

COOPER JOHRI AND HANDS-ON IMPLEMENTATION ...

Cooper Johri specializes in helping clients make their plans happen. In this role the firm can support and change a process over a sustained period. For example the support provided to a hospital and its community by Cooper Johri over a 6 to 7 year period included...

Initially for the hospital's Director General, Cooper Johri led a process to reach consensus as to the **strategic future of the institution**. This was carried out with the "Commission" of the hospital, a broadly represented group from the hospital, including representatives from the Board of Directors, senior management team, middle management, volunteers and auxiliary, The Foundation, Physicians, The Council of Nurses, and a Multi-Disciplinary Committee: this group included unionized personnel.

Working with these groups and with the Director General, advised on the whole process of facilitation: this included what pre-work should be done and in what form. The purpose of this exercise was to review the strategic positioning of the hospital, take a look at its **service-offerings** and its apparent role in the network, help the group assess its strengths, weaknesses, opportunities, and threats, and arrive at a feeling as to which of the issues arising from this analysis represented the highest priorities for attention. This **priority identification** was done through multi-voting at during a full day conference. Time was then put in on identifying how to approach the various different priority issues.

The product of this conference was a **broadly based consensus** and degree of understanding between all the various different groups involved. Although this was not the intent, this consensus helped the hospital community when it had to respond to the threat from the Regional Health Board that **the hospital would be closed**. The resulting Notice in Writing which was submitted in June to the Health Board broadly followed the principles adopted and identified for the strategic future of the hospital at this Commission conference.

Cooper Johri then assisted the hospital **prepare its response** to the decision of the Regional Health Board to recommend the closure of the hospital. Working in a severely **time-limited environment**, involving the coordination of teams of professionals and engineering the logistical challenges of working with a variety of interest groups in both official languages, Cooper Johri facilitated the process by which consensus was reached on the contents of the **Notice in Writing**. This was arrived at between all the principle interested parties, including all the professional and other staff of the hospital, but also including the volunteers, Board members, and members of the community (the local community council, the coalition on health care, the action committee). Each draft of the Notice was reviewed by a minimum of 15 to 20 people representing the various different bodies associated with the hospital. This Notice was submitted by the hospital: the Regional Health Board maintained its decision.

Cooper Johri then facilitated consensus among the various different stakeholders affected by the decision to close the hospital, including **advising the Board of Directors on strategy**, management and hospital employees, physicians, volunteers, and the patient community. This included attending and presenting to numerous Board meetings, the development of texts to be sent to the Minister,

press releases, communications materials to express the consensus and stakeholder positions, and general advice as to how these positions might best be put forward given the regulatory and legislative environment.

For the Board of Directors of the hospital, then **conducted a feasibility study for the future uses of the site**, including various options for health care delivery and services, community programs, and possible partnerships with public agencies: looking at who would be motivated to do what, what **technical solutions** would be acceptable from a community perspective, and the **financial feasibility** of different options. Conceptualized the necessary **business models**, new structures and services.

Then for the new, community-based **successor entity**, worked as a project facilitator, assisting the community in bringing together all the various different stakeholders with a share and interest in the future of the hospital-site and the provision of health-care services there from. Worked extensively in the facilitation and **negotiations between the various different parties involved and in particular, acted as mediator and negotiator between the hospital community and the Quebec Government**. The situation was tense since, among other issues, the hospital corporation was suing the Minister of Health in the high court. During this period also acted as Interim Executive Director of, and public spokes person for, the new not-for-profit corporation, including media interviews/strategies, internal resource management, contract negotiations, real-estate leasing, company and Board formation, etc.

Following our successful last-minute **conclusion of negotiations** between the community and the government, drafted a ground-breaking new government-community operating **partnership protocol**, and signed on behalf of the new not-for-profit corporation.

Over the following 18 months, provided **intensive support** to the new entity, for example in business planning, structuring the organization, developing its real-estate, structuring leases and compensation-arrangements with health-professionals and tenants, leading takeover negotiations, advising on financial restructuring, reviewing the feasibility and permitting of ongoing medical imaging operations, negotiating settlements concerning moveables with government liquidators, communications and public-relations strategies, negotiations with other hospitals, social service and regulatory agencies, etc. During this period served as an "observer" on the new Board of Directors. Then assisted the creation of a **new charitable foundation** and the planning of a first major fund-raising campaign for the new entity, serving as a Board member for the first few months.

In the year 2000 the new health complex combines **the most modern (in construction) chronic care hospital, and the largest private/government medical complex in Quebec Province**. It represents a model unique in the Canadian context, and stands in stark contrast to the empty buildings of many of the other hospitals that were closed at the same time

Many Cooper Johri client-project relationships last for 5 to 10 years, with Cooper Johri professionals helping plan and lead transitions progressively as change unfolds: Cooper Johri stays the course.

