

## Report

### Board-to-Board Meeting June 12, 2015

9 a.m. – 12:00 pm      Lancaster Room, Royal Canadian Legion, Smiths Falls, ON

#### Summary:

This is a report of the fourth meeting of representatives of the boards of directors of the agencies working within the Rideau Tay Health Link (RTHL). At the meeting, the 33 participants heard a Health Link overview and update from Cheryl Chapman, as well as a presentation and update from Dr. Peter Cuniffe, local Primary Care Physician and Co-Chair Health Link Steering Committee on the SHIP advancements, and a presentation from the Rideau Tay Health Link team. Laurie Dube, CEO from Leeds Grenville Mental Health gave a presentation on the ADMH redesign, Bev McFarlane, CEO of the Perth Smiths Falls District Hospital, informed the group on the Health Care for Tomorrow Committee, as well as Richard Schooley presented an update on the May 1<sup>st</sup> symposium, held by the Smiths Falls and Perth District Hospital, as well, Graeme Bonham-Carter reported on the progress of the Board to Board Community Engagement Committee progress.

#### Table of Contents:

1. Introduction
  - a. Goal of Meeting, Outcomes for the day Graeme Bonham-Carter
2. Presentations
  - a. Cheryl Chapman, Senior Consultant SE LHIN
  - b. Dr. Peter Cuniffe, Primary Care Physician, Co-Chair Health Link Steering Committee
  - c. Rideau Tay Health Link Team
  - d. Laurie Dube, CEO Leeds Grenville Mental Health
  - e. Bev McFarlan, CEO Perth Smiths Falls District Hospital
  - f. Richard Schooley, Vice-Chair Perth Smiths Falls District Hospital
  - g. Graeme Bonham-Carter, Board member Rideau Community Health Services
3. Questions and Answers
4. Small Group Discussion on the revised/condensed *Roles of the Boards* and to consider if they reflect the 9 original roles articulated at the first Board to Board meeting.
5. Small Group Discussion regarding each Board's perspective and action and/or commitment to the 4 roles.

Appendices:

- A. Meeting Agenda
- B. Participant List
- C. Condensing the Roles of the Boards Supporting Rideau Tay Health Link
- D. Condensing the Roles of the Boards Supporting Rideau Tay Health Link with discussion
- E. Letter to Dr. Robert Bell, Deputy Minister
- F. Invitation List

## 1. Introduction

---

### a. Goal of the Meeting, Outcomes for the day

This is the fourth gathering of the members for the boards of directors of the agencies that make up the Rideau Tay Health Link (RTHL).

The purpose of this meeting was:

- To update and inform the boards about Health Links at a local, LHIN, and provincial level.
- To receive an update on changes that has occurred at board level at various boards.
- To reflect on the revised/condensed Roles of the Boards and to consider if they reflect the 9 original roles articulated the first Board to Board meeting.

The meeting agenda is presented in Appendix A

## 2. Presentations

---

Zip file with presentations attached

## 3. Questions and Answers

---

Q. For Cheryl Chapman – How is the 5% of the high-end users defined? Would this be 5% of the population or 5% of the health care users?

A. SELHIN uses the hospital utilization piece in addition to the 4+ chronic conditions. Peter McKenna added: The savings are not actual green dollars, the savings comes more in the form of less people using the system and therefore the system runs more effectively. This does not necessarily mean less people in the hospital, but their care has been improved, fewer calls to ambulance, fewer admittances through the emergency department, less people using the complex expensive resources.

Q. For Dr. Peter Cunniffe - Could you please speak about the barriers that hinder the relationship between primary care providers and specialists?

A. Peter stated he was not sure there were any great barriers. Peter did acknowledge that the real challenge is that the communication systems do not work well together. Primary Care and specialists only share between each other; entire circle of care may end up missing information. Peter stated that his experience is that when patients have great need, it is handled.

Q. Question was asked regarding SHIIP and the possibilities that patients will be able to access their own medical records.

A. Cheryl answered that there may be a patient portal at some time, but it is not happening in the first roll out.

Q. Question was raised regarding privacy issue and the security of the information, how service providers will be able to access the necessary information that they need to treat the client and not the patient's entire record.

A. Peter Cunniffe stated that this is not his area of expertise, and indicated that the SELHIN is working on ways to secure access while providing access. He stated that this maybe a question for the technical individuals at the SELHIN.

Q. Question asked regarding where the Champlain LHIN was working on integrating SHIPP into their system?

A. Cheryl answered that at the moment SHIPP is an SELHIN initiative.

Q. If I am an identified patient with Health Links, will I still need to carry my co-ordinated care plan with me to appointments? Or will it be available on SHIPP?

A. Coordinated care plans will be available on SHIPP. Jennifer Spencer, Health Links, indicated that the patient will always be given a hard copy of their CCP.

#### Notes based on general questions:

Approximately 50 Health Links are being developed; eventually there will be about 95 Health Links around the province. All 7 in the SE LHIN are primary care led – the only LHIN where this is the case.

The coordinated care plan is not yet available as an electronic record, but a provincial system is being tested (in two waves). In the meantime, there is a system in use by the SE LHIN.

In response to a question about privacy and the sharing of health information, a one-page document is being used that clients can sign to allow their information to be exchanged among providers (with exceptions that clients can specify).

#### 4. Small Group Discussion:

---

**Question #1:** Please reflect on the revised/condensed Roles of The Boards and consider if they reflect the 9 original roles articulated at the first Board to Board meeting.

Group #	Comments
Group # 1	<ul style="list-style-type: none"><li>• Agreed with condensing the 9 roles into 4 roles.</li><li>• Questions as to whether we should be looking beyond Health Link, are there other areas we should be thinking about?</li><li>• Question as to whether Health Link will capture all of the system integration opportunities</li><li>• Role # 4 - believe that Role 4 could be stronger</li></ul>
Group # 2	<ul style="list-style-type: none"><li>• The overall feeling was that it was good.</li><li>• Role #1 - Suggestion made to replace the word adjustment and replace it with the word alignment</li><li>• Question as to whether the SELHIN sets the metric? Table divided some felt it was important to make these decisions ourselves</li><li>• Role # 2 - suggestion made to take out the wording of "All aspects" (too "top down")</li><li>• Role # 3 – Table was divided on Role # 3 – some felt that if it only affected 5% of the population if it was really necessary.</li></ul>
Group # 3	<ul style="list-style-type: none"><li>• Uniformly agreed to accept the roles as they were suggested, but listening to other tables they may feel they have been influenced by their suggestions.</li><li>• Noted that the hospital has been anxious to promote Health Links and continues to do so.</li><li>• An additional comment was made regarding the 5% - we need to keep in mind that these are our most vulnerable citizens</li></ul>

## 5. Large Group Discussion:

### Updated Roles of the Boards

Current Roles	Suggested Changes	Updated Roles
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 1,2,4)	Alignment vs adjustment  Should the LHIN set the metrics? – divided on this as some felt it was important to decide this ourselves	Support and embrace change through aligning our mission, vision and key strategies 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.
Consider Rideau Tay Health Link goals in all aspects of governance, including board recruitments, orientation, learning, evaluation and ED/CEO selection. (Role 3,7)	Take out “in all aspects” – this is too “top down”	Consider Rideau Tay Health Link goals in aspects of governance such as board recruitments, orientation, learning, evaluation and ED/CEO selection.
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 5,6)	Do we need to do this if ONLY thinking of 5% of the population ... However, these are the MOST vulnerable in our community and it is important to remember this	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
Take action in collaboration with other boards of directors within the Rideau Tay community. (Role 9)	Strengthen this role  What is meant by strengthen? – Does the group want to be more specific about what actions should be taken? (negotiate, advocate, respond) and at what level? – LHIN/Board//MOHLTC	In order to strengthen this role, the Coalition could consider: <ul style="list-style-type: none"> <li>• What type of actions could be taken moving forward? (considering Health Link 2.0)</li> </ul>

#### Comments:

- Is this too prescriptive?
- Should we be looking beyond Health Link? Are there other areas we should be thinking about? Is Health Link going to be capturing ALL system integration opportunities
- There is acceptance of the consolidated roles
- **The hospital is keen to support integration**

**Appendix A: Agenda June 15, 2015**

**AGENDA**

**RTHL Board to Board Meeting**

**June 12, 2015**

**9:00 – 12:00**

**Smiths Falls Legion**

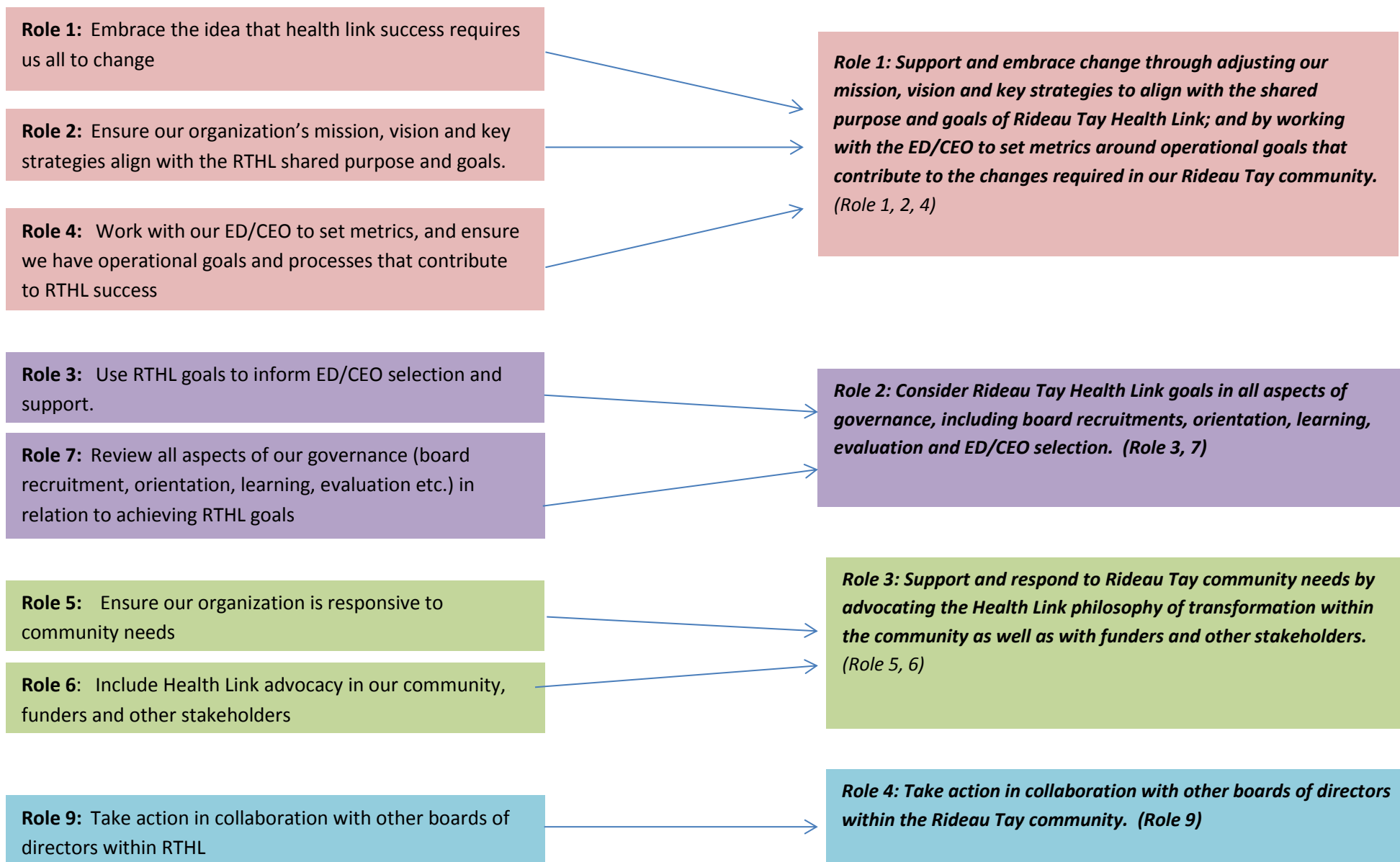
9:00 – 9:10	Welcome and Introductions	<b>Graeme Bonham-Carter Richard Schooley</b>
	- Goal of Today's Meeting	
9:10 – 9:25	Health Link Overview and Update	<b>Cheryl Chapman</b>
9:25 – 9:35	SHIIP Update	<b>Peter Cunniffe</b>
9:35 – 10:00	RTHL Update – Success to Date	<b>RTHL Team</b>
	- Are we working together better?	
	- Has communication between organizations improved?	
	- Areas for system improvement	
	- Policy directions to enable improvement	
	- SELHIN Evaluation	
10:00 – 10:20	Small Group Discussion	
	- Based on revised/condensed Board Roles and pre-circulated questions	
10:20 – 10:30	Break	
10:30 – 10:45	Report Back of Small Group Discussion	
	- What are the Three Focused "Take Aways"?	
10:45 – 11:00	Addictions Mental Health Redesign	<b>Laurie Dube</b>
	- Overview of process – what it means to RTHL	
11:00 – 11:15	Health Care Tomorrow	<b>Bev McFarlane</b>
11:15 – 11:30	May 1 <sup>st</sup> Symposium	<b>Richard Schooley</b>
11:30 – 11:45	Board to Board Community Engagement	<b>Graeme Bonham-Carter</b>
	- Outcome of May meeting	
	- Focus Moving Forward	
11:45 – 12:00	Wrap up, Questions, Thoughts – MOVING FORWARD Date of Next Meeting	<b>Graeme Bonham-Carter Richard Schooley</b>

## **Appendix B: Participant List June 12, 2015**

- 1. Alzheimer Society of Lanark County (ASLC)**  
Louise Noble, Executive Director
- 2. Brockville General Hospital**  
Sherri Hudson, Board member
- 3. Community Home Support Lanark County (CHSLC)**  
Doug Burt, Board Member
- 4. Community/Primary Health Care Lanark, Leeds & Grenville**  
Stephen Elliot, Director
- 5. Lanark County Mental Health**  
Wayne Johnson,  
Diana MacDonnell, ED
- 6. Lanark County Paramedic Service**  
Ed McPherson, Chief
- 7. Lanark Renfrew Health & Community Services**  
John Jordan, Executive Director; Noreene Adam, Co-Champion, Board Member;  
Annette Hewitt, Co-Champion, Community Chair ; Ann Monroe, LRHCS Past Chair
- 8. Leeds, Grenville, Lanark District Health Unit**  
Aubrey Churchill, Vice Chair  
Robin Jones, Board member
- 9. Leeds, Grenville Mental Health**  
Laurie Dube, CEO
- 10. Perth and Smiths Falls District Hospital**  
Beverley McFarlane, President and CEO, Richard Schooley, Vice-Chair; Wayne Johnson, Donna Howard, Tom Belton, Gardner Church, Board Members, Dr. Peter Cunniffe, Primary Care Physician
- 11. Rideau Community Health Services**  
Graeme Bonham-Carter, Don Dutton, Wendy Quarry, Board Members; Peter McKenna, Executive Director
- 12. Rideau Tay Health Link Team**  
Maureen McIntyre, Project Manager, Jennifer Spencer, Health Link Coordinator; Kelly Barry, Patient and Provider Engagement Lead; Sandra Marchant, Administrative Assistant
- 13. South East Community Care Access Centre**  
Wendy Cuthbert, Board Member; Jackie Redmond, CEO
- 14. South East Local Health Integration Network**  
Cheryl Chapman, Senior Consultant, Design & Implementation; Janet Cosier, Board Member



## Appendix C: Condensing the Roles of the Boards Supporting Rideau Tay Health



Note: Role 8 was considered redundant

The Original 9 Roles	Does the role still hold true? (comments from Jan 2015 discussion)		
<b>Role 1.</b> Embrace the idea that health link success require us all to change	<ul style="list-style-type: none"> <li>• Understand the challenges of shifts in service levels – hospitals getting smaller i.e. resources move to community</li> <li>• Importance of painting picture of success</li> <li>• What does success look like, what is our next step</li> <li>• It is an ongoing evolution – not starting at ground zero, now need to be operational</li> </ul>	Roles 1,2,4 have shared similarities  Shared goals and objectives	<b>1. 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 1,2,4)</b>
<b>Role 2.</b> Ensure our organization’s mission, vision and key strategies align with the RTHL shared purpose and goals.	<ul style="list-style-type: none"> <li>• Change in mindset of doctors</li> <li>• Hospitals access medical records electronically</li> <li>• Quality strategies that align with Federal/Provincial and Local priorities</li> <li>• Make sure it is collaborative i.e. – mission, vision and strategies are in alignment – some boards embed in strategic planning</li> </ul>	What does success look like? (vision → strategy)	<b>2. Consider Rideau Tay Health Link goals in all aspects of governance, including board recruitments, orientation, learning, evaluation and ED/CEO selection. (Role 3,7)</b>
<b>Role 3.</b> Use RTHL goals to inform ED/CEO selection and support.		Roles 3 & 7 have the possibility of being grouped together	<b>3. 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 5,6)</b>
<b>Role 4.</b> Work with our ED/CEO to set metrics, and ensure we have operational goals and processes that contribute to RTHL success	<ul style="list-style-type: none"> <li>• Adopt a shared quality improvement strategy approach</li> <li>• Local metrics and Regional metrics</li> <li>• Dashboard report – same metrics reporting on big metrics (shared communication)</li> <li>•</li> </ul>	Shared Quality Improvement Strategy – Alignment (provincial, regional and local) As Health Link grows – concentrate on 4,5,6	<b>4. Take action in collaboration with other boards of directors within the Rideau Tay community. (Role 9)</b>

<p><b>Role 5.</b> Ensure our organization is responsive to community needs</p>	<ul style="list-style-type: none"> <li>• Communication and patient engagement is key</li> <li>• Formally incorporate how community linkages relate to each organization</li> <li>• Bring in non-Ministry of Health funded organizations and system level metrics</li> <li>•</li> </ul>	<p>Roles 5,6 have the possibility of being grouped together Roles 5,6,7 to work on now</p>	
<p><b>Role 6.</b> Include Health Link advocacy in our community, funders and other stakeholders</p>	<ul style="list-style-type: none"> <li>• Very Important</li> <li>• Establish Websites</li> <li>• Establish goals &amp; objectives</li> <li>• Ministry of Health linkages</li> <li>• Important that we build support to continue -avoid being swept away by next need</li> <li>•</li> </ul>	<p>Communication with communities – Share the stories</p>	
<p><b>Role 7.</b> Review all aspects of our governance (board recruitment, orientation, learning, evaluation etc.) in relation to achieving RTHL goals</p>	<ul style="list-style-type: none"> <li>• Not in so far as RTHL goals are the priority filter of governance (i.e. duplication if Role 2 done)</li> </ul>		
<p><b>Role 8.</b> Continue to explore how best to support RTHL success</p>	<ul style="list-style-type: none"> <li>• Could be seen as <b>REDUNDANT</b></li> </ul>		
<p><b>Role 9.</b> Take action in collaboration with other boards of directors within RTHL</p>	<ul style="list-style-type: none"> <li>• Sharing vulnerabilities, admitting that you don't know</li> </ul>		

## **Appendix E: Letter to Dr. Robert Bell, Deputy Minister**

**Dr. Robert Bell, Deputy Minister  
Ontario Ministry of Health and Long-Term Care  
Hepburn Block  
80 Grosvenor St.  
Toronto, ON M7A 1R3  
Re: Funding of Health Links**

**June 8, 2010**

Dear Dr Bell,

We are writing on behalf of a coalition of board members involved in supporting the success of the Rideau Tay Health Link, one of 7 Health Links in the SE Local Health Integration Network (SE LHIN). We are disappointed in the recent serious cut to Health Link funding, although we also understand that the present government sees Health Links as an important mechanism for transforming the health system. We believe that this cut sends a very negative message about a program that promises to be a powerful and effective agent of change.

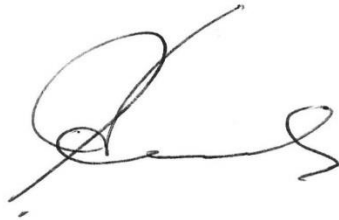
For context, we describe briefly the Rideau Tay Health Link (RTHL) and how our board coalition came about, and why we think that the Health Link (HL) cut is so serious, not just to our own HL, but to the HL initiative across the province.

The business plan for RTHL was approved by MOHLTC in September 2014, but bridging funding from the SE LHIN allowed work to start earlier in July 2014. The 2-year budget in the Business Plan was \$600K, of which \$224K was spent before March 31, 2015. The balance of \$376K has now been reduced to \$280K (despite additional booster funds from SE LHIN), giving a 2-year shortfall of nearly \$100K. This is a serious blow to our program just as we are starting the main rollout of activities, following the first year of process testing and development by our management team.

The SE LHIN has been very supportive in encouraging HL development in various ways. Through their Collaborative Government Committee, the SE LHIN promoted the idea of boards becoming involved in supporting and promoting HLs. A coalition of 14 boards involved with health organizations in RTHL met first in January 2014 and hammered out a plan for supporting the success of the Health Link, and have held half-day meetings every six months for follow-up. This is a group with a strong commitment and desire for real change. The Board-to-Board meetings (each attended by 40-50 people) have been inspirational, with commitment for alignment and support amongst partners. In addition, a recent well-attended 1-day Health Care Symposium organized by the Perth & Smiths Falls District Hospital, showed that there was a growing support for HLs as a tool for system transformation.

We believe that cutting Health Link budgets at this time may have disastrous consequences for an initiative that promises so much for bringing about a transformation to improve Ontario's health care system and to lower costs. We know that there are some naysayers in the province about the benefits of HLs, but our own experiences, and those of other HLs in the SE LHIN, are already demonstrating the tremendous potential of this approach. We ask that our agreed upon HL budget be restored, so that we can proceed with year two as outlined in our Business Plan. And we strongly urge you to maintain the momentum for HLs for the benefit of all Ontarians.

Yours respectfully,



Richard Schooley  
Board Chair  
Perth & Smiths Falls District Hospital  
33 Drummond Street West  
Perth, ON K7H 2K1



Graeme Bonham-Carter, Ph.D  
Board Member  
Rideau Community Health Services  
Read St.  
Merrickville, ON K0G 1N0

cc. Paul Huras, CEO, SE Local Health Integration Network,  
Donna Segal, Board Chair, SE Local Health Integration Network

P.S. Information about the Rideau Tay Health Link (Business Plan, Board-to-Board meetings etc) is available on the Rideau Community Health Services website. RCHS is the lead organization in the Rideau Tay Health Link. (<http://www.rideauchs.ca>).

## Appendix F: Invitation List

<b>Alzheimer Society of Lanark County</b>		
Louise Noble	Alzheimer Society of Lanark County	Executive Director
Don McDiarmid	Alzheimer Society of Lanark County	Board Chair
Scott Chamberlain	Alzheimer Society of Lanark County	Board Member
Bruce Sells	Alzheimer Society of Lanark County	Board Member
<b>Belleville &amp; Quinte West Community Health Centre</b>		
Marsha Stephen	Belleville & Quinte West Community Health Centre	Executive Director
Michael Piercy	Belleville & Quinte West Community Health Centre	
<b>Brockville General Hospital</b>		
Sheri Hudson	Brockville General Hospital	Board Member
<b>Canadian Cancer Society</b>		
Leanne Waddell	Canadian Cancer Society	Unit manager of the Community Office for Lanark, Leeds and Grenville
<b>Champlain LHIN</b>		
Chantale LeClerc	Champlain LHIN	CEO
David Somppi	Champlain LHIN	Acting Vice-Chair
<b>County of Lanark</b>		
Kurt Greaves	County of Lanark	Chief Administrative Officer
<b>Lanark County Paramedic Service</b>		
Ed McPherson	Lanark County Paramedic Services	Chief
Sean Teed	Lanark County Paramedic Services	Deputy Chief
<b>Community/Primary Health Care Lanark, Leeds &amp; Grenville</b>		
James E. Garrah	Community/Primary Health Care Lanark, Leeds & Grenville	Board Secretary
Tina Montgomery	Community/Primary Health Care Lanark, Leeds & Grenville	Community Support Services Manager
Kristen Argue-Hobbs	Community/Primary Health Care Lanark, Leeds & Grenville	Interim Board Chair
Ruth Kitson	Community/Primary Health Care Lanark, Leeds & Grenville	Executive Director
Jenny Lane	Manager	
<b>Country Roads Community Health Centre</b>		
Marty Crapper	Country Roads Community Health Centre	Executive Director

John MacTavish	Country Roads Community Health Centre	Board Chair
Robin Jones	Country Roads Community Health Centre	Board member
<b>Community Home Support- Lanark County</b>		
Mary Anne Nicholson	Community Home Support--Lanark County	Executive Director
Doug Burt	Community Home Support--Lanark County	Board Member
Colin Sangster	Dignity House Hospice	Board member
<b>Lanark County Mental Health</b>		
Sherry Baltzer	Lanark County Mental Health	Chair Community Advisory Committee
Wayne Johnson	Perth & Smiths Falls District Hospital	Board Member
Diana MacDonnell	Lanark County Mental Health	Board Chair
<b>Lanark Renfrew Health &amp; Community</b>		
Stephen Bird	Lanark Renfrew Health & Community Services	Board Chair
Nic Maennling	Lanark Renfrew Health & Community Services	Board Vice-chair
John Jordan	Lanark Renfrew Health and Community Services	Executive Director
Noreene Adam	Lanark Renfrew Health & Community Services	Co-Champion, Board Member
Jean Dunning	Lanark Renfrew Health & Community Services	Co-Champion, Community Member
Annette Hewitt	Lanark Renfrew Health & Community Services	Co-Champion, Community Member
Kara Symbolic	Lanark Renfrew Health & Community Services	LRHCS Staff Member
Ann Munroe	Lanark Renfrew Health & Community Services	LRHCS Past Chair
Pamela Salvarakis	Lanark Renfrew Health & Community Services	Co-Champion, Board Member
<b>Leeds, Grenville, Lanark District Health Unit</b>		
Jack Butt	Leeds, Grenville, Lanark District Health Unit	Board Chair
Ken Graham	Leeds, Grenville and Lanark District Health Unit	Smiths Falls Council Representative
<b>Leeds Grenville Mental Health</b>		
Claire Laing	Leeds-Grenville Mental Health	Board Member
Laurie Dube	Leeds-Grenville Mental Health	CEO
Judy Fielding	Leeds-Grenville Mental Health	Board Chair
<b>Perth and Smiths Falls District Hospital</b>		

Beverley McFarlane	Perth & Smiths Falls District Hospital	President & CEO
Richard Schooley	Perth & Smiths Falls District Hospital	Board Chair
Wayne Johnson	Perth & Smiths Falls District Hospital	Board Member
Warren Hollis	Perth & Smiths Falls District Hospital	Board Member
Donna Howard	Perth & Smiths Falls District Hospital	Board Member
Dennis Staples	Perth & Smiths Falls District Hospital	Board Member
Tom Belton	Perth & Smiths Falls District Hospital	Board Member
Bruce Rigby	Perth & Smiths Falls District Hospital	Board Member
John Hewitt	Perth & Smiths Falls District Hospital	Board Member
Gardner Church	Perth & Smiths Falls District Hospital	Board Member
Dr. Peter Cunniffe	Perth & Smiths Falls District Hospital	Co-Chair Health Link Steering Committee
<b>Rideau Community Health Services</b>		
Graeme Bonham-Carter	Rideau Community Health Services	Board Member
Tom Rankin	Rideau Community Health Services	Board Chair
Jan Hopkins	Rideau Community Health Services	Board Secretary
Don Dutton	Rideau Community Health Services	Board Treasurer
Wendy Quarry	Rideau Community Health Services	Board member
Wynn Turner	Rideau Community Health Services	Board Vice-Chair
Peter McKenna	Rideau Community Health Services	Executive Director
Christina Dolgowicz	Rideau Community Health Services	Board Member
Maureen McIntyre	Rideau Community Health Services - Health Link	Project Manager
Kelly Barry	Rideau Community Health Services - Health Link	Patient & Provider Engagement Lead
<b>Smiths Falls Nurse Practitioner Led Clinic</b>		
Ruth Kitson	Smiths Falls Nurse Practitioner Led Clinic	Board Chair
Nancy Unsworth	Smiths Falls Nurse Practitioner Led Clinic	Executive Director
Lee Ann Brennan	Smiths Falls Nurse Practitioner Led Clinic	Nurse
<b>South East Community Care Access Centre</b>		
Carol Ravnaas	South East Community Care Access Centre	Senior Director, Strategic Partnerships
Wendy Cuthbert	South East Community Care Access Centre	Board Member
David Vigar	South East Community Care Access C	Board Chair
Jackie Redmond	South East Community Care Access Centre	CEO
Jennifer Spencer	South East Community Care Access Centre	Care Coordinator CCAC
<b>Tri-County Addiction Services</b>		



Helen Clarke-Hanna	Tri-County Addiction Services	Board Chair
Caitlin Carter	Tri-County Addiction Services	Board Secretary-Treasurer
<b>South East Local Health Integration Network</b>		
Janet Cosier	SE LHIN	Board Member
Donna Segal	SE LHIN	Board Chair