**Hospital Name**

Community Meeting Planner

*Ensuring the Future of  
Healthcare in our Community*

Date

**Community Meeting Plan**

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nvolvement of the community in discussions about the future of Hospital Name is one of the most important components of the organizational assessment and analysis process. To ensure that the broadest range of perspectives, viewpoints and ideas are considered, Hospital Name will hold a special evening meeting for community leaders and residents. The invitees to this meeting will include hospital trustees, senior managers and medical staff, community leaders and community residents. This meeting will help to ensure that the unique and critical views of physicians, hospital directors, management and residents are carefully considered in the challenging decisions that must be made about future Hospital Name structure, operations and services.

***[Note: This meeting will help to ensure that the unique and critical views of physicians, hospital directors, management and residents are carefully considered in the challenging decisions that must be made about the hospital’s future structure, operations and services.]***

**Sample Community Meeting Agenda**

|  |  |  |
| --- | --- | --- |
| Time |  | Activity |
| 6:30 p.m. |  | Welcome *(**Board Chair and/or Hospital CEO)*  The Hospital Name challenge: Review of the process, and progress to-date *(**Meeting facilitator)* |
| 6:45 p.m. |  | Presentation and discussion of key health care trends, and implications for the future of Hospital Name*(Meeting facilitator)* |
| 7:15 p.m. |  | Feedback, Q&A |
| 7:30 p.m. |  | ***Break*** |
| 7:45 p.m. |  | Feedback, Q&A *(cont.)* |
| 8:45 p.m. |  | Hand out community survey *(Meeting facilitator)* |
| 8:45 p.m. |  | Wrap-up, thank you and next steps *(Meeting facilitator) and/or ( Board Chair and/or Hospital CEO)* |
| 9:00 p.m. |  | ***Adjourn*** |

**Community Meeting Logistics**

**Meeting Date:** Day and Date

**Location:**

**Time:**

**Key Objectives:**

* Engage participants in a meaningful discussion and dialogue about the future of Hospital Name
* Educate participants about the organizational assessment process
* Gather questions and viewpoints that should guide the board of directors in its decisions regarding Hospital Name’s future organizational structure
* Communicate process transparency and hospital openness to community opinion
* Build community support for the board’s ultimate decision

|  |  |
| --- | --- |
| *Estimated Number of Participants:* | Up to # individuals |
| *Estimated Meeting Time:* | 2 ½ hours |
| *Materials and Resources Required at Meeting:* | * Flip chart * Easel * New flip chart pens * LCD projector * Large screen * Table for LCD projector and computer * Extension cord * Surge protector * Lavalier microphone * (2) handheld microphones * Sign-in sheet and table outside door, with greeter * Video camera/tripod * Question cards * Community survey * Employees stationed around the room to collect question cards, handle microphones |
| *Pre-Meeting Activity:* | * Invitation letter sent to participants, including purpose, scope, date, time and place * Follow-up calls to confirm attendance * Create sign-in sheet * Print community survey * Public notice as may be required or desired   + Letter to the editor and ad in local newspaper   + Posting on hospital website |

**Sample Questions to Explore With Participants**

***General Questions***

* What questions do you have about our planning process?
* What are your greatest concerns for the future of Hospital Name?
* What opportunities would you like to see realized for the hospital?
* Organizationally
* For the community

***Services Questions***

* Why do people leave the area for services that can be provided by Hospital Name?
* What services are truly necessary to be provided in the service area?
* What do you want most from Hospital Name and clinic?

***Competition Questions***

* Would you be willing to pay higher costs for services to ensure that those services are provided independently by Hospital Name?
* How many people are willing to raise the amount of the tax levy to maintain hospital independence?
* How many are willing to raise it 10%? 20%? 50%?

***Management/Operations Questions***

* What are the critical success factors in any affiliation or ownership/management relationship Hospital Name might undertake?
* What major issues must be addressed?
* If you were going to design the perfect healthcare delivery system for the service area from scratch, what would it look like?

**Summary of Meeting Roles and Responsibilities**

**Board Chair and/or CEO**

* Welcome and introductions
* Introduction of meeting presenter/facilitator

**Meeting presenter/facilitator**

* PowerPoint presentation
* Determine questions to be posed to participants
* Facilitate all discussion
* Develop meeting summary

**Staff**

* Meeting room setup: Screen, LCD projector, microphone, surveys, etc.
* Secure refreshments
* Videotape

**Sample Letter of Invitation**

***[Note: A version of this letter should be mailed to board members, physicians, members of the administrative team and community leaders.]***

Date

Name, Title

Organization

Address

City, State, Zip Code

Dear Name:

As you may know, Hospital Name is presently engaged in an in-depth analysis of various organizational options for the future of the hospital. Our objective is to ensure that the very best health care services will continue to be available to area residents.

The community’s involvement in discussions about the future of Hospital Name is one of the most important components of our evaluation and analysis process. To ensure that we consider the broadest range of perspectives, viewpoints and ideas, we will hold a special evening meeting for hospital and community leaders on Day, Date. The people invited to this meeting include Hospital Name board members, senior managers, medical staff and community leaders. This important meeting will help to ensure that the unique and critical views of physicians, hospital directors, management and local residents are carefully considered in the challenging decisions about Hospital Name’s future structure, operations and services.

The meeting likely will be attended by approximately #– # people. ***Please check your calendar for availability, and call or email*** ***Name,*** ***email,*** ***telephone number no later than*** ***Day,*** ***Date to confirm your attendance***.

We look forward to your participation and insights as a vital contributor to this very important process, and appreciate the contribution you will make in strengthening Hospital Name’s health care leadership opportunities.

Sincerely,

Name, Board Chair

**Draft Operating Principles Survey**

***[Note: A survey of potential operating principles will be administered at the end of the community meeting. The survey will be used as a guide for the Board of Trustees in its decision-making about any future organizational changes for*** ***Hospital Name.]***

**The Importance of Organizational Principles**

This survey has been developed to assess your views about the importance of a variety of fundamental principles that should guide hospital leadership in its decisions about ***organizational choices that may best ensure the future of high quality health care services for the community.***

The survey includes statements describing what a future organizational relationship should achieve for Hospital Name in seven principle areas. Please read each statement and check the box indicating whether you believe the factor is critical, somewhat important or not important to success in any future organizational relationship.

**Critical** = Absolutely vital to the success of any relationship. This factor must be considered with the highest of importance as decisions are made about ways in which Hospital Name can best meet the future health care needs of the community

**Somewhat Important** = A non-critical, but still meaningful, factor in the success of any relationship. This factor should have influence on decisions Hospital Name leadership makes about ways in which the hospital can best meet the future health care needs of the community.

**Not Important** = Not a factor in the success of any relationship. This factor should not be considered by Hospital Name leadership in its decisions about ways in which the hospital can best meet the future health care needs of the community.

Please check the box below that indicates your participation in this community meeting:

* Resident of the community with no direct affiliation with Hospital Name
* Physician
* Hospital employee
* Member of the Hospital Name Board of Trustees
* Member of the Hospital Name management team

**Services and Satisfaction Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Ensure strong physician support |  |  |  |  |  |
| Encourage continued creation of a complete continuum of health care services |  |  |  |  |  |
| Create a reputation for excellence in service satisfaction |  |  |  |  |  |
| Result in resources and capabilities that allow the organization to provide services more effectively |  |  |  |  |  |
| Improve the capacity to provide effective, efficient and high-quality patient services |  |  |  |  |  |
| Develop a sustainable, competitive system with aligned incentives among the hospital/health center and physicians |  |  |  |  |  |
| Increase accessibility to care |  |  |  |  |  |
| Improve the speed, depth and breadth of service across the continuum of care |  |  |  |  |  |
| Comments: | | | | | |

**Growth and Market Expansion Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Enable development of a strong and vibrant local services network |  |  |  |  |  |
| Provide clear avenues to increase market service and expand market boundaries |  |  |  |  |  |
| Provide an expanded range of products and services preferred by area employers and consumers |  |  |  |  |  |
| Create improved opportunities for payer contracting |  |  |  |  |  |
| Result in economies of scale in administration, marketing and service delivery |  |  |  |  |  |
| Comments: | | | | | |

**Vision and Values Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Strengthen Hospital Name’s ability to achieve its mission and vision |  |  |  |  |  |
| Demonstrate a strong commitment to, and performance in adhering to the organization’s vision and values |  |  |  |  |  |
| Maintain the local heritage and culture of Hospital Name |  |  |  |  |  |
| Comments: | | | | | |

**Hospital Governance Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Demonstrate a strong belief in community health care delivery model and understand how that model creates value to the community |  |  |  |  |  |
| Ensure appropriate community input into critical policy and service decisions |  |  |  |  |  |
| Comments: | | | | | |

**Community Health Improvement Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Be the best long-term option for providing community-based health services that otherwise could not be provided at needed levels of quality, cost and satisfaction |  |  |  |  |  |
| Create new resources for defining, measuring and improving community health |  |  |  |  |  |
| Comments: | | | | | |

**Quality and Patient Safety Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Improve Hospital Name quality and patient safety |  |  |  |  |  |
| Improve the speed, depth and breadth of service across the continuum of care |  |  |  |  |  |
| Provide the highest quality and the most responsible community health care |  |  |  |  |  |
| Enable improvements in quality and cost performance |  |  |  |  |  |
| Comments: | | | | | |

**Health Care Cost Criteria**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***The organizational relationship should…*** | | | | | |
|  | **Critical** |  | **Somewhat Important** |  | **Not Important** |
| Improve cost effectiveness |  |  |  |  |  |
| Reduce health care prices |  |  |  |  |  |
| Comments: | | | | | |

**Additional Questions**

What additional principles do you think should be important for Hospital Name’s leadership to consider in its assessment of the best ways to ensure that high quality health care services continue to be available to the community?

What else do you think is most important for the organization to consider as it goes through the process of deciding how to best be organized for the future?

*Thank you for your ideas and viewpoints!*