

Enabling Collective Impact Through Collaborative Governance and Leadership

Part I – Tuesday November 5th, 2024

Strategic Translation of Our Experience



Hastings Prince Edward
Ontario Health Team

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Jodeme Goldhar, Principal
Meghan Perrin, Associate

#HPEOHTShapingOurFuture

For the first time since its inception,
the Hastings Prince Edward Ontario Health Team convened governors from across all partners to come together!



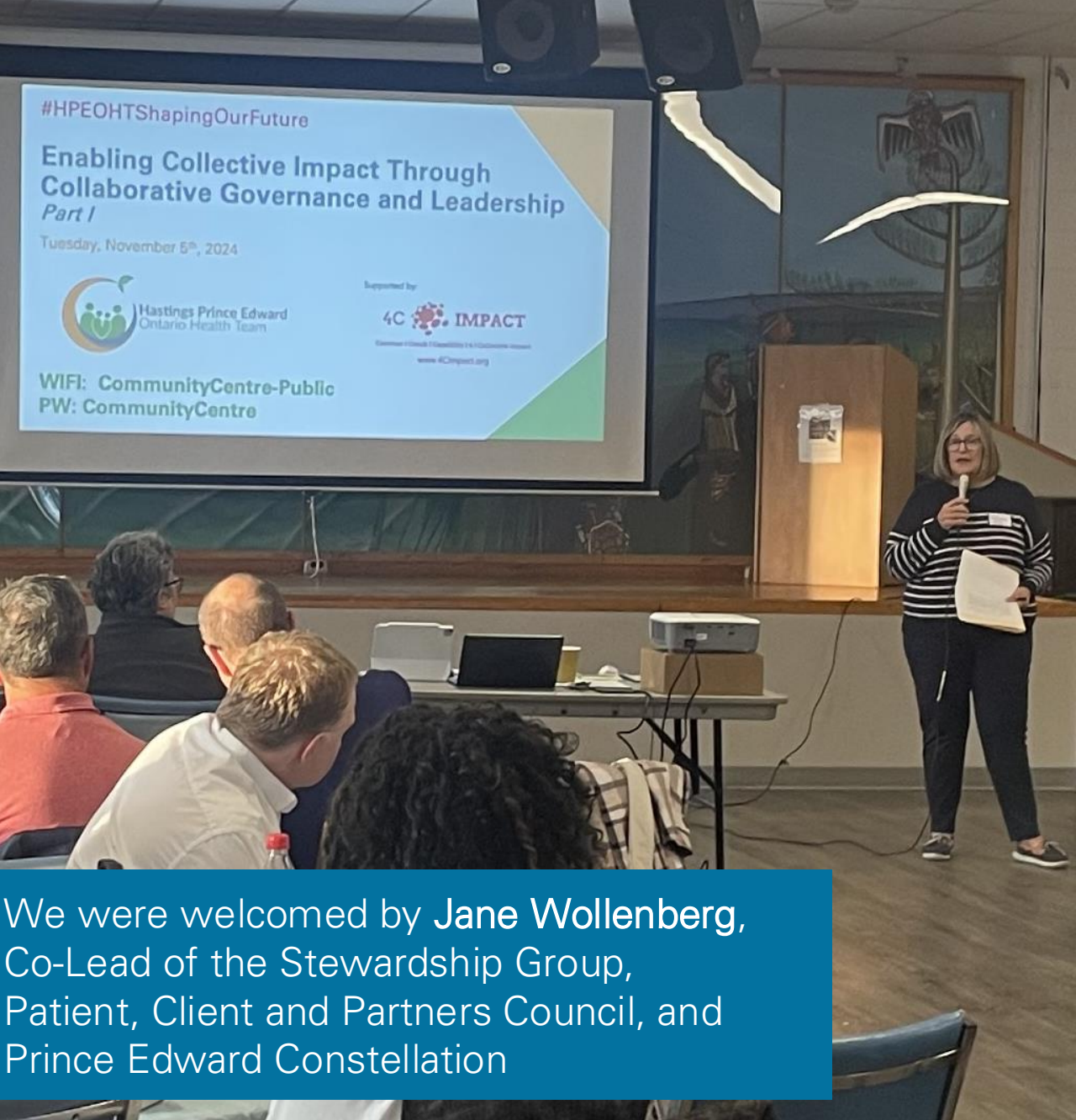
Hastings Prince Edward
Ontario Health Team

75 governors and senior leaders from 36/50 organizations
in equal partnership with members of the patient, client and partners council !



HPE OHT Partner Organizations





We were welcomed by **Jane Wollenberg**, Co-Lead of the Stewardship Group, Patient, Client and Partners Council, and Prince Edward Constellation

Land Acknowledgement

We are grateful to be gathering today on Tyendinaga Mohawk Territory.

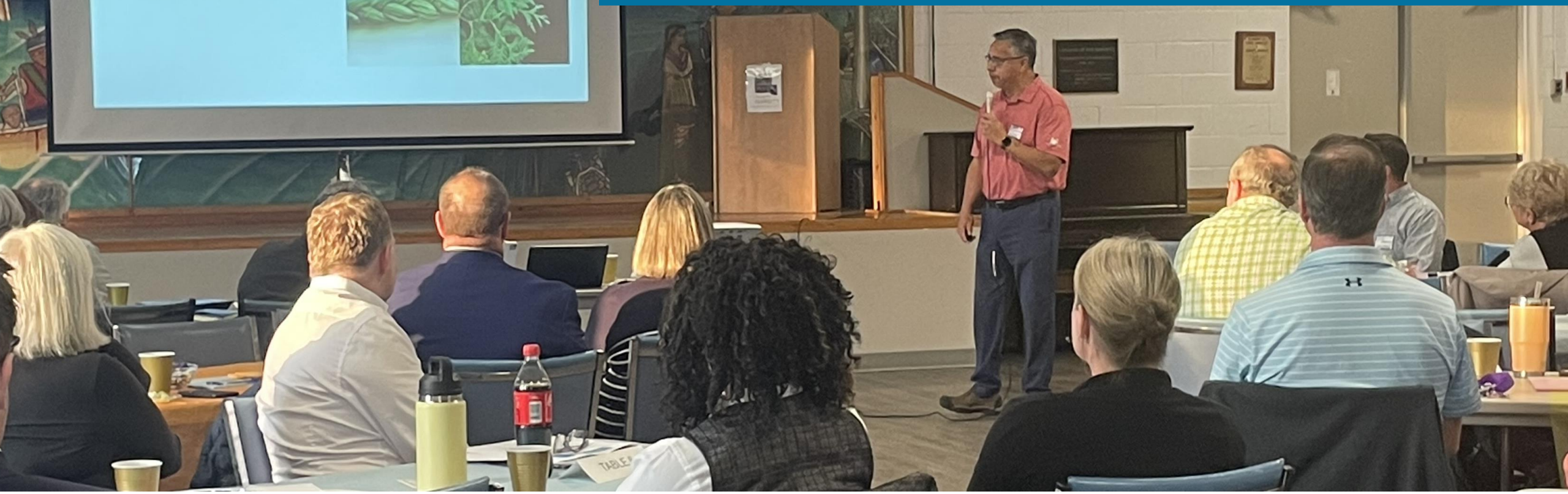
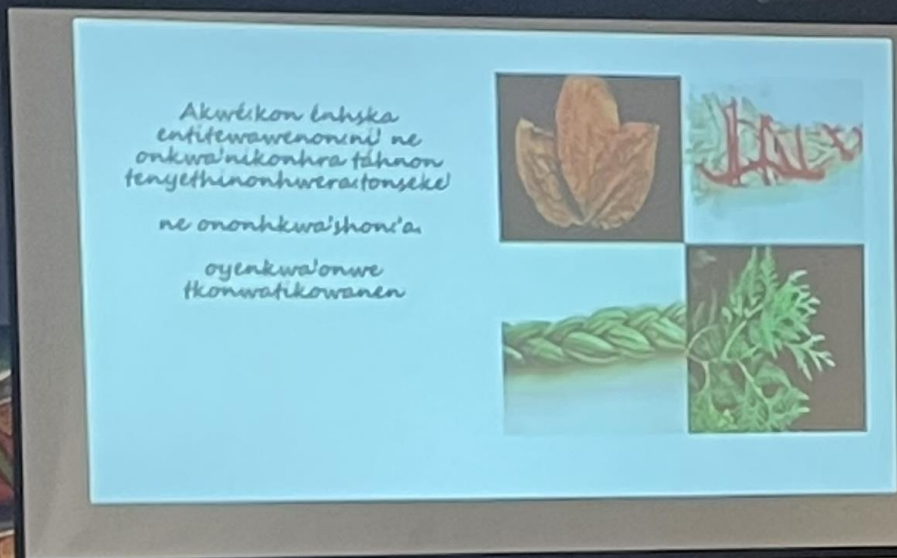
The Hastings Prince Edward Ontario Health Team and its member organizations deliver supports and services on lands that are the traditional territory of many nations, including the Huron-Wendat, Anishinaabe, Algonquin and the Haudenosaunee peoples. These lands are also directly adjacent to the Kenhte:ke – the Tyendinaga Nation. These territories are governed by the Dish with One Spoon wampum agreement.

We share a responsibility to acknowledge and respect the culture and history of Indigenous peoples, who have inhabited and nurtured these lands for generations.

We commit to centering our work of overall health and wellbeing for all residents, with particular consideration for Indigenous peoples and all equity-deserving populations in Hastings and Prince Edward Counties.

Curtis Maracle

Traditional Healing Coordinator, Tsi Kanonhkwatsheriyo Indigenous Primary Care Team
started our gathering in a good way with **Ohén:ton Karihwatéhkwén** (the thanksgiving address) - expressing gratitude to all aspects of creation, unifying us in a shared mindset of respect and spiritual awareness - grounding us in a holistic worldview of interconnectedness with nature and community.

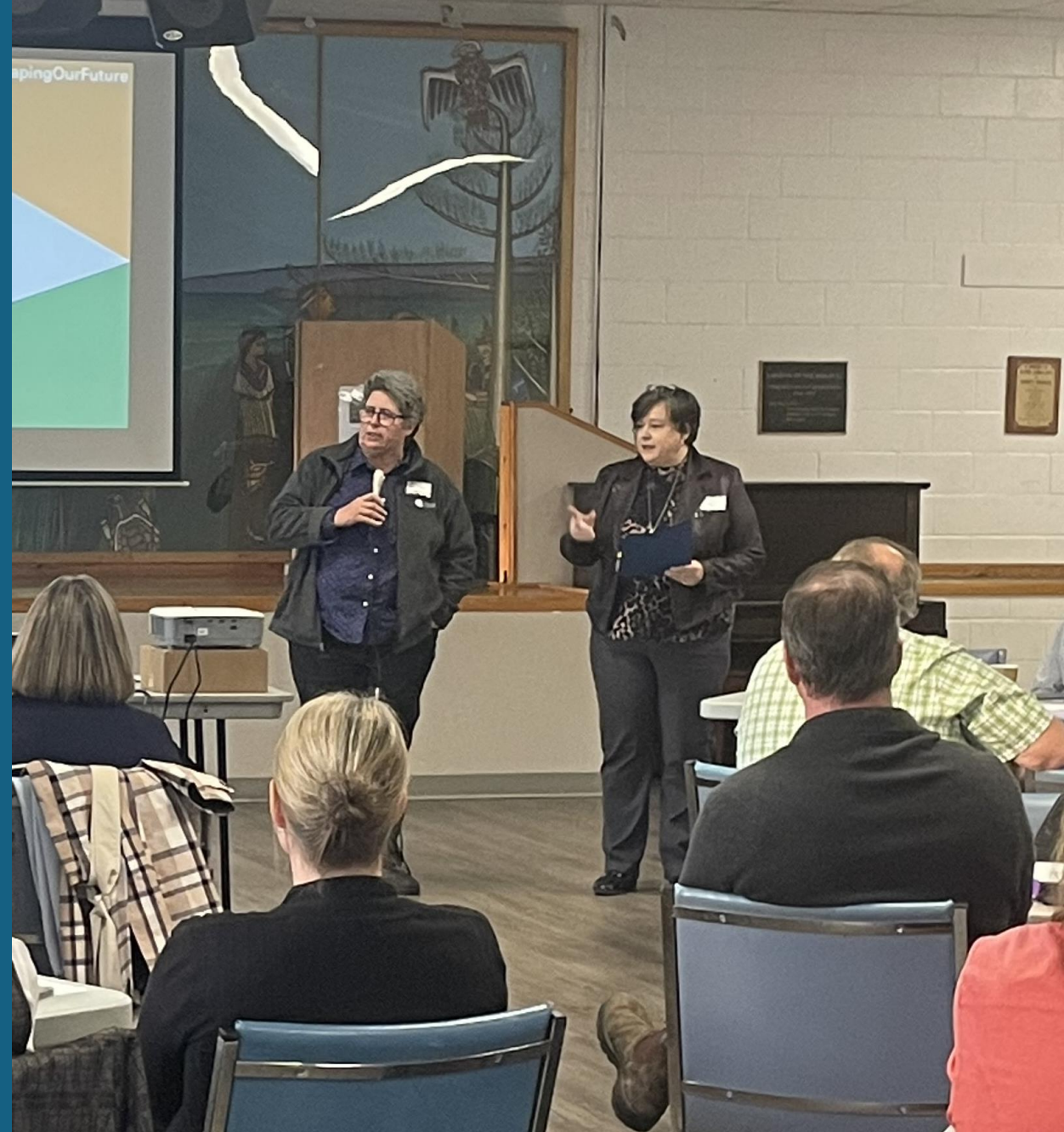


Sheila Braidek, Co-Lead of the Stewardship Group and Belleville-Tyendinaga Constellation spoke about what excites her about coming together in this new way and how the shift in how we are showing up differently has taken her from cynical to excited about the work we can do together as the HPEOHT!

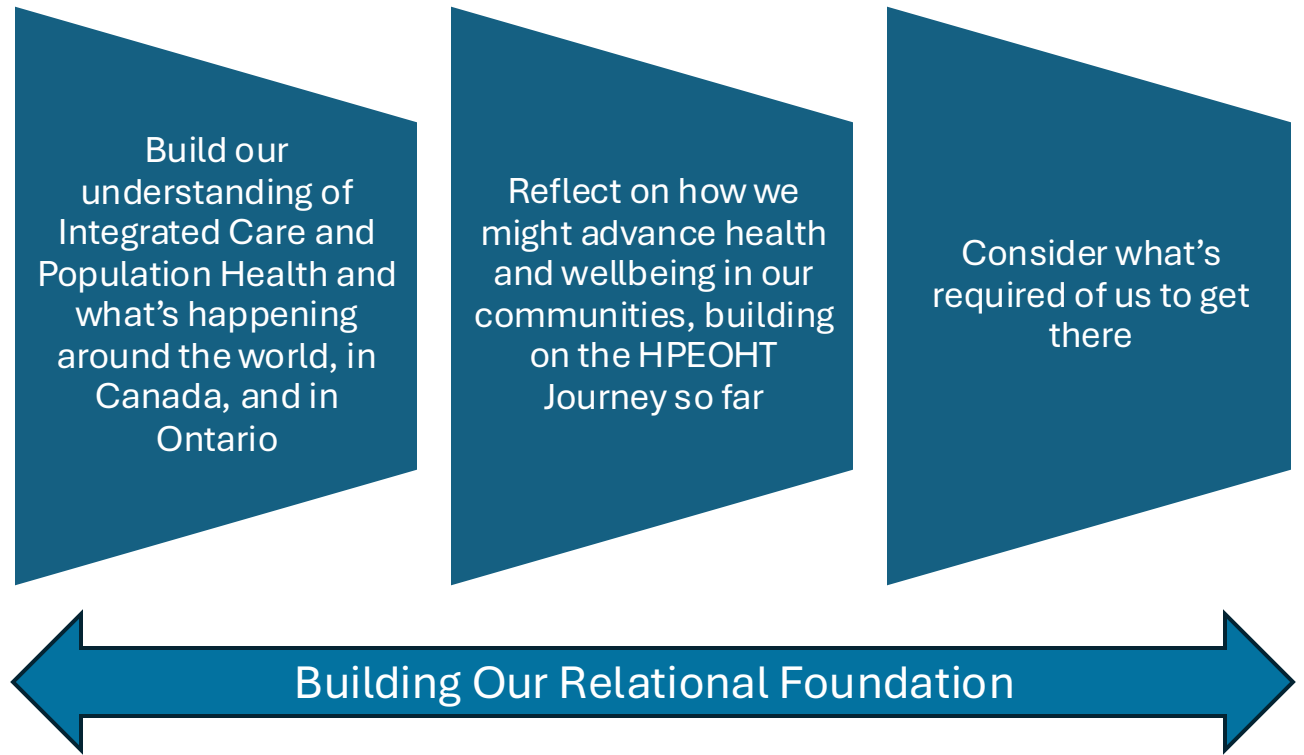
"I'm not so cynical anymore...

It's not the what we're doing but it's the how we're doing it that's going to differentiate us in how we are and what we're going to achieve over time...and tonight is one example of how we are doing that."

"...I hope you will feel the excitement and carry it back into your organizations, knowing that we are going to be changed by our conversations tonight and that this is only the first of many to come!"



Jennifer May-Anderson, Co-Lead, Governance Action Team (GAT) went over our goals and objectives for the evening



"I want to thank you for attending tonight's session. I know that governors give their time very generously to the organizations that they serve, and sometimes it's hard to understand how your organization fits into the larger landscape. Hopefully after this series of sessions it will be very clear."

We hope that you and your organizations will start to understand the mindset and behavioural shifts that may be needed for us to work together and do this collective work! [...] Today is the beginning of building our relational foundation that's necessary for us to carry on this work together and achieve our goals of improved population health."

Jodeme Goldhar outlined the broader goals we aim to accomplish not only tonight but over the series this fall:

“Tonight, we are bravely holding space together with a goal to learn and unlearn so we can grow and have impact together.”

“We have to go to heroic efforts to make the current systems work since they are not designed for the outcomes we want – which is health and wellbeing in our communities. How might we design a new way to operate together?”



Our Journey

Community Symposium

January 2025

Enabling Collective Impact through Collaborative Governance and Leadership (Part II)

November 28, 2024

SUMMIT:

Building Our Collective Capability and Shaping the Future of Health Care Together in Hastings Prince Edward

November 20-21-22, 2024

Enabling Collective Impact through Collaborative Governance and Leadership (Part I)

November 5, 2024

Over the past three years, we've made significant strides in working together - breaking down silos between organizations, striving to provide patients, clients, and partners with a unified experience.

Now, at this pivotal juncture, we're reimagining healthcare to improve health and wellbeing in our communities, as well as for all of us working in health and care. This series of opportunities to come together is our opportunity to make new headway towards a more integrated and radically collaborative health and social care community.

What would success look like?



What Would Success look Like?

Collaboration and Connection

“This is the first time we’re in a room together! It’ll be great if we get to really understand what each of our organizations, who we support, and how we could work together.”

“We need more conversations without an agenda. It’s about building relationships”

“It’s great to have a warm body sitting next to me and not just going from back-to-back virtual meetings ”

“What if we stop competing?”

Building Common Understanding

Developing a shared understanding of the system and players, as well as challenges, and goals was mentioned by a number of people



What Would Success look Like?

Client-Centered and Directed Health Creation

There was a recognition that for the first time, patients, families and caregivers are at the table as partners, rather than being consulted or engaged after the fact.

Desire for services to wrap around the person and away from bouncing from service to service.

"How do we avoid always fixing the health "system" and shift to focusing on health creation (inclusive of all determinants of health)"

Collective Advocacy

"Our voice is stronger as a collective (the OHT) rather than us all trying to compete for funding, we're all trying to do what's best for our communities"

Trust – in each other and in the process

"Who is responsible to make it different this time? We are"

"Bringing governors together is a big gateway to getting to our next evolution as an OHT"

What Would Success look Like?

Working together across jurisdictions and silos beyond “health care” and with everyone involved in creating healthy communities

Mayors and Councillors expressed their investments in health and how they are being called upon to address issues with primary care. Those that provide primary care in the room shared how there are models like community health centers that exist locally that would address the issues being brought forward.

“Why aren’t we working together – health and care and municipalities – to support the success of primary care and respond to the needs in our communities. The HPEOHT is an enabler to this type of collaboration and connecting the dots across sectors and jurisdictions.”

“We need to break the hierarchy of how we solve “health” problems and having the OHT partners span all determinants of health is a great starting point to start solving differently!”

“Where can we create space for interorganizational dialogue and connection?”

“We need to link up existing services, strategies and resources (including leveraging 211) rather than trying to solve in silos”





“

In order to create transformational change in the face of an uncertain future, we are starting to pattern the future we want and need.

Grounded in Bill Sharpe’s work on Patterning for Hope, we can look at this through three horizons. The first horizon is the present, and the third horizon is the future we want. We need to move into the second horizon, out of status quo maintaining behaviours and pattern our new ways of knowing and being.

We are failing every day and it’s not because we aren’t doing good work or because of ill intent. If we don’t disrupt the way we come together now, how are we going to possibly achieve and meet evolving needs – both immediate and long-term?

- How might we change the way we work, meet and come together to enable us to connect and talk about what’s important (away from current structures, agendas, reporting, and back to back virtual meetings)?
- How might we work differently together for health creation?

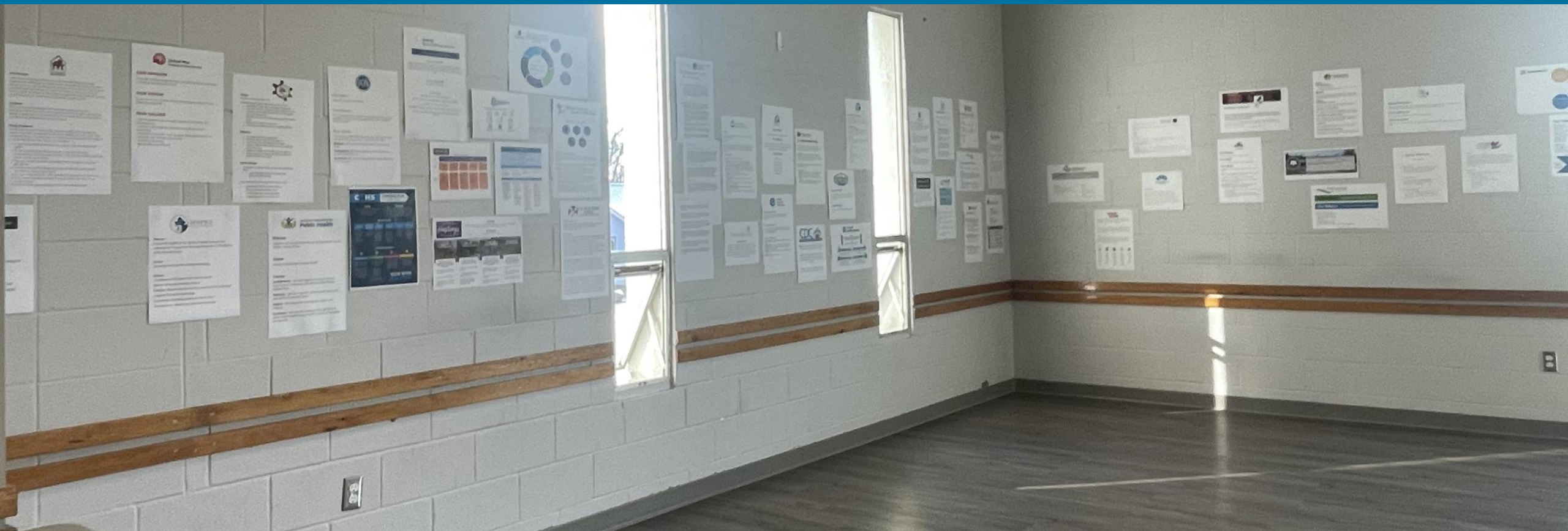
- Jodeme Goldhar



We were invited to look at the strategic plans of all HPE OHT partner organizations – missions, visions, values and strategic directions

For many, it was inspiring to see the possibilities: “Really interesting seeing so much commonality, lots of opportunities for alignment!”

For others, it was overwhelming: “As a person living in the community, how does one even begin to navigate this? Do we even have a sightline of where there is overlap?”





Laurel Hoard, Director Integrated Care, Ontario Health East, went over:

- The difference between the Ministry of Health, Ontario Health and Ontario Health Teams;
- How Ontario Health Teams will make a difference
- OHT Guidance, Policy Directions and Priorities

“We finally have the lever to enable integrated care and population health management enshrined in legislation”

Ontario Health Teams (OHTs)

Laurel Hoard, Director Integrated Care, Ontario Health East

Hastings Prince Edward OHT

November 5, 2024



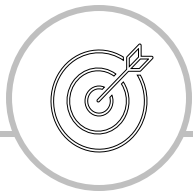
**Ontario
Health**

How OHTs Will Make a Difference

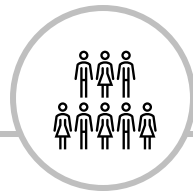
OHTs are tasked to deliver meaningful change for patients and are a powerful tool for system integration. At a mature state this includes:

- ✓ Provide a **full and coordinated continuum of care** for an attributed population, which is defined based on how and where Ontarians access care.
- ✓ Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience **seamless transitions** throughout their care journey.
- ✓ Manage the health of their attributed population using a **population health management** approach.
- ✓ Be measured, report on, and **improve performance** across a standardized performance framework based on the **'Quintuple Aim'**.
- ✓ Operate within a **single, clear accountability** framework and funded through an **integrated funding** envelope.
- ✓ Have better access to **secure digital tools**, including online health records and **virtual care options** for patients.

OHT Goals



Improve the patient and caregiver experience



Improve the health of populations



Reduce per capita cost of health care



Improve the work life of providers



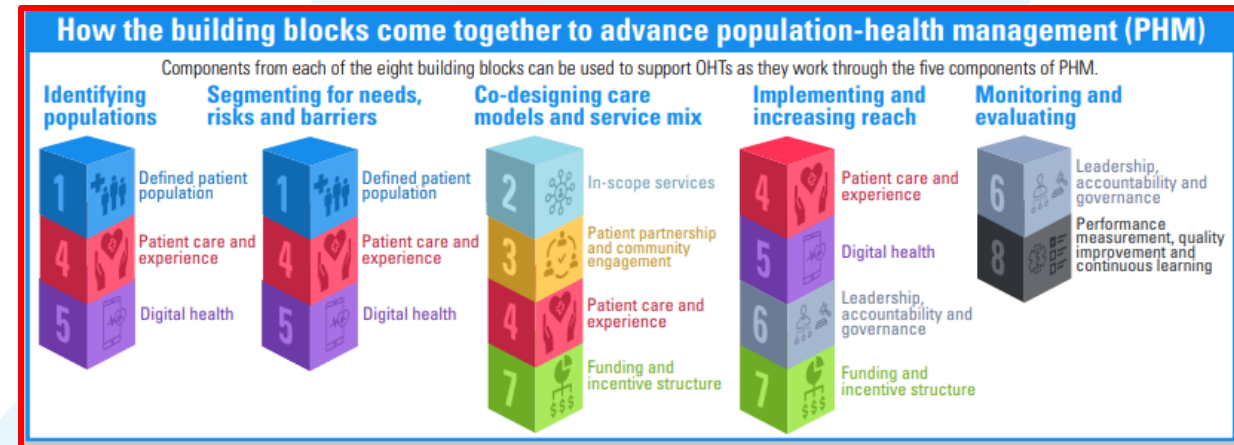
Advancing Health Equity

2019 Guidance: Building Blocks of the OHT Model



Eight Building Blocks of the OHT model were set out in the **2019 Guidance**.

- Supports are delivered to OHTs through various modalities (e.g., guidance, tools, webinars, communities of practice) by a coordinated network of partners with expertise and experience in integrated care delivery.



[RISE Building Block Infographic](#)

OHTs: The Path Forward

Building OHTs to Last



Common Structure to Progress to Full Implementation

Establishing a New Not-for-Profit Corporation



Consistent Collaboration in Decision-Making

Standardizing Groups That Must Be Involved in Decision-making



Sustainable Operational Capacity

Identifying an Operational Support Provider for Back-Office Functions



Consistency in OHT-Led Public Communications

Setting a Consistent and Recognizable Approach to Communications

Delivering Better Care



Clinical Pathways to Improve Patient Care

Implementing Common Integrated Clinical Pathways for OHTs

Home Care Leading Projects

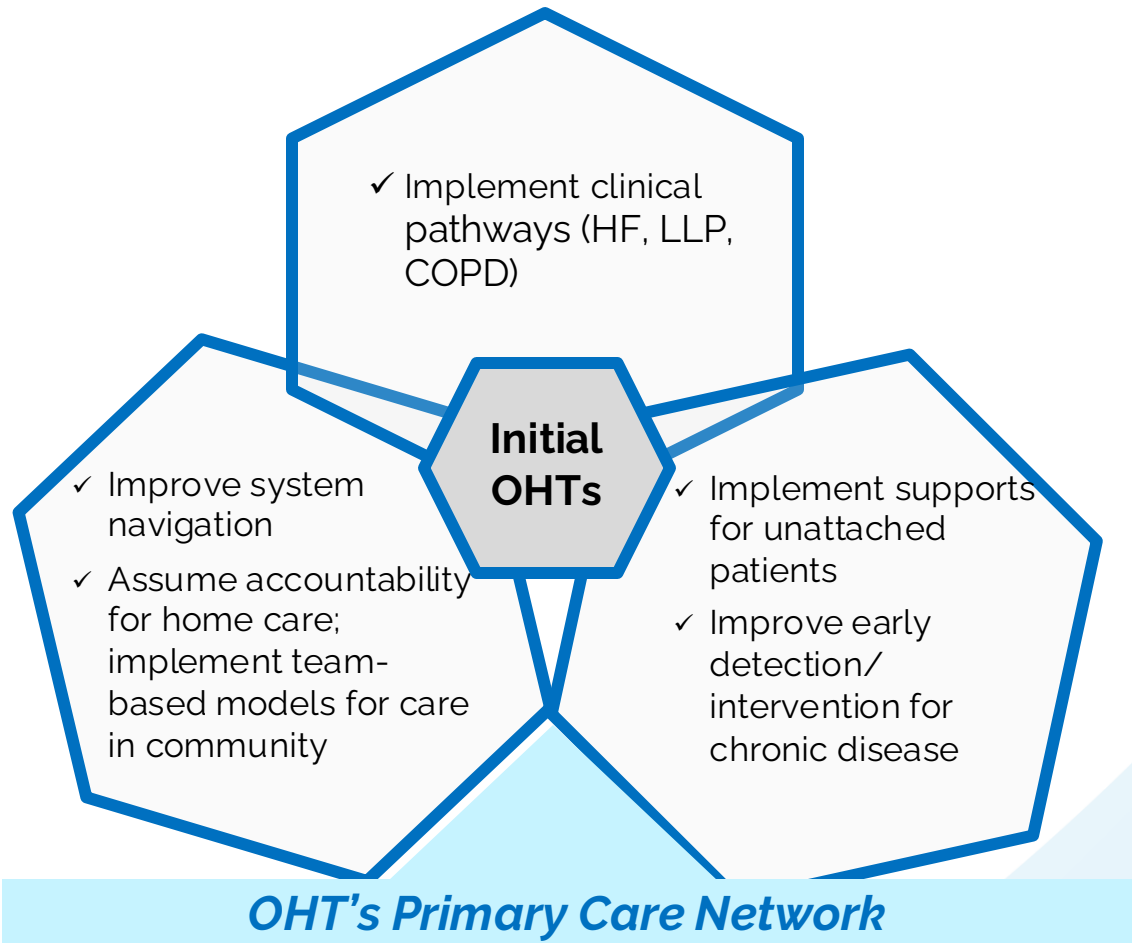
Ontario Health Teams: The Path Forward

In November 2022, the ministry released *The Path Forward*, which included new direction for OHTs to ensure they can deliver better patient care and are built to last.

OHT Acceleration Priorities

On September 27, 2023, the Minister of Health provided an [update on Accelerating OHTs](#) via a webinar to the sector

Connected to increasing OHT maturity, Initial 12 OHTs will be asked to advance provincial clinical priorities and demonstrate improvements to patient experience and outcomes, grounded in a population health approach.



Improved Patient Outcomes

- ↑ Increased early detection of chronic disease
- ↑ Improved chronic disease outcomes
- ↓ Reduced acute care utilization
- ↑ Increased access to primary care services for unattached patients
- ↑ Improved system navigation support to find and access care
- ↑ Increased access to integrated team-based models of care

Primary Care Networks in OHTs



Initial Clinical Priorities

OHTs and PCNs will focus on an initial core set of urgent clinical priorities, as identified below. Over time it is expected that these initial clinical priorities will change to continue to meet the needs of patients, families and communities.

1. Improve access and attachment to comprehensive primary care, with a focus on equity-deserving populations (e.g. Indigenous, Black, Francophone, etc.).
2. Implement integrated chronic disease prevention and management strategies, with a focus on equity-deserving populations, as above.
3. Implement additional local priorities as defined by the OHT and PCN.

OHTs and their PCNs will work with Ontario Health to identify specific initiatives and outcomes that will positively impact patient care and experience related to these priorities.

OHT Guidance to Date



- In 2019, the ministry released “*Ontario Health Teams: Guidance for Health Care Providers and Organizations.*” This document is the foundational basis of the OHT model and a reference point for successful OHT implementation.
- The 2019 Guidance has been followed by additional guidance documents that detail expectations and recommendations related to key OHT deliverables.

Key Elements: 2019 Guidance Document

- Defines OHTs: “*Groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.*”
- Outlines the path to becoming an OHT;
- Describes the components (or 'building blocks') of the model;
- Identifies readiness criteria, early expectations, and a maturity vision for each building block;
- Grounded in integrated care experiences and learnings from other jurisdictions; and
- Informed by advice from a range of stakeholders (e.g., Premier’s Council on Ending Hallway Medicine, health system leaders, sector associations, and academic partners)

Additional Guidance Documents

August 2019 (subsequently updated Dec 2019 and April 2022):

- Digital Playbook

July 2020:

- Collaborative Decision-Making Arrangements (CDMAs)

March 2021:

- Patient, Family and Caregiver Partnership and Engagement Strategy
- Primary Care Communications Protocol
- Harmonized Information Management Plan (HIMP)

July 2021:

- Ontario Health Teams: Data Supports

August 2021:

- Collaborative Quality Improvement Plan (cQIP) program begins

May 2022 (Cohort 1); Dec 2022 (Cohort 2); June 2023 (Cohort 3):

- OHTs Continued Implementation Funding TPA Deliverable Guidance (OHT Plan)

November 2022:

- Ontario Health Teams: The Path Forward

September 2023:

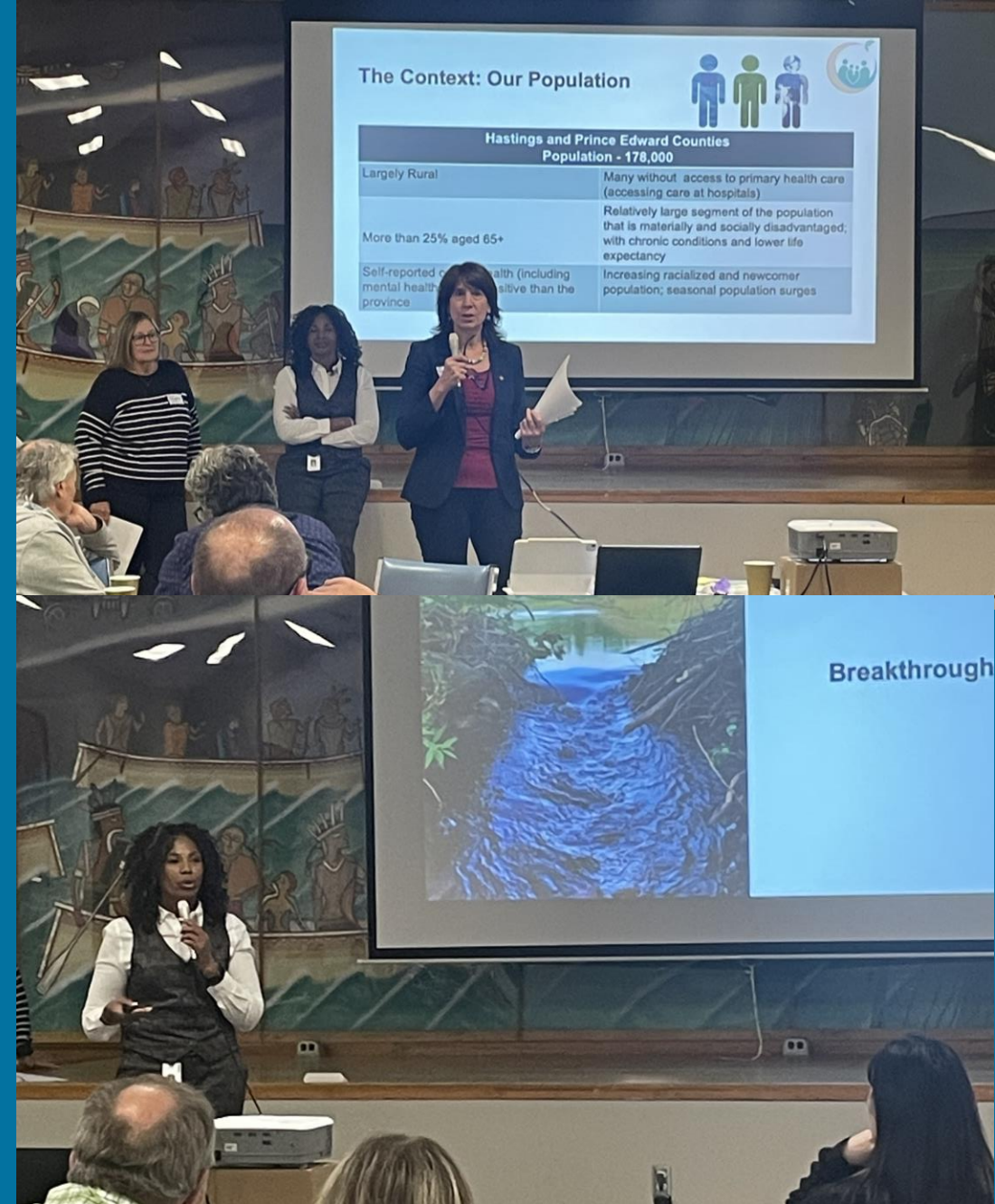
- Accelerating Ontario Health Teams

January 2024:

- Primary Care Networks Guidance for Ontario Health Teams

We then explored the Hastings Prince Edward OHT Journey and Impact to date with storytellers Stacey Daub, Co-Lead of the Stewardship Group, Karen Clayton-Babb, Co-Lead of the Primary Care Action Team, and Jane Wollenberg, Co-Lead of the Stewardship Group, Patient, Client and Partners Council, and Prince Edward Constellation.

Since 2021, HPEOHT has made break throughs in collaboration and working together on critical areas of impact and NOW we turn our hearts and minds to what's required from each of us moving forward!





**Hastings Prince Edward
Ontario Health Team**
Our Journey
and Impact to date

The Context: Our Population



Hastings and Prince Edward Counties Population - 178,000

Largely Rural

Many without access to primary health care (accessing care at hospitals)

More than 25% aged 65+

Relatively large segment of the population that is materially and socially disadvantaged; with chronic conditions and lower life expectancy

Self-reported overall health (including mental health) is less positive than the province

Increasing racialized and newcomer population; seasonal population surges

The Context: HPE Health and Care Landscape

Community Care	Hospital Care
Primary Care	Public Health
Rehabilitative Care	Social Services
Long-Term Care	Specialty Care
Mental Health & Addictions Care	Assisted Living
Seniors and Youth Care	Housing
Home Care	Emergency Services
	More ...



Zooming In...



- each individual organization has had successes and significant achievements within their local own landscapes, and among the populations they serve;
- These local achievements and successes are important to acknowledge;
- Many organizations have carved paths for their work into their landscape and are contributing to healthy environments around them among those they serve.

The Challenge... Zooming Out

When we zoom out to see the broader population and system as a whole, we can see that while we are fortunate to have many strengths and many assets in our region, we experience challenges

These challenges can be viewed as opportunities for us, if we start to think differently and work differently, in a more integrated and connected way





The Story of
Hastings Prince Edward
Ontario Health Team

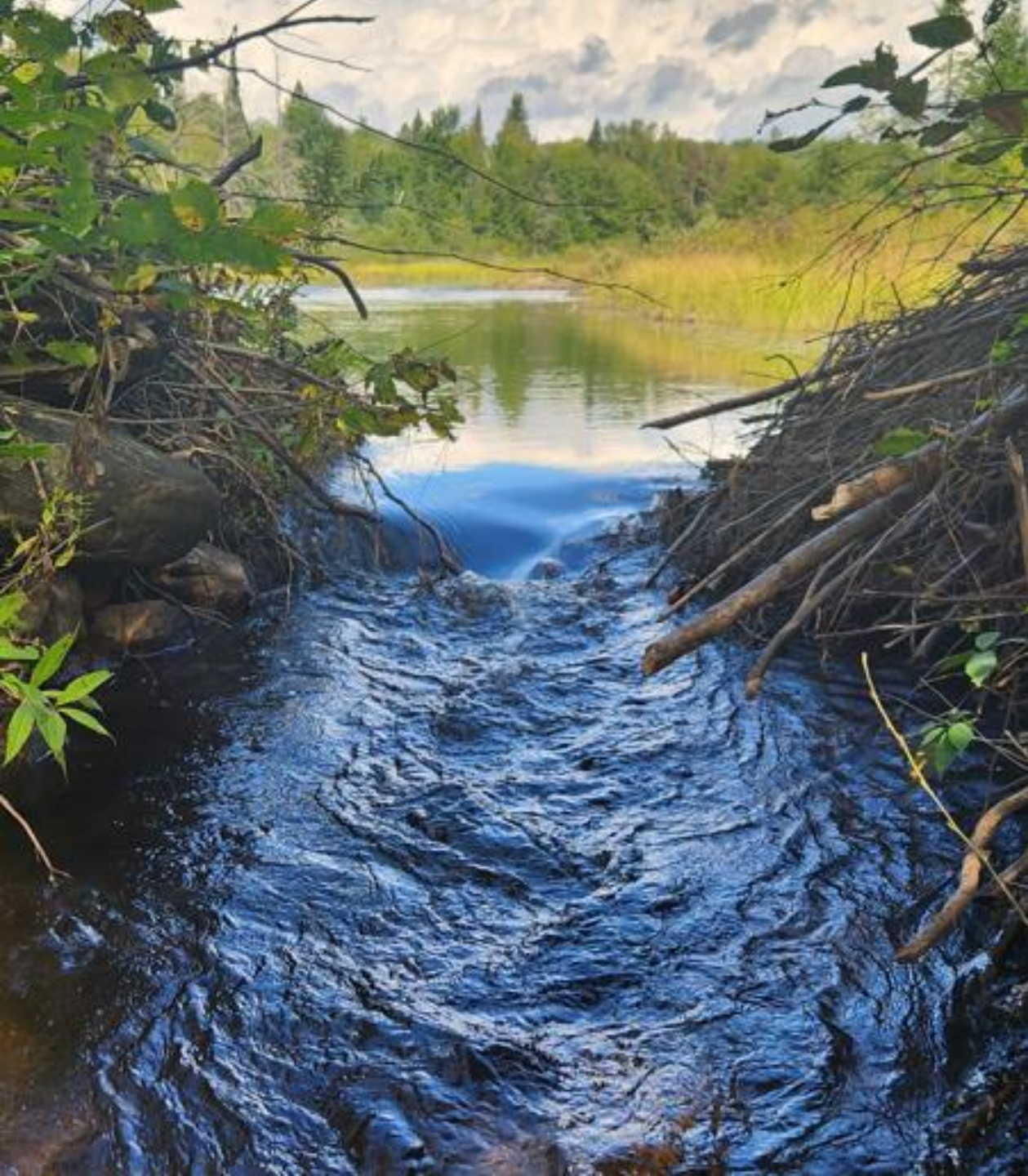


Early Days – Embark on a Plan

In 2021, we set out on a path to create a collaborative of organizations - each contributing to their local ecosystems, but also understanding the need to adapt so as to contribute toward the collective impact for the benefit of our entire population with a common purpose and shared goals.

We Have Experienced...





Breakthroughs!



To date,

- 50+ organizations have come together in a ‘coalition of the willing’
- We have developed our Shared Purpose, our HPE OHT Principles for Working Together, our shared priorities and populations of focus.
- We have empowered and integrated the patient voice by creating the Patient Client and Partner Council
- We have developed our HPE OHT values
- We have created Action Teams and initiated Integrated Care pathways



WHAT

Our priorities



**Strengthening
Local Primary
Health Care
Network**



**Community
Optimization**



**Mental Health &
Addictions
Integration with
Primary Care**



**Health System
Responsiveness
& Preparedness**

WHO

Our
populations
of focus

**Population:
Unattached to
Primary Care**

**Population: At risk
of hospitalization, at
risk of Long-Term
Care admissions**

**Population:
Chronic Conditions**

***Potential
Population:
Palliative Care**

**Population: Mental
Health &
Addictions, people
experiencing
homelessness**

**Population:
Respiratory
Illness**

We will explore
some of our
breakthroughs
and map them
back to our
priorities
and
populations of
focus,



Breakthrough:



Partnerships, Collaboration and New Ways of Working Together



Population: Chronic Conditions

Lower Limb Preservation (LLP) Demonstration Project

Shift from solely clinical intervention to broader care pathway that includes involvement from the community with lived experience: community organizations (including private sector foot care services) and community care to do screening of clientele; service organizations to help raise funds for the purchase of special equipment not covered by insurance plans and out of financial reach for some clients



Population: Respiratory Illness

Covid, Cold & Flu Clinics

During the pandemic, we saw for the first time a small group of primary care organizations rally together quickly to respond to the need for community-wide access to care for respiratory illnesses which includes pooled Health Human Resources, shared communications, etc



Breakthrough:



Access to Equitable Team-Based Comprehensive Care



Population: Chronic Conditions

Primary Health Care Strategy

- For more than a year, a very broad engagement strategy has been underway to help design a Primary Health Care strategy for HPE OHT.
- This engagement has included many community members, partners in care provision, community agencies, municipalities, partners from education, patients/families and more
- The new Primary Health Care model arising from this strategy will include consideration for the social determinants of health and will include organizations whose focus is clinical, but also social care.
- Also looking at mitigation of barriers to access such as transportation



Breakthrough:



Population Health Management Approach and Foundational Supports

Having a more complete understanding of our population grounded in data is critical in this collective work!

- In order to help underpin our integrated care work within a population health management approach, key participants from across our partner organizations developed a tool to help integrated care teams called the Journey to Improvement. This locally-grown methodology and accompanying toolkit has been recognized across the province for its insights and potential for impact.
- Digital Health has also received considerable collaborative work – projects such as Online appointment booking has been advanced, an patients before paperwork project is underway, exploration of AI technology is in progress and more. Digital health enablers will help propel us forward as we look for ways to streamline our work and gain efficiencies.
- HPE OHT is also undertaking work to explore and develop collective guidelines on privacy and an information sharing framework in order to facilitate work on common goals and ways to measure the impact of our shared work



Breakthrough:

Constellation Model

The HPE OHT contributors recognized early on the local nuances that are different between various aspects of our geography. As a result, a Constellation model was developed – whereby 4 separate structure were created to represent areas of similar geography and population needs.

The constellations are:

- Belleville/Tyendinaga
- Quinte West
- Prince Edward County
- Rural Hastings.

This is a novel approach in the province – allowing us to establish place-based strategies, while simultaneously working collective for the entire population!



Breakthrough:

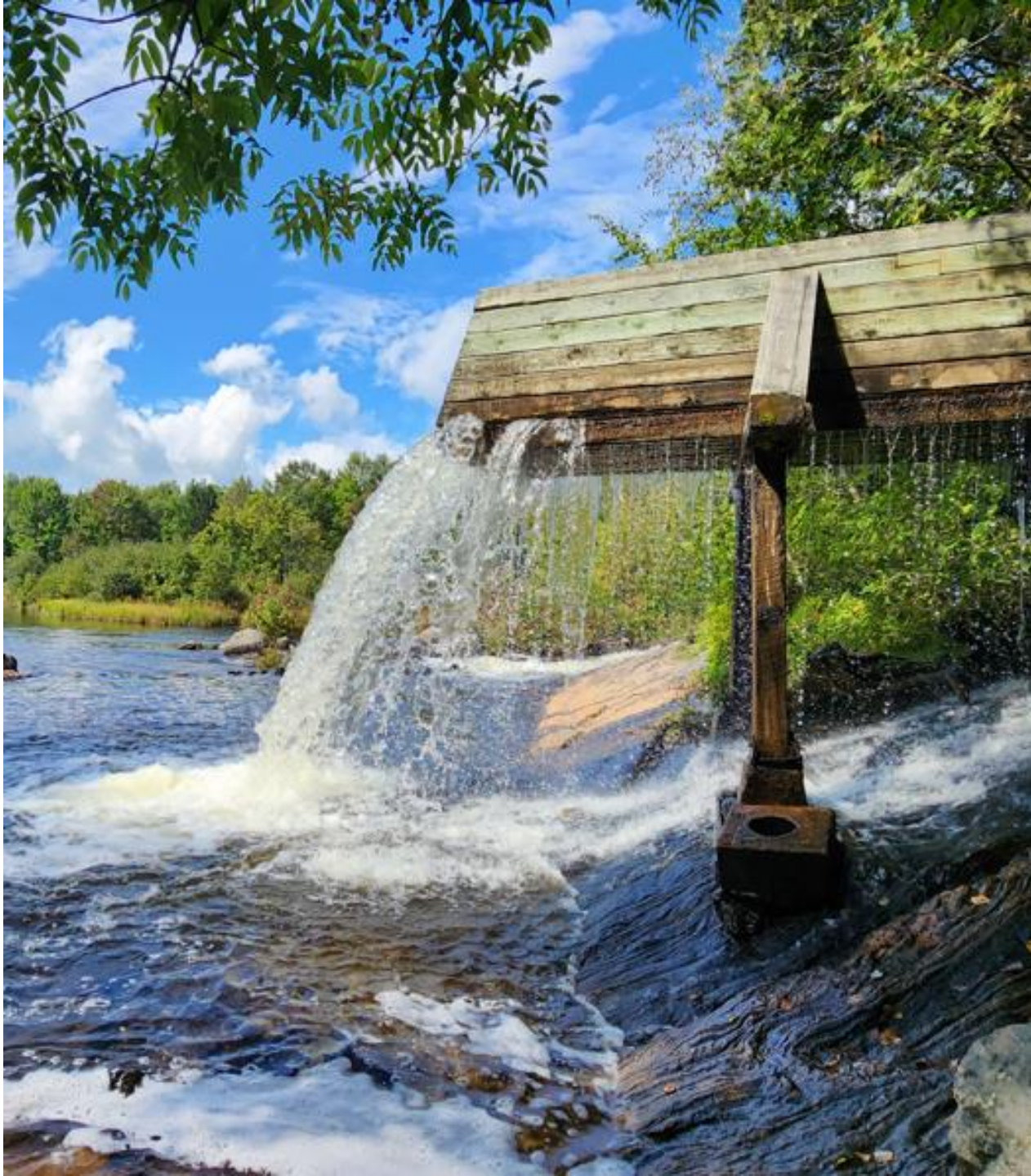
Culture Shift to Enable Change

- Using a distributed leadership model has resulted in a breakthrough for our OHT structure.
- In the past, where large organizations typically took the lead or had the strongest voice at the table in partnering, we have seen significant breakthroughs in organizations ceding power and aligning with and enabling other organizations to lead collaborative work.
- All organizations have a seat and a voice at the table; all perspectives and experiences of organizations are sought out and considered in collaborative work using our principle of working together as our guide.



Summary of What is Working

- ✓ All partners have a seat and voice at the table
- ✓ Better understanding of population needs and challenges
- ✓ Better understanding of other HPE OHT partners
- ✓ Patients, families, caregivers are embedded in co-design
- ✓ Distributed leadership model levels the playing field
- ✓ Focus on equity
- ✓ Improved Collaboration



Opportunities for Future Breakthroughs ...

- ✓ Further advancement of the Constellation Model – to better manage tensions between local and region-wide focus
- ✓ Improve integration of primary health care & mental health and addictions services across HPE
- ✓ Enhance information-sharing capabilities across organizations and sectors
- ✓ Advance population health management journey – proactive & earlier identification of service needs; preventative, comprehensive, community pathways (versus reactive clinical interventions)
- ✓ Heightened focus on the removal of barriers to equitable care
- ✓ More



What We Need From YOU ...

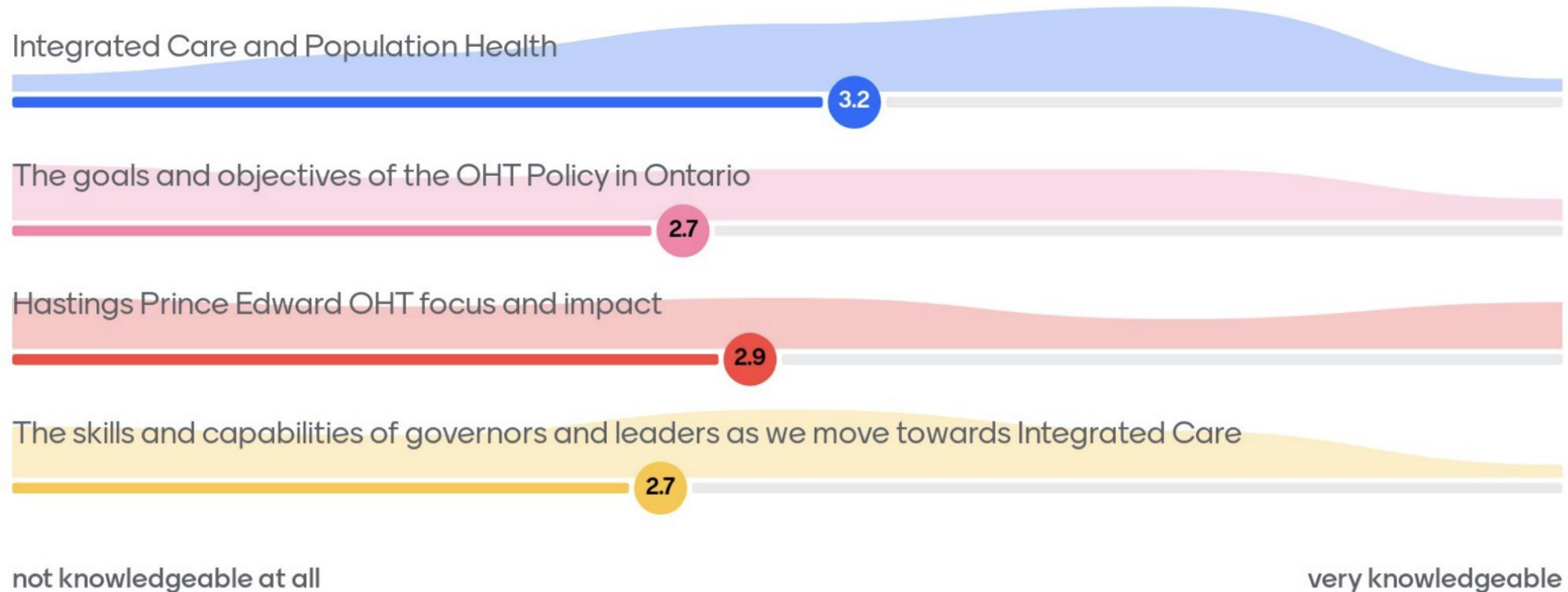
Vision - What might be possible? Move past the status quo

Commitment - to the empowerment of our community in creating its own future

Leadership & Partnership - individual organizations will continue their good work and lean into our shared purpose



How would you rate your knowledge of/about ...

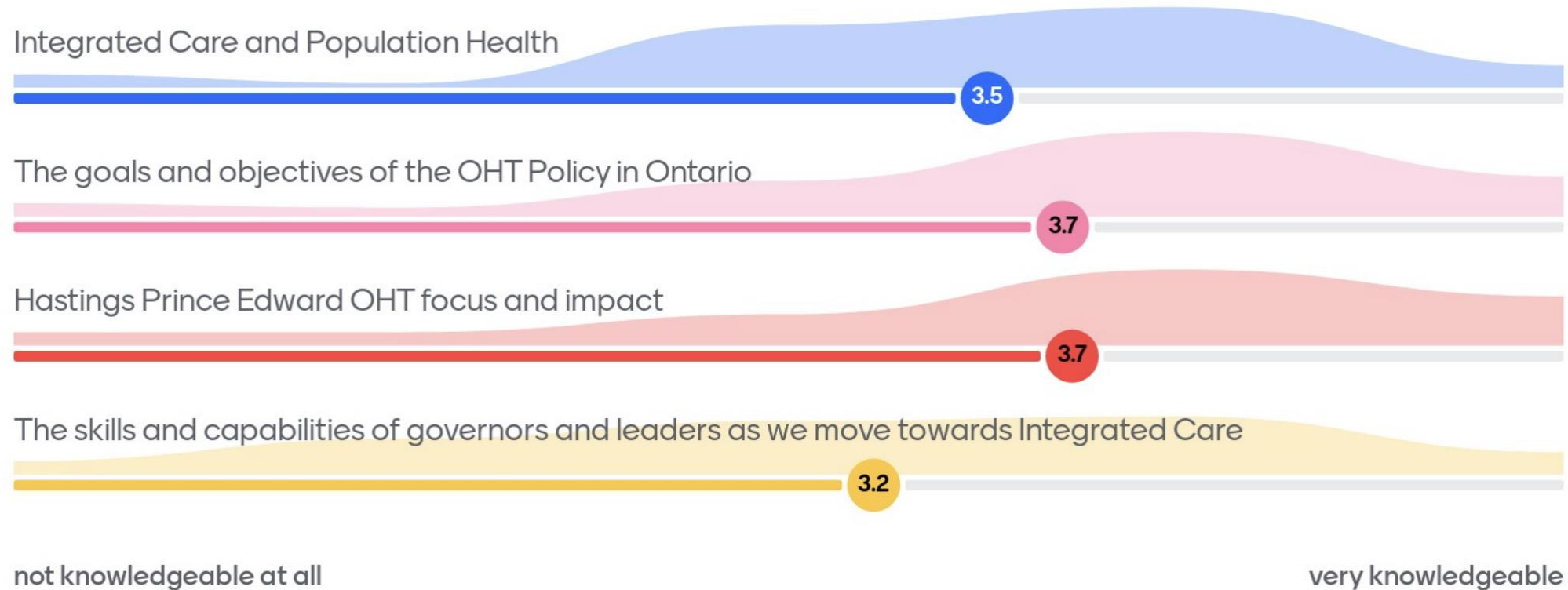


not knowledgeable at all

very knowledgeable



After our time together, how would you rate your knowledge of/about ...





Moving Forward: Thinking and Working Differently Together

What to expect next?

From November 20th to 22nd, 2024, we are hosting a three day **Summit: Shaping the Future of Health Care Together in Hastings Prince Edward**, where we will:

- build our collective capability to shift the way we work to enable population health,
- reconnect around our shared purpose,
- gain clarity on our strategic areas of focus and outline our roadmap for the next 18-24 months.

We will then be coming together again at the end of the month for **Enabling Collective Impact through Collaborative Governance and Leadership (Part II)** to explore and consider what the outcomes of the summit will mean for governors and organizations across the Hastings Prince Edward OHT.

What will you start to do differently ...

- Start to connect the dots on the existing strategies and initiatives
- Start to think about the power of collaboration and how we can enable more unified efforts across our organizations
- Learn about the primary care strategy so everyone in our community can have equitable access to team based primary care
 - “Everyone in every community should have access to full teams”
- Shift to seeing the HPEOHT as a movement for change!
- Encouragement to be brave in implementing significant changes
- Acknowledgment that change may be uncomfortable
- Understanding that discomfort is necessary for achieving meaningful progress
 - “We have to be comfortable in discomfort because it’s the only way we can get to the other side”



Curtis Maracle

Traditional Healing Coordinator, Tsi Kanonhkwatsheriyo Indigenous Primary Care Team closed our gathering by sharing the story of the Peacemaker and the creation of the haudenosaunee confederacy and how this illustrates that we are stronger together as partners in the HPEOHT than on our own.

“The Peacemaker used arrows to demonstrate the strength of unity. First, he took a single arrow and broke it in half. Then he took five arrows and tied them together. This group of five arrows could not be broken. The Peacemaker said, “A single arrow is weak and easily broken. A bundle of arrows tied together cannot be broken. This represents the strength of having a confederacy. It is strong and cannot be broken.”





**In between the first and second Governors' sessions, HPE
OHT held the 3-day Summit for Shaping Our Future from
November 20-22, 2024.**

To read the full summary of that experience,
[click here](#)

Enabling Collective Impact through Collaborative Governance and Leadership

Part II - Thursday, November 28th, 2024

STRATEGIC TRANSLATION



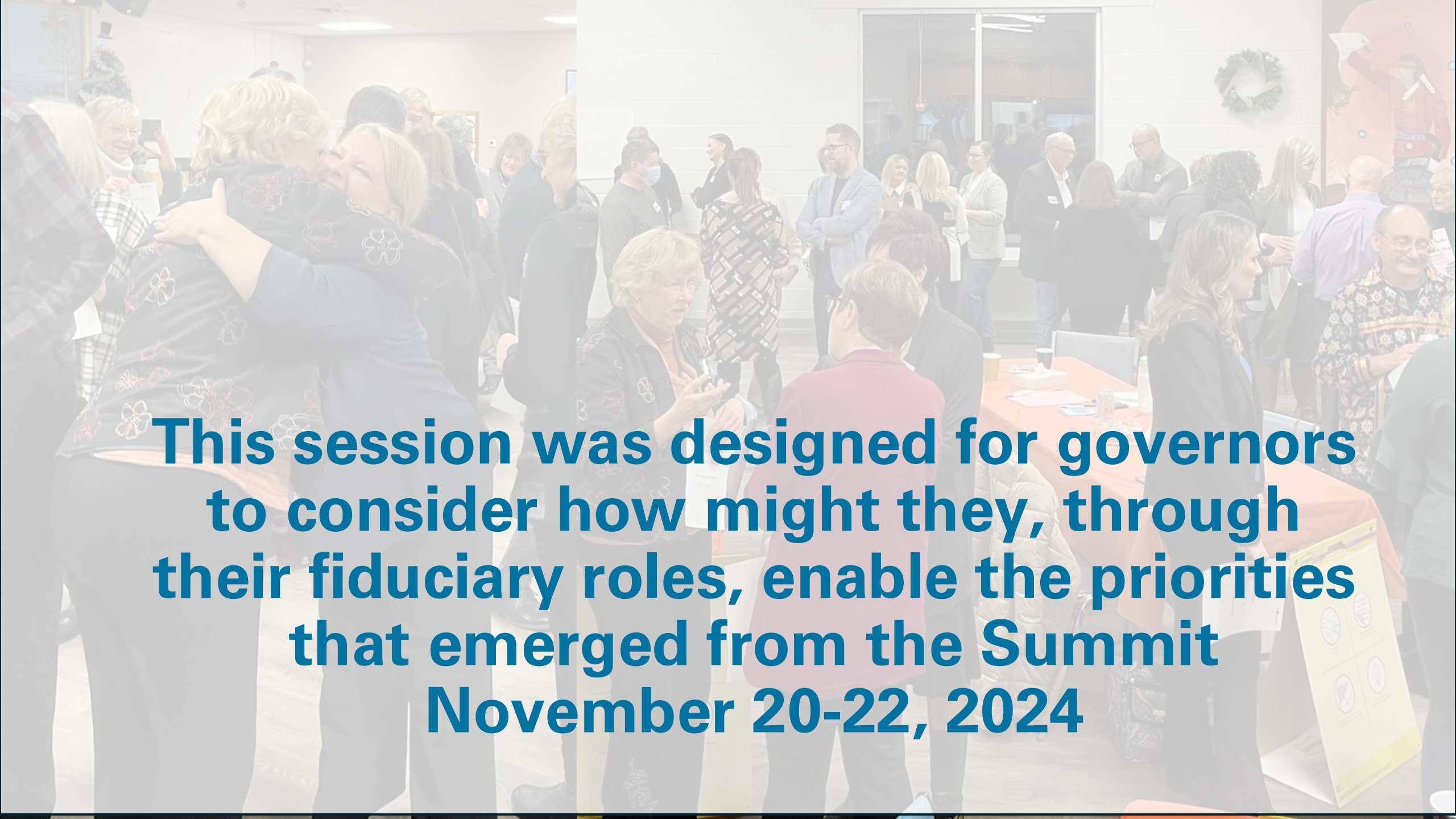
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#HPEOHTShapingOurFuture

A large group of people in a conference room, some hugging and others talking, with a table in the foreground.

This session was designed for governors to consider how might they, through their fiduciary roles, enable the priorities that emerged from the Summit November 20-22, 2024



A look back at the summit...

The summit was attended by 107 people from across partner 44 / 50 organisations, including leaders, governors, clinicians, in equal partnership with members of the patient, client and partners council!



We created collective energy...



Getting to know each other

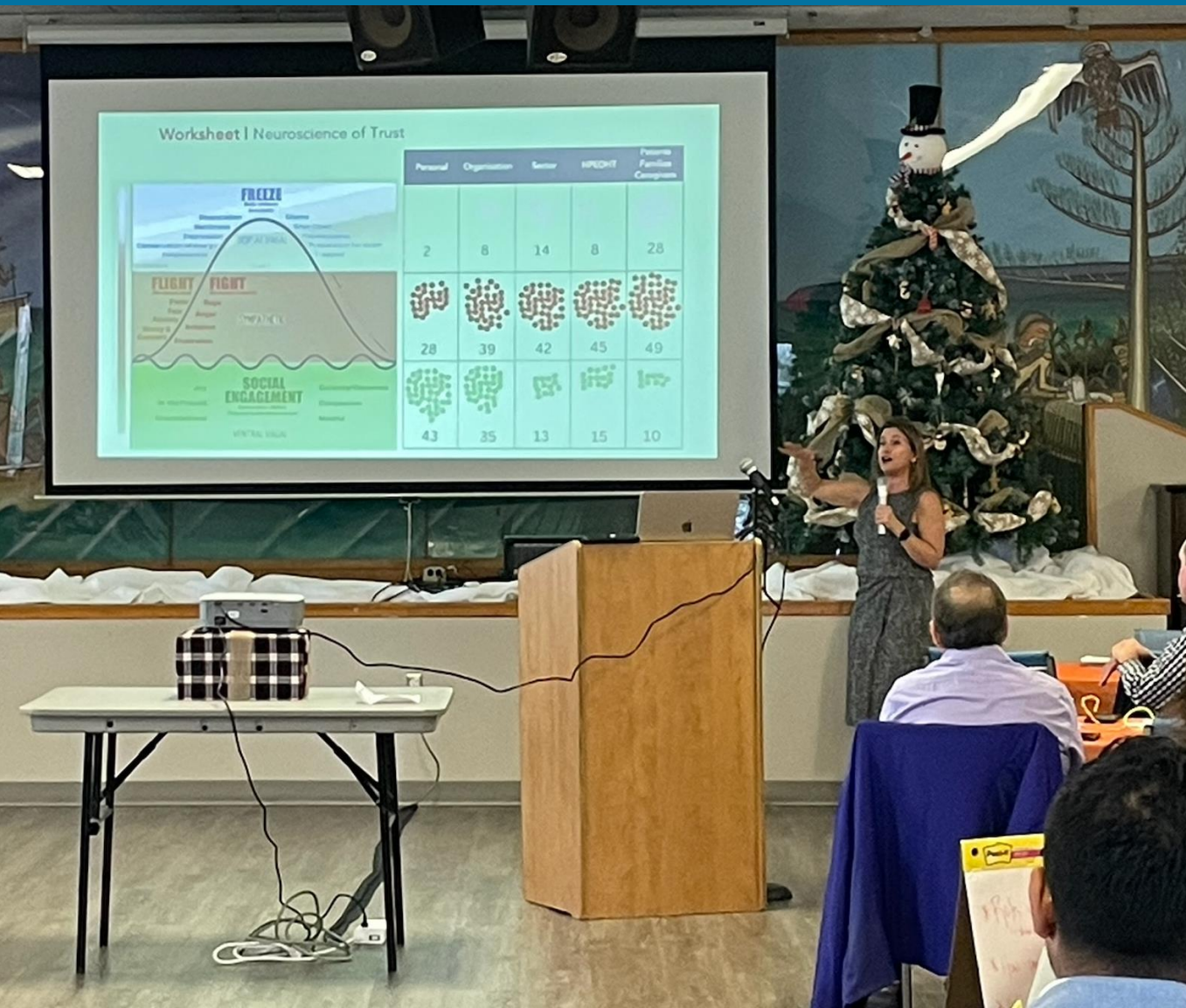


Collective Meditation



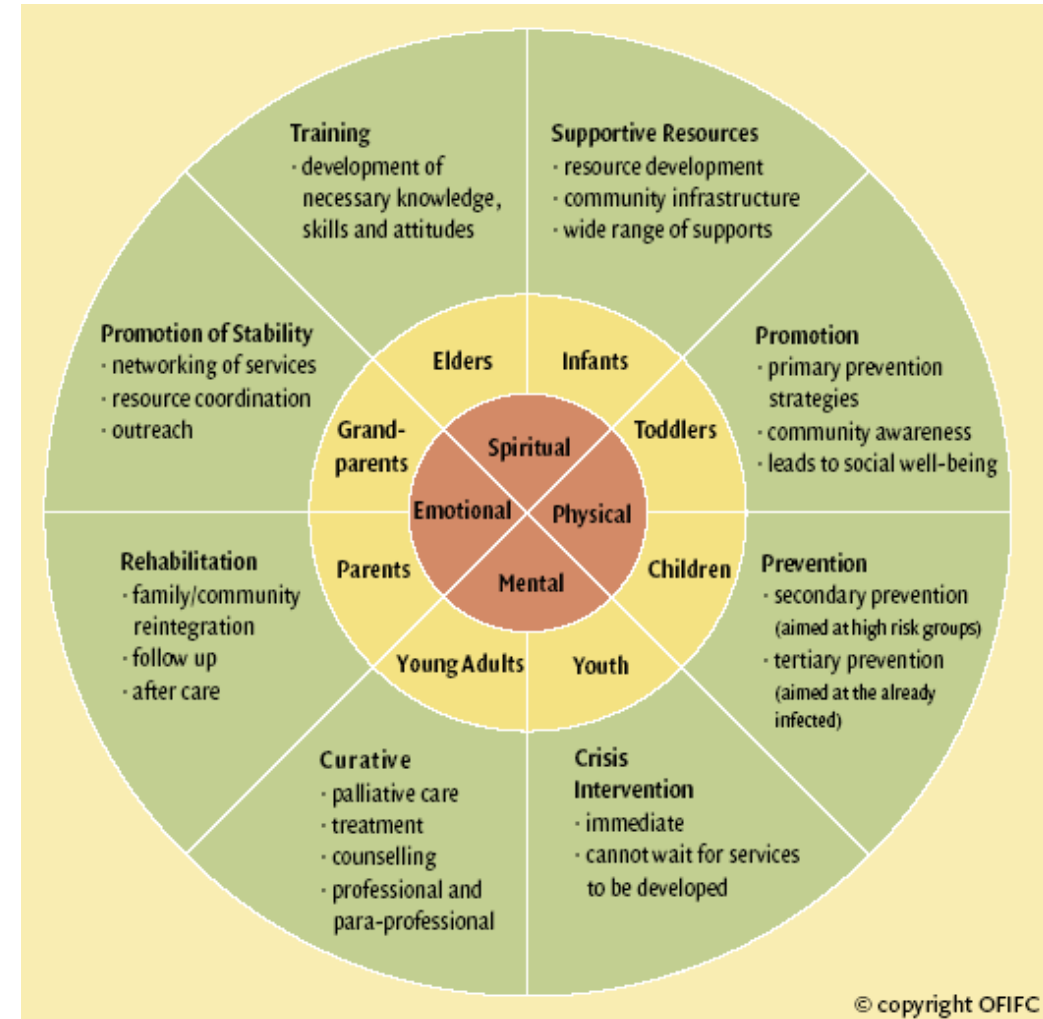
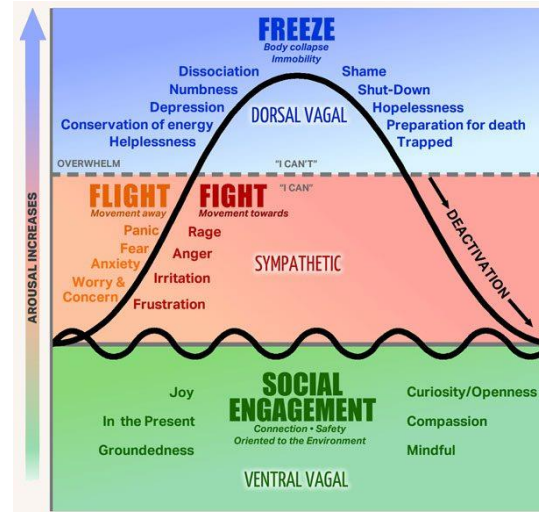
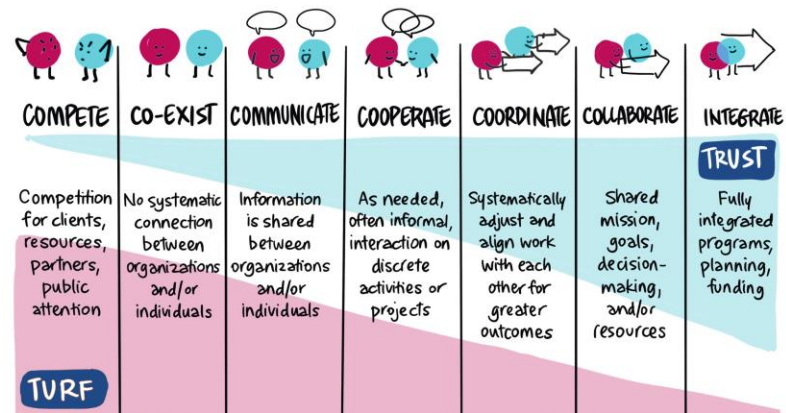
Rock Paper Scissors Showdown

...and engagement across all partners through various activities



We built on our distributed leadership model, shift towards collective capacity, skills & mindsets (inter-organisational, inter-community) by learning, unlearning & growing together for greater impact!

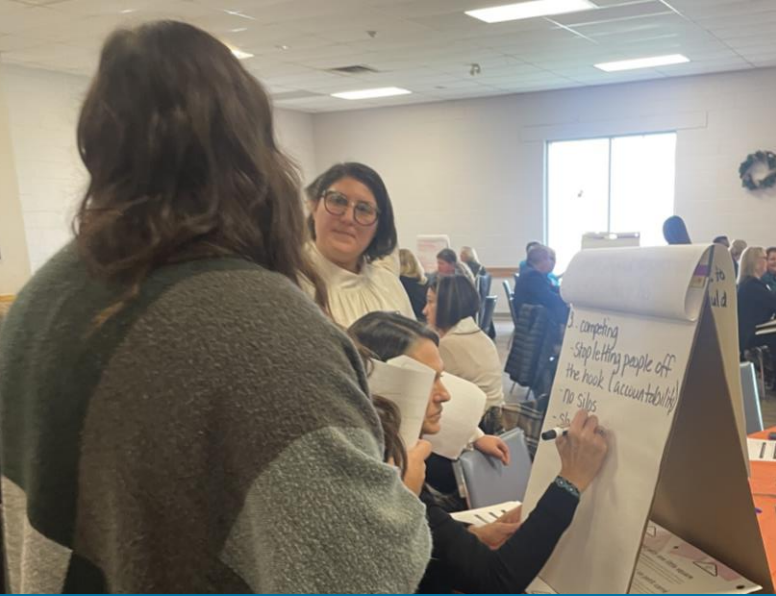
THE COLLABORATION SPECTRUM



Mindset and Behaviour Shifts

4C IMPACT

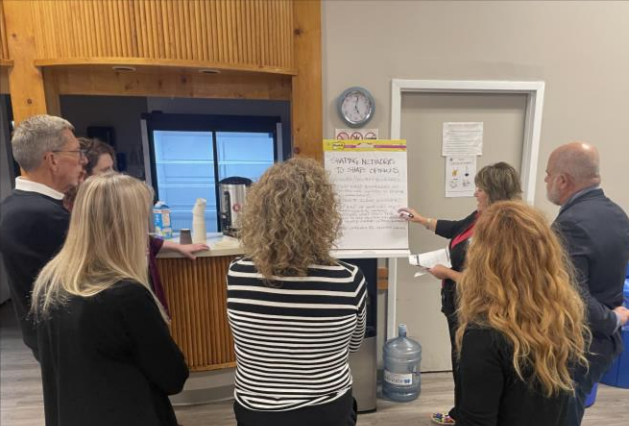




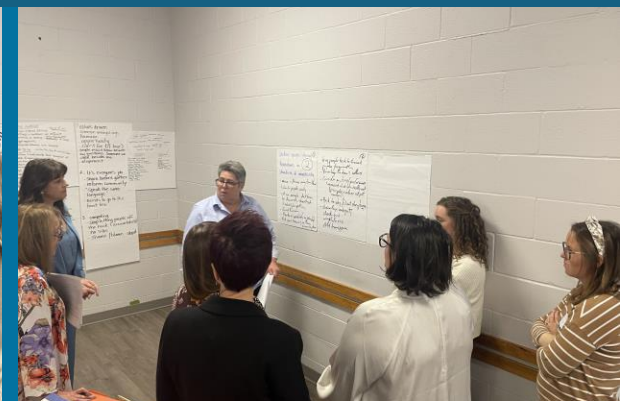
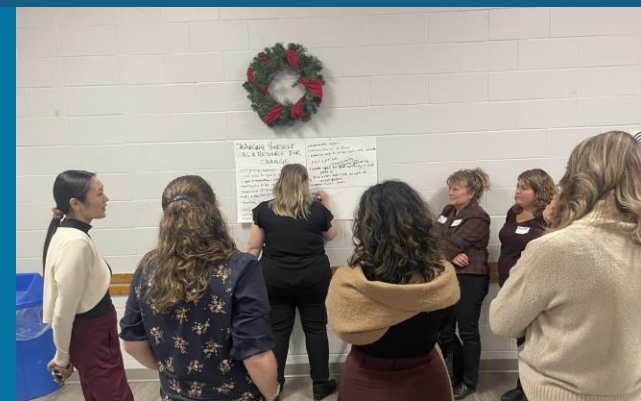
*Caring for our communities together.
Partnering for better health and wellness, within and across our communities*



We had a meaningful discussion about what our shared purpose means to us, as well as what we need to do to make this alive in everything we do and what we must stop doing to make progress on our deepest purpose.

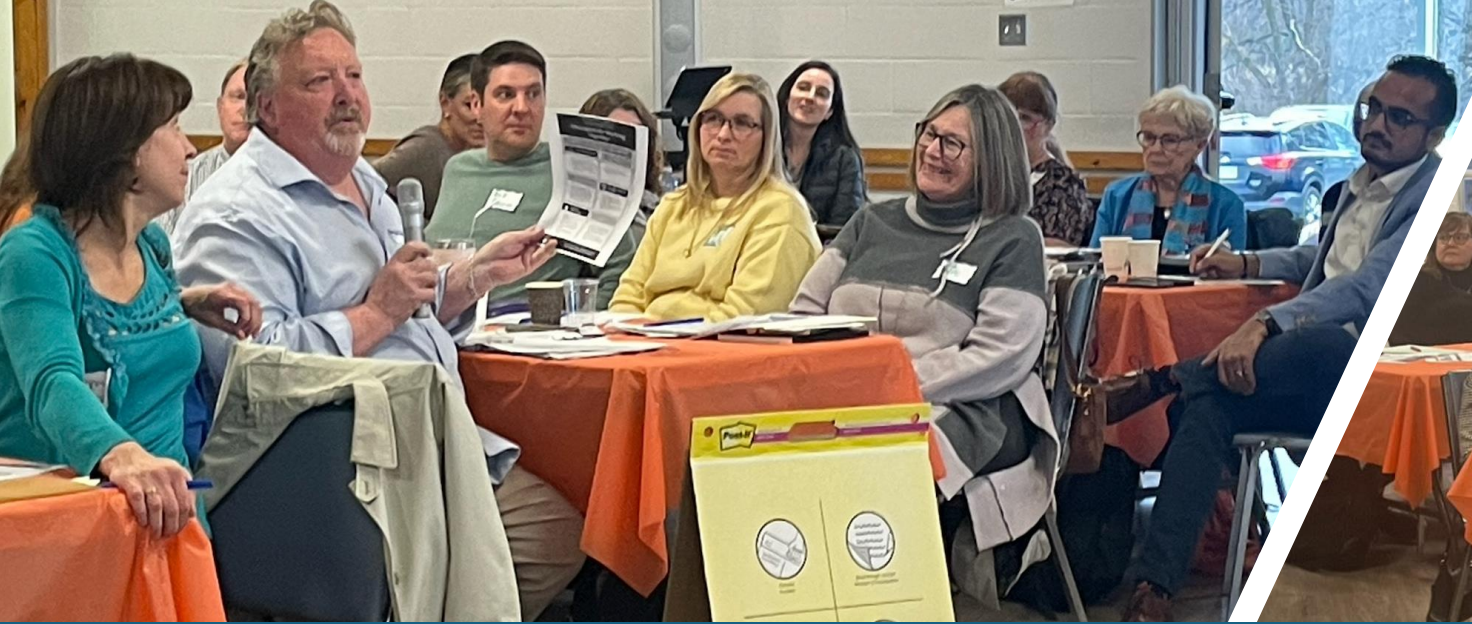


We explored key areas of inquiry for the nine themes (including co-design)



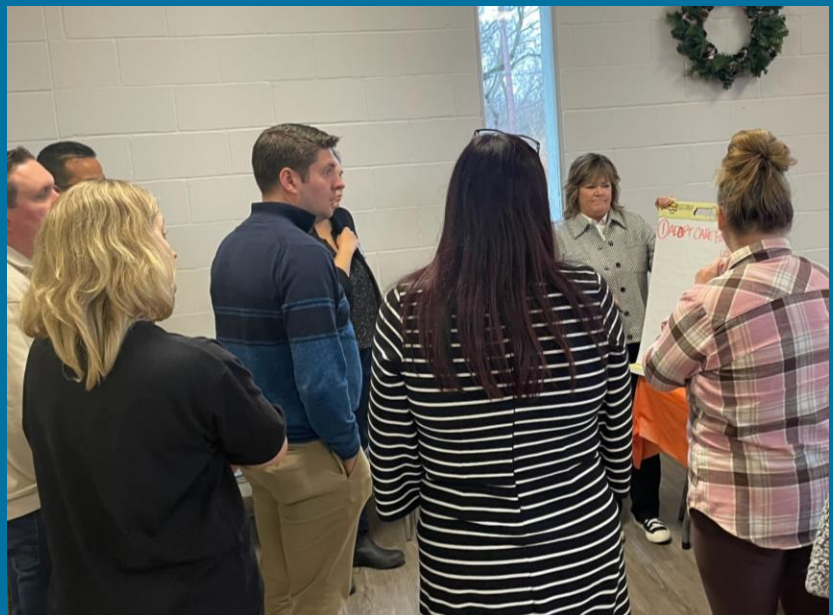
through a world café, generating insights and opportunities for collective action



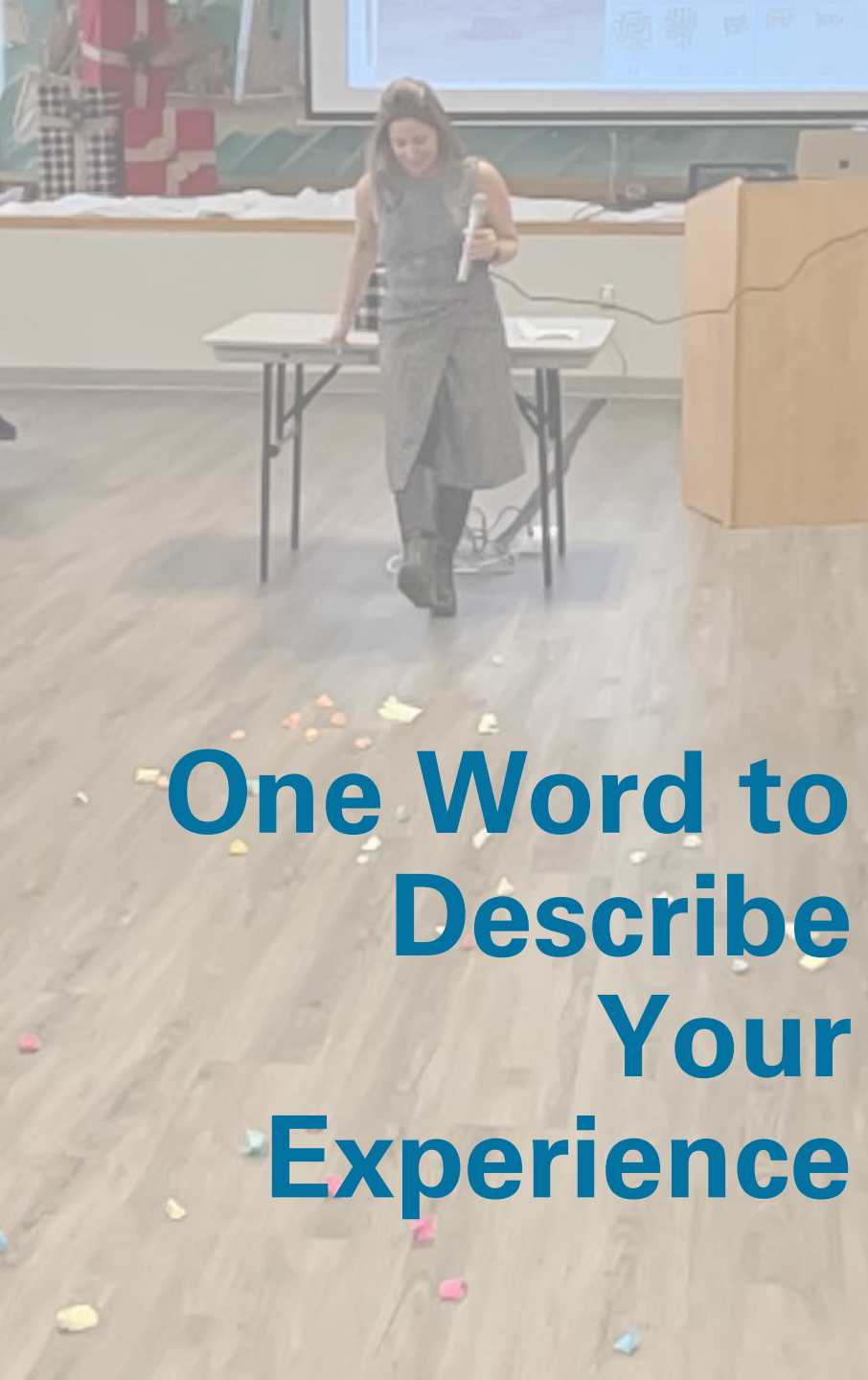


We worked through our Principles and Values and how they need to change to reflect how we wish to move (think, act and behave) forward together?

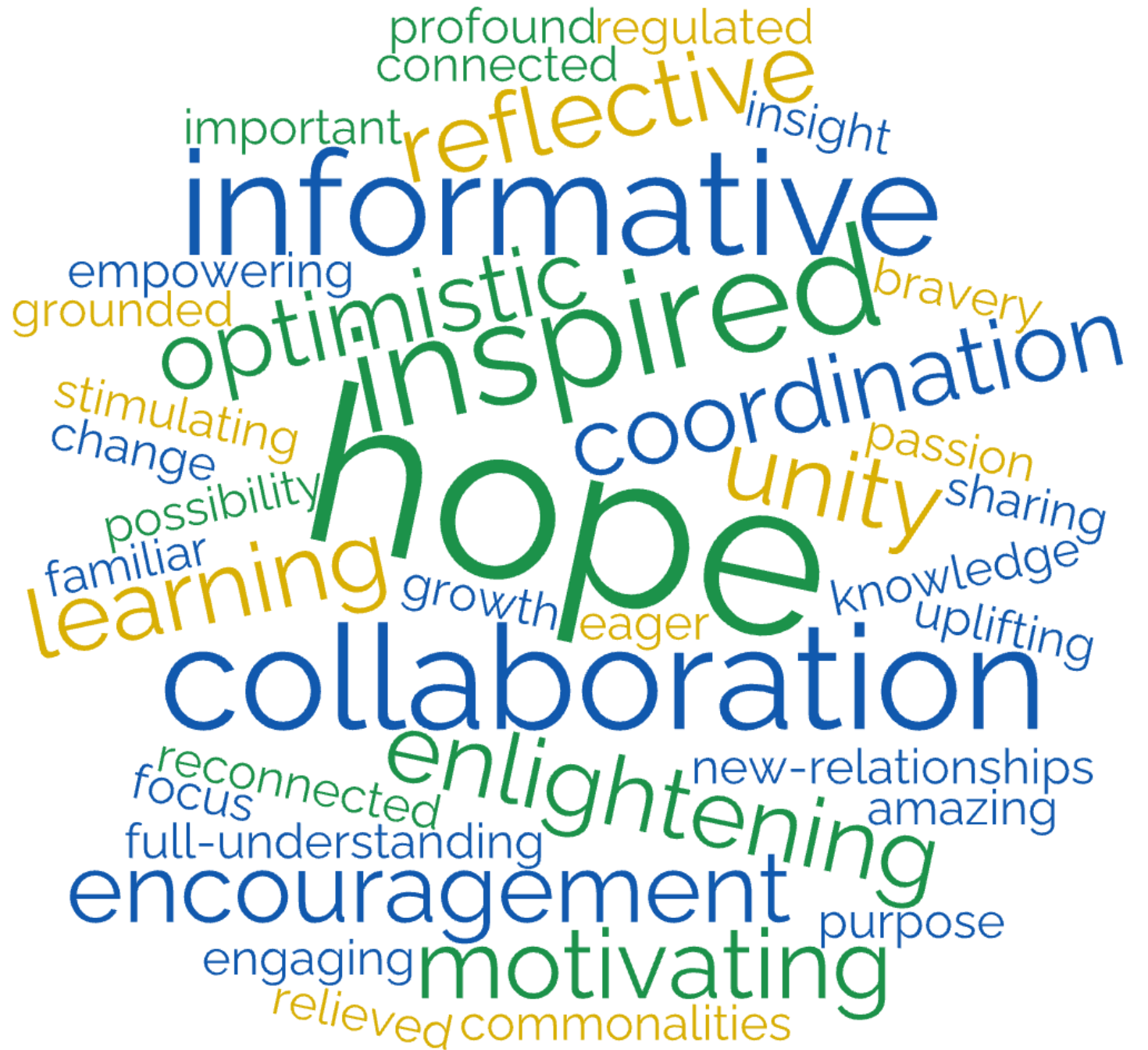




We delved into strategic areas of breakthrough and enablers, identifying what success will look like in 2 years and how we will get there



One Word to Describe Your Experience





REFLECTIONS FROM THE SUMMIT

What is the opportunity for governors and leaders?



Fundamental Shift: WE ARE THE OHT

There was collective agreement that:



The OHT shifts from being an initiative to being our work.



We shift from transactional to relational ways of holding space and working together.



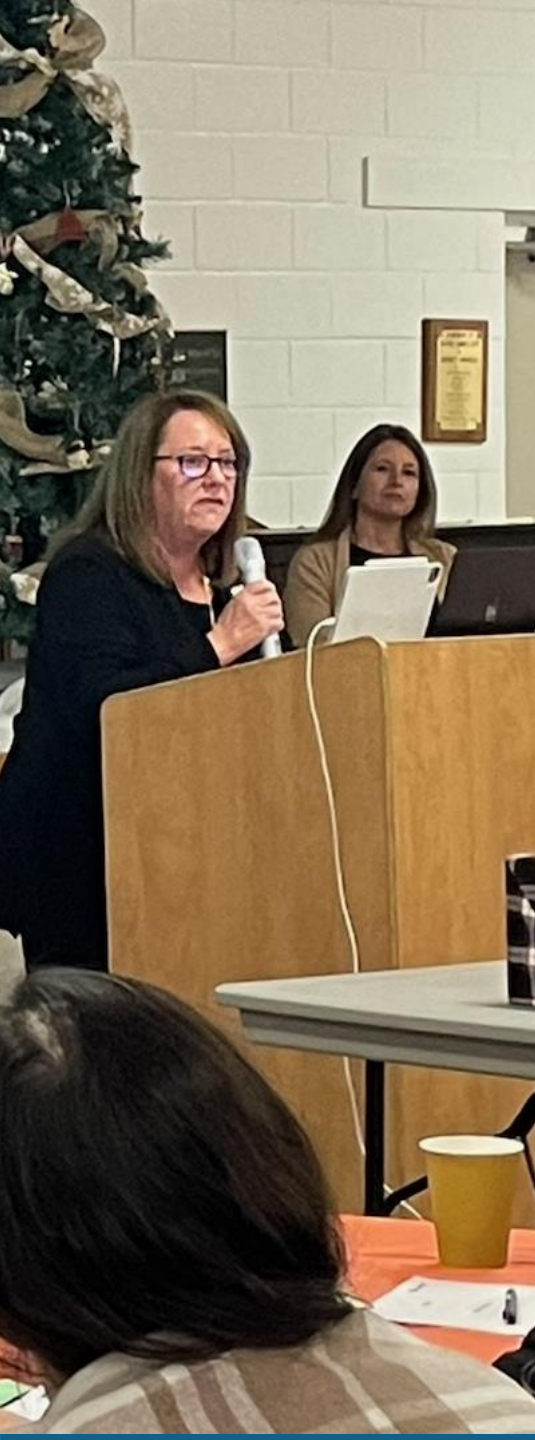
The OHT is not separate from us. It anchors us around our shared purpose, principles and priorities.



***We are all caring for our communities together.
Partnering for better health and wellness, within and across our communities.***

“The OHT is an entity, it’s not a physical being. It’s our shared partnership. We all have to take a leadership role to make this [come to life]!”

– Mike Slatter, Hastings-Quinte Paramedic Services



“Having been through many transformations of our health system, this time I have cautious optimism ! We have resources we have never had before and not only is there a sense of urgency to change things, but we have this collective engagement to push us to make the change we can - much of it in our control- regardless of what governments are doing,

Margaret Werkhoven

Board Member – Prince Edward County Community Care for Seniors

“Boards need to support, enable, and empower this work! We need to shift in order to be able to both govern our organizations, while we create capacity to move forward in a shared direction. Now is the time to be bold!

Opportunities for us as governors as we move forward:

1. Take back what we've learnt here and share with our organizations – fellow governors and senior leaders - our municipalities and partners who couldn't be here in order to continue to build our collective understanding.
2. Work with senior team to understand the evolution that's required in our organization such as:
 - advancing transformation-based thinking and population health approach, cultural evolution, calculated risk taking, ...)
 - Ensuring HPE OHT outcomes are embedded in our individual plans and priorities; as well as in the goals for the board and senior team (ex. performance management)
 - Ensuring that relational (vs transactional) approaches are prioritized in recruitment of senior leaders.
3. Think about and contribute to how we stay connected to one another and to this work as governors (ex. shared onboarding approaches, sharing candidates across organizations, ...)

Lisa O'Toole

Chair – Quinte Health



I got so much out of the sessions- learning about where others are at, that we're all in this together and that there are assets, human, technical and systemic, already in our community, that we can take stock of further, draw upon, and leverage to get ourselves operating out of a grounded "green" vaginal space.

By being grounded and recognizing our assets, and each other as assets, our organizations and our community can collaborate, coordinate, and enhance what we do in the service of healthy communities, and emerge as leaders in a moment where leadership from us all, at whatever organizations, and levels we serve at, is desperately needed.

I loved having the time to connect with others, both around the issues and opportunities, as well as personally. It was fun! ...and the home cooked meals just wrapped the whole experience in love — we forget sometimes that love is what drives a lot of the work we do in health and in community.

For governors, encourage and support your EDs in collaborative work, projects, and the pursuit of [joint] funding opportunities.

Our organizations need to change from within and we need everyone from the front line to senior leadership rowing in this direction to move our cultures in the direction of coordination and collaboration, to achieve better outcomes for the people we serve.

Nadia Guerrero

Board Member, Belleville Quinte West CHC & Industry Partnership Officer, Loyalist College



Stacy Daub, *Co-Lead, HPE OHT Governance Action Team (GAT)* shared her reflections on the summit:

"This is about taking the power back and working differently across our communities [...] "we're moving away from the notion that 'the OHT is holding us back' to embracing agency and empowerment. Everyone can take this shared purpose and bring it to life in our communities and organizations."

"None of us have been trained to work in this new way, so we must keep learning and unlearning. What is so apparent is that all of the challenges that we experience in terms of trying to serve its patients and its community, none of the solutions are found within the walls of our hospital, most of them are found outside our walls. It is a shift of a system that is centred around hospitals that needs to flip to community. And many of you may wonder, why don't we just simply do that? It requires us to rebuild the plane while we're flying it."

"Collective leadership is key to doing this differently and the priorities that have emerged can be actioned at all levels – individually, organizationally, and collectively."

“We have been going slow to go fast! The work doesn’t start after this, THIS IS THE WORK. It’s about building these relationships, it’s about understanding what might be possible, it’s about building awareness....we’ve been going slow to go fast.”

“We can all have leadership in this distributed model. Unless we all take that on, we’re going to be limited in what we’re able to achieve.”

“The OHT process has been really interesting and challenging at times and it has taken a lot of effort, and I think that it’s been effort really well spent...I was pretty cynical about the OHTs in the beginning; and what’s been refreshing in this conversation within our own OHT is that we are doing it for ourselves and that is empowering! That makes me feel good, and that gives me hope! Even when the government changes and OHTs might get called something else, so what? What if we do this together and do this for ourselves “

Sheila Braidek
Co-Lead, Stewardship Group



Tomorrow belongs to those who can hear it
coming

-David Bowie



Communities that are holding themselves responsible for doing this work is where we are seeing the greatest impact!

The real momentum is happening when people in communities like yourselves are taking the initiative to bring all of health and social care together alongside municipalities, public health, social services, education in equal partnerships with community members and their families to take a social movement approach to advance integrated care and improve population health

- Jodeme Goldhar



Areas of Strategic Breakthrough

A shared focus on
**prevention to advance
population health and
wellbeing**

A shared focus on
**creating integrated care
teams for those who
need it most**

Enablers for Strategic Breakthrough

A shared focus on
**our new culture for sustained impact:
building our capabilities for working together**

A shared focus on
using data and information sharing effectively

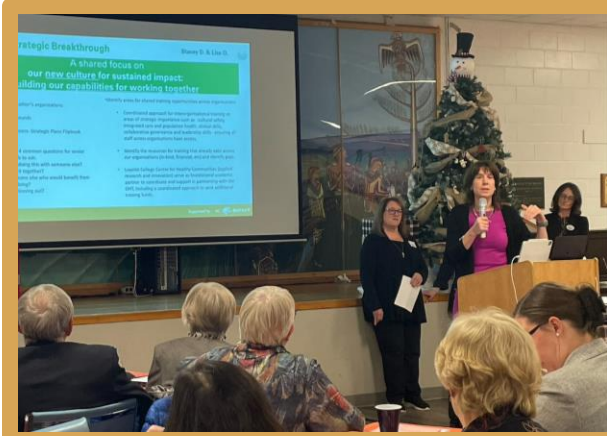
Provocations

A shared focus on prevention to advance population health and wellbeing

- How might we shift our focus to prevention and upstream interventions that advance wholistic well-being?
- How might we align HPE OHT efforts with existing community health and well-being strategies across Hastings-Prince Edward such as the community safety and wellbeing plan and others?
- How might we expand comprehensive integrated primary care teams to address social, emotional, and spiritual well-being throughout the life cycle?

A shared focus on creating integrated care teams for those who need it most

- How might we empower staff to make decisions that impact clients most appropriately, even when working with limitations?
- How might we better support and integrate family caregivers into the care process to ensure continuity and coordination of services?
- How might we leverage expertise in our own network of HPEOHT partners? (ex. hospice could lead re: end of life in our communities)

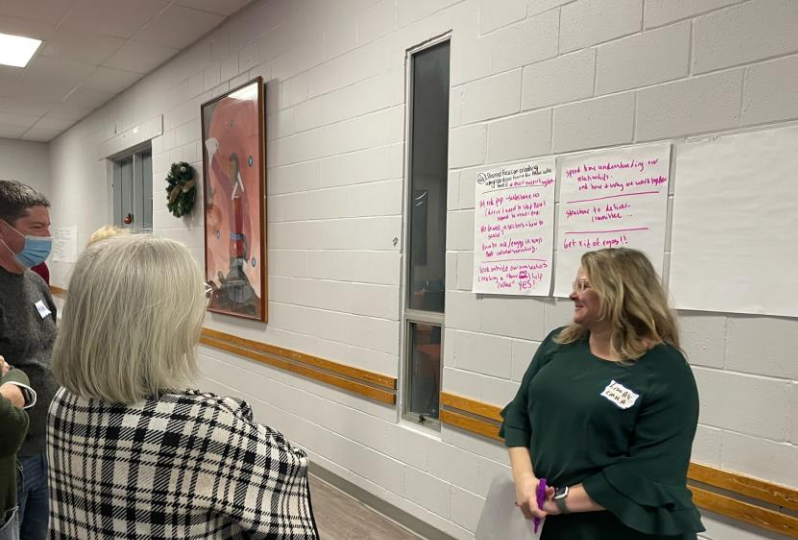


A shared focus on our **new culture for sustained impact**: building our capabilities for working together

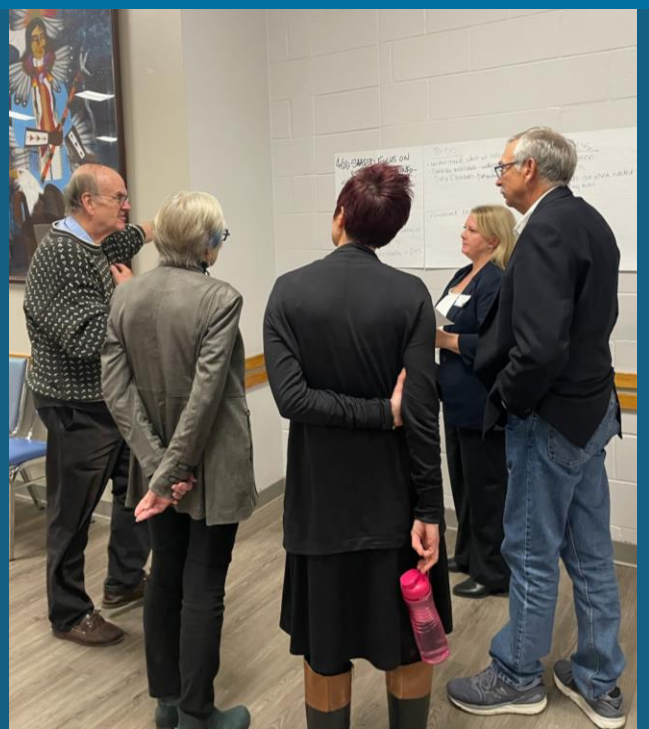
- How might we consistently embed patient, family, and caregiver voices in all aspects of our work, from planning to implementation?
- How might we partner on joint funding requests and proposals to increase our collective impact and resource efficiency?
- How might we develop a community leadership program that teaches leaders from various organizations collaborative leadership approaches?
- How might we create ongoing opportunities for staff from all levels of organizations to connect, share strategies, and learn from each other within and across organizations and communities?
- How might we work with education partners to incorporate integrated training and competencies across all healthcare professional programs (e.g., paramedics, nurses)?

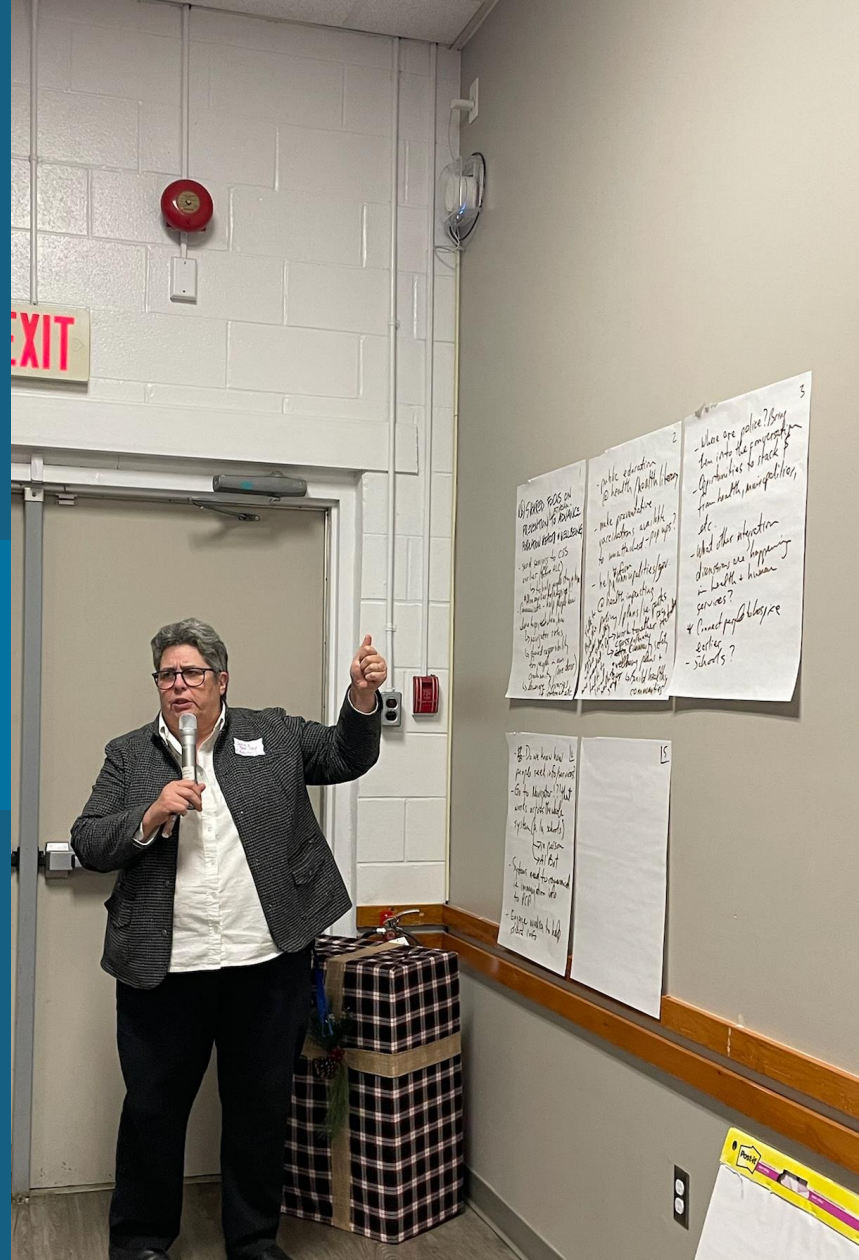
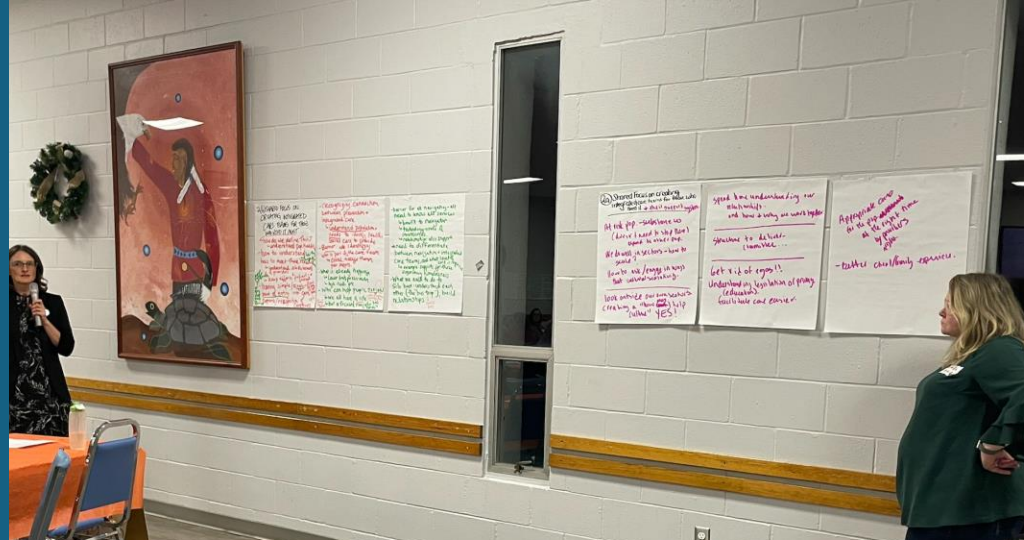
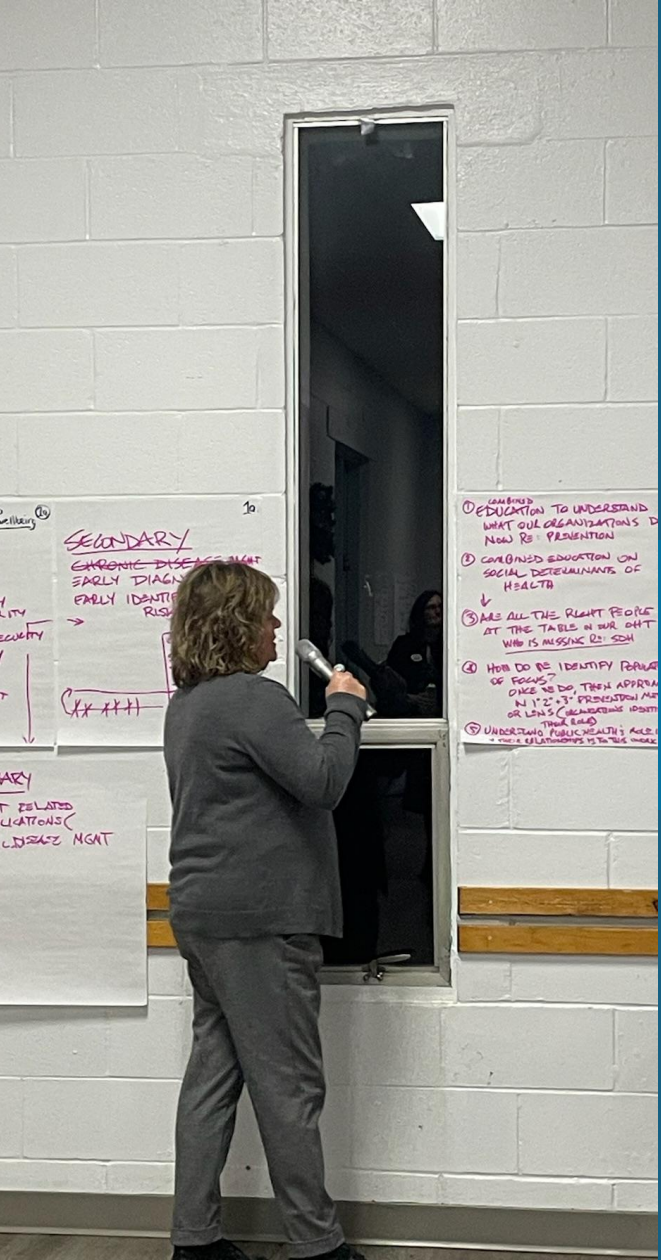
A shared focus on **using data and information sharing effectively**

- How might we scale up successful local initiatives, like the child and youth planning table's data sharing approach, to the Ontario Health Team level?
- How might we create a centralized system for sharing performance measures and impact data that is accessible to stakeholders and the public?
- How might we develop an information sharing framework that supports integrated care while addressing governance and privacy concerns?



Governors and leaders were asked how to enable these areas and enablers of strategic breakthrough in their roles





Lots of great ideas were generated for collective action and enablement!





A shared focus on prevention to advance population health and wellbeing

- Shared learning about prevention and the social and structural determinants of health (staff, leadership and governance)
- Ensuring all players are at the table and looking at opportunities for alignment across community initiatives that advance wellbeing (regardless if funded by municipal, health, social service, police, EMS etc).
- Proactive connection to services (ex. not waiting until senior is admitted to hospital to connect to CSS, Hospice etc)

A shared focus on creating integrated care teams for those who need it most

- One road leads to all services, one team.
 - Community members want services when and where they need them, they don't need to know which org is providing which piece of the care or support
- Looking at our resources with abundance mindset – how can we collectively leverage our teams, capital, etc to advance and support our shared purpose?
- Dedicated navigation support
- Learn to understand the role we each play as part of integrated care teams (ex. shared bus trip for governors, leaders, clients, and families)
- Inclusion of support systems (families, neighbours) as part of integrated care teams (asset-based)

Governance Enablers to Advance Strategic Priorities



A Shared Focus On

Our New Culture For Sustained Impact: Building Our Capabilities For Learning And Working Together

- Leading by example within and across organisations
 - Shifting from ego to eco
 - Culture of Yes and Collective problem solving
- Value of dialogue and discussion from the summit sessions
- Common narrative we share about our work as HPE OHT and common language
- Building culture through small steps
 - Establish what the building blocks are for building our desired culture and create tools for boards and leaders to work on shifting to collective culture (including accountability and progress measures)
 - Ensuring that relational (vs transactional) approaches are prioritized in recruitment of senior leaders and having common .
 - Think about and contribute to how we stay connected to one another and to this work as governors (ex. shared onboarding approaches, sharing candidates across organizations, ...)
- Shared governance and learning opportunities (ongoing + onboarding of all new staff and governors)
 - Collective curriculum about HPE OHT (Integrated Care, Population Health, Radical collaboration)
 - Collective curriculum on collaborative governance
 - Developing leadership capabilities for the future
- Strategic use of voice for advocacy across sectors

Governance Enablers to Advance Strategic Priorities



A Shared Focus On Using Data And Information Sharing Effectively

- Shared learning re: privacy and data sharing (myth busting) to enable boards to have appropriate risk appetite to enable sharing as a means towards our shared purpose.
- Enabling data sharing enabled across all partners
 - Aggregate data
 - Personal data at point of care (seamless)
- Common language re: data we're collecting
- Cost sharing
- Collective understanding that we are data custodians, not owners. This data belongs to clients/patients.
- No single organization should own data for it to be used for the collective (ex. PEC Vital Signs)

Governance Enablers to Advance Strategic Priorities



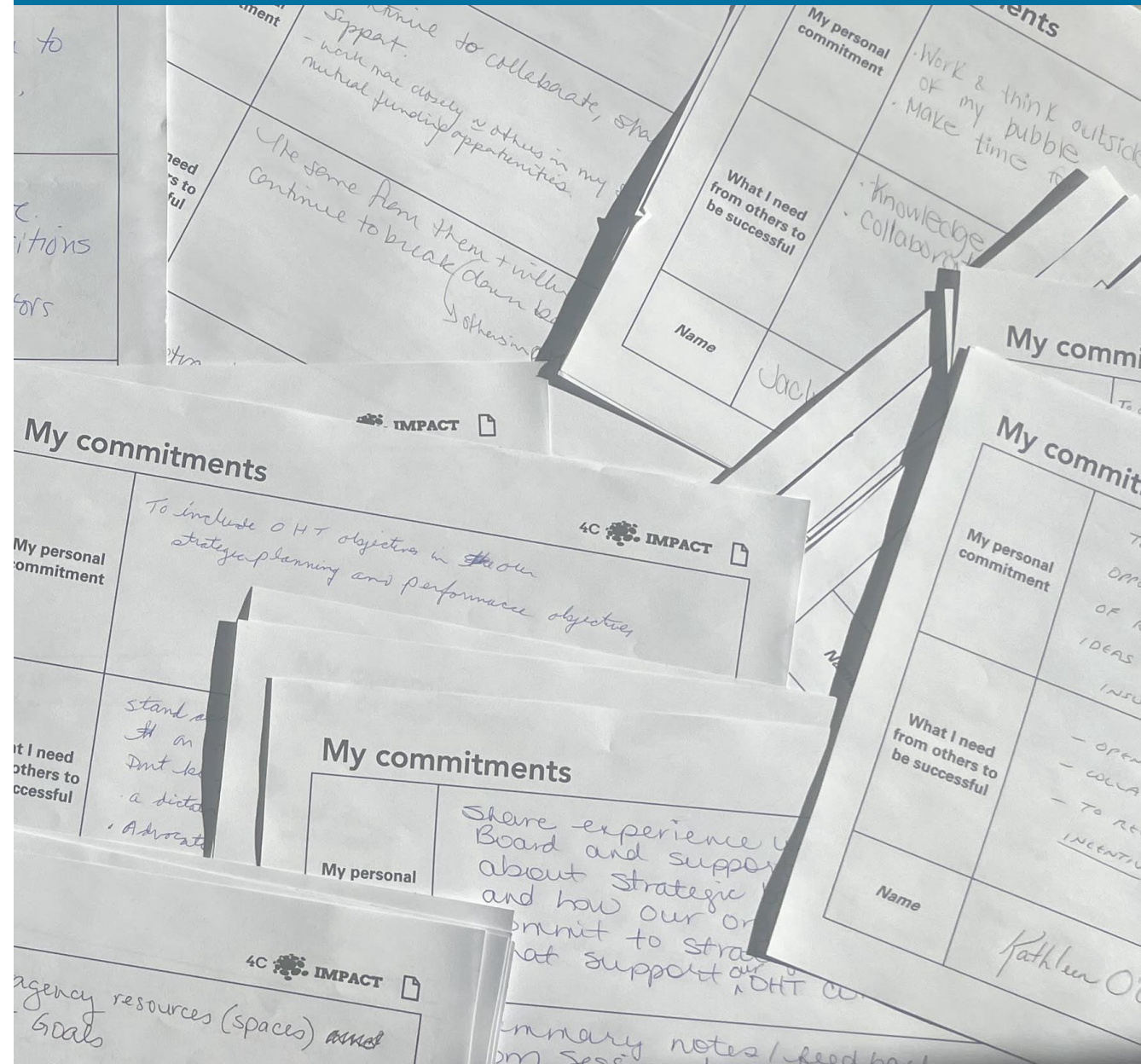
- Identify where there is alignment with OHT areas of strategic breakthrough in our current strategic plans and ensuring HPE OHT outcomes are embedded in:
 - our organizational plans and priorities;
 - the goals for the boards and senior teams (ex. performance management)
- Collectively renew our strategic plans to have 1 common strategic direction across all partner strategic plans and collective KPI
- Become fit for purpose to enable collaborative governance
- Review HPE OHT Relationship Charter

We concluded by sharing our commitments and what we need from each other moving forward

Common Themes

Open-mindedness
Willingness
Strategic Alignment
Relationships
Education and Training
Culture Shift
Partnership

Leadership
Collaboration
Client-focused
Resource Sharing
Communication
Understanding
Indigenous Teachings
Collective Advocacy
Governance
Information Sharing





Jamie Maracle left us with three teachings to send us off in a good way



The Three Sisters (*Jöhehgöh*)

Corn provides support for climbing beans, which in turn fix nitrogen in the soil, while squash spreads along the ground, suppressing weeds and retaining moisture.

This teaches us the values of cooperation, interdependence, and harmony. We are stronger together and thrive when we protect, support and nourish each other.



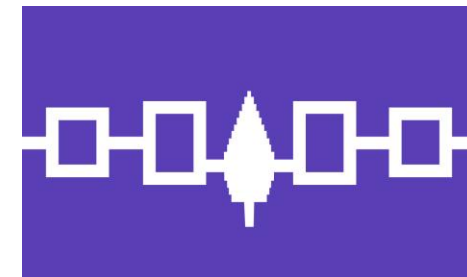
The Great Law of Peace : Three Key Principles

- **Peace** (*Skä•noñh*): represents the state of harmony achieved through proper relationships with all our relations.
- **Good Mind** (*Kariwiiio*): using the "Good Mind" or reason to guide one's actions. It's about cultivating a positive and just mindset.
- **Unity/Righteousness** (*Ka'satsténshsera*): strength that comes from working together, symbolized by the bundle of arrows that cannot be broken when tied together

Haudenosaunee Confederacy : Consensus Decision-Making

This approach ensures that all voices are heard and considered before reaching a decision. The process involves gathering all interested parties to discuss issues, seeking input from everyone, including dissenting opinions, and aiming for consensus rather than majority rule. This encourages problem-solving, and results in unified implementation of decisions.

"When everyone has been heard and we've worked out the issues, we can move in the same direction and work as one."





Convene | Coach | Capability | 4 | Collective Impact

CONNECTION IS THE CORRECTION

www.4CImpact.org



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