
Rideau Tay Health Link

Report

Board-to-Board Meeting June 13, 2014

9 a.m. – Noon

Lancaster Room, Royal Canadian Legion, Smiths Falls, ON

Summary:

This is a report of the second meeting of representatives of the boards of directors of the agencies working within the Rideau Tay Health Link (RTHL). At the meeting, the 39 participants heard a presentation about care coordination in the Quinte Health Link and received an update of Rideau Tay Health Link activity since January. Participants then shared their progress in using their governance role within their agencies to support achieving the Rideau Tay Health Link goals.

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1. Introduction

a. Goal of the Meeting:

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

The purpose of this meeting was three-fold:

- To learn more about health links by hearing about care coordination in the Quinte Health Link.
- To receive an update about Rideau Tay Health Link developments since the January 24 meeting
- Check-in, celebrate and discuss RTHL-related action by the boards – those things that have been accomplished since the last meeting, and those things that boards have committed to do.

The meeting agenda is presented in Appendix A.

b. Meeting Participants, Health Link Champions and Self-evaluation of RTHL Level of Activity

The 39 representatives of 14 organizations in attendance introduced themselves, announced their “RTHL Champions” and rated themselves on how much discussion of Health Link had occurred at their board table. A list of attendees is presented in Appendix B.

i. Health Link Board Champions

The following participants reported that they would serve as health link champions:

1. Alzheimer Society of Lanark County – Don McDiarmid
2. Community Home Support - Lanark County – Doug Burt
3. Community/Primary Health Care Lanark, Leeds & Grenville – Jenny Lane
4. Country Roads Community Health Centre – Robin Jones
5. County of Lanark – Kurt Greaves
6. Lanark County Mental Health – Sherry Baltzer
7. Lanark Renfrew Health & Community Services – To be determined
8. Leeds Grenville Mental Health – Judy Fielding
9. Leeds, Grenville, Lanark District Health Unit – Ken Graham
10. Perth and Smiths Falls District Hospital – Richard Schooley
11. Rideau Community Health Services – Graeme Bonham-Carter
12. Smiths Falls Nurse Practitioner Led Clinic – Ruth Kitson
13. South East Community Care Access Centre – Wendy Cuthbert
14. South East Local Health Integration Network – Janet Cosier

ii. *Self-evaluation of Boards' RTHL Level of Discussion/Activity:*

As in January, the level of board discussion/activity within the Rideau Tay Health Link varied from 1 (not much) to 5 (a lot) with the overall rating having improved to an average of 3.36/5. Significant is that in January only three agencies rated themselves a 4 or a 5 (high), and now seven agencies rate their discussion/action level as high. The distribution of ratings for the two meetings is as follows:

Rating:		1 (not much)	1.5	2	2.5	3	4	4.5	5 (a lot)	NA	Average
Number of organizations	June 13, 2014	1	1	1	3	2	2	1	4		3.36
	January 24, 2014	1	1	4	1				3	3	2.8

Chart: Self-rating of how much each board has discussed/acted in relation to RTHL (January and June 2014)

2. Presentations

a. Mary Woodman, Quinte Health Link

Nurse Practitioner Mary Woodman described care coordination in Quinte Health Link. (For content, see slide deck sent with this report.)

In the question period afterwards, the following was shared:

- **How is success being measured?**
Price Waterhouse has been engaged to evaluate seven “early” Health Links in relation to the metrics defined by the Ministry of Health in its health links initiative.
- **What have been the unexpected barriers?**
Lack of knowledge of health links within other parts of the provincial government (e.g. Ministry of Community and Social Services, Ontario Disability Support Program, and Children’s Aid Societies) and within other parts of the Ministry of Health itself (e.g. adaptive devices)
- **How are we monitoring locally so that we can know we are reducing costs?**
Cost monitoring is part of the Price Waterhouse evaluation. In addition, research has already proven that when services become more patient-centred, quality of care goes up and costs go down.

b. Dr. Peter Cunniffe and Peter McKenna, Co-chairs RTHL

The co-chairs of RTHL shared the following points:

- **The RTHL Business Plan** was submitted to the Ministry of Health and Long Term Care in January. In March, the Ministry sought clarification and a few changes, so a revised plan was re-submitted on April 5. We are now awaiting the response which we expect at any time.
- **Bridge Funding.** Because support is so strong for the health link locally and within our Local Health Integration Network (LHIN), we sought and have received bridge funding from the South East LHIN so that activity can start now (rather than awaiting funding from the Ministry).
- **RTHL Hiring.** Interviews are underway to fill the Program Manager position.
- **Care Coordinator Secondment from CCAC.** Discussions are near completion for RTHL to second Jennifer Spencer from the SE CCAC. This position will not exclusively provide individual care coordination (much too big a job for one person), but will also support our agencies to provide care coordination.
- **Sharing health Information among health care providers:** The South East LHIN has begun the development of the communications tool (SHIIP) to share patient health information among providers and agencies.
- **The plan is “being taken for a walk.”** The co-chairs and other members of the Steering Committee are speaking to providers and groups about the Health Link over the next couple of months to improve awareness and grow buy-in.
- **System Transformation Leadership Training.** The SE LHIN provided a Rotman School of Management (U of T) training program for health leaders related to health links. Several of the RTHL leadership attended this training.
- **The RTHL Hospice Palliative Care Working Group** This is the first RTHL working group to form. It has met several times and is holding a full day “patient journey” session June 16, 2014 with patients, family members and front line health care workers to identify changes needed to improve care in the last year of life.
- **Impact of June 12 Provincial Election.** With a majority Liberal government, we can expect that the Health Link initiative will now proceed with full force. While in a minority government the initiative was launched, but now “there will be no place to hide”. The Ministry of Health will be expecting health links to carry out what research has shown – that truly patient-centred care delivered by providers in effective collaboration will improve care and lower health care costs.

3. Update of Activity in relation to the Board Role in Promoting Health Link Success

At the January 24, 2014 meeting, board representatives identified nine kinds of action that boards could take to promote the success of the Health Link. At this meeting, board representatives shared what they had done since the last meeting. Their reports are presented below in relation to each of the nine categories of action. Most respondents identified their organization. (See initials in brackets following each point -- consult Appendix B “List of Participants” if you need assistance with any of the organization name acronyms.)

The Board Role in Supporting the Success of RTHL	Action Taken (since January 24, 2014)	Commitment (to future action)
1) <i>Embrace the idea that health link success will require us all to change</i>	<ul style="list-style-type: none"> • Discussed and accepted the need for change (CHSLC) • Has integrated with Dignity House hospice (CHSLC) • “Our board is in the midst of change and has a positive attitude that RTHL is one of these changes” (ASLC) • Attitude to collaboration was explored at a board mini-retreat (RCHS) 	<ul style="list-style-type: none"> • Have someone like Mary Woodman come and speak to the board next year (RCHS) • Board has committed the hospital to the success of health links (PSFDH)
2) <i>Ensure our organization’s mission, vision and key strategies align with the RTHL shared purpose and goals</i>	<ul style="list-style-type: none"> • Amended our strategic plan (RCHS, PSFDH, SE CCAC - <i>for text, see Appendix C.</i>) 	<ul style="list-style-type: none"> • Review strategic objectives in relation to RTHL at Board Retreat in October (LRHCS) • Inclusion of RTHL priorities in our strategic plan (ASLC, CRCHC, + 1 other)
3) <i>Use RTHL goals to inform ED/CEO selection and support</i>	<ul style="list-style-type: none"> • Built health link into the CEO selection criteria (PSFDH) • Support of ED has changed as we realize some other things need to drop to enable ED to carry out health link-related responsibilities • Have given our ED the green light (board support) for RTHL involvement (RCHS) 	<ul style="list-style-type: none"> • Re-examine ED job description and potentially amend it (RCHS) • RTHL will be a factor when the time comes to hire (ASLC)

The Board Role in Supporting the Success of RTHL	Action Taken (since January 24, 2014)	Commitment (to future action)
	<ul style="list-style-type: none"> • Board supports our ED's participation on the RTHL Steering Committee (LRHCS, LGMH) • Board supports our ED/staff involvement in the Hospice Palliative Care Working Group (CHSLC, LRHCS) 	
<p>4) <i>Work with our ED/CEO to set metrics, and ensure we have operational goals and processes that contribute to RTHL success</i></p>	<ul style="list-style-type: none"> • Committed people resources (e.g. attending Rotman leadership course) • Committed money (PSFDH) • Board briefing re how health link is changing our processes and services • Prepare existing staff to work more with broader health system (CRCHC) 	<ul style="list-style-type: none"> • Identify metrics with/for the CEO • Need to know partners and what we collectively need to accomplish (LGMH)
<p>5) <i>Ensure our organization is responsive to community needs</i></p>	<ul style="list-style-type: none"> • Approval of organizational support for the Food Hub and Physician TF • Improving the connection of care coordinator to primary care teams so that providers will know who to call at CCAC about their patient (SE CCAC) • Bridges initiative (RCHS) • Formed patient engagement committee • Engage Rideau Lakes/ Westport residents to share client experience (CRCHC) • Developed a new day program in Almonte for caregivers to learn how to support individuals with Alzheimer's/dementia • Patient shared their experience with Board (RCHS) • Participated at Eco-fair (RCHS) 	<ul style="list-style-type: none"> • Roll out of a Culture of Community Engagement organization-wide (including patient education) • Better meeting community needs is the central purpose of our current process of re-organization and amalgamation (ASLC)

The Board Role in Supporting the Success of RTHL	Action Taken (since January 24, 2014)	Commitment (to future action)
6) <i>Include health link advocacy in our communication with community, funders and other stakeholders</i>	<ul style="list-style-type: none"> • ED is doing presentations to other community groups and to the public (RCHS) • Health links presentation at meeting of members 	<ul style="list-style-type: none"> • Communications strategy implementation (RCHS) • SE LHIN Health Link medical lead Dr. Jonathan Kerr will speak at our AGM (RCHS)
7) <i>Review all aspects of our governance (board recruitment, orientation, learning, evaluation etc.) in relation to achieving RTHL goals</i>	<ul style="list-style-type: none"> • Attended SE LHIN collaborative governance workshop in the fall (RCHS) • Board and staff education re health links (RCHS) • Joint media spots done with RCHS • Governance policy development re how agency supports inter-agency networking (SFNPLC) • Education: Board became more aware of existing agency core coordination processes (CHCHC) 	<ul style="list-style-type: none"> • Add RTHL to new board orientation process (CRCHC, RCHS + one other) • Retreat in October will focus on the four health links to which our agency belongs (LRHCS)
8) <i>Continue to explore how best to support RTHL success</i>		<ul style="list-style-type: none"> • We are arranging for a detailed briefing to identify how we can best contribute (ASLC) • Seek ways to bring boards of agencies funded by the Ministry of Community and Social Services (MCSS) into this circle (RCHS) • Advocate to the Association of Ontario Health Centres and the SE LHIN re bringing in other government departments into health links (RCHS)
9) <i>Take action in collaboration with other boards of directors within RTHL</i>	<ul style="list-style-type: none"> • Strong board presence at these Board-to-Board meetings • Dignity House has integrated with CHSLC 	<ul style="list-style-type: none"> • Explore the idea of integrated strategic planning (i.e. setting of strategic directions shared by multiple agencies) • Explore joint board of directors education about health links

4. Celebration, Queries and Commitments

The board representatives reflected on the data gathered in the chart above and shared the following celebrations, questions and commitments:

Celebrations:

- That patient experience is driving this initiative
- All being together for these meetings and in this approach
- Lanark County being here; we are serving the same people. We are ready to broaden the net.
- Enthusiasm and dialogue taking place.

Queries:

- Who are care coordinators? CCAC are currently seeing about 70% of RTHL complex patients. Jenn will learn how to do the care plans and then will spread the process to other primary care personnel or families.

Commitments:

- Work together to communicate to the broader community, through a meeting like this, for example.
- Encourage our provincial organizations and LHIN to advocate with MOH and other provincial departments to support health links
- Think about incorporating social service workers and police in our health links work
- Help Boards understand and support ED decisions to let some things go, and re-align priorities to support RTHL success
- Leapfrogging: creating a system to support the 5% and how to move for supporting the broader population.
- Integrated strategic plan. Realize that if we start with the most critically ill, we will have learning and teaching tools to change health care for all and put people at the centre.

5. Next Steps

1. Report

This meeting report will be sent to meeting participants in mid-July, along with a copy of Mary Woodman's presentation.

2. Communication to Other Board Members

Each board champion will distribute the report to their fellow board members.

3. Next Meeting

Another RTHL Board-to-Board meeting will be organized in six months, preferably in late November. (Note: A late November date may provide a challenge to municipal participation as the local elections take place in October and municipal leaders will be in early stages of organizing themselves.)

a. Agenda:

It is recommended that the agenda include:

- i. Coaching for board members in effective communication by board members of the health link concept
- ii. Feedback on RTHL developments, including collective governance and hiring

b. Participants:

The group recommended the following be invited to the next meeting:

- i. The Media: Invite the EMC and other media to future meetings. E.g. Andrew Duffy, the Ottawa Citizen journalist who wrote this week's health links cover story
- ii. Other organizations e.g. Cancer Society, Heart and Stroke, private sector, faith community, Parkinson's, police services (Consider care coordination plans to decide who to include.)

Appendix A: Agenda

RTHL Partners Board-to-Board Meeting

Friday June 13, 2014 8:30 a.m. (gathering over muffins) 9 a.m. – Noon

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-Conveners:
- Graeme Bonham-Carter, Chairperson,
Rideau Community Health Services
 - Richard Schooley, Vice-Chair,
Perth and Smiths Falls District Hospital
- 9:10 a.m. Participant Introductions and activity rating
- 9:45 a.m. “Care Coordination”: Report from an early adopter health link
Presentation by Mary Woodman, NP, Quinte Health Link
- What has happened since January?
Dr. Peter Cunniffe and Peter McKenna, Co-chairs RTHL
- 10:40 a.m. Break
- 10:55 a.m. Small and large group discussion:
1. Report on board actions to support health link success
 2. Reflection on progress; celebrations, queries and commitments
- 11:50 a.m. Next Steps and Closing Comments
- Noon Meeting Adjourned

Appendix B: Participant List June 13, 2014

1. **Alzheimer Society of Lanark County (ASLC)**
Don McDiarmid, Board Chair; Bruce Sells, Scott Chamberlain, Board members.
2. **Community Home Support Lanark County (CHSLC)**
Doug Burt, Board Member; Colin Sangster, Dignity House hospice volunteer.
3. **Community/Primary Health Care Lanark, Leeds & Grenville**
Kristen Argue-Hobbs, Interim Board Chair; Jenny Lane, Manager; Ruth Kitson, Executive Director
4. **Country Roads Community Health Centre**
Robin Jones, Board Member; Marty Crapper, Executive Director
5. **County of Lanark**
Kurt Greaves, Chief Administrative Officer; Sean Teed, Lanark County Paramedic Service
6. **Lanark County Mental Health**
Sherry Baltzer, Chair, Community Advisory Committee; Diana MacDonnell, Director.
7. **Lanark Renfrew Health & Community Services**
Stephen Bird, Board Chair; Nic Maennling, Vice-chair; John Jordan, Executive Director.
8. **Leeds, Grenville, Lanark District Health Unit**
Ken Graham, Board Member and Smiths Falls Council Representative
9. **Leeds Grenville Mental Health**
Judy Fielding, Board Member
10. **Perth and Smiths Falls District Hospital**
Richard Schooley, Vice-chair; Wayne Johnson, Warren Hollis, Tom Belton and Gardner Church, Board Members; Linda Bisonette, CEO.
11. **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, Christina Dolgowicz, Board Members; Peter McKenna, Executive Director.
12. **Smiths Falls Nurse Practitioner Led Clinic**
Lee Ann Brennan, Nurse.
13. **South East Community Care Access Centre**
Wendy Cuthbert, Board Member; Carol Ravnaas, Senior Director, Strategic Partnerships; Jennifer Spencer, Care Coordinator.
14. **South East Local Health Integration Network**
Janet Cosier, Board Member.

Regrets: TriCounty Addiction Services

Guest: Mary Woodman, Belleville Quinte West CHC

Appendix C: Samples of Strategic Plan Amendments related to RTHL

Rideau Community Health Services

The following new strategic direction and description were approved by the board February 23, 2014:

Work Together to Improve our Local Health Care System

A transformation of local health care delivery is required if we are to provide our residents, especially the sickest and most vulnerable, with the level of improved, integrated care they deserve, while also making the best use of healthcare resources.

Success in this transformation will depend on energy and collaboration among multiple providers, clients, and healthcare sector leadership. Building support for this in our communities will also be important. RCHS is committed to working collectively to achieve this end.

South East Community Care Access Centre

The following new strategic priority for 2014-2017 was crafted with the work of the Health Link in mind:

System Integration:

We will improve patient outcomes by better defining and strengthening our role within the health care system

- Improve coordination with primary care for patients with complex needs
- Better manage patient transitions across the care continuum

Perth and Smiths Falls District Hospital

In the PSFDH 2014-2017 Strategic Plan, the priority area “Our Community and Care Partners” contains two health-link related goals:

- Board dialogue with other community and care providers to determine how PSFDH might work with its various partners
- Contribute to Rideau Tay Health Link priority programs as they evolve