
Report

Gathering of RTHL Board Members:

What is the Role of Boards of Directors in Supporting the Success of the Rideau Tay Health Link?

January 24, 2014 9 a.m. – Noon

Lancaster Room, Royal Canadian Legion, Smiths Falls, ON

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1. Introduction:

a. Background and Purpose of this Meeting:

The Rideau Tay Health Link (RTHL) is a new initiative that aims ...

“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.”

(Shared Purpose, Rideau Tay Health Link Business Plan, January 13, 2014 as submitted to the MOHLTC)

This January 24, 2014 meeting was the first ever gathering of board members of the nonprofit agencies that provide care within the region of the Rideau Tay Health Link. This meeting built on the “SE LHIN Governance Excellence Workshop: Building Collaboration” of November 20, 2013. At the conclusion of that meeting, the Board Chair of Rideau Community Health Services (Administrative Lead for RTHL) and the Vice-chair of the Perth and Smiths Falls District Hospital agreed to convene a follow-up meeting for board members of the Rideau Tay Health Link. The meeting agenda is presented in Appendix A.

The purpose of this meeting was three-fold:

- To learn more about RTHL history, purpose and recent developments
- To explore potential roles for boards of directors regarding RTHL
- For board representatives to get to know each other to build a base for future communication and collaboration

b. Meeting Participants

Organization by organization, 35 representatives of 13 organizations were asked to introduce themselves, share how much discussion of Health Link had occurred at their board table, and give their views of Health Links. Some participants represented more than one health care provider board. A list of attendees is presented in Appendix B.

How much have you discussed the Rideau Tay Health Link at your board table?

The level of board discussion scaled from 1 (not much) to 5 (a lot) with an overall realization that more discussion is needed and will happen. The distribution of ratings was as follows:

Rating:	1 (not much)	1.5	2	2.5	3	4	5 (a lot)	NA
Number of organizations (Based on the average response of reps of each agency)	1	1	4	1			3	3

Chart 1: Self-rating of how much your board has discussed the RTHL.

What is your view of the Rideau Tay Health Link?

The overall view of Rideau Tay Health Link was positive regarding where the health links process in general is going and how it can improve the local healthcare system.

c. What is RTHL?

Peter McKenna made a 20-minute presentation outlining the purpose of health links and the story of developments to date with the Rideau Tay Health Link. (See separate PowerPoint presentation distributed with this report.)

2. The Role of Boards of Directors in the Success of the RTHL

The board representatives worked in small groups, mixed by organization, to develop answers to the following questions

- Is there a role for boards in contributing to the success of our health link?
- If so, what is it?
- What specifically can boards do to support success?

Many responses were shared on post-it notes and in the group reflection. The ideas are listed below grouped by theme: the words of the post-its are presented in bullets, under each theme heading. When post-its had the same point, they are placed in one bullet with an indication of how many post-its had that message (e.g. "x 3" means three groups shared the same idea.)

1) Embrace the idea that health link success will require us all to change.

- Be open-minded to change
- Recognize that turf protection is natural -- but we need to address it and move beyond
- "If this isn't difficult, we aren't really doing it!"

2) Ensure our organization's mission, vision and key strategies align with the RTHL shared purpose and goals.

- Align strategic plan of each health care provider organization with the RTHL shared purpose and deliverables (x 5)
- Ensure the mission and values of all health care providers are aligned with the RTHL
- Develop a vision and strategy to carry out our parts of health link success
- Embrace strategic objectives regarding improved transitions within the health system, especially focusing on our complex patients

3) Use RTHL goals to inform ED/CEO selection and support.

- Include the support of inter-organization collaboration at the board and staff level in the ED/CEO performance agreement (x 2)
- Include contribution to achieving RTHL metrics in the ED/CEO performance agreement
- Build expectations for system integration into ED/CEO succession planning (x 2)
- Place system transformation skills in the requirements for executive leaders

4) Work with our ED/CEO to set metrics, and ensure we have operational goals and processes that contribute to RTHL success.

- Install appropriate metrics to support health link
 - Seek reports on progress on RTHL measures – this is a shared accountability
- Ask for reports on staff involvement – we need staff buy-in on the value of this change (x2)
 - Expect CEO to use organizational meetings to engage staff
 - Expect our providers and staff who are doing the work to be asking, “How can we do this better?”
 - Ask the tough questions of staff (accountability)
- Make health link success a goal of management
 - Health links success will require us to support our leadership and staff in "sweating the small stuff" (to use an expression from Chris Hadfield's recent book about being an astronaut)
- Improve systems management to move toward achieving Health Link goals

5) Ensure our organization is responsive to community needs.

- Reflect community needs in our service delivery
- Use existing mechanisms to bring clients into the health link discussion
- Have client experience advisors/community(residents) engagement committees -- e.g. Kingston hospital has a good model
- Ensure more patients/clients are engaged in designing how the system could look
- Establish a patient/client experience advisory committee ... and be ready to listen and act on their input
- Recruit board members with special knowledge of client/patient/family cohort
- Maintain focus on upstream interventions to reduce the development of complex conditions

6) Include health link advocacy in our communication with community, funders and other stakeholders.

- Advocate for health links (x 3)
- Develop a communications strategy related to the RTHL goals
- Inform our stakeholders about the RTHL and the changes being made within our organization and the sector toward achievement of the health link goals. Focus communication particularly on ...
 - the public (assist with community knowledge of the direction)
 - MPPs and municipal councils
 - the LHIN (e.g. Keep up demand for timely data from the LHIN to assist in change)
 - Health Link partners ... communicate with other boards (x2)
 - Patients/clients
- Advocate for the RTHL shared purpose with our partners
- Use AGMs, public meetings to increase awareness of the health link

7) Review all aspects of our governance (board recruitment, orientation, learning, evaluation etc.) in relation to achieving RTHL goals.

- Heighten awareness of RTHL for all members of boards of directors
- Make progress in addressing the needs of the complex care patient a focus at board meetings
- Have our board hear more patient experience stories (x 2)
 - Receive reports from a patient experience advisory committee ... and listen!
- Make RTHL updates a standard part of the board's agenda
- Ensure solid board management – e.g. Board work plan, committees, use CEO (x 2)
- Recruit board members with health link related skills/experience
 - Seek board members with skills in system transformation and /or experience with other major change efforts
 - Have health link partners on our boards
 - Have a set percentage of patient/client and their family members on our boards

8) Continue to explore how best to support RTHL success.

- Explore how to help without getting in the way – how to add value? Discriminate between what is helpful and useful in the long term!
- Identify what is the role of the boards and organizations in contributing to RTHL -- seek out the best practices regarding the role of boards from early adopter health links

9) Take action in collaboration with other boards of directors within RTHL.

- Continue board-to-board discussions and other communication (x 3)
 - Multi-agency meeting like today to discuss Transformation Council activity (x 2)
 - Board chairs meet in 6 months to discuss progress on Health links e.g. alignment of strategic plans
 - Schedule meetings twice a year
- Get to know our partners
- Inform and respond to the Transformation Council
- Seek shared vision between boards
- Explore opportunities to streamline (e.g. to integrate boards with aligned priorities)
- Support the pooling of money for leadership and quality-improvement training
- Develop common indicators in strategic plans for all health link organizations to operationalize

3. Recommendations to the RTHL Steering Committee/Transformation Council

In addition to exploring the role of their own boards in advancing the success of RTHL, Board representatives had the following advice for the future RTHL Transformation Council:

- Involve others on the continuum of care e.g. long-term care organizations, pharmacists
- Involve municipalities (e.g. The Town of Smiths Falls council wants to support RTHL and play a part in the process)
- Consider having a board representative position on the Transformation Council
- Continue to involve patients and families

4. Next Steps:

1. This meeting report will be sent to each person in attendance, along with a copy of Peter McKenna's presentation, to pass on to their board of directors.
2. Each board member here will distribute the report to their fellow board members.
3. RCHS will send a copy of the RTHL Business Plan as submitted to the LHIN to each Board.
4. Each board is invited to take action, as appropriate, in relation to the actions outlined in Section 2 above.
5. A follow-up meeting will be organized, preferably in June, to allow boards to report back on their progress in relation to the suggested activities and to hear updates on RTHL operation. RCHS offered to host the event. Graeme Bonham-Carter will send a Doodle closer to the event to choose a date.

Agenda

Gathering of Board Members: What is the Role of Boards of Directors in Supporting the Success of the Rideau Tay Health Link?"

Date: January 24, 2014 **Time:** 8:30 a.m. (gathering over muffins) 9 a.m. – Noon

Location: Lancaster Room, Royal Canadian Legion, 7 Main East, Smiths Falls, Ontario

- 8:30 a.m. Gathering over coffee and muffins
- 9 a.m. Welcome
Purpose of the Meeting – Christine Peringer, Facilitator
Welcome from the Co-Convenors:
- Graeme Bonham-Carter, Chairperson,
Rideau Community Health Services
 - Richard Schooley, Vice-Chair,
Perth and Smiths Falls District Hospital
- 9:10 a.m. Participant Introductions
- 9:45 a.m. What is the RT Health Link?
Presentation by Peter McKenna, Executive Director, Rideau
Community Health Services. Question and Answer period.
- 10:40 a.m. Break
- 10:55 a.m. Small and large group discussion:
- 1. Is there a role for boards in contributing to the success of our health link? If so, what is it?**
- 2. What specifically can boards do to support success?**
- 11:50 a.m. Next Steps and Closing Comments
- Noon Meeting Adjourned

Appendix B: Participant List

Alzheimer Society of Lanark County

Don McDiarmid, Board Chair; Louise Noble, Executive Director.

Community/Primary Health Care Lanark, Leeds & Grenville

James E. Garrah, Board Secretary; Tina Montgomery, Jenny Lane, Manager.

Country Roads Community Health Centre

Robin Jones, Board Member; Marty Crapper, Executive Director.

Dignity House Hospice

Doug Burt, Board Chair; Colin Sangster, Board Member.

Lanark County Mental Health

Sherry Baltzer, Chair, Community Advisory Committee; Wayne Johnson, CAC Member; Diana MacDonnell, Director.

Lanark Renfrew Health & Community Services

Stephen Bird, Board Chair; Nic Maennling, Vice-chair; John Jordan, Executive Director.

Leeds, Grenville, Lanark District Health Unit

Jack Butt, Board Chair.

Perth and Smiths Falls District Hospital

Lynda Hendriks, Board Chair; Richard Schooley, Vice-chair; Wayne Johnson, Warren Hollis, Donna Howard, Lynn Evans, Dennis Staples, Board Members.

Rideau Community Health Services

Graeme Bonham-Carter, Chair; Tom Rankin, Vice-chair; Jan Hopkins, Secretary; Don Dutton, Treasurer; Pam Blackstock, Past Chair; Wendy Quarry, Wynn Turner, Rod Fournier, Board Members; Peter McKenna, Executive Director.

Smiths Falls Nurse Practitioner Led Clinic

Tom Rankin, Treasurer.

South East Community Care Access Centre

Carol Ravnaas, Senior Director, Strategic Partnerships.

TriCounty Addiction Services

Caitlin Carter, Board Secretary-Treasurer.

South East Local Health Integration Network

Janet Cosier, Board Member.

Regrets:

- Community Home Support-Lanark County
- Leeds-Grenville Mental Health