

Learning Session A6
AOHC Conference, June 2, 2015



**The Role of Boards in Supporting Health
Links: Collaborative Governance Experience
at the Rideau Tay Health Link**

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Rideau Community Health Services

Disclosure of Commercial Support

Presenter Disclosure

Presenter: Graeme Bonham-Carter
Peter McKenna

Relationships with commercial interests:

- **Grants/Research Support:** None
- **Speakers Bureau/Honoraria:** None
- **Consulting Fees:** None
- **Other:** None

OUTLINE OF SESSION

- Introductions
- Rideau Tay Health Link (Peter McKenna)
- Table Discussion
 - How has your Board supported success of HLs?
- RTHL Board-Board Meetings (Graeme B-C)
 - Identifying main roles that Boards can play
 - Actions taken or planned
- Questions and Wrap Up



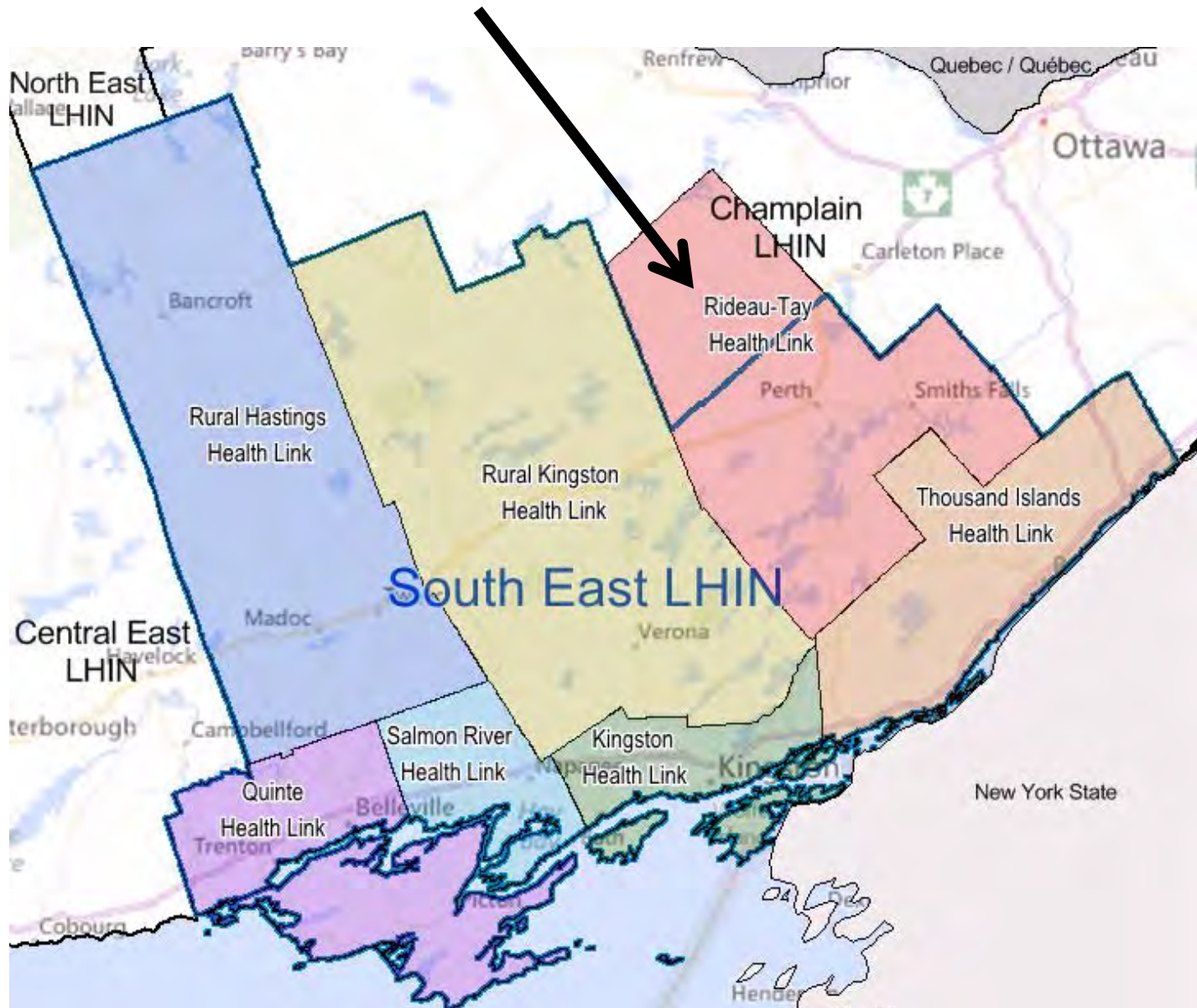
Rideau Tay Health Link: Some Background

Peter McKenna

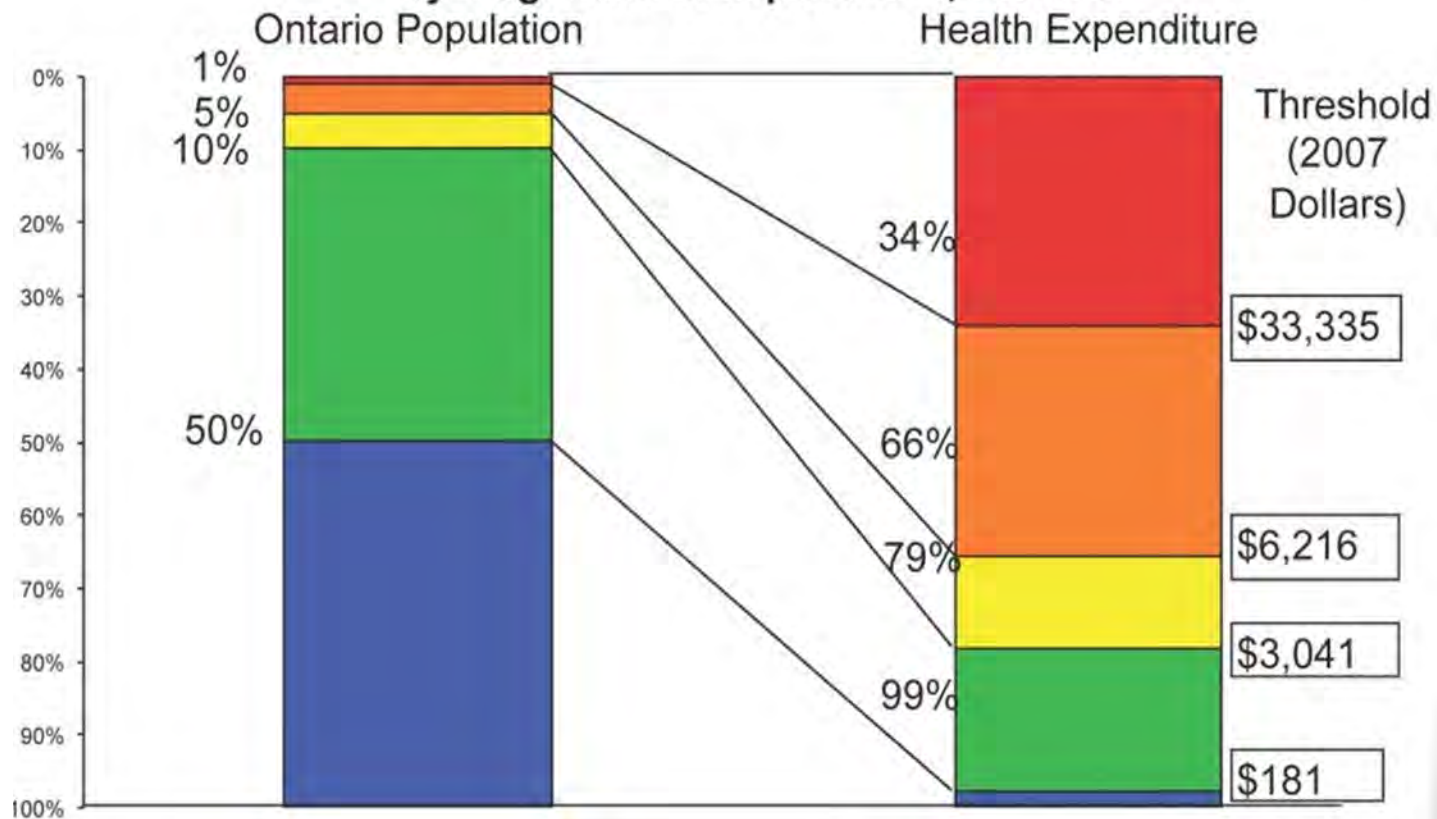
Executive Director

Rideau Community Health Services

Rideau Tay Health Link

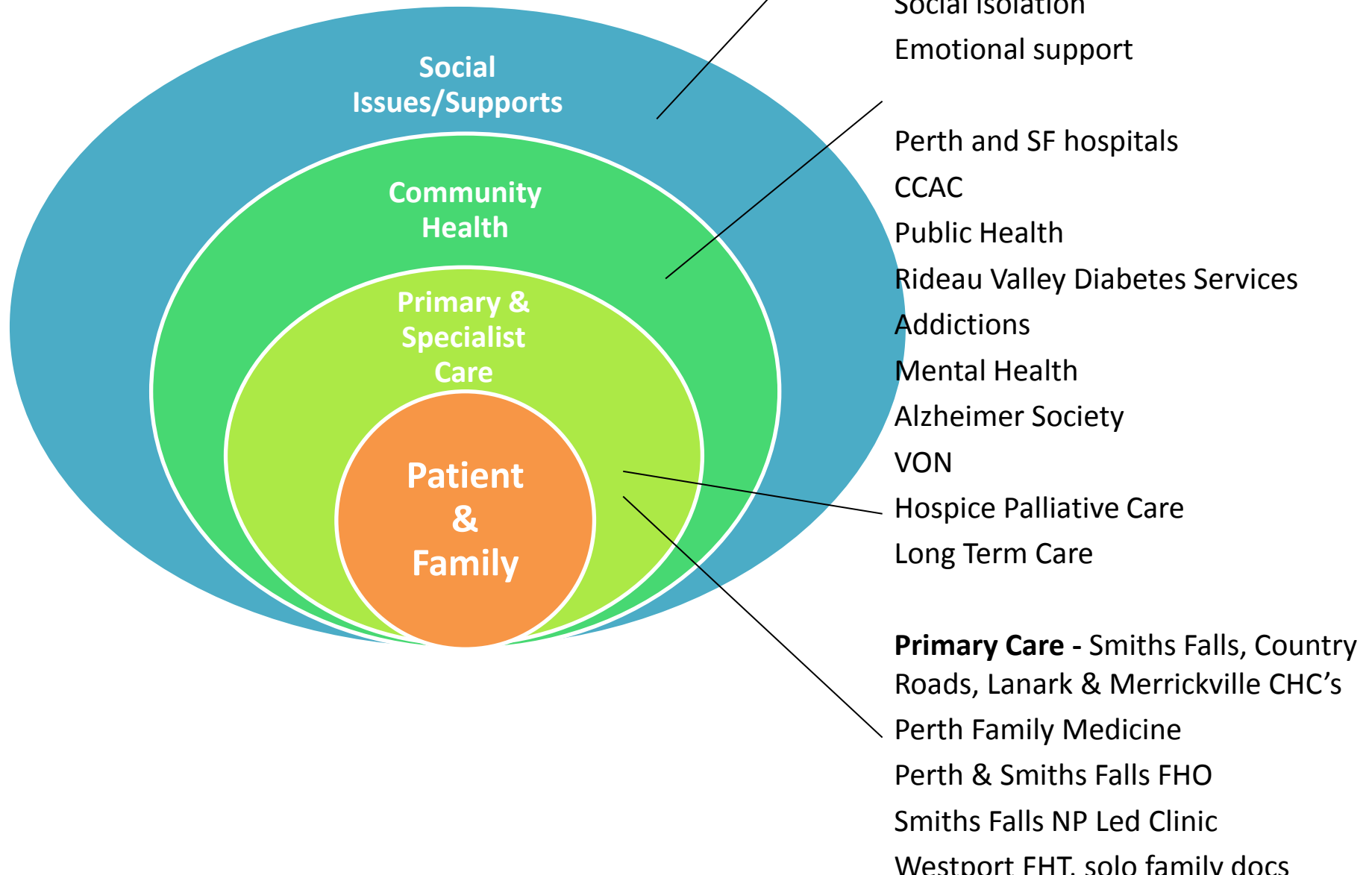


Distribution of health expenditure for the Ontario population, by magnitude of expenditure, 2007/08



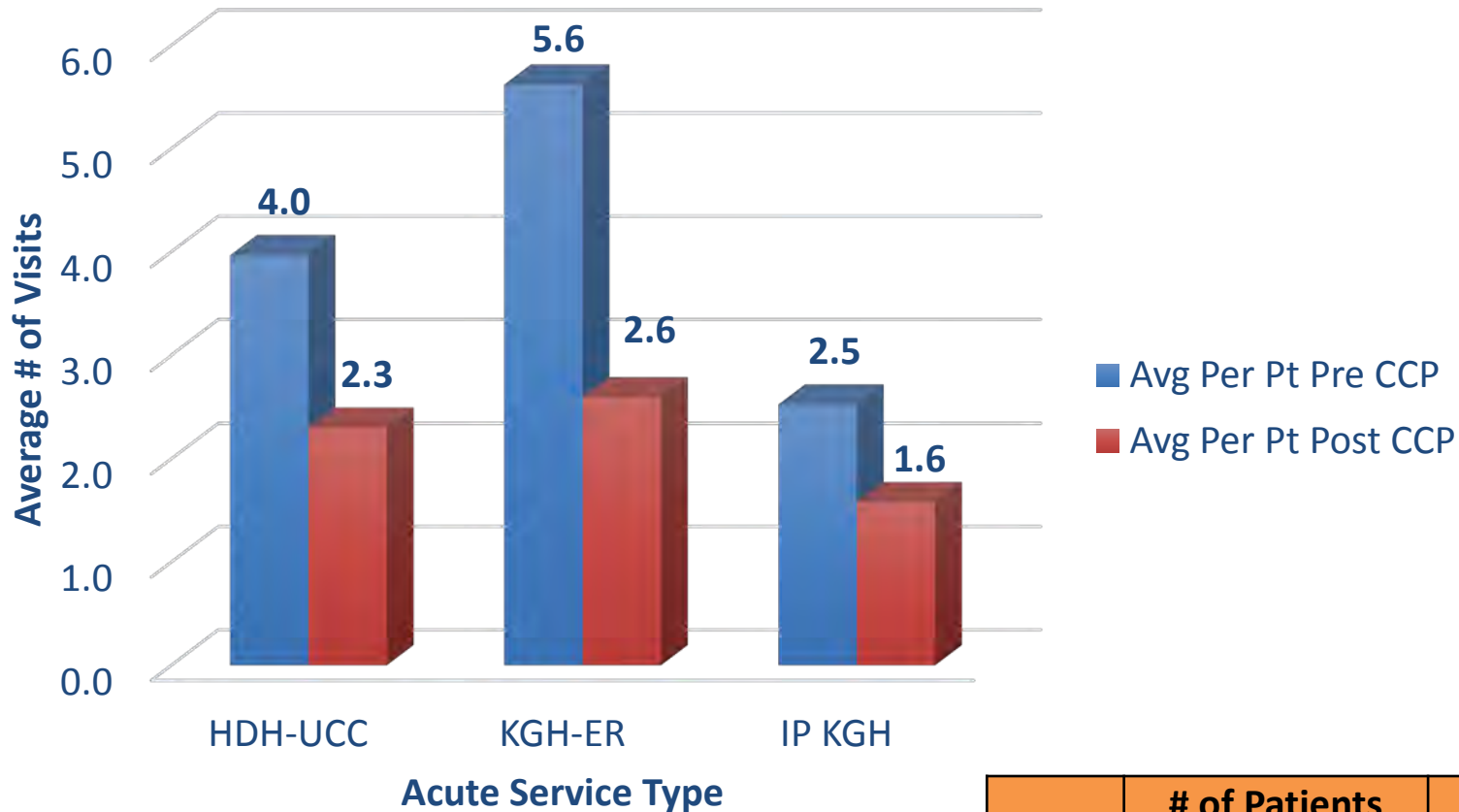
**** Data from HSPRN/ICES**

The Circle of Care:



Some Early Results: Kingston Health Link

Average # of Visits per Kingston HL Patient



	# of Patients Utilizing ER & IP	% of HL Patients
Pre CCP	38	50.7%
Post CCP	16	21.3%

Rideau Tay Health Link

- One of seven HLs in SE LHIN
- Not one of the early adopters
- Rural, pop size just large enough (52,000)
- RCHS is primary lead
- Large number of participating organizations and individuals

Rideau Tay Health Link

- Phase 1. 2012-2013
 - Steering Committee (multiple partners)
 - Developed business plan
- Phase 2. 2014-2016 (approved Sept 2014)
 - Transformation council (multiple partners)
 - Health Link Office (at RCHS)
 - **Program Manager** (0.8 FTE)
 - **Patient and Provider Engagement Lead** (0.5 FTE)
 - **Care Coordinator Champion** (0.5 FTE)
 - **Administrative Support** (0.5 FTE)

Table Discussion

- How has your Board supported success of Health Links?

Collaborative Governance at Rideau Tay Health Link

Graeme Bonham-Carter

Board Member and Health Links Champion

Rideau Community Health Services



Rideau Tay Health Link

Business Plan (2014 – 2016)

Initiating Collective Action:

Working Together to Improve Our Local Health Care System

Reduce the number of avoidable ED visits

Reduce the number of unnecessary hospital admissions and
readmissions

Reduce the average cost of our most complex patients

Reduce the ALC rate

Improve the patient experience

Reduce the # of people without a primary care provider

Excellent Business Plan, BUT

- No involvement of boards of participating organizations
- Should boards be involved, and if so, how?
- Are boards simply going to get in the way and make an already complicated collaboration more difficult?
- Some HL players not board-run—e.g. many physician teams and ‘solo docs’
- Overlapping HL boundaries

More Reasons for Board Action

- Concern by some EDs that Boards should be involved. The Business Plan lays out an ambitious undertaking—but what happens if a Board says “No—this is not your priority”!
- Good chemistry between Richard Schooley (Chair, Perth Smiths Falls District Hospital Board) and GB-C (Rideau Community Health Services Boards), both recognizing need for Board collaboration and being willing to champion it.

November 2013

SE LHIN Collaborative Governance Conference, Kingston

- Planted the seed
- Guiding principles of collaborative governance
- ‘Continuum of collaboration’
- Decision to organize ‘Board-to-Board’ meetings within Rideau Tay Health Link
- 14 Boards involved in first meeting (Jan 2014)

Rideau Tay Health Link

Organizations with Boards

- Hospital (2 sites)
- SE Community Care Access Centre (CCAC)
- 3 Community Health Centres
- Nurse Practitioner Led Clinic
- Family Health Team (community governed)
- Mental Health & Addictions (3, now integrated)
- Public Health
- Community Home Support
- Alzheimer Society
- SE Local Health Integration Network (LHIN)
- **Total of 14 Boards**

Other Participants (no Boards)

- Paramedics
- Lanark County
- Publically-owned Long-Term Care (via Public Health Board)
- Neighboring Health Links (Belleville-Quinte West CHC)
- Champlain LHIN (Lanark County overlap)

Board-to-Board Meetings (RTHLB2B)

- Three meetings to-date
 - January 2014
 - June 2014
 - January 2015
- Next meeting June 12 2015.
- 35-50 attendees for each one
- Board members (from 14 boards) plus EDs
- All meetings to-date have been facilitated

Purpose of Meetings

- Understand benefits of health links and become familiar with the Business Plan
- Get up to-date reports from HL office
- Get to know the other organizations in RTHL and what they do
- Build consensus amongst RTHL boards: alignment and collaboration
- Be informed about HL successes in SE LHIN and other LHINS

Identify Roles Boards Can Play

- At the January 2014 meeting, nine roles for boards were identified (greatly helped by Christine Peringer, Facilitator).
- These roles provided a focus for our meetings and good material to discuss with individual boards
- The nine roles have since been reduced to four (help from Kelly Barry, Care Coordinator and Patient and Provider Engagement Lead, RTHL Management Team)

- At subsequent meetings, boards were asked about progress and actions they had taken on each of the roles

RTHL Shared Purpose Statement

- To redesign local health care delivery to provide the residents of the Rideau Tay Health Link, especially the sickest and most vulnerable, with comprehensive, high quality, person and family centered care that is consistent with their goals and values, honours their dignity, and makes the best use of health care resources. (RTHL Steering Committee)

Role 1.

Make Health Link Goals a Board Focus

- Consider Rideau Tay Health Link goals in all aspects of governance, including board recruitments, orientation, learning, evaluation and ED/CEO selection.

Role 1. Actions taken and planned

- Board recruitment
 - Understanding and coping with change
- Orientation of new Board Members
 - Health Links philosophy and history
- Learning (Bd meetings, retreats, documents)
 - HL champions, HL presentations
- Evaluation of Board Effectiveness
 - To include Health Link discussion and support
- ED/CEO selection
 - Update job description/search criteria

Role 2.

Align with RTHL Shared Purpose

- Support and embrace change through adjusting our mission, vision and key strategies to align with the shared purpose and goals of Rideau Tay Health Link, and by working with the ED/CEO to set metrics around operational goals that contribute to the changes required in our Rideau Tay community.

Role 2. Actions Taken and Planned

- Make changes to strategic plans for better alignment amongst partners
- Appoint HL champions for each partner board
 - Define the champion role (2-way communication)
- Make HL update a standing agenda item
- Ensure that HL metrics and HL patient stories are shared with HL partners and discussed both with ED/CEO and at board meetings

Role 3.

See Community Engagement Through a Health Link Lens

- Support and respond to Rideau Tay community needs by advocating the Health Link philosophy of transformation within the community as well as with funders and other stakeholders.

Role 3. Actions Taken and Planned

- Align community engagement and communication activities between HL partners
- Develop HL slide deck for use at community meetings that emphasises benefits of working together and patient/family centredness
 - Information and listening—2-way street
- Form smaller board group for developing community engagement ideas

Role 4.

Move Towards Collaborative Governance within Rideau Tay Health Link

- Take action in collaboration with other boards of directors within the Rideau Tay community

Role 4. Actions Taken and Planned

- Continue with regular Board-to-Board meetings
- Develop ideas about integration and collaboration that improve the chance of HL success

Lessons Learned at RTHL B2B meetings

- Willingness to participate/energy at meetings
- Important to use a facilitator—at least to start
- Must have all the key partners involved
- Each meeting must have
 - Brief HL overview so new members can catch up
 - Report from HL management
 - Facilitated discussion to get new ideas/opinions
 - Other speakers as needed

Lessons Learned

- We have had excellent support from our LHIN
- Good to invite neighbouring HLs
- Also neighboring LHIN (overlapping HLs)
- Need to extend somehow to other groups impacted by HLs (e.g. police)

Way Forward

- Have a HL champion sit on the Transformation Council (or equivalent)
- Develop a website for HL activities that is linked to individual board websites and publically viewable
- Put Board-to-Board meeting reports on the site, and between-meeting interim reports on HL progress, slide decks, etc.

- Let's not waste the important volunteer resource of boards. Dedicated intelligent people who can bring new ideas, represent community needs
- Board involvement can best be harnessed by alignment around a shared purpose, with a 'system' view—get away from silo protection
- Board-to-Board meetings are a good start



Board to Board Meeting Reports and other Rideau
Tay Health Link materials will be available at the
following URL by June 12, 2015

http://www.rideauchs.ca/index.php?option=com_content&view=article&id=134&Itemid=416