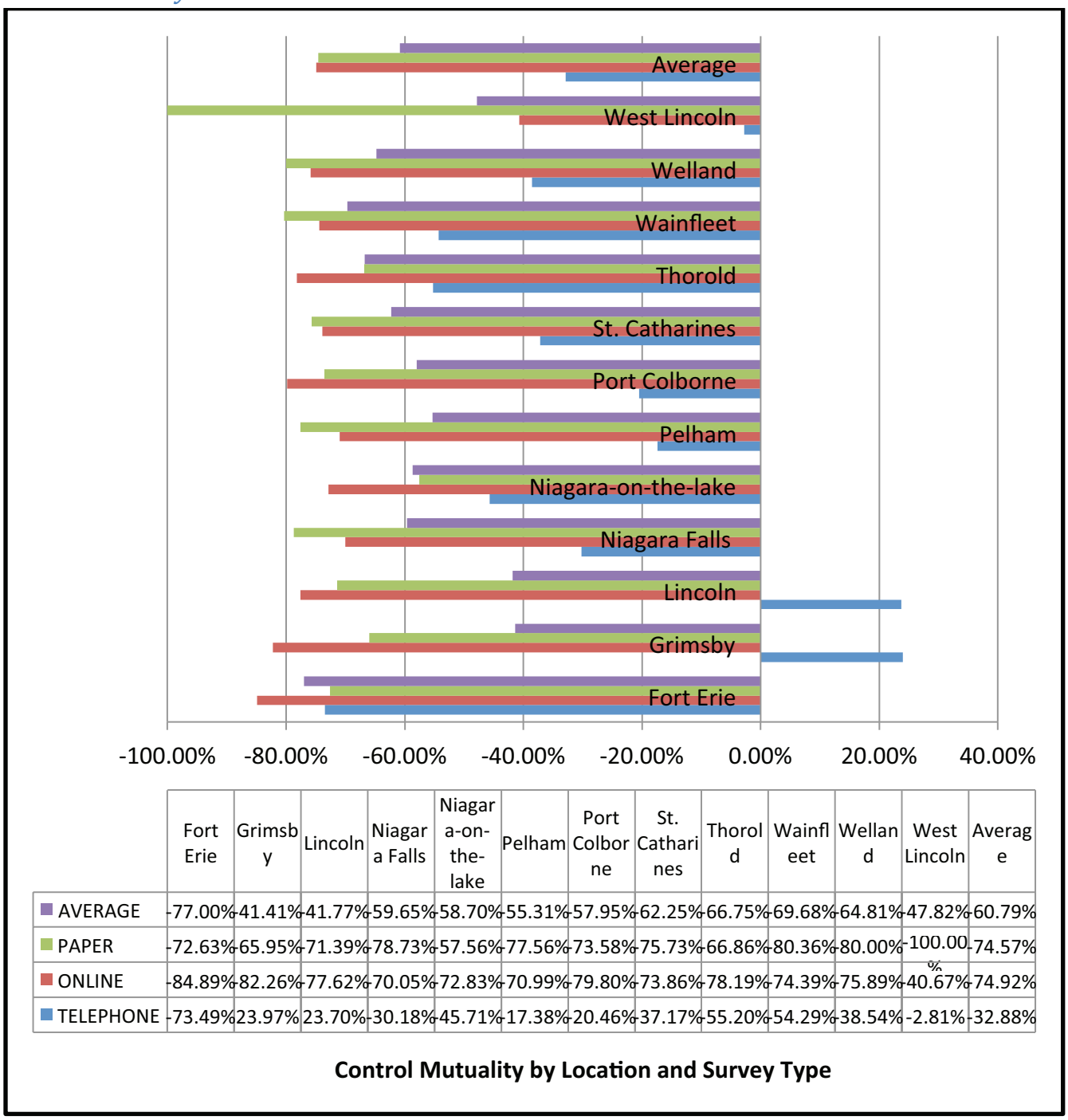
Leadership issues included a lack of trust (5.42%) for management.

In addition to cutbacks, financial includes wasteful spending (6.22%) This was often related to a perceived top-heavy organization, where too much money is spent on administration at the expense of the frontline.

A lack of communication was prevalent throughout, as was general ill-will towards the NHS.

Relationship Scores – Comparison:

Control Mutuality

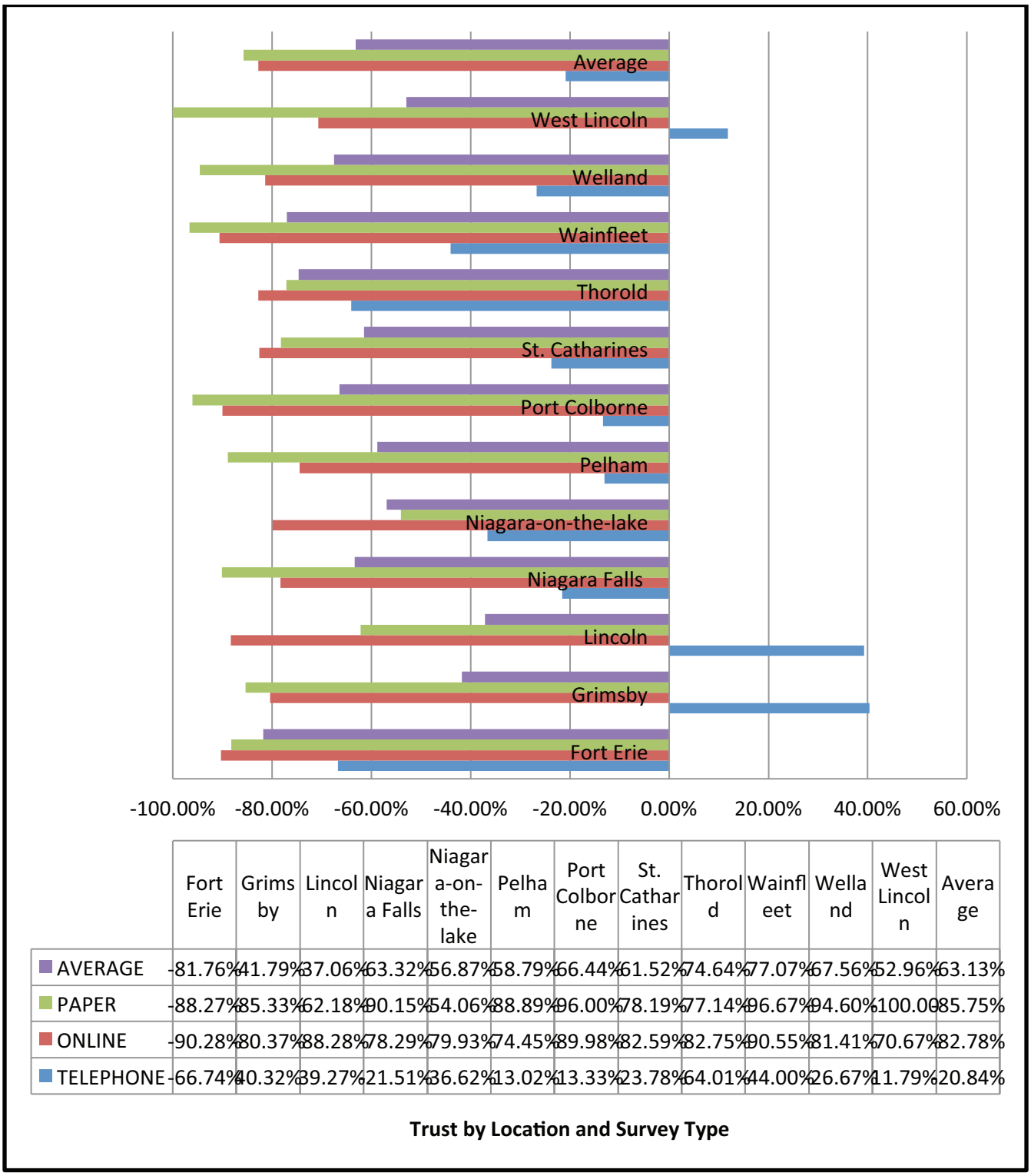


	Fort Erie	Grimsby	Lincoln	Niagara Falls	Niagara-on-the-lake	Pelham	Port Colborne	St. Catharines	Thorold	Wainfleet	Welland	West Lincoln	Average
AVERAGE	-77.00%	-41.41%	-41.77%	-59.65%	-58.70%	-55.31%	-57.95%	-62.25%	-66.75%	-69.68%	-64.81%	-47.82%	-60.79%
PAPER	-72.63%	-65.95%	-71.39%	-78.73%	-57.56%	-77.56%	-73.58%	-75.73%	-66.86%	-80.36%	-80.00%	-100.00%	-74.57%
ONLINE	-84.89%	-82.26%	-77.62%	-70.05%	-72.83%	-70.99%	-79.80%	-73.86%	-78.19%	-74.39%	-75.89%	-40.67%	-74.92%
TELEPHONE	-73.49%	-23.97%	-23.70%	-30.18%	-45.71%	-17.38%	-20.46%	-37.17%	-55.20%	-54.29%	-38.54%	-2.81%	-32.88%

Control Mutuality by Location and Survey Type

Graph illustrates combined scores of Q8A, Q8B, Q8C, Q8D and Q8E across three survey types.

Trust

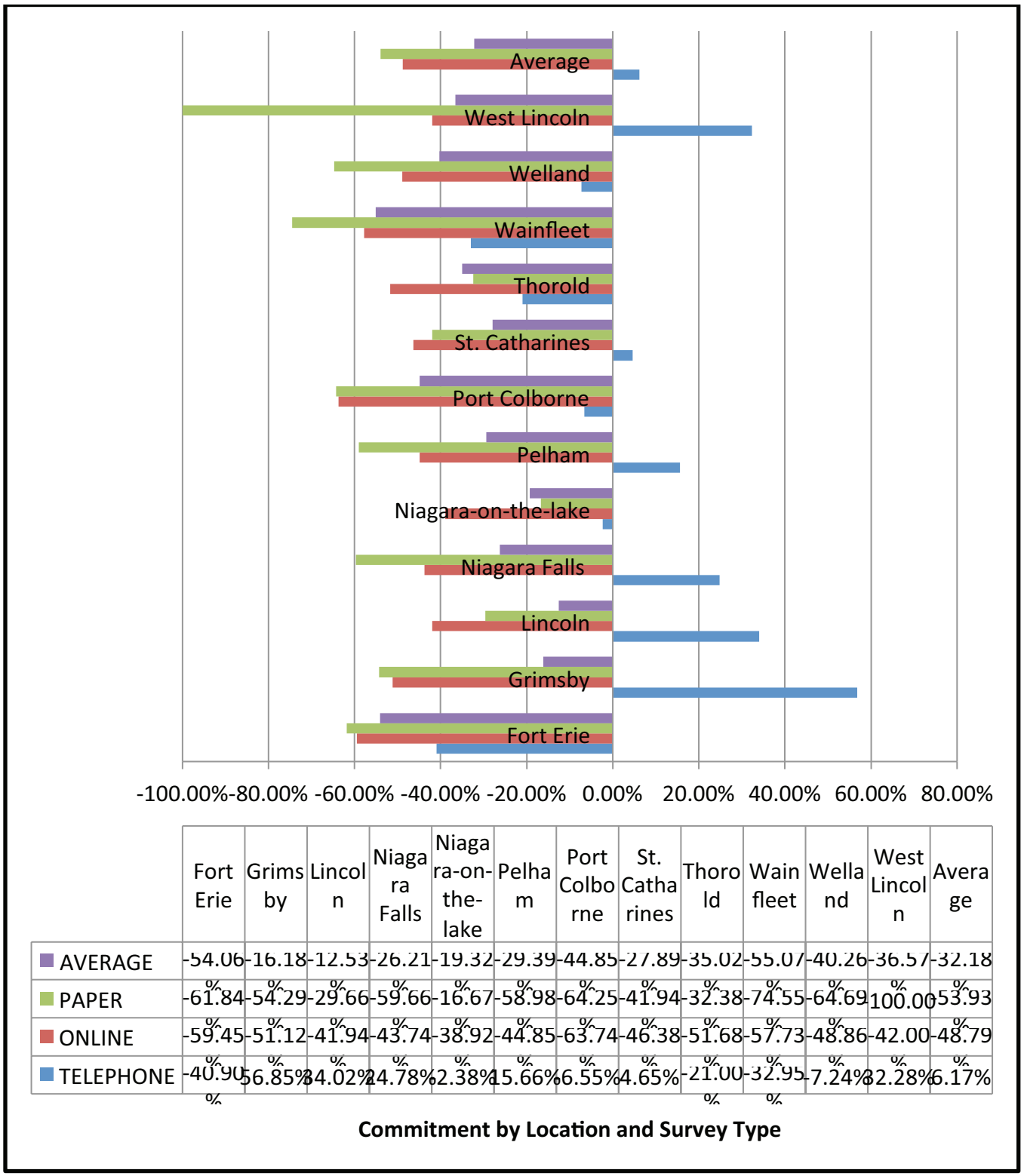


	Fort Erie	Grimsby	Lincoln	Niagara Falls	Niagara-on-the-lake	Pelham	Port Colborne	St. Catharines	Thorold	Wainfleet	Welland	West Lincoln	Average
AVERAGE	-81.76%	41.79%	37.06%	63.32%	56.87%	58.79%	66.44%	61.52%	74.64%	77.07%	67.56%	52.96%	63.13%
PAPER	-88.27%	85.33%	62.18%	90.15%	54.06%	88.89%	96.00%	78.19%	77.14%	96.67%	94.60%	100.00%	85.75%
ONLINE	-90.28%	80.37%	88.28%	78.29%	79.93%	74.45%	89.98%	82.59%	82.75%	90.55%	81.41%	70.67%	82.78%
TELEPHONE	-66.74%	40.32%	39.27%	21.51%	36.62%	13.02%	13.33%	23.78%	64.01%	44.00%	26.67%	11.79%	20.84%

Trust by Location and Survey Type

Graph illustrates combined scores of Q9A, Q9B, Q9C, Q9D and Q9E across three survey types.

Commitment

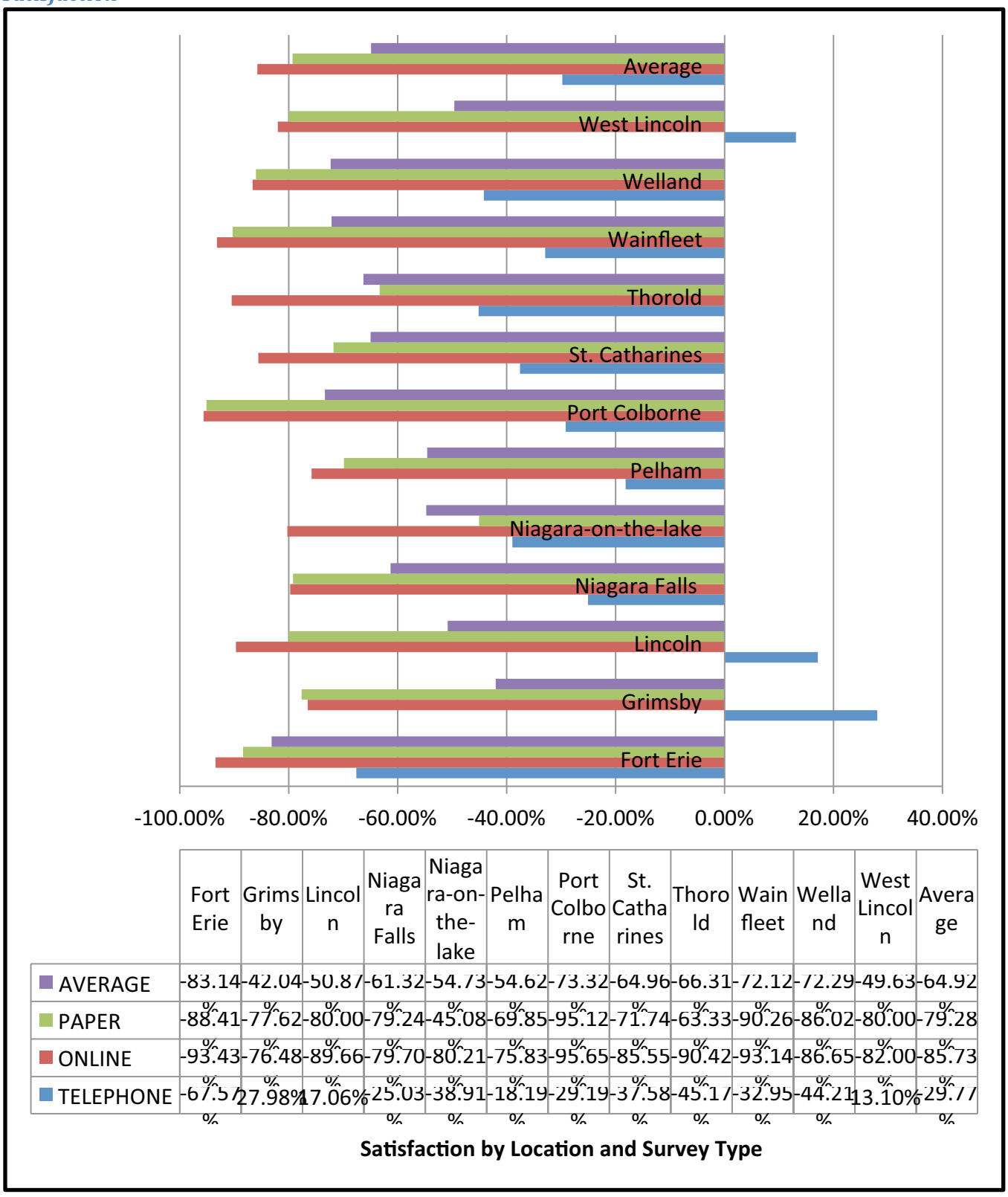


	Fort Erie	Grimsby	Lincoln	Niagara Falls	Niagara-on-the-lake	Pelham	Port Colborne	St. Catharines	Thorold	Wainfleet	Welland	West Lincoln	Average
AVERAGE	-54.06%	-16.18%	-12.53%	-26.21%	-19.32%	-29.39%	-44.85%	-27.89%	-35.02%	-55.07%	-40.26%	-36.57%	-32.18%
PAPER	-61.84%	-54.29%	-29.66%	-59.66%	-16.67%	-58.98%	-64.25%	-41.94%	-32.38%	-74.55%	-64.69%	100.00%	-53.93%
ONLINE	-59.45%	-51.12%	-41.94%	-43.74%	-38.92%	-44.85%	-63.74%	-46.38%	-51.68%	-57.73%	-48.86%	-42.00%	-48.79%
TELEPHONE	-40.90%	56.85%	34.02%	24.78%	2.38%	15.66%	6.55%	4.65%	-21.00%	-32.95%	-7.24%	82.28%	6.17%

Commitment by Location and Survey Type

Graph illustrates combined scores of Q10A, Q10B, Q10C, Q10D and Q10E across three survey types.

Satisfaction

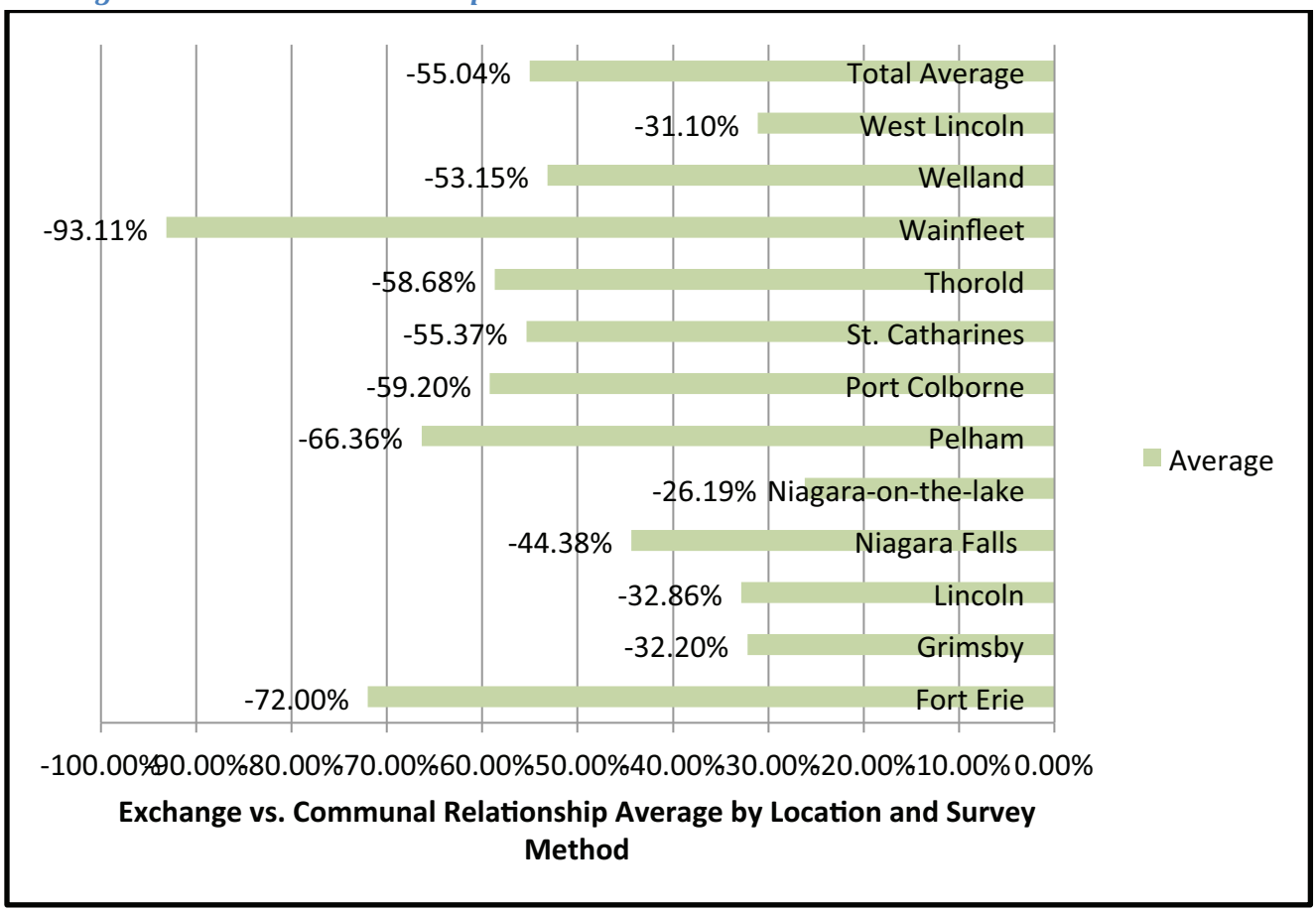


	Fort Erie	Grimsby	Lincoln	Niagara Falls	Niagara-on-the-lake	Pelham	Port Colborne	St. Catharines	Thorold	Wainfleet	Welland	West Lincoln	Average
AVERAGE	-83.14%	-42.04%	-50.87%	-61.32%	-54.73%	-54.62%	-73.32%	-64.96%	-66.31%	-72.12%	-72.29%	-49.63%	-64.92%
PAPER	-88.41%	-77.62%	-80.00%	-79.24%	-45.08%	-69.85%	-95.12%	-71.74%	-63.33%	-90.26%	-86.02%	-80.00%	-79.28%
ONLINE	-93.43%	-76.48%	-89.66%	-79.70%	-80.21%	-75.83%	-95.65%	-85.55%	-90.42%	-93.14%	-86.65%	-82.00%	-85.73%
TELEPHONE	-67.57%	-27.98%	-17.06%	-25.03%	-38.91%	-18.19%	-29.19%	-37.58%	-45.17%	-32.95%	-44.21%	-13.10%	-29.77%

Satisfaction by Location and Survey Type

Graph illustrates combined scores of Q11A, Q11B, Q11C, Q11D and Q11E.

Exchange vs. Communal Relationship



Graph illustrates combined scores of Q11A, Q11B, Q11C and Q11D +/- combined scores of Q12A, Q12B, Q12C and Q12D across three survey types.

In-Depth Interviews

Reputation Score

-53.85%

Opinions:

Of the individuals interviewed, participants were most likely to opt out of categorizing their opinion of the NHS as good or bad (45.83%). Many respondents admitted to having a negative opinion that has slowly begun to change over the short-term, with changes in leadership and the appointment of a supervisor often cited as key attitude changers.

Interviewees who reported a positive opinion of the NHS were most likely to cite quality standards (35.29%), employees (17.65%) and leadership (11.76%) as reasons for that opinion.

Interviewees reporting a negative opinion were most likely to mention a lack of trust (18.18%), access (15.91%), quality (13.64%) and communications (13.64%) as issues.

Trust

"Their sense of public disclosure in a democratic society doesn't match up to expectations."

Perception of honesty was important in trust rankings. Some respondents described the NHS as purposely deceptive and sneaky. There were several examples of NHS going back on its word, including pledging dedication to community-based hospitals, only to follow up with plans to reduce services. There were some allegations that the NHS manipulated data in order to present a scenario more beneficial to the organization (including reporting around C. Difficile, HIP, etc).

Others believed that while honest, the NHS was not always transparent often "airing on the side of not releasing information." This struggle, one respondent explained, is based on history and culture of privacy."

Also mentioned was the lack of trust among doctors, both private practitioners and those a part of the Medical Staff Association, who passed a non-confidence vote for NHS leadership in 2008.

Quality

Lack of cleanliness, procedure regarding infectious diseases (C. Difficile specifically) and negative emergency room experiences were commonly cited as quality issues. As one respondent noted, there are many examples of both positive and negative experiences with the NHS, "unfortunately, it seems to come down to the individual."

Access

The location of the new Centre for Excellence is problematic for a majority of respondents who feel it jeopardizes equality of access, particularly for residents in the Southern tier.

"Going somewhere for specialized services, I have no qualms. But basic services need to be available locally. Let the public know they won't be left out in the cold."

This is compounded by the lack of regional transportation, seen as being particularly harmful to seniors and low income residents who may not have access to a vehicle.

"Port Colborne has highest number of seniors and lowest income levels. There is no public transportation to help them, no way of getting them there. People with greatest need are having services removed…. they're trying to save dollars on the backs of the southern tier and they look at us as being dispensable."

Some respondents expressed concern over taking maternity out of local sites, which is seen as a "lightning rod" issue.

Opinions about emergency rooms vs. urgent care facilities in Fort Erie and Port Colborne varied. On one hand, respondents felt this conversion drastically limited access to emergency services and put patient safety in jeopardy. On the other hand, some indicated the only thing that had changed was the name.

"An ER without a CT scan or backup staff is not an ER, but by calling it something else people felt they lost something. A really sick patient would never stop in Port Colborne or Fort Erie."

Control Mutuality

For some interviewees, past relationships with the NHS were non-existent:

"We could not approach them before, calls never went through and they acted like children. They would laugh and make inappropriate comments."

And in some cases, respondents mentioned a certain degree of arrogance in how leadership dealt with the public:

"There's a built in bias that 'we know what's best for you.' When they listen, it's from a PR perspective."

Unfortunately, there were several examples of the public have little to no influence on decisions or direction of the NHS. The rally that drew 5,000 people in Fort Erie was the most common example recalled. One respondent pointed to an increase in complaints as an indication of failing to meet public expectations.

However, there were also examples of the NHS responding to public need and altering plans as a result. Keeping the Fort Erie Urgent Care Clinic open 214/7 was one example.

Respondents suggested increased and/or improved channels for community members to express opinion. This should include a revamp of the complaint process, to improve both quantity and timeliness of patient feed-back.

Commitment

"I don't for a minute think they're not committed."

Overall, respondents recognized a committed staff and in cases board and leadership team. Failure to deliver on commitment was more often seen as a lack of ability to execute, vs. intention. Commitment to priorities other than patient and community need, including financial obligations and meeting expectations of the LHIN and Ministry of Health, were sometimes mentioned as inhibitors.

Satisfaction

"I can only imagine how they feel being unsuccessful...loss of senior management, loss of public confidence…but if they look back, the effort made was sub-optimal…"

Responses varied greatly regarding satisfaction. Some people expressed a degree of hope for improved satisfaction, due to recent positive changes. Unsatisfied respondents often referred to general poor performance, lack of public confidence, lack of leadership and poor communication practices as reason for their opinion.

Exchange vs. Communal Relationship

"It is not a normal, healthy working-together relationship."

The majority of interview respondents see the NHS' relationship with the community as an exchange relationship, meaning the NHS does what's in its own best interest. This was often related to a lack of interest in listening and responding to the public until the NHS needed something.

"The ironic thing is my closest contact is through fundraising. They know where to find me for money."

With that said, many respondents indicated this relationship existed at an organizational level and not with the frontline staff, who were often referenced as being "kind", "caring" and "well-intentioned".

Several other recurring themes emerged that are worth noting. These include:

- A strong sense of parochialism within the Region of Niagara. This, unfortunately, creates significant challenges for a regional system and requires a coming together of local/municipal
- Public perception is strongly shaped by the media, including what is sometimes seen as a disproportionate amount of negative coverage.
- A failure to communicate and particularly a failure to listen. ("No structure to facilitate two-way communications. They can't meet my expectations, because they don't know what they are."
- Failure to recognize the importance of the value of a hospital within each community.

While there were negative opinions and examples, many respondents associate these with prior administration and feel hopeful that more recent changes will lead to positive outcomes. There was also an almost unanimous desire to work together with the NHS, to find solutions and improve health care for Niagara residents.

Overall, this group was more moderate in its opinions of the NHS, in many ways its judgement suspended until new leadership has an opportunity to prove itself.

Recommendations:

Patient Focus

Through its patient/client centred care mandate, the NHS has started to make inroads in its commitment to being a patient-focused organization. However those successes are currently perceived as limited. No matter how well intentioned, there is a gap between what the NHS states in its vision and mission and the public's experiences and perceptions. Many respondents we heard from do not believe that the NHS is living its vision together with the community.

Becoming a patient-focused organization goes beyond a mission statement or strategy, requiring infusion into every department, every process, every person and every decision made. This requires a significant culture change that is admittedly outside of the scope of this study.

However, as a start we believe the NHS must revisit its vision, mission and guiding principles to determine if a) they continue to represent the organization's goals and b) if they represent the needs and expectations of the Niagara community. We suggest putting "patient" in the header, as demonstration of what we know are genuine intentions.

It is with patient-centric focus that we provide the following recommendations.

Listening, Engaging & Follow-up

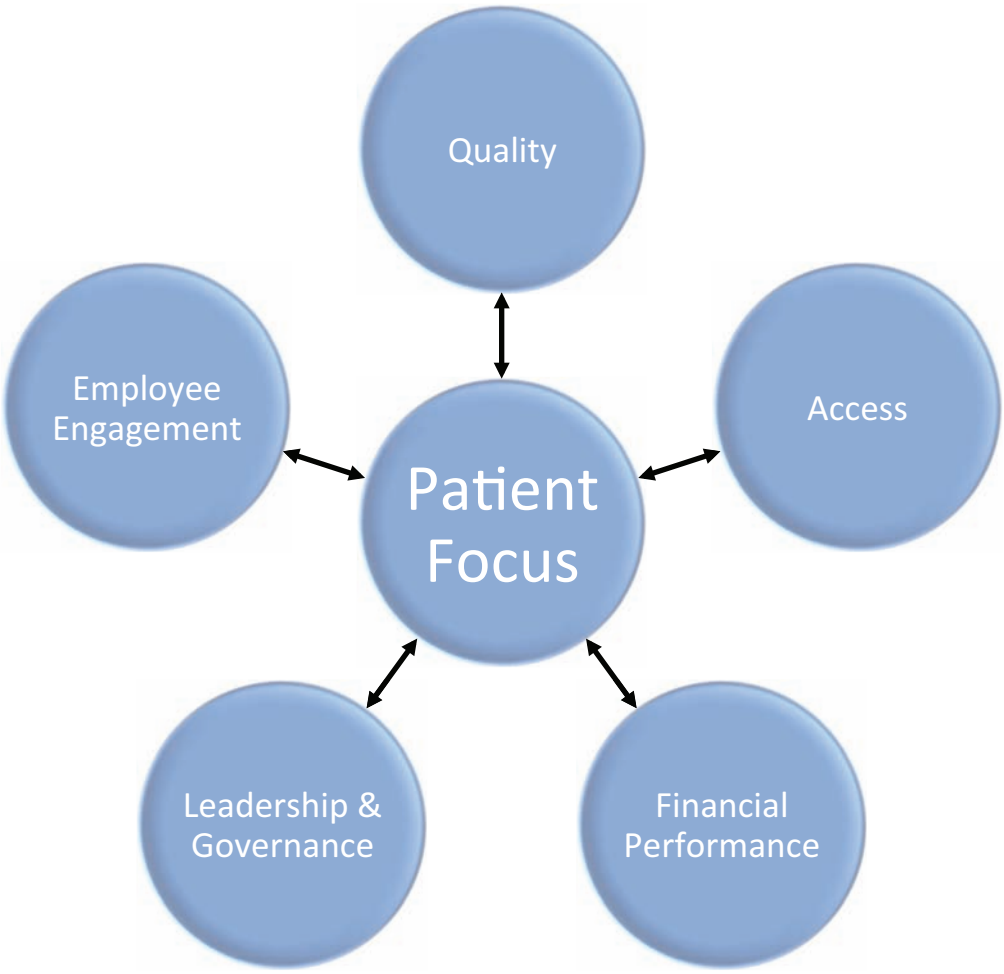
Lack of voice was an overriding sentiment across all methods of data collection. This was often coupled with a perception of lack of action around concerns. We believe establishing listening mechanisms combined with action-orientation is critical to rebuilding relationships with the residents of the Region.

Recommendation 1:	Establish a Patient Experience Committee - With an aim to improve experience by identifying gaps between expectation and experience - Comprised of former patients, care-givers, loved ones - Representative of opinions (good, bad) - Representative of municipalities - Report against patient experience metrics - Work collaboratively with/shape direction of Patient/Client-Centred Care initiatives
Recommendation 2:	Add Patient Experience Resource(s) to improve follow-up ($) - Ensure action is taken in response to committees recommendations - Improve follow-up and timeliness on all patient-related complaints and concerns - Provide regular report on key metrics
Recommendation 3:	Establish a Community Advisory Committee - To help bring the voice of communities into decision-making - That is representative of municipalities - That is Representative of demographics of Region
Recommendation 4:	Add a Community & Government Relations Resource ($) - Who ensures follow-up in response to community advisory committee recommendations - Who actively builds relationships with communities, with a focus on municipal/Regional government - Who brings a share of voice from communities
Recommendation 5:	Develop a relationship scorecard that captures key metrics, communicates results and informs public.
Limitations:	Budgetary constraints

Communicating in Around Community Concerns

Based on respondent feedback, there are five reputation drivers that are the greatest inhibitors to a positive NHS reputation. Those are: service (sub-divided into quality and access), employee engagement, financial performance, leadership and governance (combined here).

While process improvements and procedures in these areas are out of project scope and our area of expertise, recommendations are intended to support action in these areas.



Emergency/Urgent Care Experience (focus on wait times)

As a number of respondents pointed out, the emergency room is a window into the hospital. It often provides a first impression that is critical to our opinion. If we have a negative experience in emergency, it can have a lasting effect on our perception.

Recommendation 1:	Consider patient-family communication touch points in ER beyond triage ($) - To provide face to face check-in (We haven't forgotten you). - To communicate any changes in wait time expectations.
Recommendation 2:	Provide a patient feedback mechanism specific to emergency experience - This may exist as customer satisfaction. - Make it accessible to patients through multiple formats (ex. print, online) - Ensure complaints are followed up on in a timely manner.
Recommendation 3:	Create a broader awareness of emergency wait times
Recommendation 4:	Include metric on reputation scorecard.
Limitations:	Budgetary restrictions

Cleanliness of Sites

Perceptions of a lack cleanliness can significantly undermine a patient's (and family's) confidence in the NHS, leaving visitors with a negative perception of the organization.

Recommendation 1:	Consider establishing a walkabout committee to assess public perception of cleanliness standards.
Recommendation 2:	Ensure cleanliness is included in all patient satisfaction surveys. - Follow-up on any complaints ($ - same as A: rec2)
Recommendation 3:	Include cleanliness metric on reputation scorecard.

Changes to Access

Meaningful public engagement and input is important in all areas going forward, but is of particular importance when changing/moving or disrupting service which is known for driving dissatisfaction in communities.

Recommendation 1:	Develop community engagement process that includes: - Engaging Community Advisory Committee in developing process. - Opportunity for public input via open houses, online, etc.

Patient Access Points

Over the course of the research, we noticed that respondents were sometimes misinformed regarding points of access. This included things like hospitals being closed, hours being changed, etc. In a multi-site system, communicating access is challenging and should be ongoing. We recognize that the NHS has produced some useful communication tools around access that may be better leveraged.

Recommendation 1:	Engage community members in review of communications re: points of access - Better understand what they know, what misinformation exists and where/how they obtain information. - Identify communication improvements to increase community knowledge on access.

Employee Engagement

Employees of the NHS are often seen as its greatest strength. Our individual experiences with employees are important in shaping our opinion of the organization. Recommendations focus on learning from those most familiar with and closest to patients, as well as providing support to deliver the best patient experience possible.

Recommendation 1:	Survey employees on obstacles and opportunities in delivering patient-centric experience. - Understand what they need - Engage them in developing - Use employee examples as models
Recommendation 2:	Provide patient experience training to all frontline staff ($)
Recommendation 3:	Recognize employees who excel in customer-centric delivery through “Patient First” type program ($) - Engage all employees in identifying and celebrating excellence through nomination and recognition processes
Recommendation 4:	Include metric on reputation scorecard.
Limitations:	Budgetary limitations.

Financial Performance

Negative opinions regarding financial performance centred on perceptions of high administration costs.

Recommendation 1:	Focus on improving communications around administrative costs. - Information is already available, so this may be a matter of changing delivery mechanism.
Recommendation 2:	May also be beneficial to include financial metric(s) on the reputation scorecard. - Community Advisory may provide insight on possible metric.

Leadership & Governance

With the exception of interviewees, participants did not usually differentiate between leadership and governance. In general, there was a call for transparency, access and share of community voice at the table.

Recommendation 1:	Continue to build relationships with the media - Media Advisory Board is a positive step - Continue focus on media access to NHS leadership and spokespeople - Continue focus on timely response to media requests and inquiries.
Recommendation 2:	Consider a regularly scheduled leadership visits to each of the 12 municipalities; this includes time with local interest groups, politicians and various sites.
Recommendation 3:	Consider a community-based committee that identifies and/or nominates potential board members.
Recommendation 4:	Continue/increase use of open board meetings.

Addressing Rumours

Over the course of the research, there were a number of beliefs within the community that we recognized as rumour. In many cases, misinformation contributed to negative perceptions of the NHS. While we realize every rumour can not be addressed, it would be beneficial to identify potentially harmful rumours.

Recommendation 1:	Develop a mechanism for identifying and addressing rumours that could have a negative impact on the community and/or the NHS. - This could include a channel for community input/identification, evaluation method for determining the seriousness/spread of the rumour and a communications process.

Further Areas of Interest

There were several themes that emerged during our research that are not covered in this report, but may be worthwhile to explore further. These include:

- There is significant concern around access to/between sites and the lack of a regional transportation system.
- The NHS' relationship with the broader medical community in Niagara. We sensed many ideas/solutions within this group that could to be tapped in to.
- Impact of the NHS' reputation on fundraising and its foundations. Examples of past donors who will no longer support.
- The NHS' relationship with the various business communities in the Region. Some indication that it's an exchange or one-way relationship.

Conclusion

As predicted by many of the respondents when this study was announced, there is a significant lack of trust in the Niagara Health System, related to its negative reputation. While reasons for this vary amongst residents, we can generalize and say it is based on a history of not living up to public expectation in a number of areas discussed in this report.

The NHS has a long road ahead, if it is to succeed in regaining the public's trust and recovering its reputation. It will not happen overnight and it will be based on meaningful action and tangible results over an extended period of time. Communication efforts, no matter how well-intentioned, planned or executed, will not provide the solution alone. And while our sincerest intention is to assist in improving communications between the NHS and community, we recognize that actions speak louder than words.

While the data reveals that the NHS's current reputation is damaged and relationships are fractured, we believe that there are reasons to believe that with the right intent and purpose, demonstrated to positive and meaningful community engagement, both reputation and trust will improve over time. We state this because the research clearly shows that the residents of Niagara Region care deeply about its health care system. They want it to improve and they want to be involved in the solutions. Their engagement – community participation – will play a big part in future results.

When the NHS leadership asked us to conduct this research in July 2011, they admitted there was a serious problem with their reputation and trust in the community. They encouraged us to "tell it like it is".

The results speak for themselves. In order to improve reputation and relationships, the NHS must be committed to a process of meaningful engagement and dialogue with the community. Their current and future actions will be a predictor of their future reputation.

Principal Investigators Biographies

Dr. Terence (Terry) Flynn, APR, FCPRS is an Assistant Professor of Communications Management in the Department of Communications Studies and Multimedia at McMaster University. Dr. Flynn joined the faculty at McMaster University after completing his Ph.D. in Mass Communication at Syracuse University. Prior to obtaining his Ph.D., Terry spent 25 years as a corporate communications consulting providing strategic advise to organizations such as the Town of Walkerton, Toyota Motor Manufacturing Canada, the U.S. Navy and Marine Corps Public Health Centre, the St. Mary's General Hospital (Kitchener), and St. Joseph's Hospital (Guelph). Dr. Flynn's ongoing research focuses on reputation management, crisis communications and communications management.

Rebecca Edgar, MCM (c) – is currently completing her Masters of Communications Management degree studies at McMaster University while providing independent communications counsel and advice to clients in the Golden Horseshoe area of Ontario. Prior to embarking on her graduate studies, Ms. Edgar held a number of management positions at Rogers Communications where she was responsible for marketing and communications and community relations. Rebecca is also an instructor at Niagara College where she teaches public relations and risk communications in the Environmental Management & Assessment Post-Graduate program.

Appendix A – Systematic Content Analysis of Media Coverage

Content Analysis

Summary Results

Douglas Calderwood-Smith & Shelagh Harford

McMaster University

Executive Summary

Using a longitudinal content analysis, the investigators looked into the media's perception of the Niagara Health System for an eight-year period of 2004 until August of 2011. It was determined that a census of the information would be analyzed, instead of just a sample. A total of 5560 articles were analyzed – 4551 of which were news articles and 1009 were editorial / opinion. It was discovered that the main issues discussed in this time period were: Patients of the NHS, Executive Leadership of the NHS and Management of the NHS at the Governmental / Political level. This study allowed the investigators to determine that 43 percent of all publications were listed as Very or Somewhat Negative and only 34 percent were listed as Very or Somewhat Positive. Though 23 percent of the publications had a neutral tone, the largest percentage was negative coverage.

Methodology

This study used a simple online form, a Google Document, to gather information. Four people were given access to the media files and the form, and each coded roughly one year of data. Two of the coders took part in a one-on-one training session, which lasted about an hour, in order to ensure that they understood the process.

When the project first started, each article was analyzed individually. However, because the researchers chose to analyze a complete census, rather than just a sample of the data, this proved to be too time-consuming. Subsequently, it was determined that it would be best to use each day as the unit of analysis. A PDF file that had been separated by date was therefore looked at as a conglomerate. Each day included anywhere from 1 to 36 pages of newspaper clippings, from various publications. Coding on a 'per day' basis allowed for a very rich set of data, with the possibility to track the media's coverage of the NHS for any day in the past 8 years.

The coding schedule consisted of 11 questions – 8 of which gathered bibliographic information (Date, Page Number, Publication name, etc.) and 3 of which asked for the overall tone of the articles. The 3 questions regarding tone used a 5-point Likert scale. They were:

- To what degree was sympathy bestowed onto the patients of the NHS?
- To what degree was sympathy bestowed onto the NHS as a whole?
- What was the cognitive reference value of the media publication toward the NHS as a whole?

The coders were able to complete this work in roughly 3 weeks, entering 997 different coding forms into the system

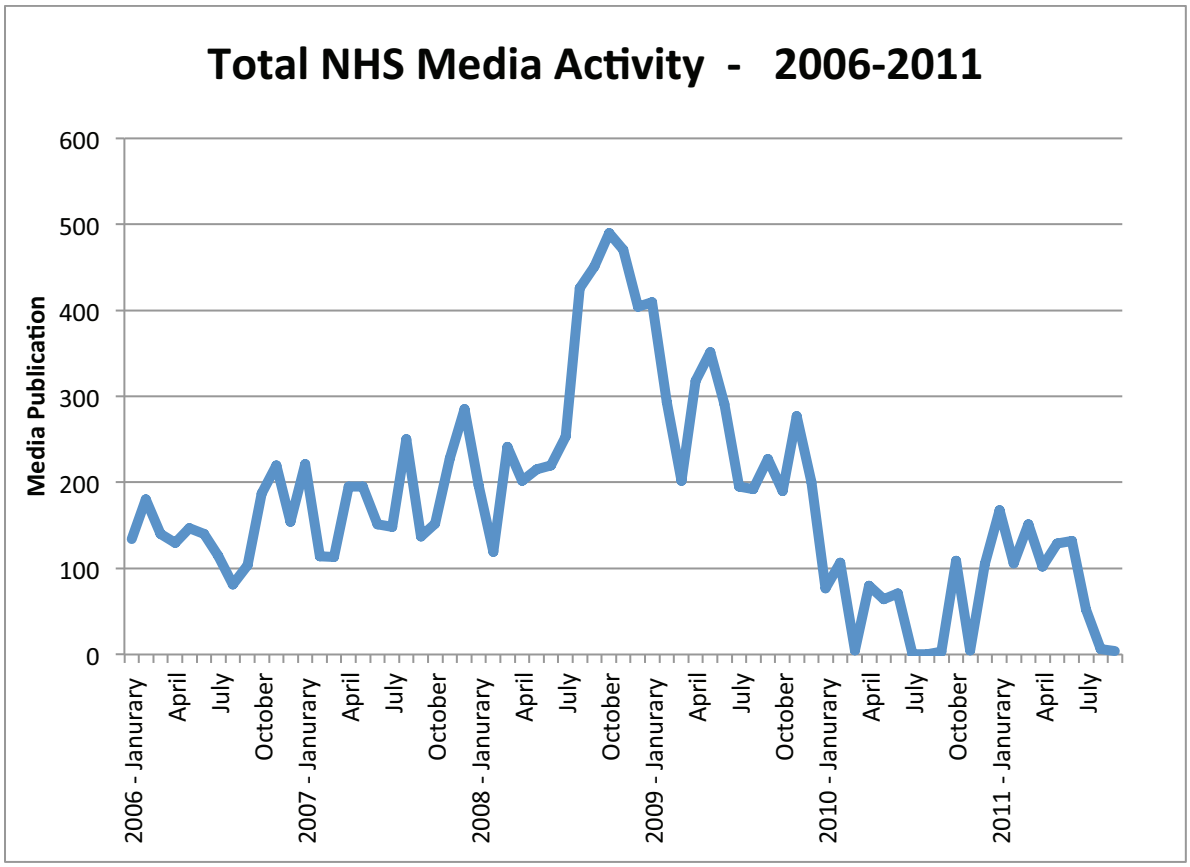
Amount of Coverage

When did the NHS receive the most coverage?

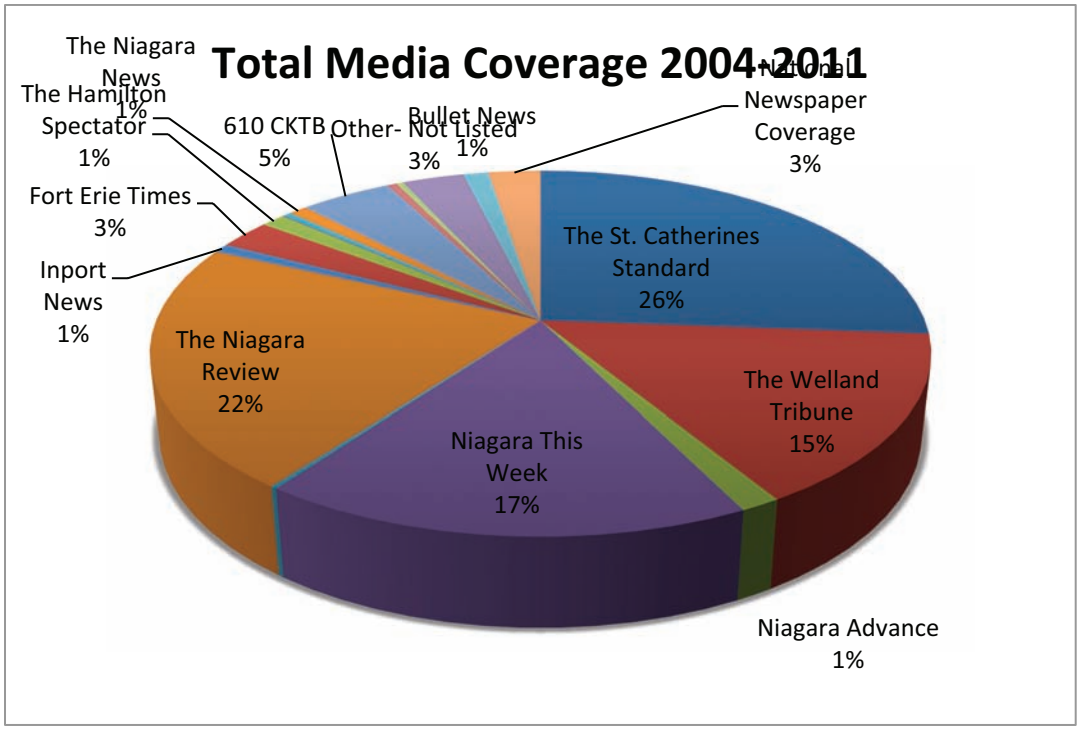
How much coverage does the Niagara Health System receive?

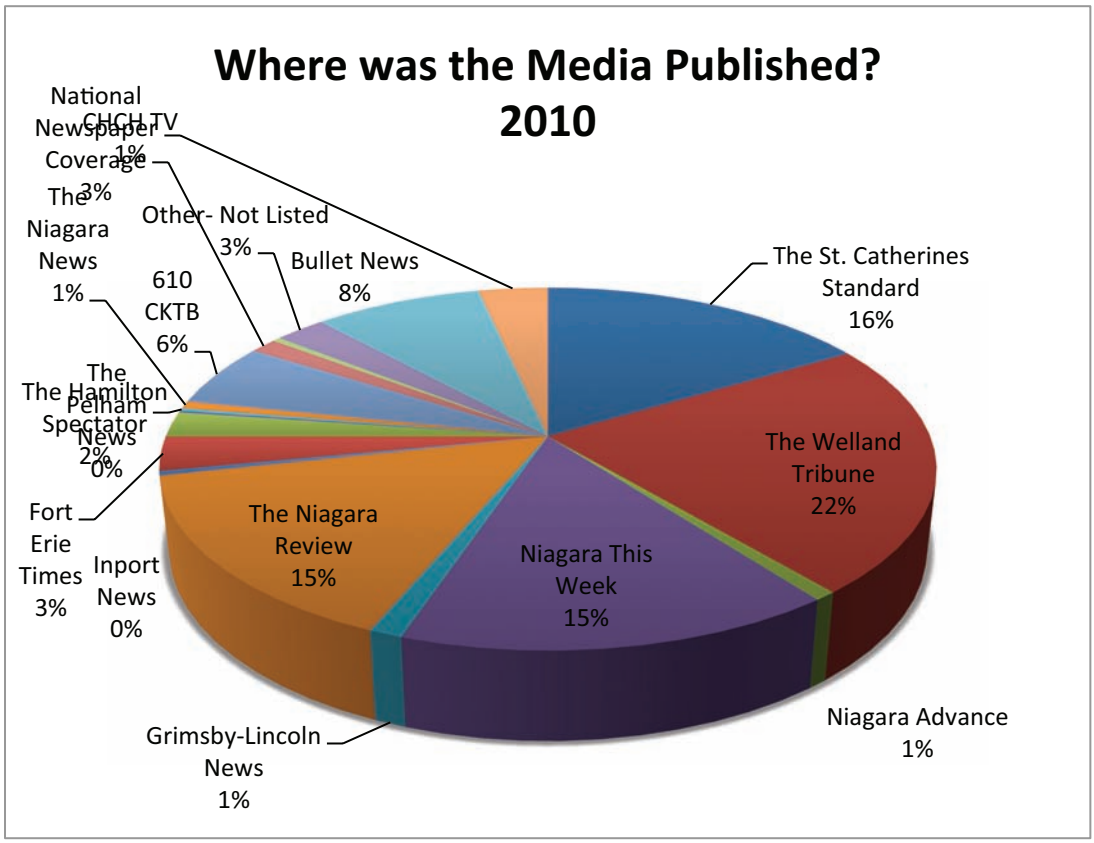
Which newspapers cover the most stories about the Niagara Health System?

How prominently were the articles placed within the newspapers?



It's clear that there was a spike in coverage from 2008-2009, followed by a definite decline downward and almost an entire year (2010) where no month had more than 100 stories pertaining to the NHS published.

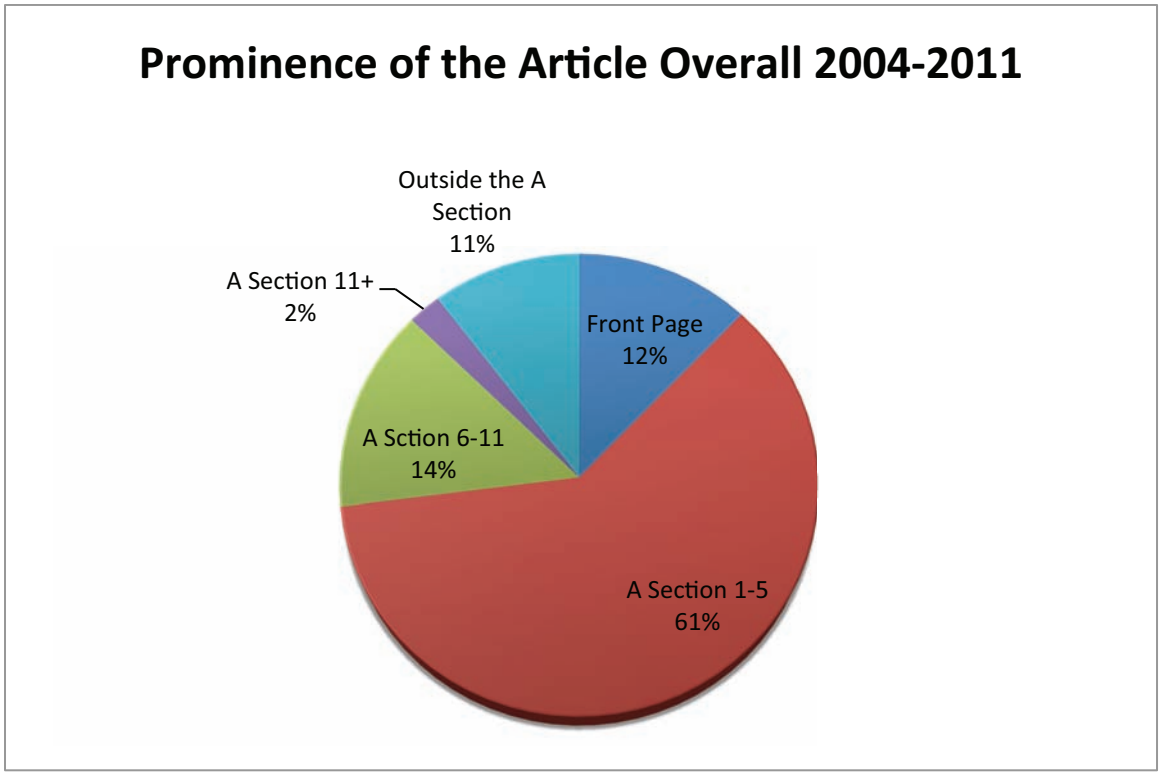

Total Media Coverage 2004-2011
The Niagara News 1%
The Hamilton Spectator 1%
610 CKTB 5%
Other- Not Listed 3%
Bullet News 1%
National Newspaper Coverage 3%
Fort Erie Times 3%
Inport News 1%
The St. Catherines Standard 26%
The Niagara Review 22%
The Welland Tribune 15%
Niagara This Week 17%
Niagara Advance 1%


Where was the Media Published? 2010
National Newspaper Coverage 3%
CHCH TV 1%
Other- Not Listed 3%
Bullet News 8%
The Niagara News 1%
610 CKTB 6%
The Hamilton Spectator 2%
The Pelham News 0%
Fort Erie Times 3%
Inport News 0%
The St. Catherines Standard 16%
The Welland Tribune 22%
The Niagara Review 15%
Niagara This Week 15%
Niagara Advance 1%
Grimsby-Lincoln News 1%

Media Publication Totals:

The St. Catherines Standard	1339
The Welland Tribune	772
Niagara Advance	73
Niagara This Week	884
Grimsby-Lincoln News	12
The Niagara Review	1107
Inport News	41
Fort Erie Times	133
The Hamilton Spectator	62
The Expositor	3
The Pelham News	21
The Niagara News	45
610 CKTB	231
CHCH TV	24
Cogeco	17
Other- Not Listed	156
Bullet News	63
TOTAL	4983

*Some publications not listed



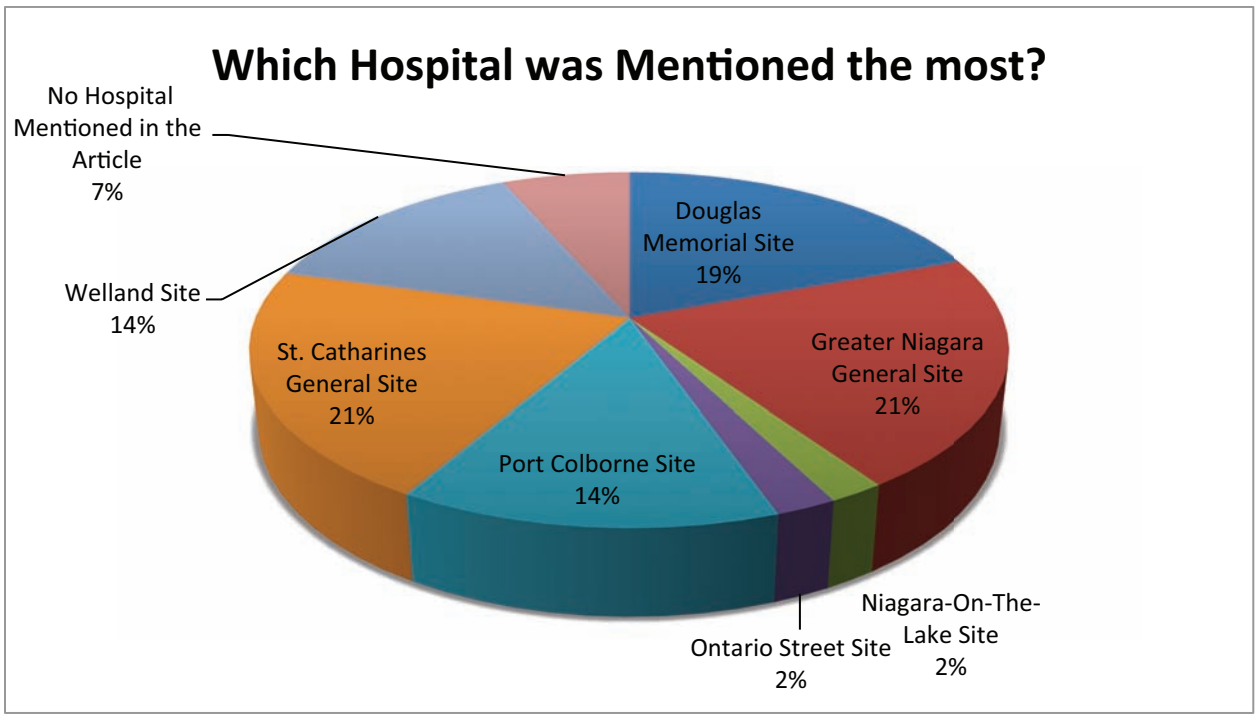
Most publications surrounding the NHS are found in the regional newspapers: The St. Catherine's Standard, The Niagara Review, The Welland Tribune and Niagara This Week. Most articles (61%) were found in the 'A' section of the newspaper, and 12% were even featured on the front page. The coverage of the NHS is taken seriously by the newspapers, and given a prominent position in the paper.

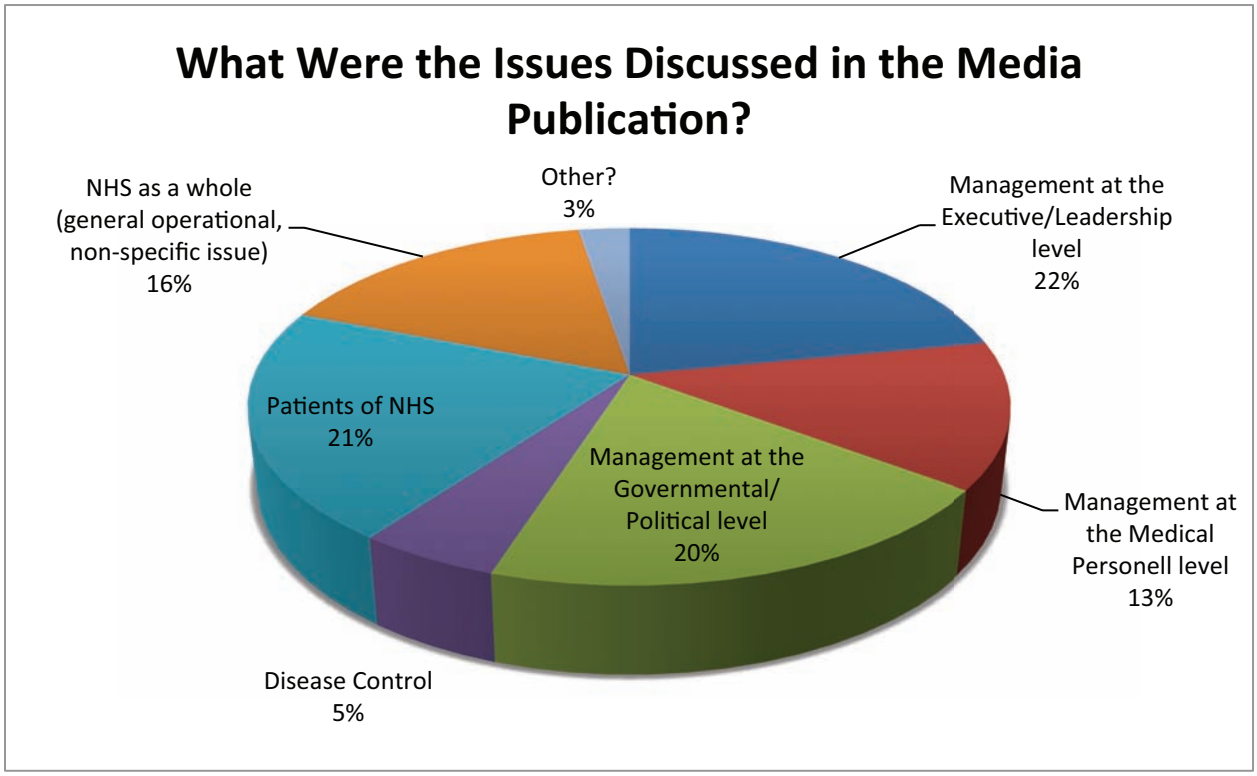
The most recent fully complete year, 2010, has been selected to give an in-depth, magnified outlook. It is worth noting that although the majority of the coverage comes from four regional papers, 3% of the coverage in the 8-year span comes from Canada's national newspapers. This highlights the fact that the healthcare issues in the Niagara region are felt across the whole country.

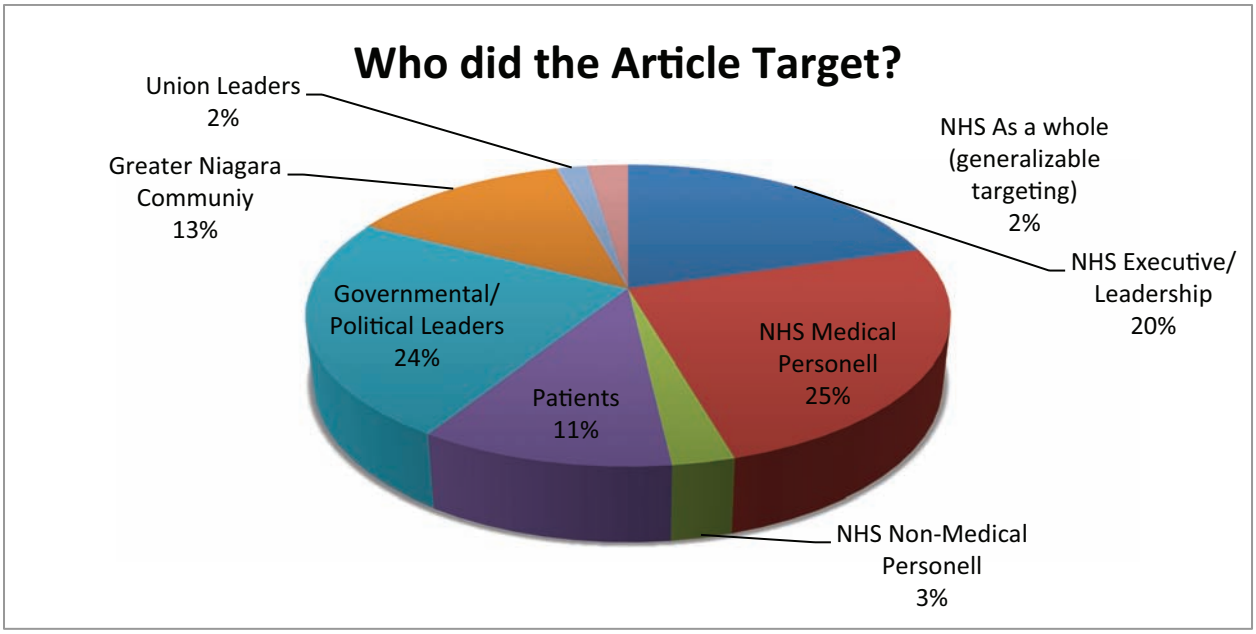
Issues and Tone

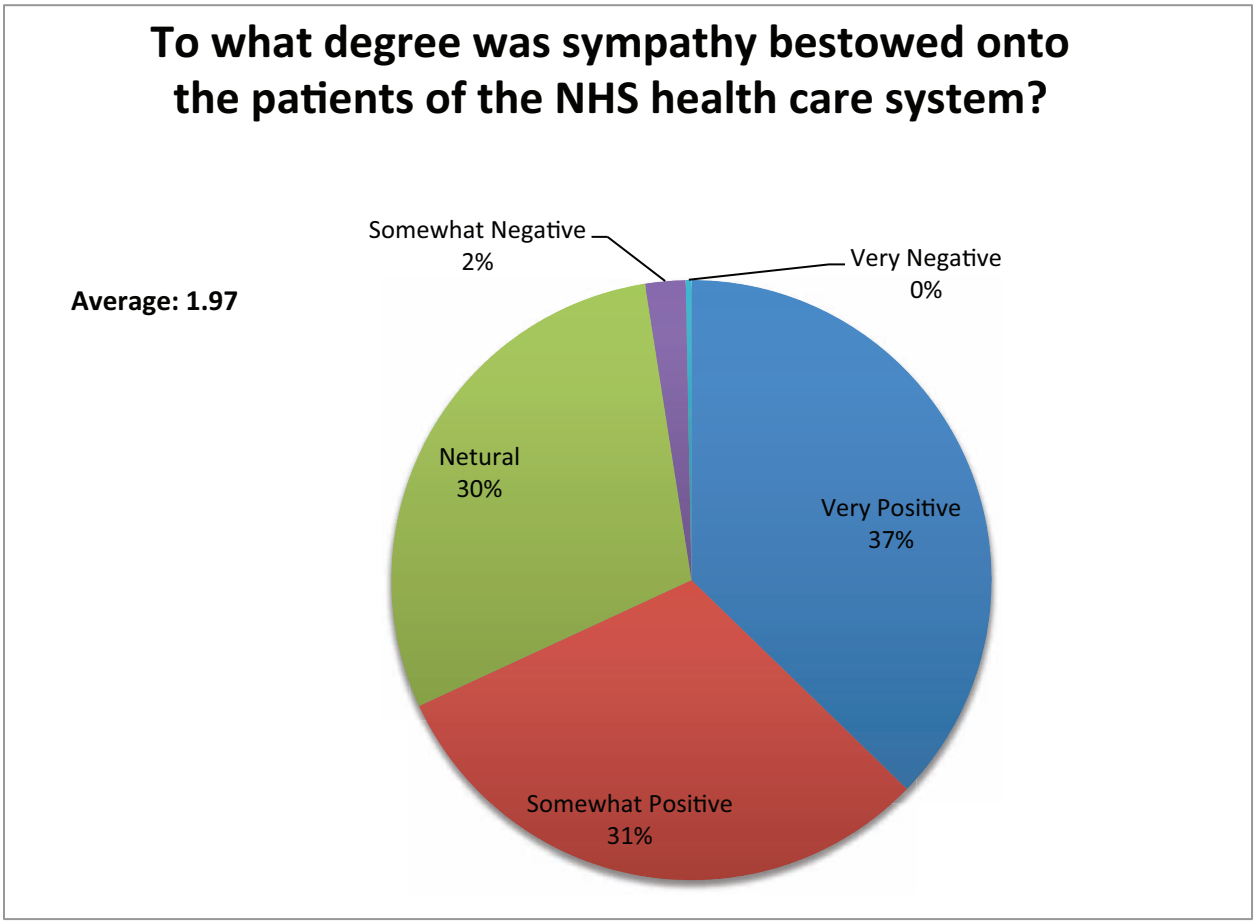
Which hospitals are discussed most often? How sympathetic are the media towards the NHS? What aspect of the NHS does the media focus on? Who is discussed by the media the most often? How negative or positive is the overall coverage?

**Unless otherwise stated, each graph refers to the cumulative timeline (2004-2011)*


Which Hospital was Mentioned the most?
No Hospital Mentioned in the Article 7%
Douglas Memorial Site 19%
Welland Site 14%
Greater Niagara General Site 21%
St. Catharines General Site 21%
Port Colborne Site 14%
Niagara-On-The-Lake Site 2%
Ontario Street Site 2%

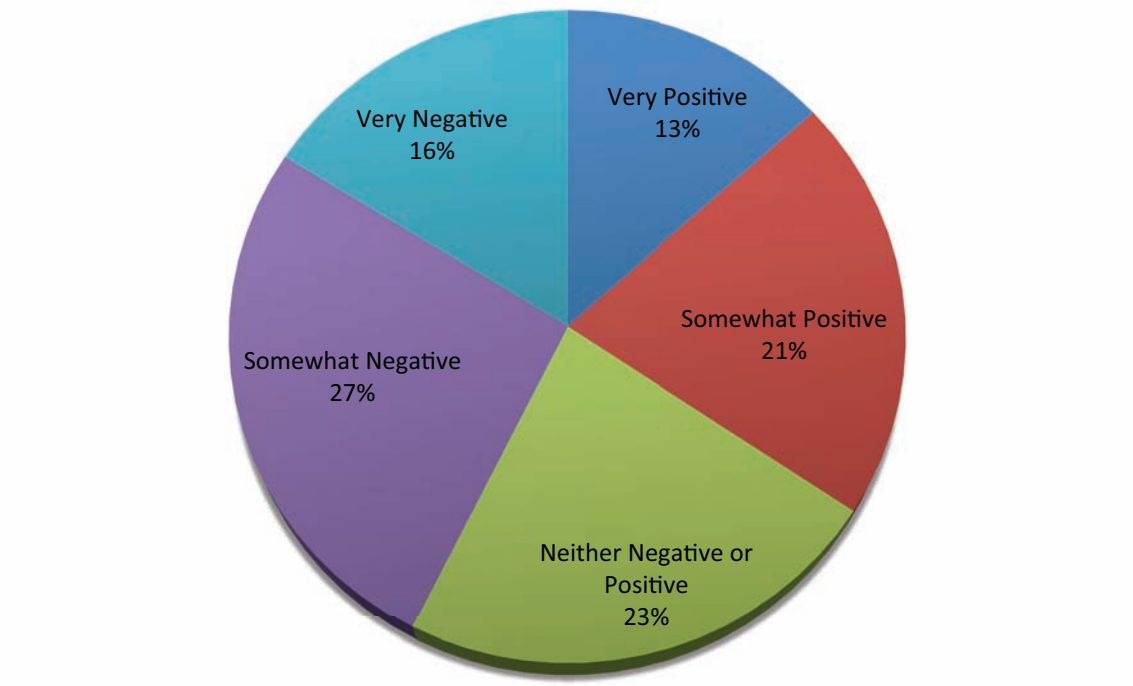

What Were the Issues Discussed in the Media Publication?
Other? 3%
NHS as a whole (general operational, non-specific issue) 16%
Management at the Executive/Leadership level 22%
Patients of NHS 21%
Management at the Governmental/ Political level 20%
Management at the Medical Personell level 13%
Disease Control 5%

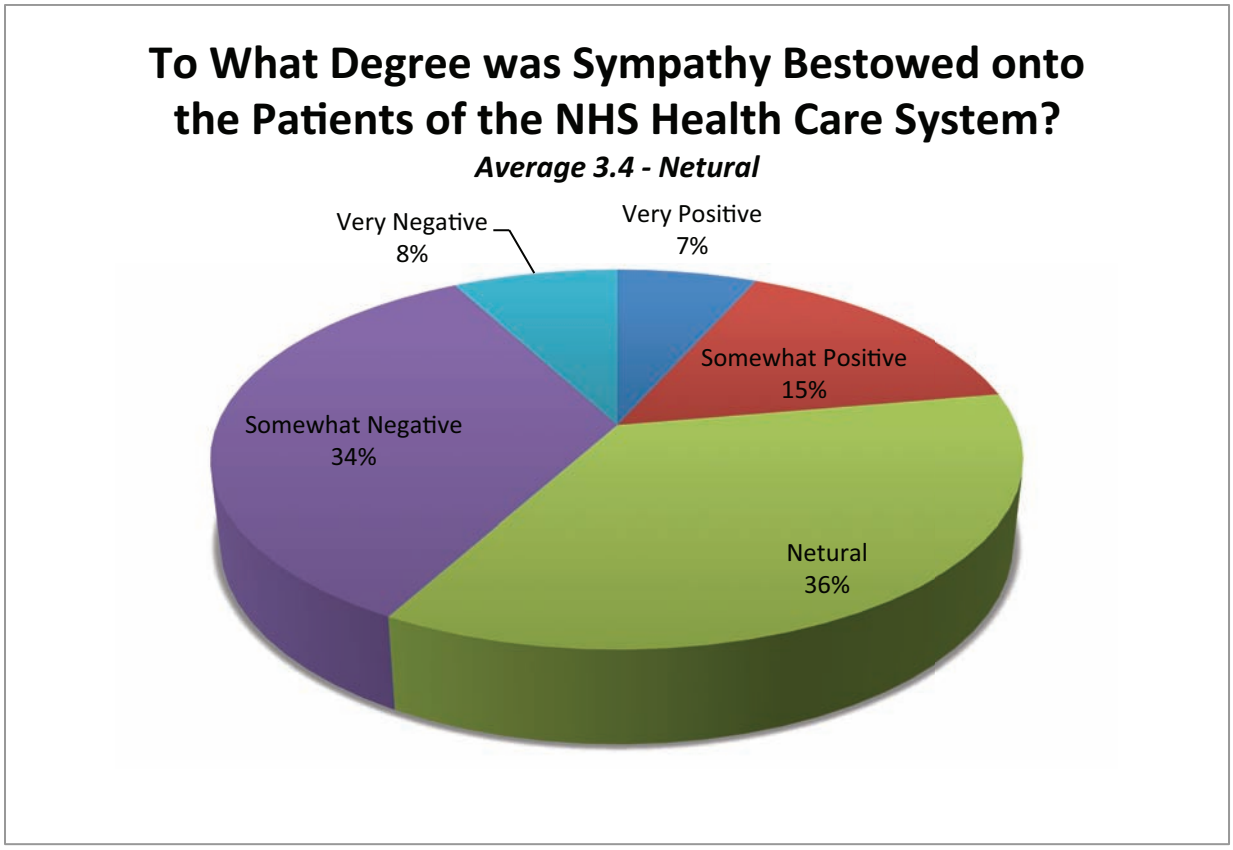

Who did the Article Target?
Union Leaders 2%
Greater Niagara Communiy 13%
Governmental/ Political Leaders 24%
Patients 11%
NHS Medical Personell 25%
NHS Non-Medical Personell 3%
NHS Executive/ Leadership 20%
NHS As a whole (generalizable targeting) 2%


To what degree was sympathy bestowed onto the patients of the NHS health care system?
Average: 1.97
Somewhat Negative 2%
Very Negative 0%
Netural 30%
Very Positive 37%
Somewhat Positive 31%

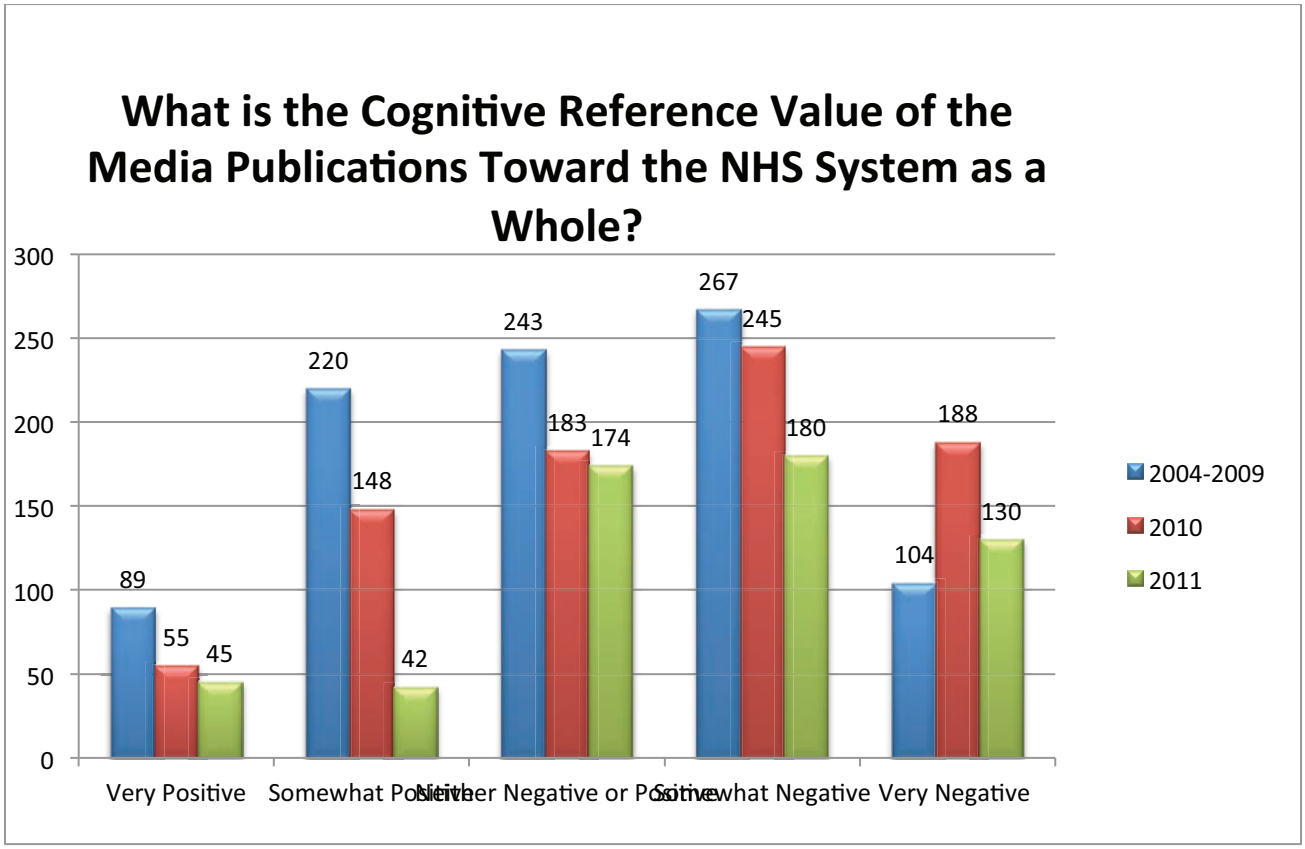
What was the cognitive reference value of the media publication toward the NHS as a whole?

Average: 4.1 - Somewhat Negative

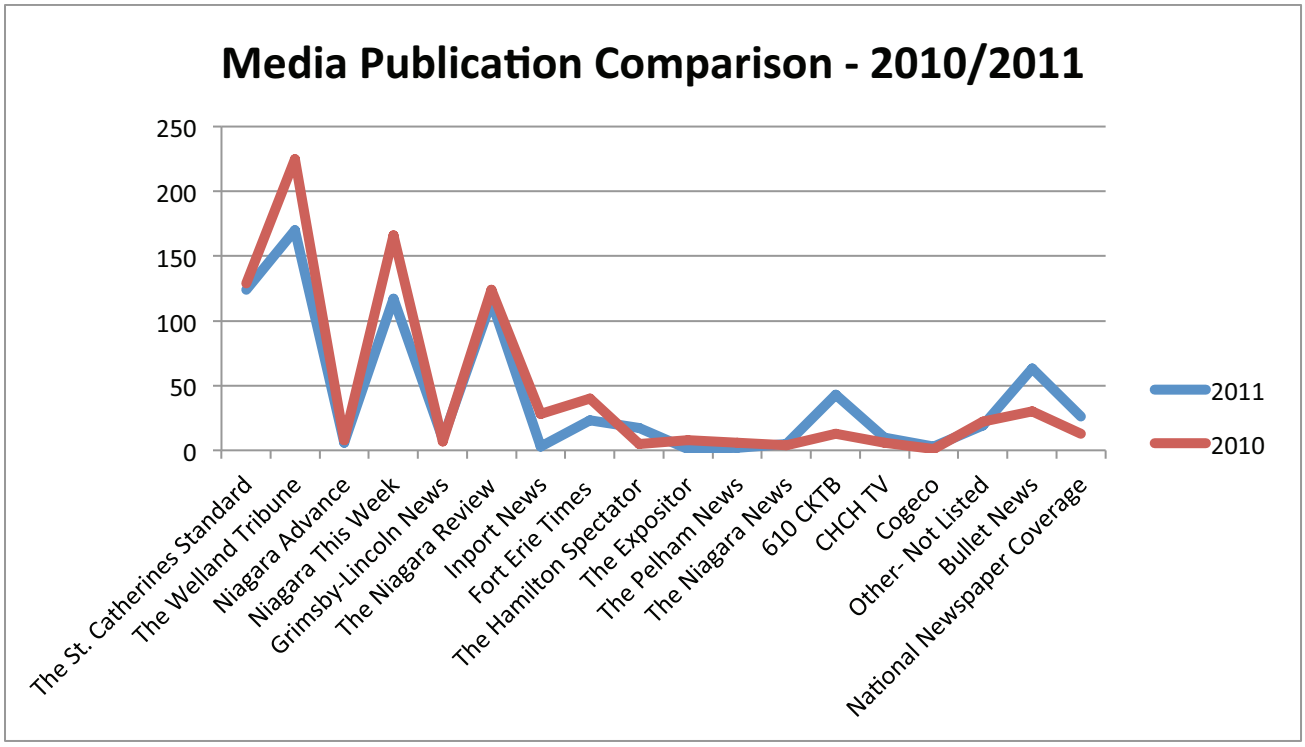



To What Degree was Sympathy Bestowed onto the Patients of the NHS Health Care System?
Average 3.4 - Netural
Very Negative 8%
Very Positive 7%
Somewhat Positive 15%
Somewhat Negative 34%
Netural 36%

Comparisons by Year:



*It is important to note that this graph includes only January-August for 2011.



Media Outlet	2011	2010
The St. Catherines Standard	124	129
The Welland Tribune	170	225
Niagara Advance	6	8
Niagara This Week	117	166
Grimsby-Lincoln News	9	7
The Niagara Review	115	124
Inport News	3	28
Fort Erie Times	23	40
The Hamilton Spectator	17	5
The Expositor	1	8
The Pelham News	2	6
The Niagara News	5	4
610 CKTB	43	13
CHCH TV	10	6
Cogeco	3	1
Other- Not Listed	19	22
Bullet News	63	30
National Newspaper Coverage	26	13

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