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# Ontario Hospital CEO Survey 2024

What They're Thinking

March 2024



**Ontario Hospital  
CEO Survey 2024**



# Introduction

There are 140 public hospitals in Ontario that play a key part in administering Ontario's publicly funded healthcare system. While we may not know what's in the provincial budget every year, one thing that we can be almost certain of is that, year-over-year, the amount the government spends on healthcare goes up.

In fact, the Financial Accountability Office of Ontario (FAO) notes that funding allocated to healthcare by the Province in the 2023 Ontario Budget grew at a higher average annual rate of 3.7 per cent and is estimated to reach \$87.6 billion by 2025-26. By comparison, the pressures caused by an aging population, people living longer, and other factors, the FAO projects that health sector spending will grow at an average annual rate of 3.4 per cent between 2021-22 and 2025-26, reaching \$86.7 billion in 2025-26.<sup>1</sup>

The way that money is spent within the system, and the effectiveness of the various parts of the system in delivering care make a huge difference in how Ontarians experience healthcare services. Hospitals are the backstop of the system, and they ultimately are the provider of care for those in critical need, but also for those at the other end of the spectrum – people who simply have difficulty accessing primary or routine care.

As the healthcare system continues to transition from a pandemic-induced crisis mode, the discussion we had with CEOs of hospitals that represent \$8.3 billion of Ontario's annual hospital care delivery spending, is meant to offer a window into the challenges that hospitals are facing – but also get insight on what these leaders are doing to make the system work for Ontarians today to build a better system for generations to come.

## About the survey

The purpose of this survey was to understand hospital CEOs' perspectives on some of the most pressing issues in healthcare today.

While there are differences in experiences across hospital systems, often stemming from geography, population, community make up, fundraising capacity, and other factors, there are also clear similarities across these organizations when it comes to some of the challenges they're encountering related to current funding, health human resources, expectations from their communities and system integration.

We hope the themes from this survey encourage further conversation around the needs of hospitals in the province and what opportunities exist to address the challenges they continue to experience.

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<sup>1</sup> <https://www.fao-on.org/en/Blog/Publications/health-update-2023>

## Thank You

We would like to extend our sincerest thanks to the healthcare leaders who took time out of their busy and demanding schedules to spend some time with us and share their perspectives. We appreciate your candour and willingness to share your experiences.

We would also like to thank the team members across hospitals who helped us coordinate these discussions.



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A painting of a church interior, featuring a large blue circle overlaid on the scene. The circle contains the text "What's keeping CEOs up at night?". The background shows a church with wooden pews, a man in a white shirt and tie, a woman in a green dress, and other figures in a dimly lit setting with arched windows.

What's keeping  
CEOs up at night?

# What They're Thinking 2024

## Funding, labour, and cybersecurity issues are keeping CEOs up at night

### *Funding is a challenge across all hospitals*

“There were only a few years where money seemed easy to get. Most years we've been worried about it.”

Perhaps unsurprisingly, every CEO surveyed reported feeling pressure about current funding challenges – capital and operational. Operationally, while they indicated that they look for efficiencies wherever possible, rising costs of labour and goods, the impact of inflation, and the care capacity issues they are facing are pushing hospitals to their limits. Hospitals feel they are facing unprecedented financial strains despite health professionals doing all they can to address urgent needs.

“The number one risk to a hospital is aging infrastructure. There's no catching up on redevelopment.”

Aside from funding current operations, hospitals are also forced to think about their growing and aging populations and how they deal with those care needs when the buildings designed to deliver that care are also aging. Long-term capital projects seem like a stretch given the significant financial investments needed to make them a reality.

On the capital funding side, some CEOs are feeling these pressures more acutely as their hospital buildings are reaching the end of their lifespans,

which is significantly impacting care delivery. Patient care relies heavily on patient and family experience, which can be enhanced by well-designed spaces, but also negatively impacted in an old building. “There are impacts to patient safety, infection control, and many other things we need to be worried about.”

### *Concerns about the funding model*

“The current model for redevelopment is not sustainable.”

CEOs also raised concerns around the process to obtain funding. They recognize that the government is working to balance many competing priorities, and that there are needs across the system. CEOs recognize that the conversations they have with the Ministry need to be grounded in facts, and conducted using language that will resonate with Ministry staff around current and anticipated need. However, some noted frustration with the long timelines and a decision-making process that is opaque.

There were also some questions about how decision-making is being made where it involves hospitals in Ontario that require the most funding to enhance services and infrastructure. CEOs expressed generally that, without continued increases in long-term funding for hospitals, the financial strains will continue to persist.

CEOs recognize having the right data for funding decision-making is important. It's not enough to just lean on “we need more money”.

### ***Other parts of the healthcare system need care and attention too***

Many CEOs, and this will be referenced again later in our report, when talking about facing funding challenges, spoke about how we can't "fix" healthcare without really focusing on primary care. Family physicians, for example, are retiring – many of whom also practiced in hospitals – and it is increasingly challenging to encourage students to pursue the disciplines that make up primary care in favour of other specialities.

Several of the CEOs we spoke to mentioned that many patients who come to their hospitals don't have family physicians, which forces them to seek care at the Emergency Department. There is the feeling that hospitals continue increasingly to serve as the primary care "safety net" of the healthcare system because they operate 24/7 and are not in the business of turning people away.

### ***Internationally-trained physicians can play a role***

Several CEOs spoke about the need to really focus on how to leverage internationally trained physicians. There are many trained professionals who have studied elsewhere but want to work in Canada and live here – there is an opportunity to do any upskilling that is required without making the process so prohibitive that people do not want to go through it.

The most important thing, according to our CEOs, is maintaining the standard quality of care through appropriate controls, competency and skills training, and oversight. In the next section we will also explore the opportunity that educational partnerships afford with respect to cultivating new talent and matching them with roles at hospitals.

### ***Health human resources is a central challenge for almost every hospital***

***"You could drop a bucket of money down in front of me, but it won't matter because we don't have the people."***

Significant labour shortages are being seen across the healthcare industry, and hospitals are being hit especially hard. The issue is two-fold: talent attraction and talent retention.

#### ***Talent attraction***

CEOs indicated that attracting workers to the healthcare field is a challenge across the board, with many people opting to move away from pursuing healthcare roles or preferring to work in care delivery outside of traditional hospital settings.

CEOs from more rural hospitals highlighted that they need to deal with the added geographical challenge when it comes to attracting staff – it's hard to convince people to move to small towns or Northern Ontario.

Expectations around work environments have also shifted: CEOs noted that the newer, younger workforce has differing expectations around work schedules. For example, many want traditional 9-5 work schedules and/or hybrid work opportunities where possible. Given that hospital operations are 24/7, it can be hard to attract workers to hospitals where they may not be afforded the flexible work schedules that they desire. As one CEO put it, "back when I started my career, staff had a pair of scrubs in their car all the time because they knew they might have to come in. That's just not the case anymore."



When faced with staffing challenges, many hospitals are relying on agency staff to keep departments running. Relying on agency staff is not a sustainable model to keep hospitals operating, and while some CEOs said that their reliance on agency staff heightened during the pandemic, in recent years they have gotten back on track to fill permanent roles. Others said that filling these positions has continued to be an issue and they still frequently use agency staff to ensure departments are staffed as they are not left with any other choice.

It's important to note the distinction between frontline and corporate employees. Most CEOs did not express that they face challenges with filling non-clinical roles; however, several did note that roles in areas like Information Technology can be challenging to fill because they are competing across all industries to attract people to these positions. This may have an impact on the cybersecurity threat hospitals face, which is discussed later in this report.

Hospitals are not able to offer the incentives that other sectors can around competitive salaries, fully remote work, and other benefits. Still, in many communities, hospitals are the largest employers so when it comes to non-clinical roles, people want to work for these organizations and are attracted to the security and reliability they provide.

### ***Educational partnerships can help solve the problem***

CEOs felt that wherever possible, partnering with educational institutions to create a pipeline of new staff was an opportunity to address labour shortages in the healthcare field. Partnerships with medical and nursing schools and healthcare administration programs where students get placements help to familiarize them with the organization and drive their interest in full-time work. While this is an effective measure for many hospitals, some smaller hospitals in more rural areas noted they don't have that same access to

the post-secondary talent pipeline as their urban counterparts, and it becomes challenging to compete with larger, more connected areas and organizations.

Some CEOs shared that they've been prioritizing collaboration with their municipalities and educational institutions to review social determinants of health and create associated priorities around education planning. This way, students are being encouraged to pursue certain programs that support identified service needs at the hospital.

Municipal partners can focus on policy areas like childcare, housing, and providing culturally appropriate services in their area to ensure their municipality becomes an attractive community to live in. The hospital then focuses on how to ensure these new professionals can start their careers in a place with a positive organizational culture and opportunities for growth and advancement.

### ***Talent retention***

**“We have to focus on our people, not only recruitment but how to retain them.”**

CEOs recognize it is just as important – maybe more important – to keep your existing people. The impacts of the COVID-19 pandemic on healthcare workers were immense, leading to burnout and the early retirement of many.

CEOs noted that when it comes to wages, hospitals are limited in their ability to provide staff with competitive pay. This was made more difficult when salary increases for public sector employees were capped at one per cent per year for three years. This has now been reversed.

One solution some CEOs have employed is spending a portion of their time listening closely to what their staff are telling them. They are looking for (and finding) creative ways to quickly make changes within the scope of their control to remove obstacles from their staff's ability to do their jobs on a day-to-day basis.

CEOs noted that to retain talent, they need to acknowledge workers' expectations related to flexible work schedules and positive workplace culture. They recognize they are often bound by finances, labour relations, and contractual obligations, but CEOs pointed out that there are still things that can be done to be responsive to what their people are telling them.

Some CEOs noted that a potential solution could be resource-sharing, where frontline staff could work at multiple locations throughout the week and could build more flexible schedules around their lifestyles. However, they acknowledged the complexity of this approach, given the restrictions and conditions of unions' collective agreements. It could be done but would require a lot of time and investment to get there.

### ***There is an ongoing assault on IT systems by cybercriminals***

**“Prevention is expensive, but the risks and costs of a breach are huge and more expensive.”**

Healthcare organizations, hospitals in particular, have become an increasingly attractive target for cyber criminals. The attraction of critical service delivery organizations that cannot afford service

interruptions, databases of sensitive information, IT systems that are often straining under pressures, and increasingly digital integration draws hacking attempts from around the world.

CEOs flagged that cybersecurity is a huge risk to hospitals across the province and is one of the biggest issues 'keeping them up at night.'

A November 2023 report in the Canadian Medical Association Journal punctuated the risk: “Canadian health systems have digitized considerably. In 2019, 86% of surveyed Canadian family physicians reported using electronic medical records (EMRs). Digital tools for virtual care and remote patient monitoring, wearables, care coordination platforms, and Internet-of-things (IoT) devices are all permeating practice. The digitization and integration of disparate health information systems on shared networks promises greater convenience, access and quality of care, but also introduces risk for patients, providers and health systems. Although some clinicians have dedicated information technology (IT) training, most do not...”<sup>2</sup>

Many hospitals have relatively recently transitioned to the digitization of health records, which has resulted in efficiencies, but also increased risk seeing as they are in possession of huge amounts of personal data and confidential health information.

In the fall of 2023, [five southwestern Ontario hospitals](#) were hit with a cyberattack through which hackers accessed sensitive patient information dating back 30 years. One hospital CEO that was surveyed noted that their organization is routinely subjected to cyberattack attempts by the same hackers that target organizations like Microsoft.

<sup>2</sup> <https://www.cmaj.ca/content/cmaj/195/45/E1548.full.pdf>

The attacks are sophisticated, and the attempts are constant. Another CEO remarked that as part of an integrated health information system that has an electronic health record shared across many hospitals, the risk is even greater. "If one goes down, we all go down."

*"It's not if we get hacked, it's when."*

Given these increased risks, cybersecurity and mitigation measures are top of mind for CEOs. Many noted the importance of investing in high-quality IT infrastructure and data storage. However, with already stretched funding, and challenges in attracting and retaining quality IT professionals, CEOs acknowledge this is an area that continues to require time, attention, and money. The reality is that upgrades to IT systems and operating costs related to them are competing with other priorities that hospitals are facing – many relating directly to care – so often, these upgrades lose out.



While upgrading IT systems is costly and time-consuming, the increasing risks are high and the costs of a breach are even more significant.

***Crisis planning helps build organizational resilience***

It was noted that there is an opportunity not only for hospitals to revisit their current operational risk mitigation plans but to create more organizational resilience by ensuring crisis communications plans are in place and updated.

Leadership teams can also focus on training and be ready to respond effectively in a crisis through tabletop training exercises that ensure a hospital's key people are prepared and know how to implement the necessary operational, IT, and communications response actions, should they be subject to a breach.





What the  
community needs

### Communities want to see reduced wait times and better access close to home; people expect to be consulted on system planning in meaningful ways

#### ***Priorities: reduce wait times and enhance access***

When asking CEOs what they believe their communities would say the top healthcare priorities of the hospital should be, one theme stood out: reducing wait times.

For community members, reducing wait times for emergency services and urgent care is the top priority that hospitals need to address. In addition to acute care services, CEOs indicated that community members are also concerned about the increased wait times for accessing specialized care and surgeries.

**“As much as possible, bring services local.”**

CEOs also noted that people are telling them they care deeply about accessing care close to home. Recognizing a regional approach to care delivery is often important, as people are often dissatisfied with being required to access care somewhere far away that requires a lengthy commute.

One CEO shared that when patients were redirected to a neighbouring hospital 45 minutes away for specialized treatment in a renowned program, many patients simply opted not to go because they did not feel comfortable going outside their community for care.

This obviously has important implications for system design and planning. It also reinforces the important role that community engagement has in educating people on the realities of care delivery and how they can get access to the best possible care.

#### ***The need to educate and engage often in system planning***

**“When moving or closing a service at a location, this is when the community becomes very involved.”**

In general, CEOs noted that community expectations around being engaged in system planning vary. While some communities are actively engaged in their local hospital's long-term planning, others are primarily concerned with immediate needs, such as emergency department wait times and access to care.

A theme that emerged from our discussions was that smaller community hospitals generally had more engaged communities who had a more vested interest in long-term planning. This was attributed to a stronger connection between community members and their local hospital – it's a pillar of the community.

System changes such as moving or closing a service, for example, were referenced as being cases in which the community often had a strong interest and desire for engagement.

On the other hand, CEOs who indicated that their communities were not as engaged in system planning noted that it was difficult to engage the public on long-term planning for healthcare services the community wouldn't see the benefit of for a decade or more. Coupled with the complexity of the system planning process, the long timeline makes it challenging to engage the broader public in healthcare discussions that may be twenty years down the road.

A solution to this challenge lies in what some CEOs noted: the importance of educating the community and engaging the public often on system planning. They recognized that although a complex and timely process, it was necessary to inform the community on their hospital's plans and future service delivery models clearly and transparently. In addition to educating the community, they expressed that engagement through various channels (in-person and digital) was necessary to ensure the community's feedback is reflected in long-term planning processes.



The image is a painting of a cafe scene. In the foreground, a person's hand is visible, holding a small white cup on a saucer. In the background, a man with dark hair is looking towards the left. The scene is framed by a large blue circle. The text "Flexible models of work" is written in white inside the circle.

Flexible models  
of work

### Health human resources: how to accommodate more flexible models of work

#### ***Accountability and support for staff are key***

“The importance of feeling valued, safe, supported, and having opportunities to grow their career.”

With funding challenges currently facing hospitals, CEOs noted the limitations around staff wages and salaries. They also recognized that some workers are reluctant to join or remain in healthcare, especially following the COVID-19 pandemic.

As noted earlier, talent attraction and retention remain top of mind for CEOs. There is a need to seriously explore more flexible models of work that support different schedules and hybrid options where possible. There need to be greater incentives for people to want to work in hospitals and a lot of it relates to overall workplace culture.

Several CEOs shared ways that they are prioritizing retention, which are focused on support, wellness, creating a positive workplace culture, and accountability. Direct face time with hospital leadership on a regular basis for staff to be able to share concerns and ideas was deemed effective in identifying issues and creating tailored solutions to improve employee satisfaction. It was flagged that any solutions must consider department-specific needs to ensure they are not “one-size-fits all.”

There is an opportunity for hospitals to be measuring employee and physician satisfaction on a regular basis and benchmarking against peer organizations. This can be one way to identify themes that consistently arise and put active plans in place to address these issues. This also demonstrates to staff that their concerns are being heard and acted on.

CEOs also noted the importance of comprehensive onboarding and regular training programs to ensure staff feel supported at work and that they have the tools and knowledge needed to succeed in their jobs.

Balancing high- and low-fidelity simulations with more ‘relationship-based’ training is how one CEO put it. They mentioned that they’ve been focusing increasingly on the type of training that international healthcare professionals may require when they start working here.

More foundational things like how to talk to a physician, how to interact with a patient, what to do if a family member is being challenging, etc. Given the increase in the number of internationally educated healthcare workers in the province, this type of training cannot be discounted, and feedback indicates that staff are finding it helpful.



***Access to comprehensive primary care teams is a critical component of making hospitals work within the healthcare system***

We cannot talk about educational partnerships without mentioning what many CEOs raised around the need for a renewed focus on primary care. Every CEO was clear that the ability of people to access comprehensive primary care in a timely way has profound impacts on how hospitals operate. The absence of access to that care leads people to access primary care through the emergency department, adding to wait times and delays for people requiring care for more serious issues.

An innovative and longer-term solution to this issue was raised by a number of CEOs – designing a primary care access policy that starts with recruitment at colleges and universities.

CEOs noted that some programs seem to discourage people from pursuing a career in primary care in favour of other, more specialized practices.

This has wide-reaching impacts on how people will get access to care in the future. The primary care issue needs to be solved to help address chronic disease and an aging population.

The consensus was that while hospitals are playing a stop-gap role acting as a primary care provider, this is unsustainable. Patients are coming to the hospital with more advanced needs and requiring chronic disease management that the system is not equipped to deliver effectively.



The image features a painting of a person's profile, rendered in a style with thick, expressive brushstrokes. The person has dark hair and is wearing a dark garment. The background is a mix of light and dark tones, with some red and green accents. A large, solid blue circle is superimposed over the right side of the painting, containing the text "Stretching funding" in white, sans-serif font. The overall composition is dynamic and artistic.

Stretching funding

### CEOs are finding innovative ways to stretch funding to deliver more care

As mentioned, we heard from all CEOs that they're feeling the impact of a healthcare system demanding more funding, both operational and capital – despite spending on healthcare sitting at all-time highs. In fact, the Financial Accountability Office of Ontario forecasted in early 2023 that “health sector spending will grow at an average annual rate of 3.6 per cent between 2021-22 and 2027-28, reaching \$93.8 billion in 2027-28.”<sup>3</sup>

The problem is that some forecasters note that the funding models from the federal and provincial level won't deliver all that is necessary. Hospitals worry they will be challenged to keep-up with the growing demand for services, and the multitude of much needed physical infrastructure improvements they need to make to their sites.

So, we wanted to understand how CEOs are making the funding they do receive go the furthest

“We're now in the process to modernize which involves spending a lot of money, but it's the only way to save money in the long run.”

### *Pursuing administrative efficiencies wherever possible*

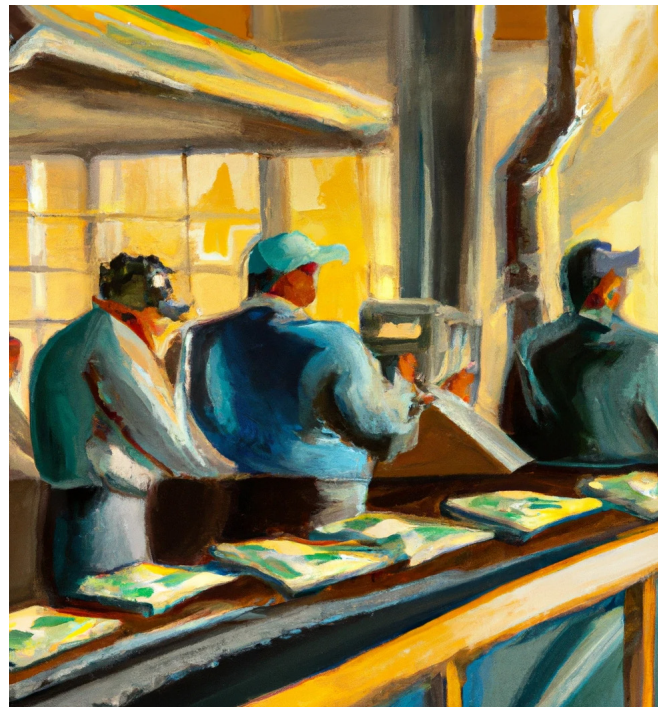
Most of the CEOs share the feeling that they're already doing everything they can to stretch their funding. Many referenced the 'standard strategies' of looking for efficiencies in day-to-day operations, trying to move toward flatter organizational structures with fewer redundancies, sharing resources across departments where possible, and other standard process improvement measures.

<sup>3</sup> <https://www.fao-on.org/en/Blog/Publications/health-2023>

Others noted that that they have no choice but to take out loans for certain operating costs related to IT, human resources systems, and administration, because the funding received from the government “doesn't support these areas and donors don't want to pay for this stuff either.”

Despite limited funding, many mentioned the important long-term investments they're making in health human resource strategies – investing in additional resources for staff like training and extended orientation, recruiting senior executives focused on people and culture, and acquiring technologies to modernize operations like payroll. They emphasized that although this translates to running bigger deficits now, they believe it will pay off in the long run through employee retention and streamlined processes.

It was also mentioned that hospitals need to be reminded sometimes of the benefits of centralized procurement agencies that can help streamline many heavy administrative burdens on resources.



**Exploring the possibilities of integration**

“We won’t survive if we don’t do more health system integration.”

**Many see integration as a necessity**

CEOs had differing perspectives when it came to health system integration. Some CEOs from larger, regional hospitals spoke about integration as both an inevitability and a necessity. Several noted the move toward integration within their own systems, for example, getting into the home care and long-term care businesses. This move to bring more services under their umbrella affords many benefits including offering more specialized care, delivering a smoother patient experience when they're transitioning between points of care and, from an administrative standpoint, supporting better resource sharing.

**Some fear the threat of integration**

Other CEOs – particularly those from smaller communities – expressed concern at the prospect of further integration – noting that some services are already so limited in their areas that more integration will threaten their very existence. Further to this, integration with services in larger communities might also undermine the local care delivery and connectivity between communities and their local hospitals. They emphasized that while partnership and collaboration are effective, integration across geographical areas of the province may pose more challenges than benefits.



Collaborating

### There is a desire to collaborate along the continuum of care

Something we saw in the COVID-19 pandemic was the way hospitals and other healthcare organizations mobilized to collaborate on a rapid, integrated response. With this still fresh in the minds of CEOs, we wanted to ask about opportunities to enhance collaboration with community partners in the spirit of continuing to deliver a more integrated, connected healthcare system that is easier for patients to navigate.

The discussions quickly focused on the province's Ontario Health Teams (OHTs) – where different healthcare providers along the continuum (like primary care, hospitals, community support services, home care, and others) work together on a coordinated approach to care in their area.

### **CEOs see the promise of the Ontario Health Team network idea**

Ontario Health Teams are a relatively new way of organizing and delivering care with the intent to provide care that is more connected to patients in their local communities. This is in line with the Ontario government's objective to “build a connected healthcare system centered around patients, families and caregivers,”<sup>4</sup> with the intent of strengthening local services, thereby making it easier for patients to navigate the system and receive care from different providers.

Hospitals CEOs are supportive of the goal of OHTs and see the opportunity that a system of well-integrated local care can deliver. Some CEOs pointed to the COVID-19 pandemic as a bit of a ‘crash course’ in working more closely with their community partners – generated out of necessity but ultimately creating the environment that, when structured correctly, can be incredibly advantageous.

<sup>4</sup> <https://www.ontario.ca/page/ontario-health-teams>

### **The benefits of OHTs have yet to be fully realized**

“The province’s interest in creating strong Ontario Health Teams is admirable, but they are not being resourced effectively.”

There was widespread acknowledgement that, while the goal of the OHTs is commendable, it has been challenging to get into true implementation to realize the care delivery benefits.

In many cases, this was attributed to the relatively recent introduction of OHTs, and the beginning of the COVID-19 pandemic shortly after. While the promise exists, there was an overwhelming sentiment that OHTs have not yet been able to accelerate health system integration as quickly or seamlessly as originally intended, though the desire to do so is there – especially in areas like primary care. Overall, there is the desire to help make the model work and this remains an area where hospitals are looking to the future as the work being done by Ontario Health advances further.

“If you’re trying to learn how to swim, you can’t just read about it. At a certain point, you need to jump in the pool.”

Several CEOs shared with us that, at the same time as the OHT structure and processes continue to be refined, they have elected to do more direct collaboration with system partners and invest more resources in those channels.

There was also an acknowledgement of the challenging power dynamics that are present in some OHTs. CEOs from larger hospitals noted that they recognize their critical impact on contributing to the success of an OHT; CEOs understand that they need to participate to be the catalyst for other healthcare delivery organizations to do the same.

CEOs also noted that, as with any sort of collaborative table, it can be challenging to have organizations rally around a common set of objectives when they all have individual, and at times, competing priorities. Hospitals are not the only healthcare service provider dealing with funding and resource pressures, and incentives to coordinate efforts for a shared goal are not always immediately recognized by organizations that are already struggling to meet demand.

### ***Experience is not consistent across the board***

Despite the comments around the OHTs still needing some time to mature and find their footing, CEOs were not unanimous in their perceptions of their efficacy.

Some CEOs from northern hospitals, though not all we spoke to, and some in smaller communities noted that collaboration with community partners is just part of their day-to-day business – these CEOs expressed that they “can’t afford not to collaborate” and the OHTs have just brought some additional structure to that process.



Several others noted pilot projects underway through their OHTs that have brought together multiple partners like mental health clinics and diversion programs are working well and they're looking for ways to continue these types of programs and secure additional, sustained funding.

There is a recognition of the opportunity that exists to examine the OHT care pathways to target specific neighbourhoods and conditions that show up frequently in the hospital and then match resources in the community to these issues.

Others shared that OHTs have provided streamlined avenues for new graduates to join Family Health Teams in their area.



Engaging our  
Indigenous  
communities



**Hospitals recognize the importance of Indigenous engagement but some unsure where to start**

“There’s a tension between the desire for the organization to move quickly, and the desire I have for us to do this right and build relationships.”

Indigenous reconciliation is a critical step for any organization in their journey toward social justice, equality, and equity.

The Final Report of the Truth and Reconciliation Commission of Canada articulates clear recommendations and success factors in collaborating with Indigenous communities around better health outcomes. We were interested to understand from CEOs what approaches their organizations are undertaking to engage with Indigenous communities and organizations in their catchment areas.

Every CEO we surveyed acknowledged the importance of cultivating relationships with Indigenous communities and organizations around how to deliver more culturally sensitive care, how to encourage Indigenous professionals to enter the healthcare field, and how to ensure Indigenous people know where and how to access care both at the hospital and beyond.

What we found was that while the commitment to Indigenous reconciliation and broader action around equity, diversity, and inclusion is there, many CEOs feel that they are encountering the challenge of not knowing where and how to start building those relationships and pursuing that work.

**Geography has a role to play**

CEOs we surveyed from Northern Ontario, where there are often greater populations of Indigenous peoples, as well as CEOs whose hospitals are in proximity to First Nations reserves, shared they feel their organizations are in a good place when it comes to collaborating with Indigenous communities and organizations. They have taken an approach where they have co-designed frameworks with Indigenous partners of ongoing collaboration around healthcare priorities. An approach that goes beyond just hospital project-specific engagement and focuses on regular conversations that help build foundational relationships and trust.

These CEOs noted that they feel that collaboration with Indigenous communities is part of the normal course of hospital operations and something they do out of necessity – involving them in healthcare decisions that affect them through channels with which they are comfortable. As one CEO put it, “you’re not going to know what the community’s needs are unless you go to them and listen.”

“It’s lazy to think you can just email them a survey or invite them to one focus group and think that constitutes engagement.”

### ***Some hospital teams aren't sure how to best begin engagement***

Some CEOs did share with us some more practical ways that they have made near-term changes to services to make them more welcoming and culturally sensitive. For example, hiring Indigenous Navigators to help patients and their families move through the hospital, investing in better wayfinding resources and language translation technology to support the provision of care, introducing policies rooted in Indigenous practices like smudging, investing in a heightened focus on diversity in recruitment practices to encourage people of all backgrounds to consider a role at their organization, and setting up Indigenous advisory tables and committees – though it seemed like these operate on a sometimes inconsistent basis.

However, when it comes to more long-term foundational relationship building with Indigenous communities and organizations, some said they were unsure of where and how to start. It was shared that in some cases, CEOs did not know who to pick up the phone and call or, once organizations and individuals were identified, how to gather that momentum to establish a cadence for meetings that would be ongoing and collaborative.

Other CEOs shared with us that, while they recognized the importance of Indigenous reconciliation and inclusion, because their hospitals are not located near reserves, they have few (if any) Indigenous team members and they believe they serve a very small Indigenous patient population, they have not seen the “demand” for a more focused and tailored approach even though there are many urban Indigenous people living in communities across the province.

### ***The opportunity is there – but it takes work and time***

As mentioned, CEOs acknowledge the importance of Indigenous reconciliation and the importance of working toward establishing a strong, ongoing relationship with Indigenous communities and organizations. Ultimately, they recognize this will foster a sense of inclusivity and collaboration, while helping hospitals ensure that the programs and services they deliver are informed by the communities they serve.

While it can be challenging to know how and where to start, actively listening, asking questions, and working through an approach to engagement together can be a good path to follow, while keeping these success factors in mind:

- Understanding that good engagement means relationship building;
- Working to build an engagement framework that works for the community or organization, which may look different due to cultural practices;
- Ensuring that any engagement process is seen as ongoing and a core part of the way the hospital operates;
- Taking advantage of the expertise from community ambassadors such as Indigenous Patient Navigators, staff members, and partners; and,
- Remaining inclusive and accessible, and being mindful of differentiated needs among community members.

The background is a colorful, abstract painting with horizontal bands of blue, purple, green, and yellow. In the foreground, there are several diagonal lines of red, orange, and yellow. A large blue circle is centered on the page, containing a circular inset of a crowd of people. The text "Fundraising competition" is written in white inside the blue circle.

Fundraising competition

### Hospital Foundations face an increasingly competitive landscape

Every CEO emphasized the critical role their charitable foundations play in successfully delivering on their hospitals' missions. Especially in an environment where the demand to raise funds is increasing, close alignment between hospitals and their foundations is critical to success.

CEOs recognize the need to be clear and creative in their messaging, as well as thinking strategically about who they rally to advocate on their behalf. We wanted to understand more about the relationships between hospitals and their foundations.

#### ***Coordination starts at the very top***

**“We have approached our foundation as a joint accountability relationship.”**

Many CEOs noted that their foundation CEO counterparts sit at their hospitals' senior leadership team tables. They come to every senior team meeting and are part of key discussions related to staffing, service delivery, administration, and system planning, among others. This supports close coordination from the get-go and helps foundations craft campaigns that closely align with the hospitals' priorities. It also means the foundations have a voice when it comes to setting priorities for the hospitals, informed by their close ties to the communities they serve.

#### ***Having multiple foundations does present certain challenges***

While having multiple organizations raising money for you is great, some CEOs who head multi-site hospital systems with a dedicated foundation for each individual hospital noted that this adds an additional layer of complexity. It often means

considering, supporting, and coordinating with multiple leadership teams and staff, and multiple Boards of Directors.

The bigger challenge, however, is the spirit of competition generated by having multiple foundations – competition for dollars from donors, as well as competition for hospital resources. CEOs mentioned that, at times, foundations don't necessarily feel part of a broader system. Instead, they're exclusively focused on the individual hospital they support. So, while there's strength at the local level, there is an opportunity to further develop what philanthropy looks like across a health system.

#### ***Foundations need to get creative***

CEOs across-the-board recognized the need for their foundations to be more innovative in their charitable campaigns to generate excitement and financial support from their communities. Several CEOs noted that they're increasingly turning to their own leadership teams and physicians to not only mobilize their networks but to help communicate the hospital needs directly to patients and families they're serving. This helps bring a human dimension to the foundation's asks and ground the story in the provision of care and associated impacts on team members, patients, families, and community partners.

**“We've made the mistake in the past of underestimating costs when we talk about fundraising. It's a lesson in the need to manage expectations and be upfront in our messaging.”**

CEOs are also encouraging their foundations to look for new angles to tell their story. One CEO shared “it's not glamorous to ask someone to pay for a new furnace.”

Foundations need to effectively communicate how donor investments will improve patient and family care. Articulating what the need is, why it matters, how it will contribute to a positive outcome and what the process looks like to get there are critical to messaging a successful fundraising campaign.

***Geography has a role to play***

“It’s hard to raise money and not decimate every other charity in my community.”

Hospitals in smaller communities are experiencing the demand to raise funds differently from larger hospitals – especially those in or in proximity to larger urban centers. CEOs from hospitals in smaller communities find themselves on a different playing field than larger community hospitals when it comes to expectations for fundraising.

***A more limited donor pool***

“My community doesn’t have the deep pockets of Bay Street.”

With fewer people come fewer opportunities to raise funds. Several CEOs noted that their communities don’t have ultra-wealthy donors to leverage when it comes to fundraising. Similarly, they do not have that same representation on their Boards – folks who are connected to the wealthy and influential in Toronto and Ottawa. There was a feeling that this very much impacts their ability to raise the funds they require.

One CEO made the point that you can’t underestimate peoples’ networks. “I would go and talk at every Rotary or Lion’s Club event even if it meant I was just presenting to a dozen people. Why? Because I know that they have friends and family members they’ll talk to, they go to church and other activities, and then word just spreads. You can’t discount that.”



**Revisiting the local share model**

It was noted that the local share structure should be revisited and more reflective of each community's economic realities because the current targets are, in some cases, impossible to reach. There was an acknowledgement that the community has a role to play, especially when considering the pressures on the healthcare system today and what's anticipated 10-20 years from now. However, the local share expectations themselves need to be realistic to avoid negative impacts on small communities' charitable ecosystems.

Another circumstance highlighted was in areas of the province where regional specialty programs are drawing in patients from a variety of communities which have local acute care hospitals. In those feeder communities, municipalities have sometimes been shown to resist providing 'local share' financial support to regional hospitals in favour of focusing entirely on the local acute care facility.

**Impacts on the local charitable ecosystem**

In smaller communities, the donor pool is only so large and there is significant competition for dollars between organizations. In many instances, dollars for the hospital foundation means that a community provider or social service organization loses out. So, it is a constant effort to balance the competition for funds with the spirit of collaboration between hospitals and other charitable entities.

Hospitals are also cognizant of the need for funding for other service providers and impacts on their own organization. For example, reduced funding for a community mental health service or housing service provider might trickle down to result in more 911 calls and increased pressures on the hospital's emergency department.



# Our Approach

## Survey Background

StrategyCorp has provided strategic communications and stakeholder engagement support to hospitals across Ontario related to system development (master planning, capital redevelopment, issue management, and service adjustments, among others) and this further propelled our interest in understanding more about how these healthcare leaders are navigating the challenges and complexities of today's healthcare system and policy environment, and how they're cultivating relationships with their teams, partners, and broader communities.

## Methodology

From November 2023 to February 2024, StrategyCorp undertook its inaugural survey of hospital system CEOs across Ontario to understand their views on the most pressing issues in healthcare today, how their organizations have recovered and continue to deal with the impacts of the COVID-19 pandemic, and where they see opportunities for further collaboration and engagement with system stakeholders.

We had the pleasure of interviewing 25 CEOs from regional, teaching, and local community hospitals across the province.

The CEOs we interviewed also represent the six Ontario Health regions – Central, East, North East, North West, Toronto, and West.

To honour the confidentiality of discussions and protect the anonymity of participants, names of survey participants and their organizations are not included.

## Structure

The survey guide consisted of nine questions that were shared with participants ahead of time. Discussions ranged from 45 minutes to one hour in length and were conducted virtually.

## Discussion Questions

1. What do you think are the three most pressing issues in healthcare right now?
2. What have community members indicated to be the priority areas in healthcare that you should be focusing on right now?
3. When it comes to labour, what are the challenges and opportunities you're seeing today?
4. What types of strategies do you employ for making the funding you receive go the furthest?
5. What kind of approaches are you currently using to engage with Indigenous communities and organizations?
6. What do you think are your community's expectations when it comes to being engaged in system planning?
7. What opportunities do you see to enhance collaboration with community partners (for example, home care, long-term care, etc.)?
8. How do you and your foundation deal with the increase in demands for raising funds?
9. Do you have a current Strategic Plan? Post-pandemic, how well do you think your organization has been able to get back to executing the initiatives identified in the Plan?

## Contributors



**Hannah ter Weeme** is a Director in StrategyCorp's Communications Group with experience in strategic communications planning and product development, stakeholder engagement, media relations, and crisis and issues management. Hannah works with organizations to develop engagement and communications programs that support broader organizational objectives, are tailored to their diverse audiences, and deliver measurable results.

Hannah is a skilled advisor and project manager and has supported hospitals in Ontario with a variety of engagement and communications projects related to new hospital site selection, Master Plan development, and service expansions and integrations. During the COVID-19 pandemic, Hannah provided communications advisory support to several healthcare organizations (hospitals, long-term care homes, and retirement homes) as they navigated the constantly changing public health landscape. Hannah also served as the communications lead on a hospital network's COVID-19 response team – helping communicate the daily operational adjustments across multiple sites. Beyond healthcare, Hannah supports clients across a wide array of sectors including education, energy, aerospace, and property development, among others.



**Supria Kalirai** is a Senior Consultant in StrategyCorp's Communications Group who specializes in developing community engagement and communications programs and providing media relations and issues management support to clients. With a particular focus on healthcare, Supria has supported large hospital networks on engagement and communications projects related to capital planning, including new hospital site selection processes and Master Plan development.

Supria also provides communications and government relations support to mental health organizations, as well as those in the pharmaceutical space with advocacy efforts around addressing obesity and other chronic diseases.

*NOTE: At the time of this report's publishing, Supria has moved on to a new opportunity with the Ontario Hospital Association.*



## Contributors



**John Perenack** leads StrategyCorp's Communications Group. He is a public affairs and communications expert who has been providing guidance and counsel on corporate reputation and how to communicate with government, media, communities, and other stakeholders for 25 years.

John has been providing strategic communications support to the healthcare sector for over 15 years. His clients include hospitals, long-term care homes, pharmaceutical companies, public health, and lab and diagnostic firms. He blends his experience managing high-stakes political and corporate communications issues with public relations expertise managing organizations' brands and their reputations. John is a sought-after communications and engagement practitioner and has provided strategic counsel and support to hospitals in Ontario as they moved through the Ministry of Health's Capital Planning process. Throughout the COVID-19 pandemic, he also stepped in to lead media relations for a multi-site hospital network who was responsible for managing several long-term care homes experiencing severe outbreaks. During his career, John has also worked with each level of government and organizations from many other sectors of the economy, including banking, transportation, insurance, education, retail, technology, and manufacturing, among others.



**Scott McLeod** brings a deep understanding of the inner workings of the Canadian and Ontario healthcare sectors with over 30 years of experience leading people and organizations to new levels of performance and results. Recently, Scott served as an Executive Lead at Lakeridge Health where he led a site selection process for a proposed new hospital. Prior to that, Scott worked for Ontario Health as the Transitional Regional Lead – Central Region, and Chief Executive Officer for Mississauga Halton, Central West, Central & North Simcoe Muskoka Local Health Integration Networks (LHIN). With a total healthcare budget of just under \$6 billion in the largest Region in Ontario with over 4.4 million residents, Scott was responsible for reforming structures and modes of delivery for Ontario Health as well as maintaining stable delivery of home care.

During his near decade as the Chief Executive Officer of the Central West Local Health Integration Network (LHIN), Scott consistently balanced the \$1 billion LHIN budget and secured over \$200 million in new base funding to enable improved access to health services. As CEO, Scott led the transformation of the Central West LHIN staff and Board into a high performing team, and the complex integration of Home and Community functions into the LHIN operations while maintaining continuity of home and community care.



## StrategyCorp: Our Healthcare Communications and Engagement Practice

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**We understand the politics and how to reach people.**

Our strategists are experts in engagement, but also in the politics of healthcare systems. We understand the politics of stakeholder groups – what their interests are; what we want them to think; and how to get them there. We use this experience and understanding of the political realities of participants in the healthcare system to design engagement strategies that deliver results.

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**We are skilled communications professionals who know how to deliver the right message.**

We develop communications strategies that provide results. We do this by articulating objectives, analyzing audiences, determining the right message, and choosing what channels to make your voice heard.

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**We take a ‘stakeholder-first’ approach that delivers better engagement results.**

Engagement is not one-size-fits all. We use digital and personal engagement tailored to each audience to maximize participation. We use approaches that make it easier for equity-deserving and underrepresented voices to be raised. The principles that guide our work are designed to deliver real and useful qualitative and quantitative insights that reflect the needs of the communities our clients serve.

CONTACT:

[health.engagement@strategycorp.com](mailto:health.engagement@strategycorp.com)

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