

Shaping the Future of Health Care Together in Hastings Prince Edward *Summit*

November 20-22nd, 2024

Summary



Supported by:



Convene | Coach | Capability | 4 | Collective Impact

www.4CImpact.org

Jodeme Goldhar, Principal
Meghan Perrin, Associate

#HPEOHTShapingOurFuture



What did we achieve?



We came together to learn, unlearn and grow together

**What we
accomplished
so far**

**What we
want to
accomplish
next**

**How we are
going to get
there**

Building Our Collective Capability and Relational Foundation

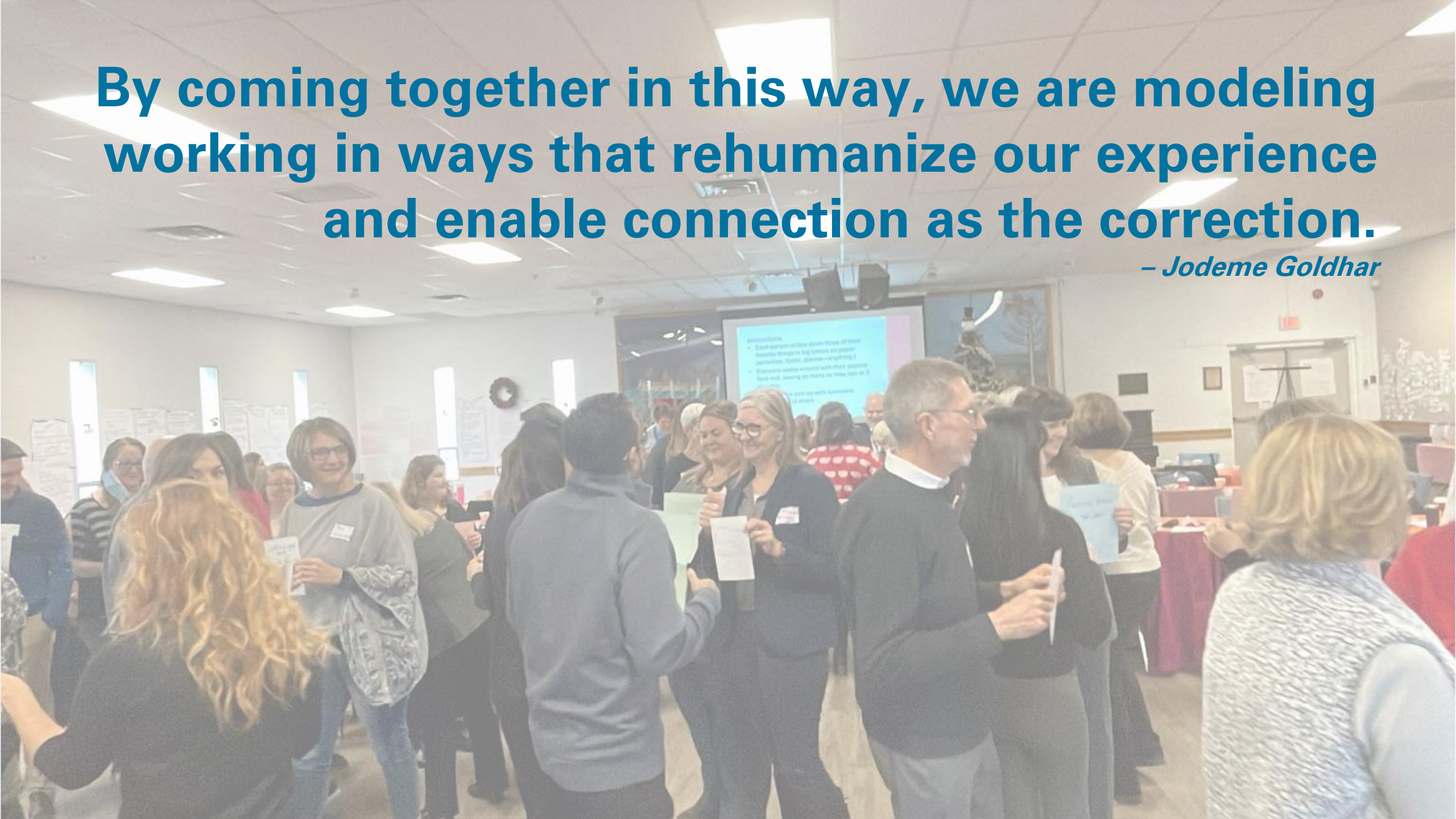


During the summit, we:

- continued to build and strengthen our relational foundation.
- embodied shifts towards collective capacity, skills & mindsets (inter-organisational, inter-community) by learning, unlearning & growing together for greater and sustained impact!
- created collective energy and engagement across all partners to reconnect, re-inspire and re-orient all organisations around our shared purpose.
- identified our possible future and what's required to get there over the next 2 years.

By coming together in this way, we are modeling working in ways that rehumanize our experience and enable connection as the correction.

– Jodeme Goldhar





What we experienced

We built skills for large-scale change

“We are democratizing the change process and
flipping power on its head.”

– Jodeme Goldhar

*You can consult all materials covered during
the summit in the “curriculum” deck*



Day 1

Connection is the Correction

We were welcomed by Jane Wollenberg, Co-Lead of the Stewardship Group, Patient, Client and Partners Council, and Prince Edward Constellation, who shared her enthusiasm and hope for the summit and coming together to think about our possible future!

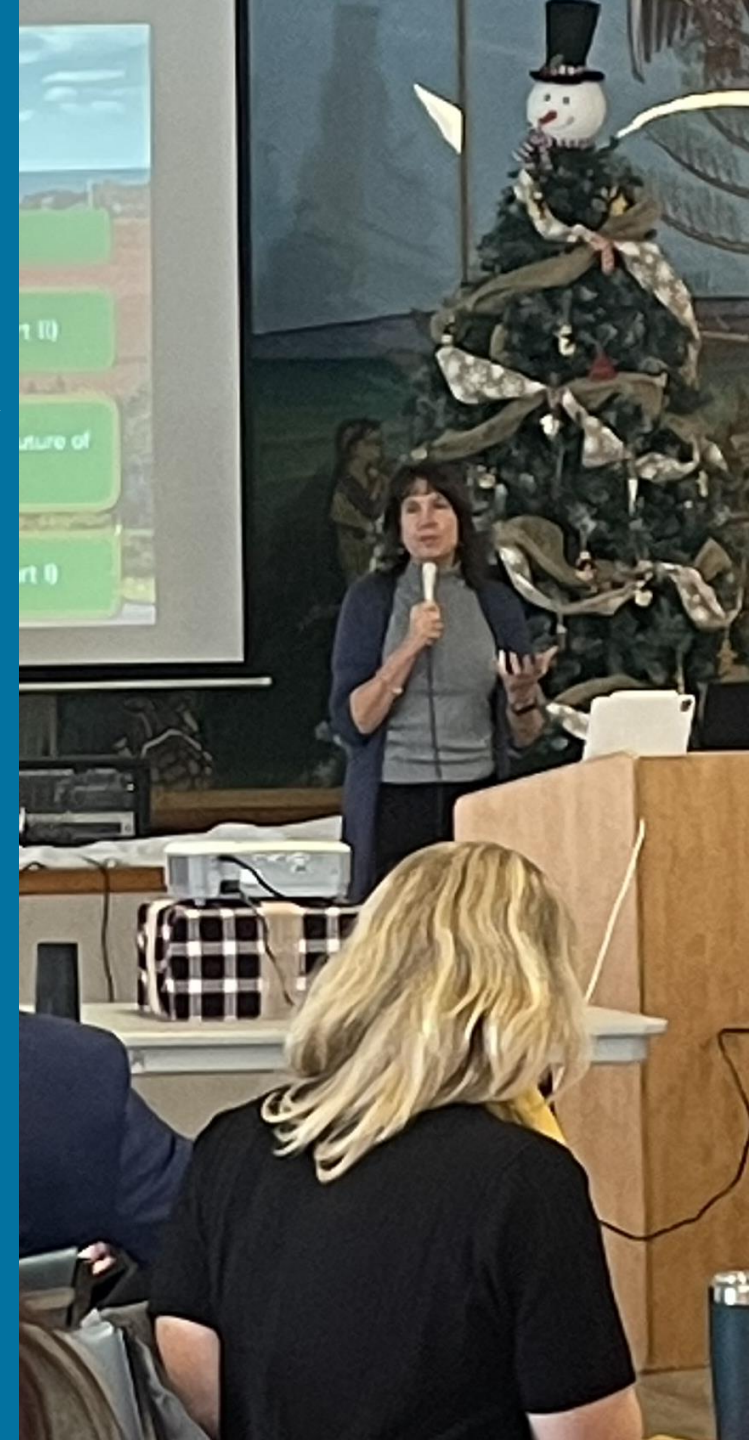


Stacey Daub, Co-Lead of the Governance Action Team (GAT) started by setting the stage for the next three days and our path ahead:

"When things get tough, our natural response might be to retreat back to our own individual organizations. [However, for] most of the challenges I face, the solutions are not found in the walls of my organization [but are] almost always found in partnership and with others". She noted that "people have always come together and thought about doing things differently in our region to try and meet the needs of our communities."

She stressed that **"today is about taking back our agency...there is power in this room to chart our path forward** and that's why we've all come together to learn, unlearn and roll up our sleeves together."

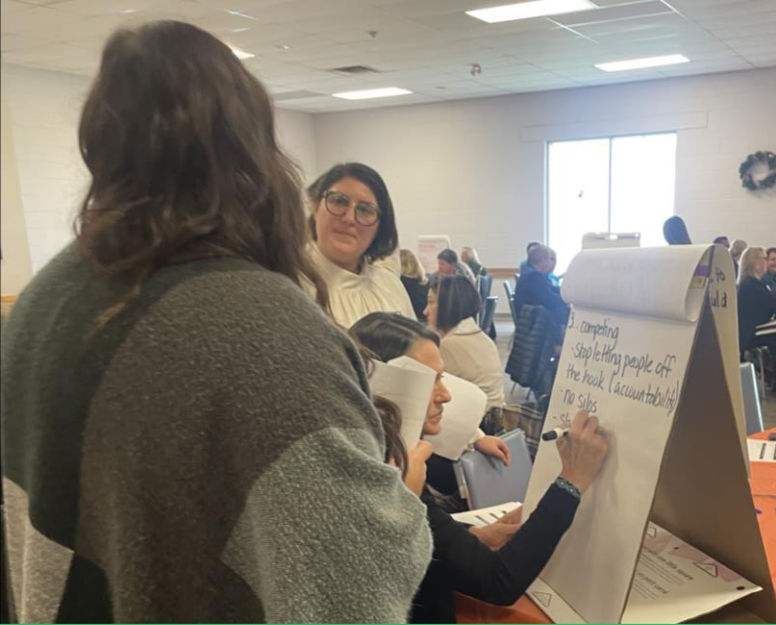
Importantly, Stacey underscored the long-term commitment of working in a new way, stating, "if OHTs were cancelled next year, we still have a responsibility to chart this path" and that change is required at all levels: individual, organizational, sectoral, to have collective impact!





Getting to know each other and reflecting on why we are attending this summit





We had a meaningful discussion about what this shared purpose means us...





HPE OHT Shared Purpose

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



... 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.

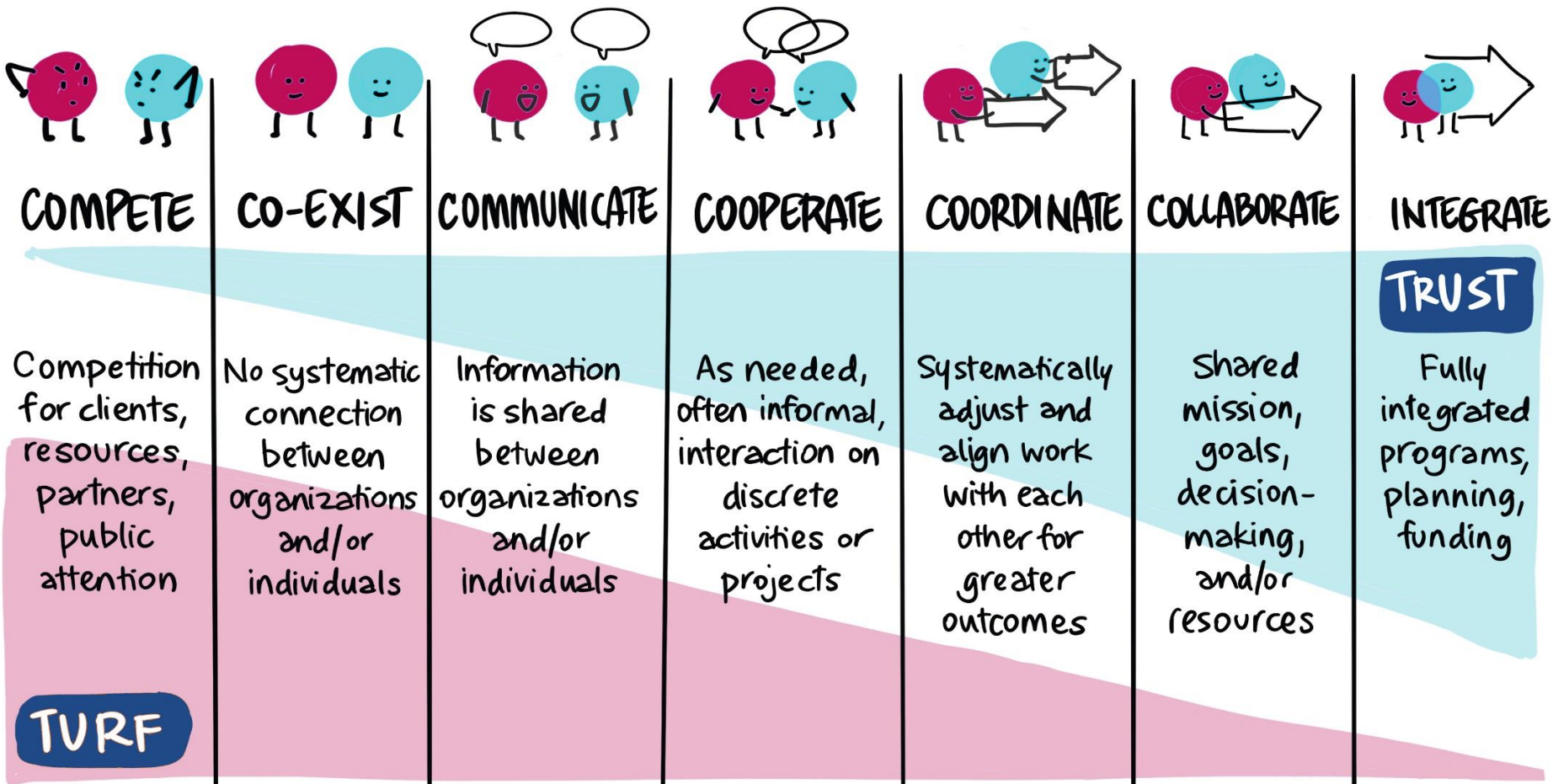




What do we need to do to make our shared purpose alive in everything we do?

- **Adapt a wholistic and dynamic approach**
 - focus on the broader determinants of health, population health and wellbeing.
 - include “non-traditional” partners.
 - bust barriers and hierarchies for decision making and moving to implementation.
- **From ME to WE mindset : Collaboration and Co-design**
 - work together within and across partners and alongside community.
 - take care of each other while we advance care for those who need it most.
 - adapt a growth mindset, shifting from experts to facilitators, convenors and brokers.
- **Person-centered and directed**
 - approach solutions from clients/patients and consumer perspective and needs: “What matters to me” vs. “what’s the matter with me”
 - start with the ideal outcome and work backwards collectively, rather than focusing on what we each provide and how we fit.
- **Shared accountability: measure impact, not widgets**

THE COLLABORATION SPECTRUM

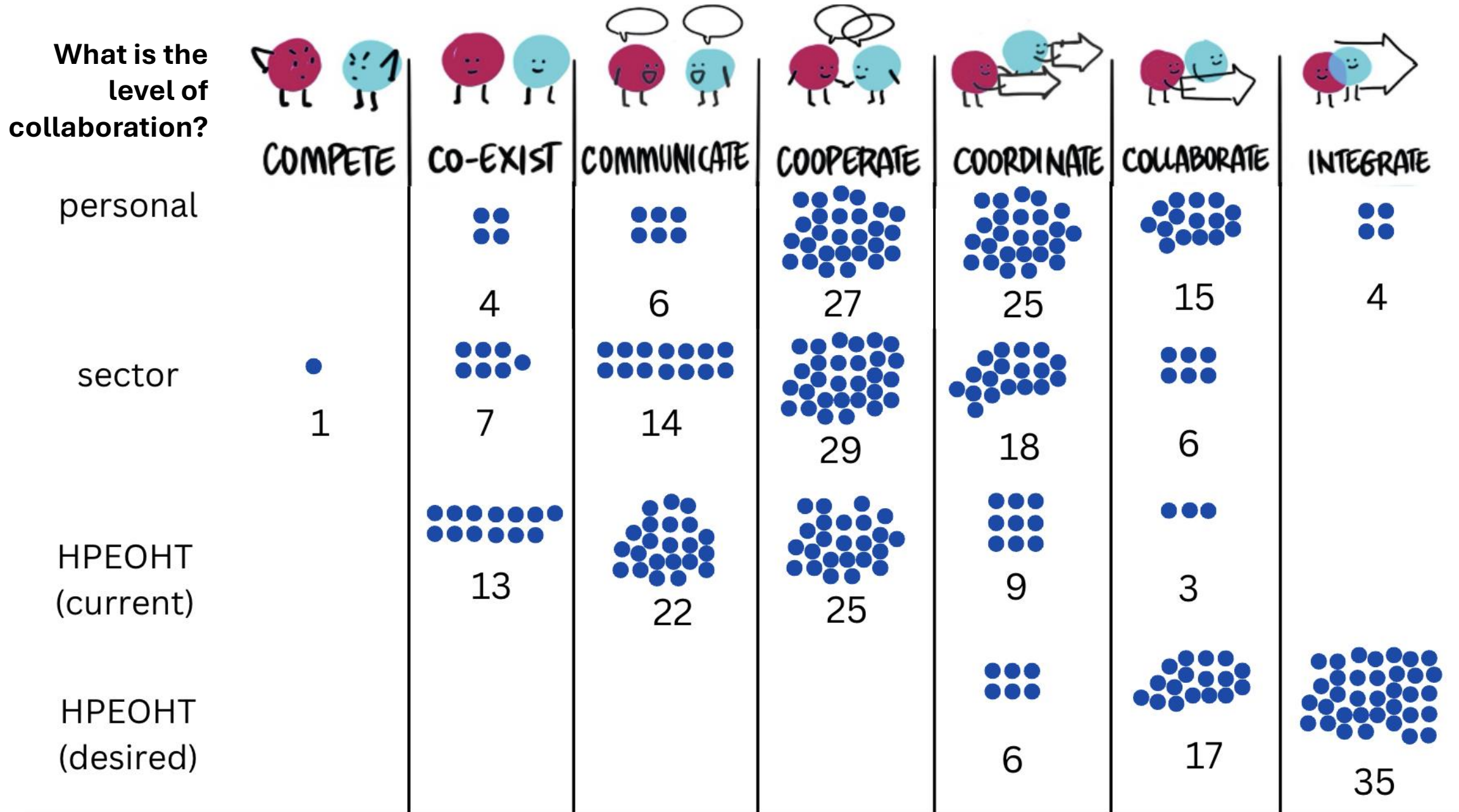


Adapted from Weaver, Tamarack Institute

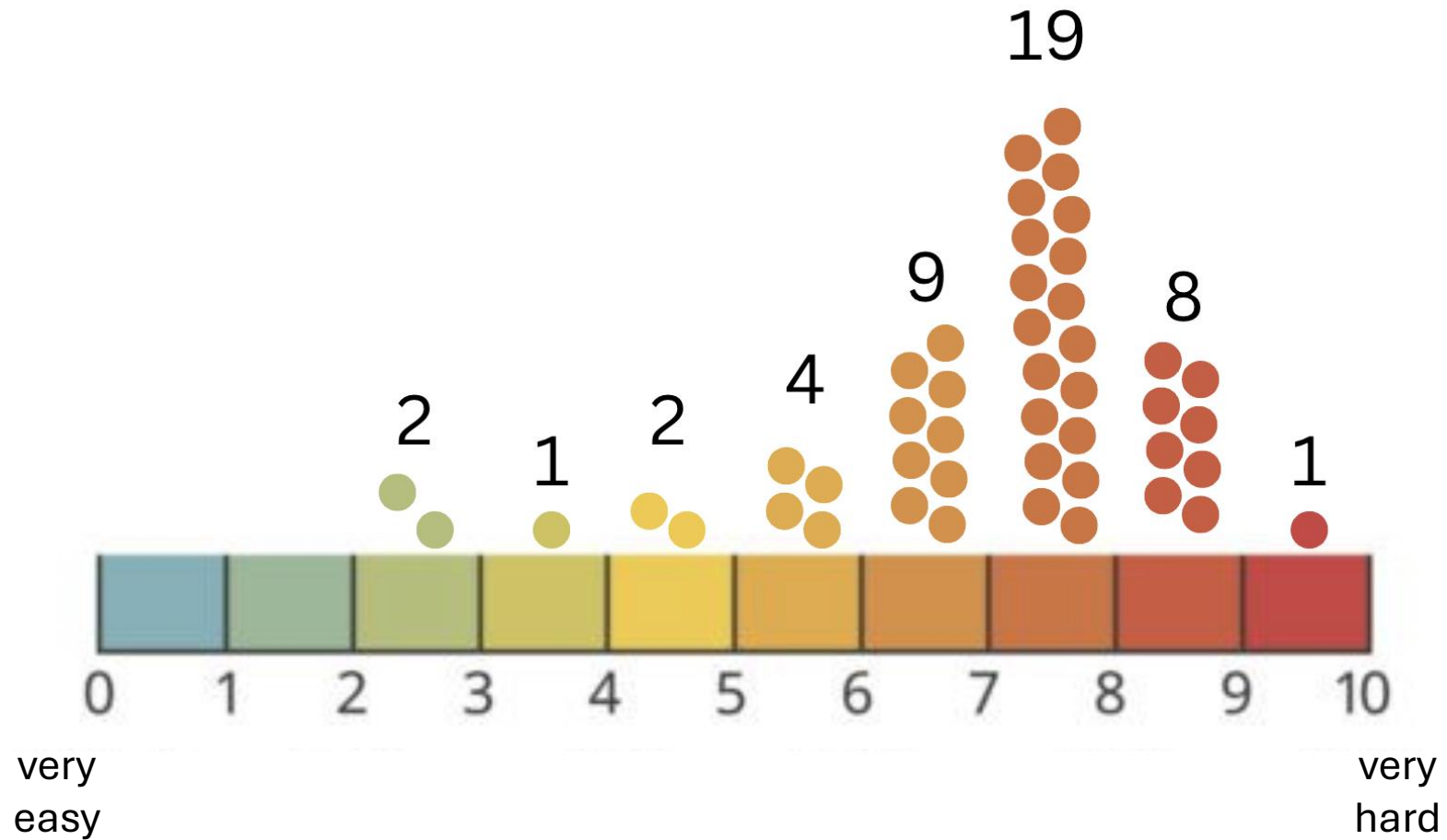
Frameworks Collection by finegood@sfu.ca | Illustrated by sam@drawingchange.com | © CC BY-NC-ND

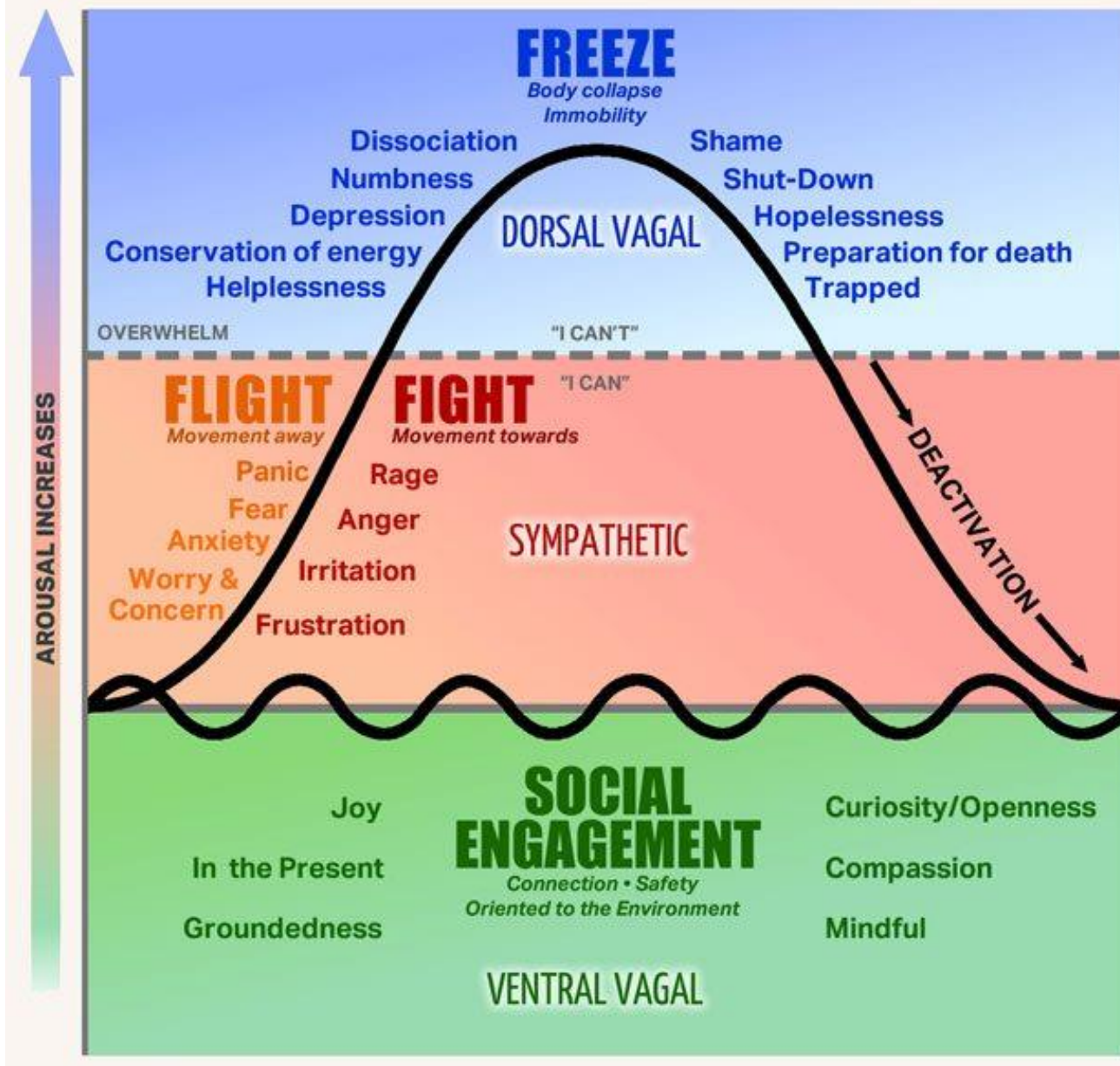
We explored what is required to work in radical collaboration and the trust factor required as we shift both ourselves, our organizations, sectors and HPEOHT as a whole along the collaboration spectrum.

Worksheet | Collaboration Spectrum



On a sale from 1 – 10,
how hard is it to work in collaboration for impact?

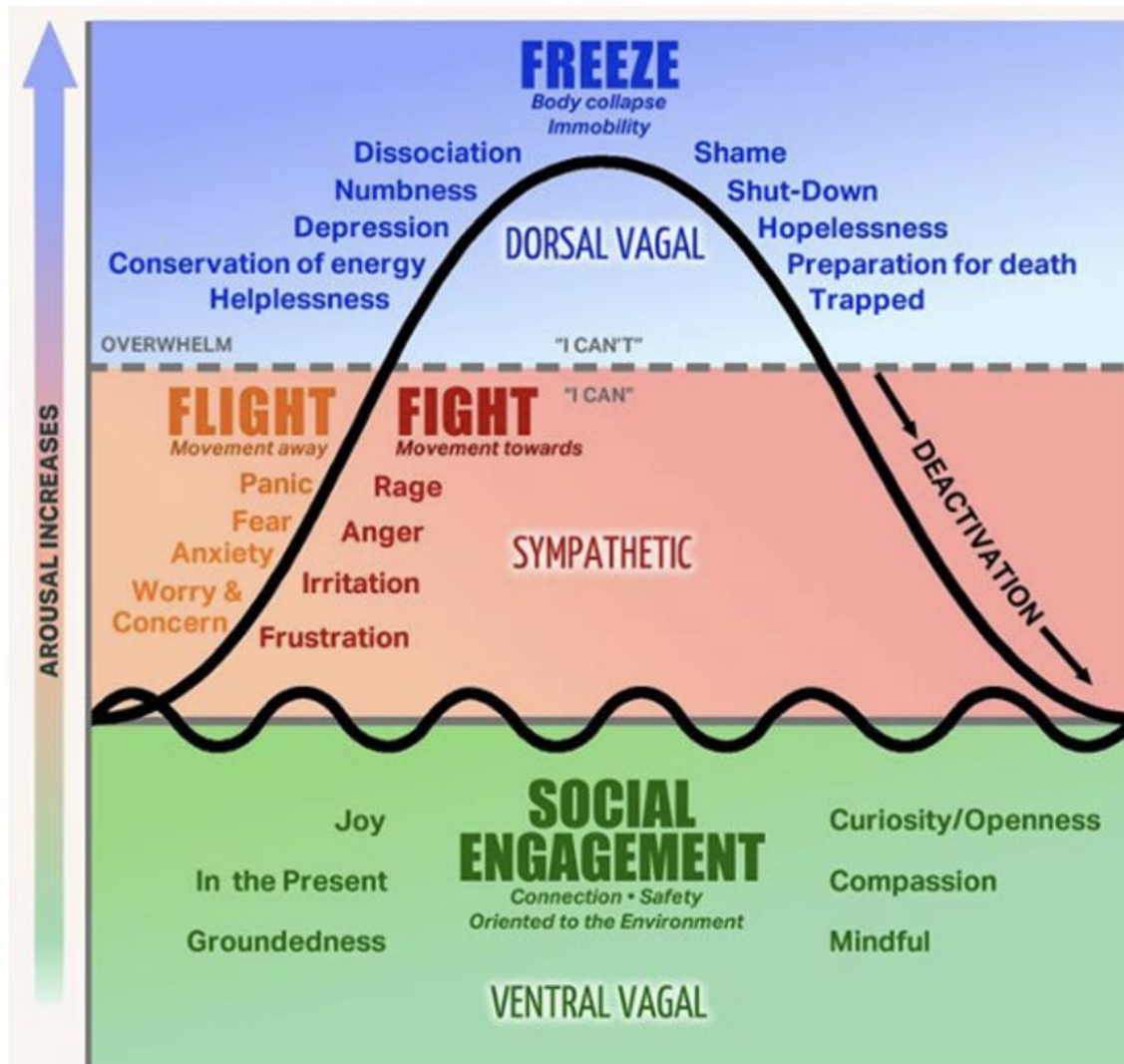




We learnt about polyvagal theory and the neuroscience of trust, exploring ways for us to check in – individually and collectively – and listening to where our nervous system is at and how to support each other to remain in social engagement (ventral vagal).



Where are our individual and collective nervous systems at?



Personal	Organisation	Sector	HPEOHT	Patients Families Caregivers
2	8	14	8	28
28	39	42	45	49
43	35	13	15	10



Wherever we are along the polyvagal curve at any given time is the lens by which we are seeing things
– *Jodeme Goldhar*

Reflections on polyvagal theory and leadership

“When people are in freeze (blue), there is no leadership...the lower you are towards social engagement (green), the more we see personal and organizational courage. When we are in the blue, we must look to each other for support, and when we are in the green, we must provide leadership that others can rally behind. This applies both as how we role model this within our teams, organizations and OHT, as well as how to role model and also draw from other OHTs” - *Allan Katz*



“Anytime I meet with my team I do a check in to ground us and get a sense of where we are all at. Polyvagal theory puts a model to what I have been doing and helps me understand why its so important to continue as a practice” – *Aleena Halliwuska*

“How do we (those that aren't in freeze) rally around each other and support those of us who are in freeze [to co-regulated] towards social engagement? – *Tristan Hadley*

Sheila Braidek spoke about being a **fractal organization** and becoming a **fractal OHT**, where similar patterns and principles are replicated at different scales within an organization

“How we want to be as senior leads should be reflected at all levels : management, front-line staff and in interactions between staff members, among partners and with clients.

[We must ask ourselves,] how does this uphold our values? How can I be in the green? How can we model how we have hard conversations?

We must shift to operate as if we are one”



Radical Collaboration for System Change



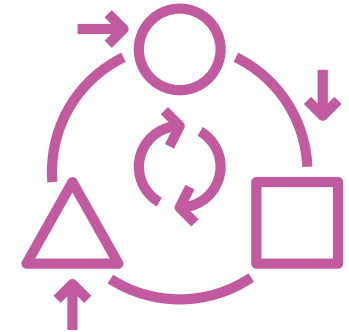
Collaborative Alliances

Stakeholders shift from being unwilling or unable to work together, to building their capacity to work together across differences.



Systemic Insights

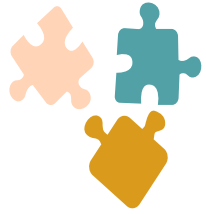
Stakeholders shift from seeing and understanding only part of what's going on, to broadening and deepening their understanding of what's happening and could happen.



Transformative Actions

Stakeholders shift from acting in a way that keeps things the way they are, to acting in a way that fundamentally changes what's happening

Required Mindset and Behaviour Shifts



MISSION



SHARED PURPOSE



SCARCITY



ABUNDANCE



TRANSACTIONAL



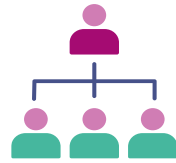
RELATIONAL



ORGANIZATIONAL IMPACT



COLLECTIVE IMPACT



OLD POWER



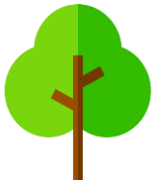
NEW POWER



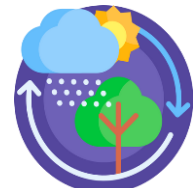
TRADITIONAL COMPETENCIES



EVOLVING COMPETENCIES



EGOCENTRIC



ECOCENTRIC



SHARING INFORMATION



ENGAGEMENT



CO-DESIGN



MANDATE



MOVEMENT



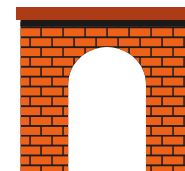
SHAME AND BLAME



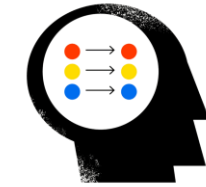
STRENGTH BASED



INDEPENDANT



INTERDEPENDANT



DOMINANT WORLDVIEW



KINSHIP



We can't continue with the way we are doing things now, we need to shift from scarcity to an abundance mindset. From competition for funding and resources to looking at our collective resources across our communities that are all working towards our shared purpose" - Participant



“ Any innovation, change or transformation process is **much more likely to succeed if key tensions are addressed**. These tensions typically aren't apparent at developmental stages but are fully exposed at implementation.

- Helen Bevan



We named the elephants that get in the way and established a path to address them



What Elephants are getting in the way? *(Themes)*

- Power struggles and Ego
- Fear and lack of trust (current and historical relationships)
- Funding (incl. “have and have nots”, wage disparity)
- Data and Information / Privacy risk tolerance
- Time/Workload Conflicts
- Lack of engagement to date around OHT (within and across partners)
- Silo mentality
- Client involvement and expectations
- Misaligned missions, values and leadership across partners

How will we address the elephants in order to move forward?

- Shared commitment to changing our operating system to one of radical collaboration in order to free up time for impactful work
- Bring in intentional stillness and reflection
- Engage boards around their role in enabling ways to work differently within and across partners.
- Explore resources through asset-based and abundance mentality (ex. cost-sharing, collective staff resources etc.
- Engaging around funding opportunities to co-design desired change
- Leave the egos at the door and stop competing
- Approach problems with collective solutions



CO-REGULATING WITH MEDITATION



Tomorrow belongs to those who can hear it
coming

-David Bowie

We learnt about the emergent Recurring and Interrelated Themes in Approaches to Enabling Large Scale Change

Moving together towards a shared direction

Changing yourself as a resource for change

Co-producing change: "with" & "by", not "to" or "for"

Setting up systems for experimental learning & unlearning

Shaping networks to shape opinions

Creating the conditions for emergent change

Leading people through transitions in situations of uncertainty

Developing leaders everywhere: sustainable systems of distributed leaders

Building power: a spectrum of allies AND working through pillars of formal power



Kerry Kuluski, MSW, PhD

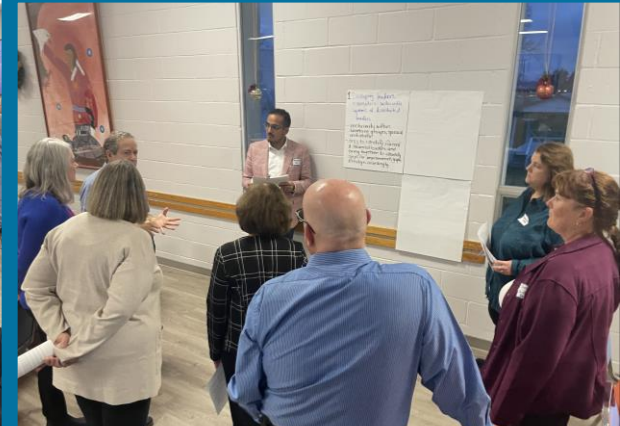
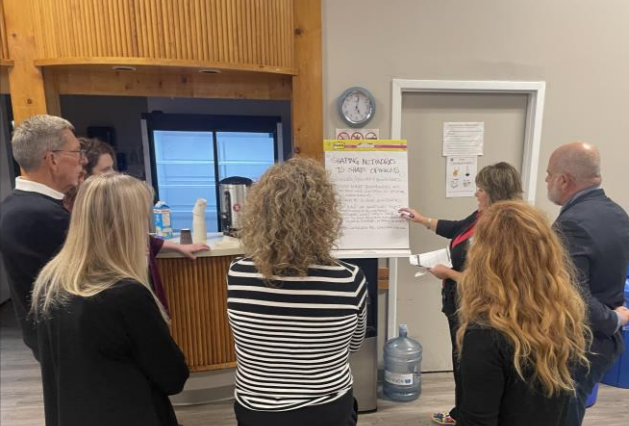
Dr. Mathias Gysler Research Chair in Patient And Family Centred Care, Institute for Better Health, Trillium Health Partners, Associate Professor, University of Toronto

provided an engaging presentation on Co-Design Fundamentals.

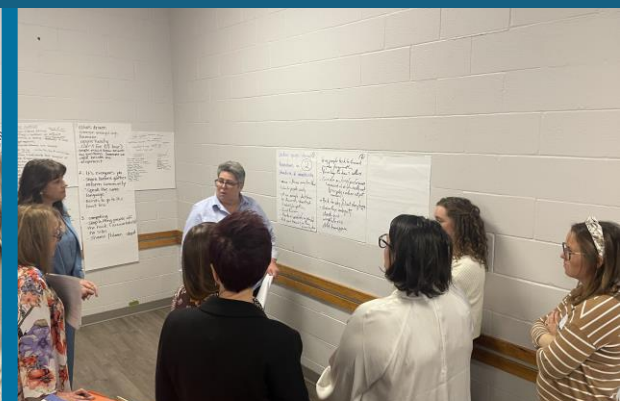
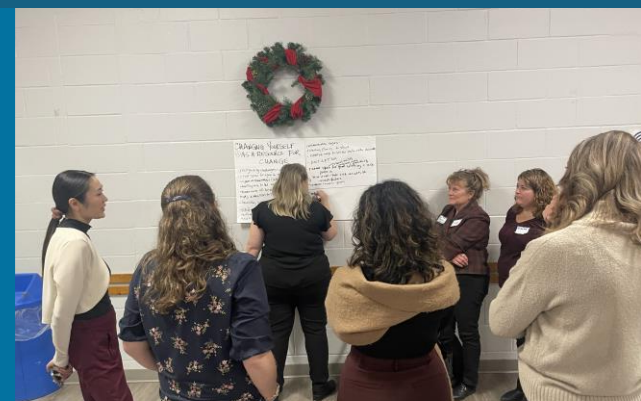
“[Co-design is] a collaborative process for developing solutions to complex problems, involving people affected by an issue as expert collaborators.”

We learnt about different approaches: say, do, and make, as well as the stages of co-design: engage, plan, explore, develop, decide, and change.

Kerry also stressed the importance of an equity lens in co-design and introduced several co-design methods.

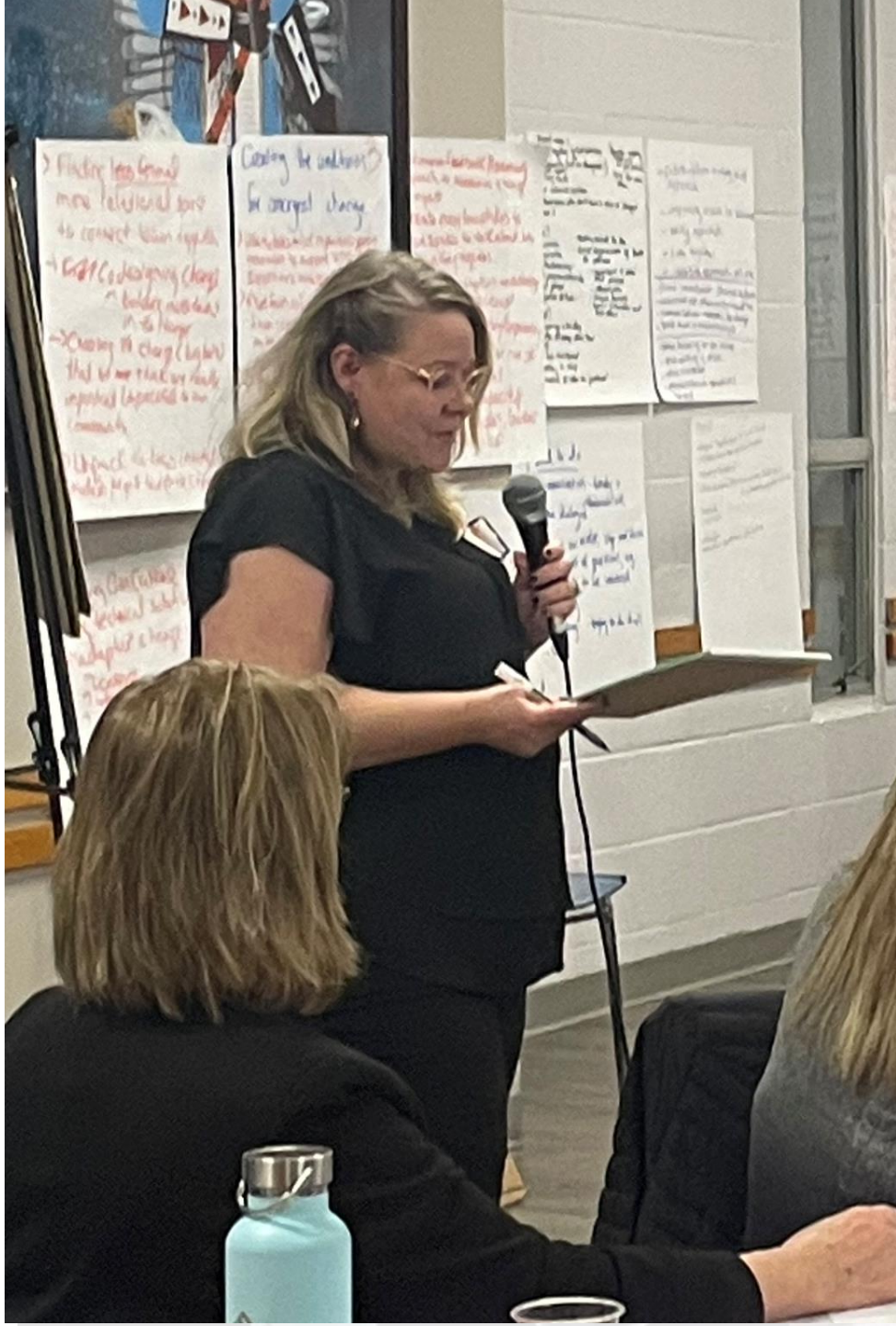


We explored key areas of inquiry for the nine themes (including co-design)



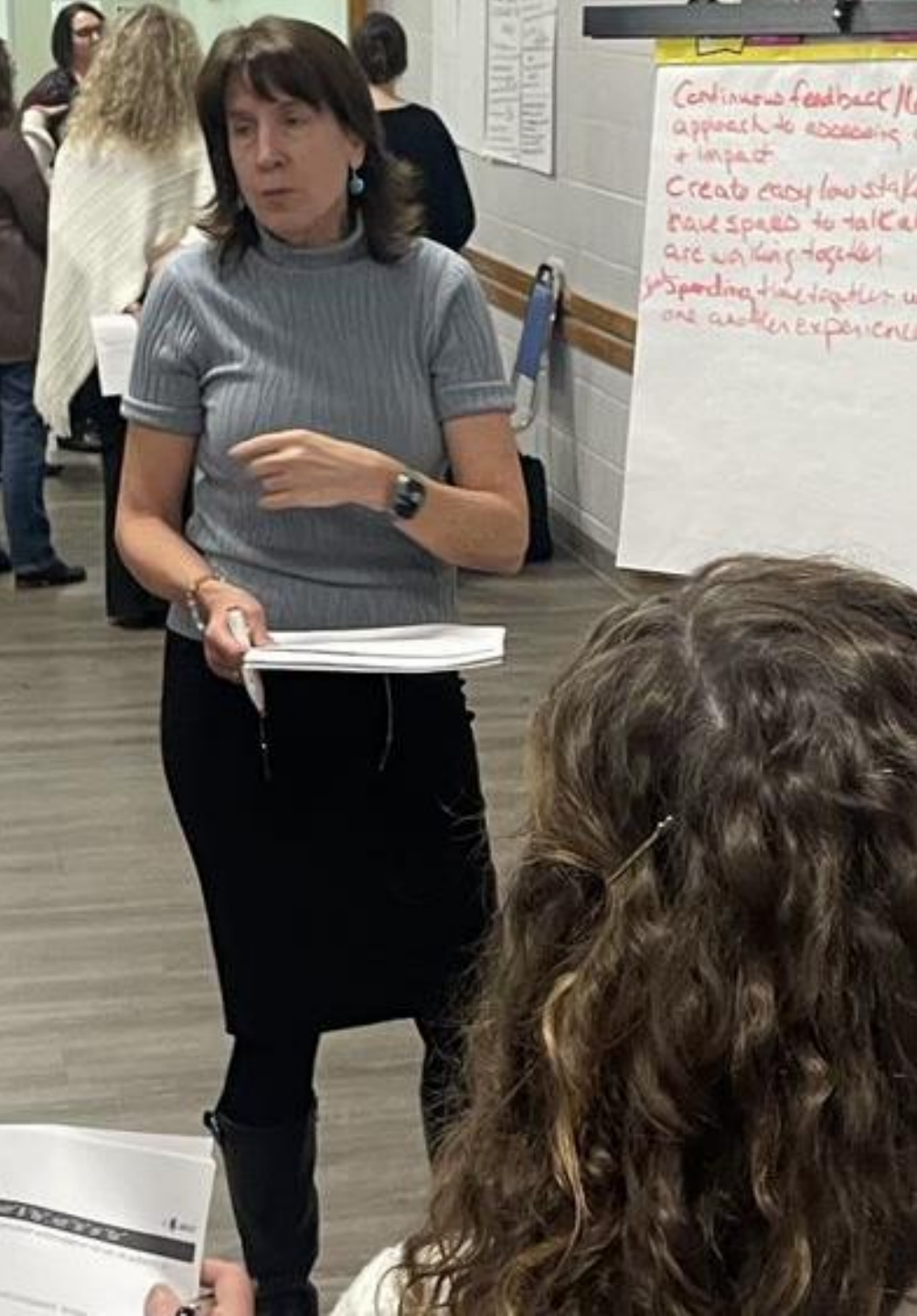
through a world café, generating insights and opportunities for collective action





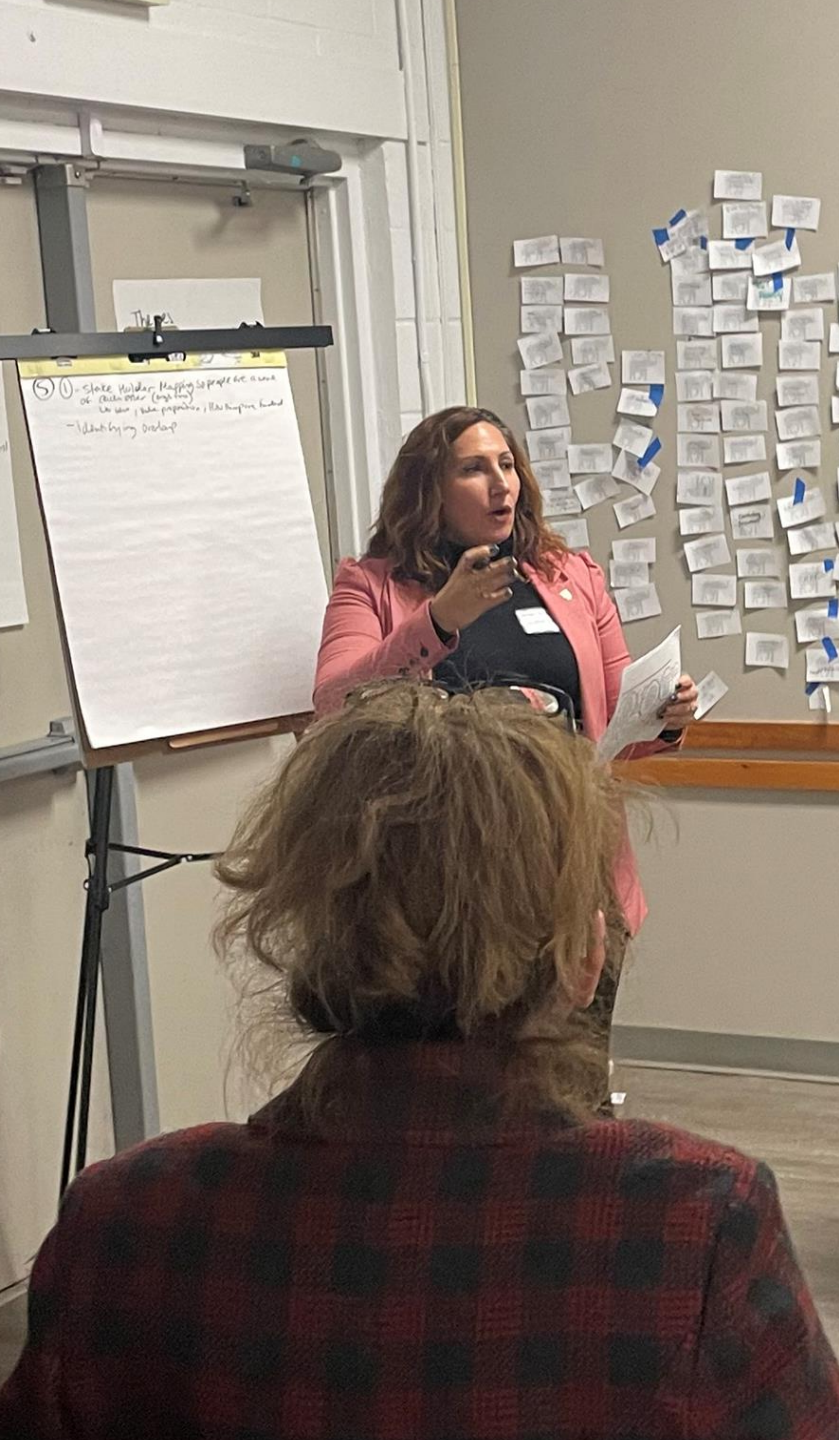
Moving Together Towards a Shared Direction

- Recognize the power of "breaking bread together" and connection as the correction.
- Update our relationship charter and continuously verify that we are congruent with what we set out.
- Understanding who we are and what we do in order to better align – resources, collective advocacy
- Build capacity for collective leadership and explore enablers for collaboration across partners:
 - Collective professional development (PD)
 - Collective succession planning
 - Mentorship and Apprenticeship programs
 - Hub models and co-location for shared spaces
 - Digital Tools
- Cultural shift to system and organizational leadership for all.



Creating the Conditions for Emergent Change

- Encourage informal connections
- Create “no-agenda” spaces for emergent discussion
- Shift organizational culture towards a Learning Health System (LHS)
- Build capability and skills for emergence and unpack mental models at all levels within and across partners
- Move from technical solutions to adaptive change
- Develop a “leaderful” community, using asset-based approaches and co-design rather than consulting.
- Pursue opportunities for collective advocacy
- Go where the energy is
- Collective advocacy



Changing Yourself as a Resource for Change

- Change narratives and be mindful of language
- Be aware of how we're showing up
- Create brave space for ourselves and others
- Practice empathy and learn from smart failures
- Embrace discomfort and risk-taking
- Share power, resources, and expertise
- Implement "walking a day in the life" experiences
- Emphasize collaboration: "Don't do it alone!"
- Shift from seeing problems to opportunities

Co-Producing Change: "with" & "by" not "to" and "for"

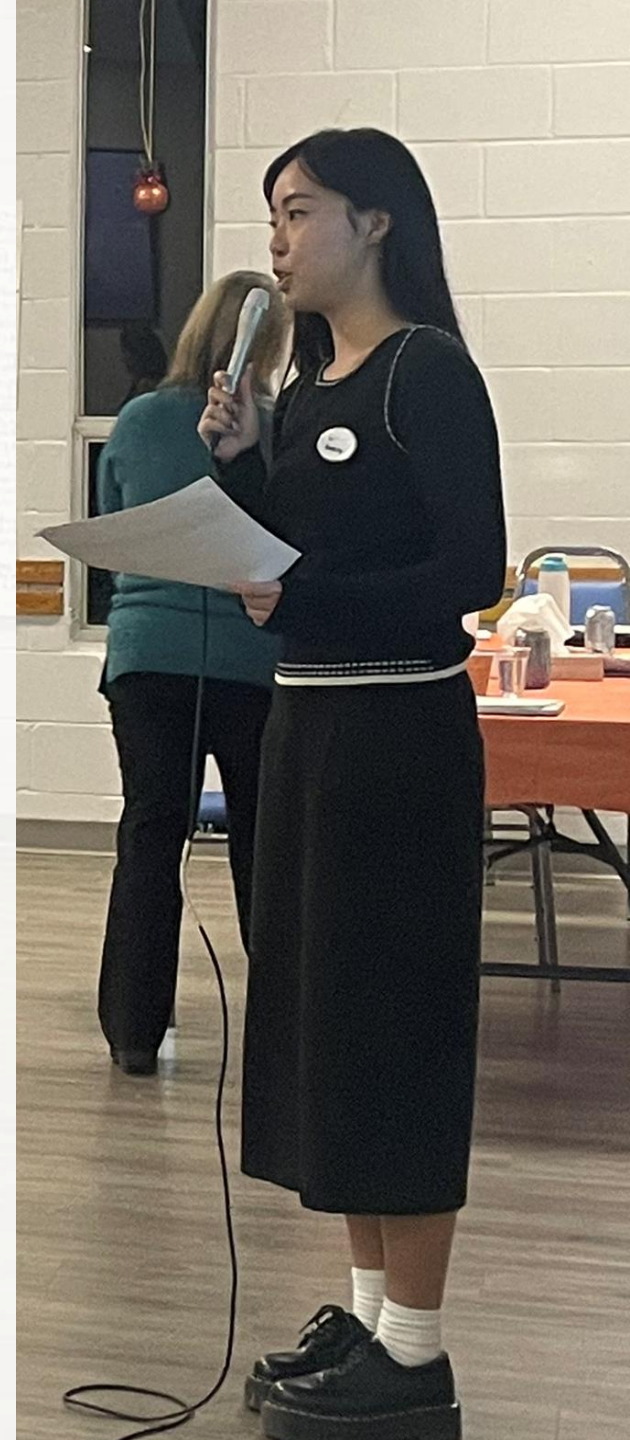
- Create comfortable spaces for discussion
- Practice humility and vulnerability
- Be transparent and authentic
- Accept imperfection and learning from mistakes

Developing leaders everywhere: sustainable systems of distributed leaders

- Empower formal and informal leaders (superconnectors)
- Challenge the "I'm only a ____" mindset
- Create psychologically safe environments
- Provide relevant and paid professional development (backfilled) and leverage each other's resources
- Communities of practice across HPEOHT
- Encourage job shadowing across organizations and implement "take your colleague to work day"

Building power: a spectrum of allies AND working through pillars of formal power

- Share quick wins across the network to build momentum
- Consider the power of words and influencers
- Be creative and leverage superconnectors in orgs and community
- Distributed opportunities



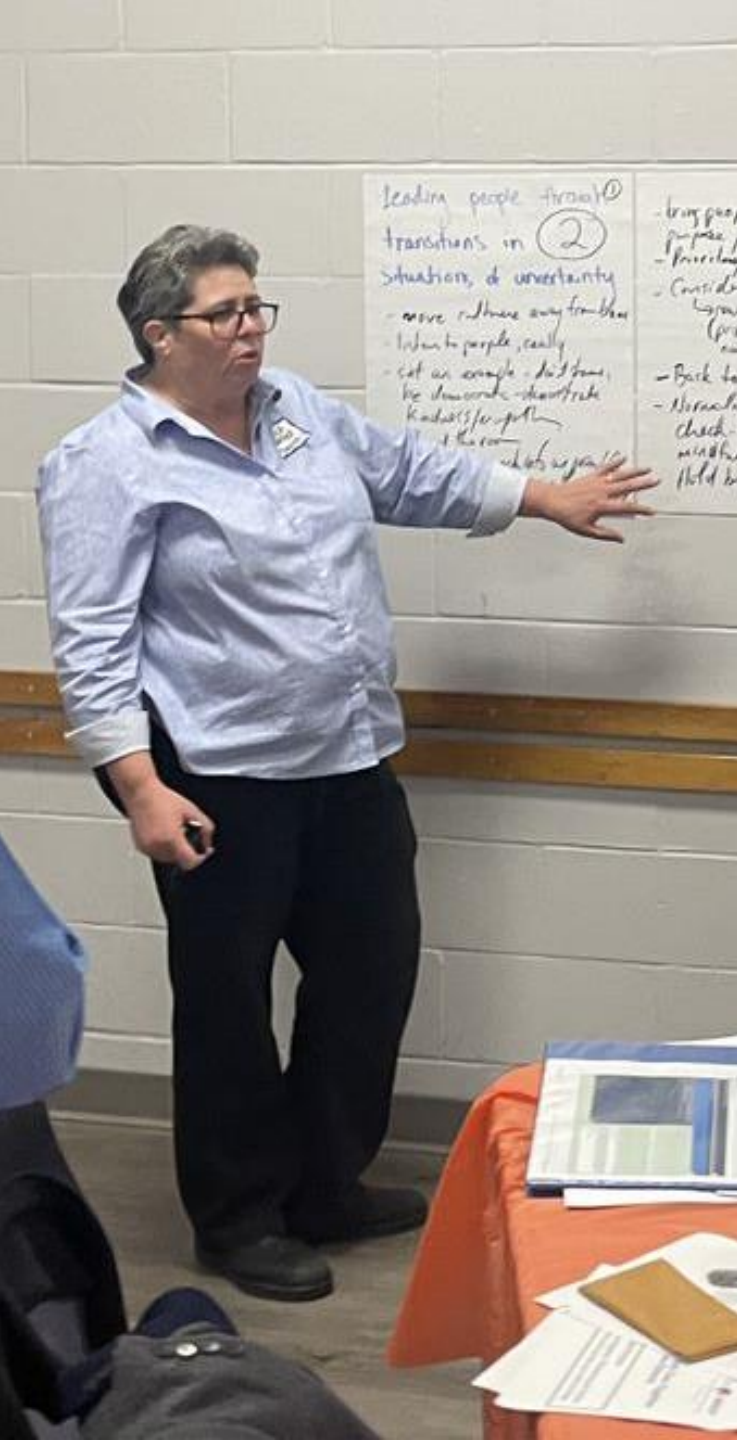


Setting up systems for experimental learning and unlearning

- Challenge the status quo
- Apply learnings across different contexts
- Create safe spaces to support each other, seek to understand
- Increase risk appetite
- Mentorship
- Formalize using each other as sounding boards, working through problems together / “out loud”
- Celebrate achievements, foster hope and optimism

Shaping Networks to Shape Opinions

- Envision ourselves as part of HPEOHT
- Challenge staff to spend 10% of time thinking creatively about network solutions
- Act on connecting the dots within the network
- Considerations for how systems interrelated across the lifespan continuum.
- Embodying Empathy, Understanding, Humility, Curiosity



Leading people through transitions in situation of uncertainty

- Use the "No bullshit method"
- Model working in radically collaborative and brave ways
- Break transitions into manageable pieces
- Create opportunities for understanding change
- Practice truly listening for understanding and asking what people are concerned/worried about
- Make space to "look up and out" and help people see the future and their role in shaping it.
- Establish mentorship across all levels
- Share information in a timely manner and as fully as possible
- Be authentic and honest about limitations
- Consider appropriate metrics, including relational ones
- Recognize people as experts in their own lives
- Frequently revisit shared purpose and "why"



Commonalities that emerged across all nine themes

- Shifting to relational ways of working and seeing ourselves as part of the HPEOHT
- Shared learning and development (collective PD, communities of practice, mentorship, apprenticeship)
- Distributed leadership, power, resources and expertise
- Empathy and understandings
- Creative brave and psychologically safe environments
- Learn and unlearn together to work in radically collaborative ways
- Embrace adaptive approaches
- Transparency and communication
- Ensure everything comes back to our shared purpose
- "Look up and out" and help people see the future and their role in shaping it

We ended our first day by building our desired culture



Each artifact represented themes such as collaboration, unity, person-centered care, diversity and interconnectedness.





Day 2

Building a Movement



What's Top of Mind? What is your favourite song and why?
We worked through what Dr. Jane Philpott's new Primary Care Action Team can mean for us



Susan Barberstock led a session that focused on integrating Indigenous teachings into community health and wellbeing practices.

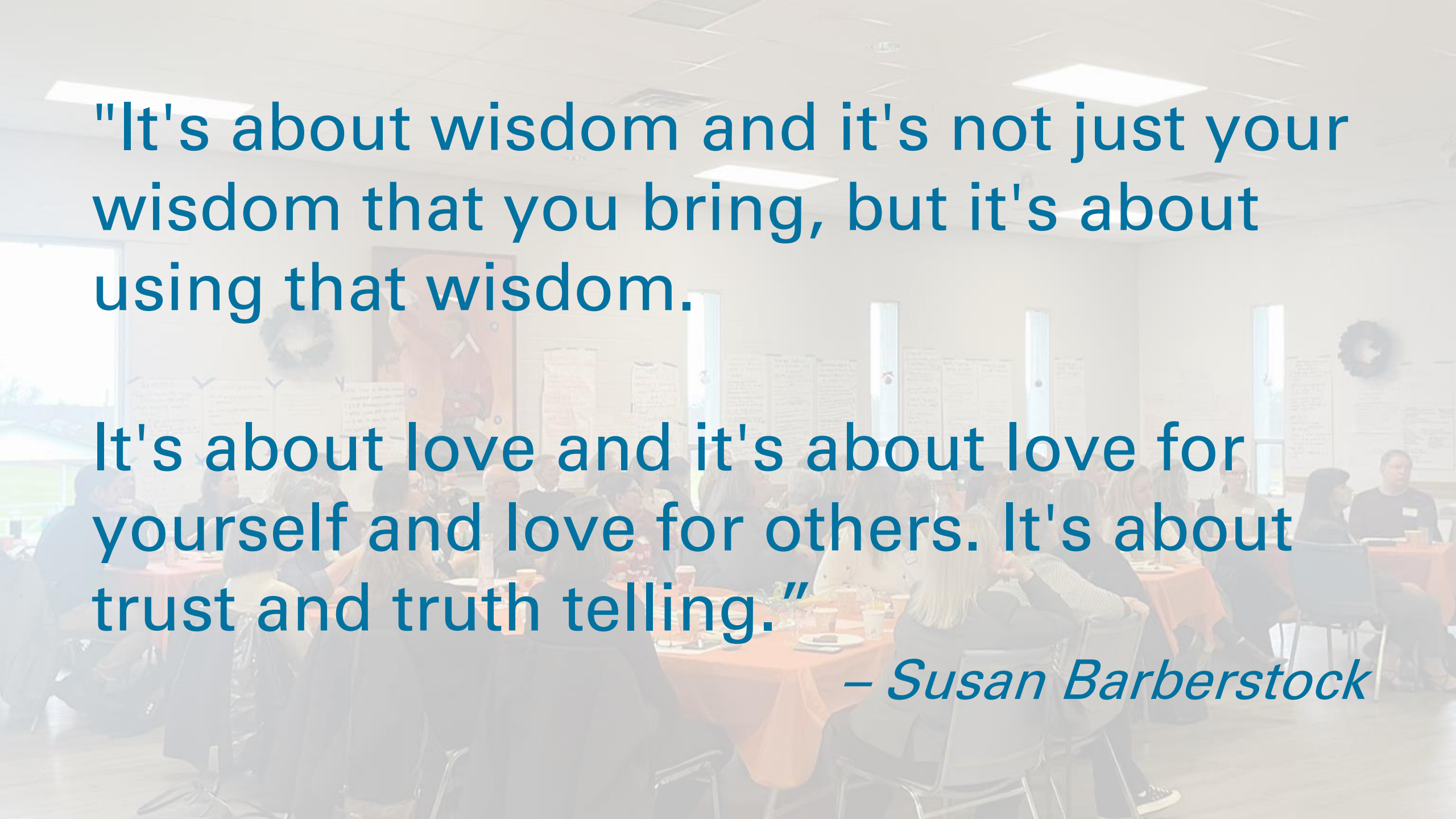
We first learnt about the Healing Wheel Continuum which encompasses the physical, mental, emotional, and spiritual dimensions of life, prompting us to self-assess our balance across these areas.

Discussion then shifted to the significance of life cycle stages as well as the skills, knowledge, attitudes, and values wheel for understanding individual contributions

Lastly, we explored the strategic planning process wheel, which included understanding cultural values and creating actionable health strategies and primed ourselves to think about how these can be reflected in our updated guiding principles.

Susan called on us to reflect on how we are responding to the TRC calls to action specific to health (18-24) and Joyce's Principle.

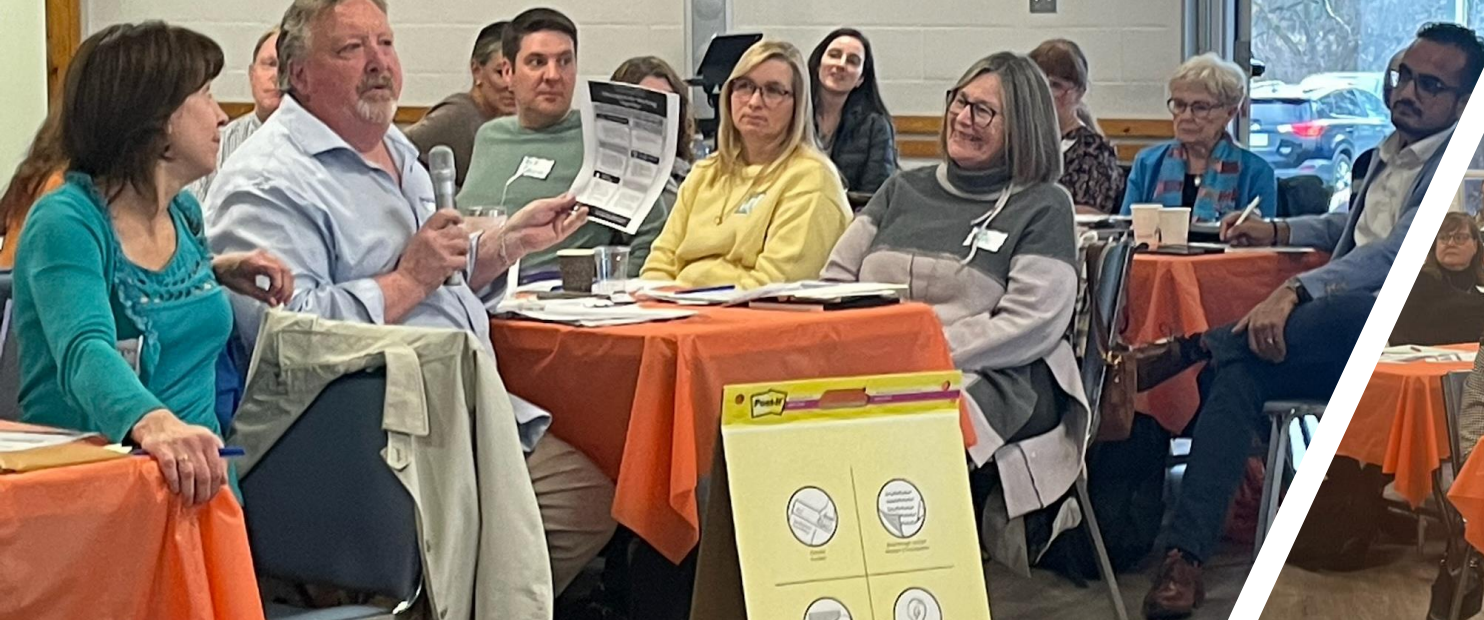


A group of people are seated at round tables in a meeting room, engaged in discussion. The room features large windows, a red Christmas stocking hanging on the wall, and several whiteboards with handwritten notes. The text is overlaid in a blue, sans-serif font.

"It's about wisdom and it's not just your wisdom that you bring, but it's about using that wisdom.

It's about love and it's about love for yourself and love for others. It's about trust and truth telling."

– Susan Barberstock



Building on the teachings of Indigenous Ways of Knowing and Being, we worked through our Principles and Values, reflecting on: how do they need to change to make sure they reflect how we wish to move (think, act and behave) forward together?





Principles : What emerged

how do they need to change to make sure they reflect how we wish to move (think, act and behave) forward together

- Incorporate "Together we" language into principles
- The language used in the principles should mirror the impactful teachings we learnt on Indigenous Ways of Knowing and Being
- Develop ways to reflect on adherence to principles, such as feedback mechanisms to assess individual, organizational and cross collaboration adherence to principles.
- Reshape principles to reflect a wholistic approach (circular vs linear)
- Articulate guiding principles to include values for moving forward



Renewed Guiding Principles

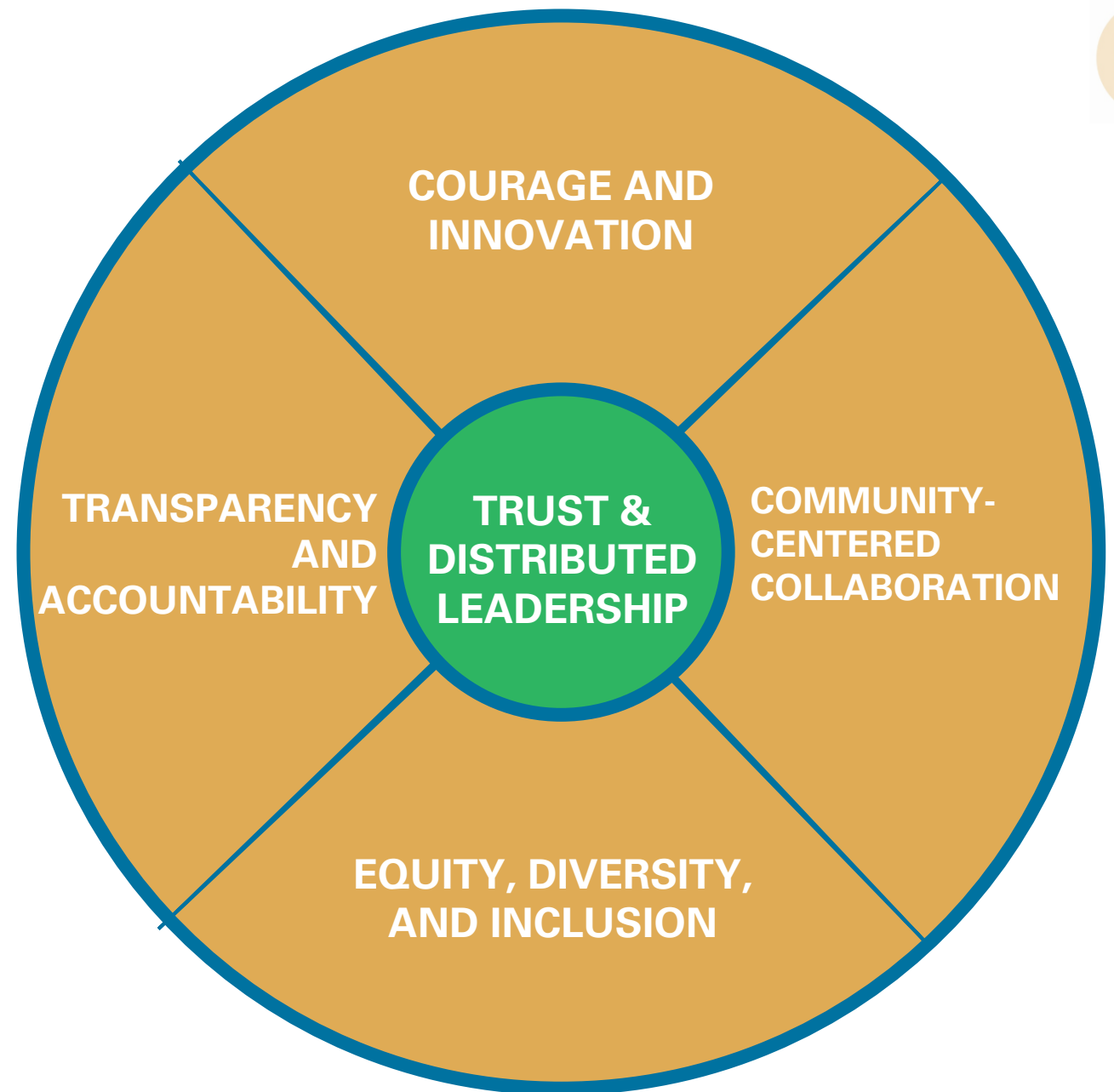
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Our Guiding Principles: A Wholistic Approach

Together, we embrace a circular, relational and interconnected approach to our work.

Our principles reflect the four directions, representing a balance of physical, mental, emotional, and spiritual aspects of health and well-being.





Our Guiding Principles: *CENTRE* TRUST & DISTRIBUTED LEADERSHIP

Together, we:

- Share leadership, responsibility, and decision-making across our communities and partnership.
- Define, track, and share common measures of success regularly.
- Ensure effective communication among partners and with our community.
- Actively build and deepen trust across our collaborative and communities.
- Create a safe and supportive environment where all voices are valued and included.



Our Guiding Principles: *EAST* COMMUNITY-CENTERED COLLABORATION

Together, we:

- Empower and drive positive change within our communities, ensuring our efforts remain connected, collaborative, and coordinated.
- Approach our work with empathy and compassion, acknowledging and respecting feelings through words and actions.
- Co-design solutions in equal partnership with our communities, adhering to "nothing about us without us".



Our Guiding Principles: *SOUTH* EQUITY, DIVERSITY, AND INCLUSION

Together, we:

- Acknowledge and respect differences in culture, life experiences, values, language, and age.
- Work to identify and reduce barriers, inequities, and power differences.

Together, we:

- Empower and drive positive change within our communities, ensuring our efforts remain connected, collaborative, and coordinated.
- Approach our work with empathy and compassion, acknowledging and respecting feelings through words and actions.
- Co-design solutions in equal partnership with our communities, adhering to "nothing about us without us".



Our Guiding Principles: *WEST* TRANSPARENCY AND ACCOUNTABILITY

Together, we:

- Take responsibility for our actions and decisions, honouring commitments to cooperation and collaboration.
- Review experiences and outcomes with honesty, mutual respect, and compassion.

DRAFT



Our Guiding Principles: *NORTH* COURAGE AND INNOVATION

Together, we:

- Push ourselves to be courageous, especially during ambiguous times, shifting our mindsets and behaviours to accelerate positive change.
- Develop simple, creative solutions that bring about real change and better outcomes for our communities.
- Commit to continuous improvement that is evidence-informed and creative.
- Ensure complaint procedures are known, accessible, just, and effective.
- Answer questions in a timely and understandable manner.



Our Guiding Principles: Keeping Each Other Accountable



To ensure we adhere to these principles, we commit to:

1. Regular self-reflection and group discussions on how our actions align with our principles.
2. Incorporating principle-based questions into our decision-making processes.
3. Seeking feedback from patients, clients, partners and community members on how well we're living up to our principles.
4. Conducting annual reviews to assess our adherence and identify areas for improvement.
5. Sharing stories and examples of how these principles have guided our work and impacted our communities in alignment with our shared purpose

We learnt about Integrated Care and Population Health globally and in Ontario

Cumulative evidence from systematic reviews, peer-reviewed research, case studies and evaluations

Understanding
your ambition

Creating an enabling
environment



[Learn more:](#)

[International Foundation for Integrated Care \(IFIC\) // Nine Pillars of Integrated Care](#)

[International Journal for Integrated Care \(IJIC\)](#)

Members of the backbone team went through the HPE OHT journey and impact to date and explored what are population health management approaches.





Loyalist Centre
for Healthy
Communities



Disease
Prevention –
Population
Health Funding

With an understanding of our collective impact so far, we started to connect the dots with other initiatives, services, programs and opportunities across our communities that align with the work being advanced by HPE OHT and that is aligned with our shared purpose



Child and Youth
Mental Health
Planning Table

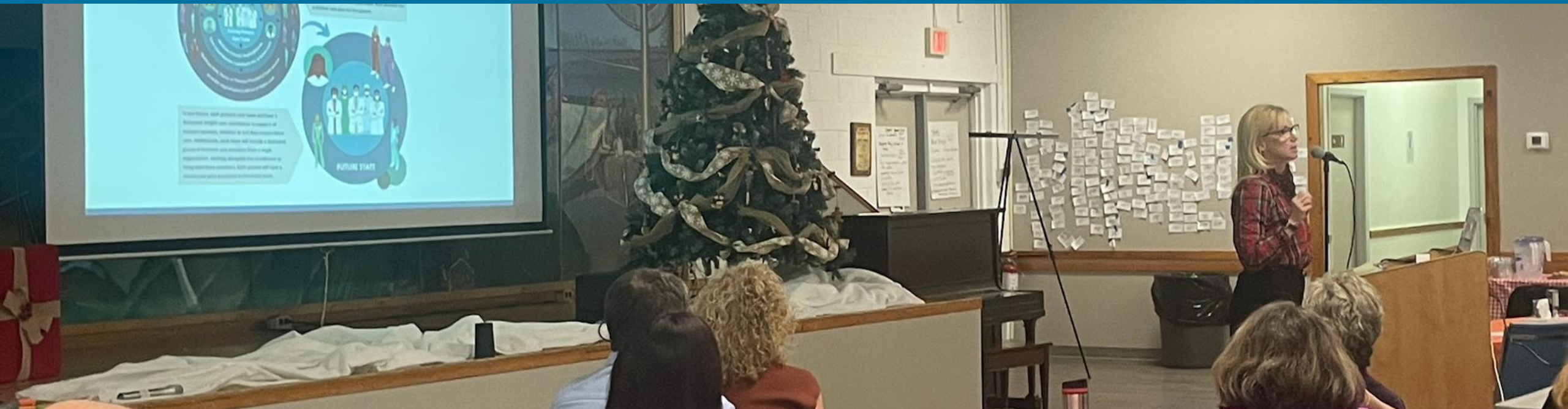


Capacity
enhancement for
seniors mental
health

Emmi Perkins from Guelph Wellington OHT outlined how innovative collaboration and cultural shifts within the Guelph Wellington OHT has accelerated their collective impact and advanced integrated care in their communities.

Key to their One Team Approach is the GWOHT Integrated Patient Care Team (IPCT) model and radical collaboration. She emphasized that this type of cultural transformation is a long-term commitment.

We were encouraged to identify individual actionable steps for breaking barriers in the system and to build on the GWOHT One Team approach and self-assessment to support HPE OHT's growth.



“We are dismantling some of the systemic barriers to enable integrated care.”

“We have grown up in a system that is very different than how we're suggesting that we need to be in the future..[this is a shift] that will take generations.”

What do we wish for us to achieve in the next two years?

REGULARLY CONVENING BRAVE SPACE

MOVING TOGETHER TOWARDS COLLECTIVE IMPACT

CARE WHEN AND WHERE PEOPLE NEED IT, AT SCALE

INTEGRATED PRIMARY CARE TEAM EXPANSION, ACCESS, AND ATTACHMENT

INFORMATION SHARING, DIGITAL HEALTH AND EMR INTEROPERABILITY

RESEARCH AND KNOWLEDGE SHARING

ENSURING RURAL CONSIDERATIONS ARE EMBEDDED

SHIFTING TO UPSTREAM AND WHOLISTIC CARE:

PREVENTION AND LIFE CYCLE FOCUS

PAY EQUITY

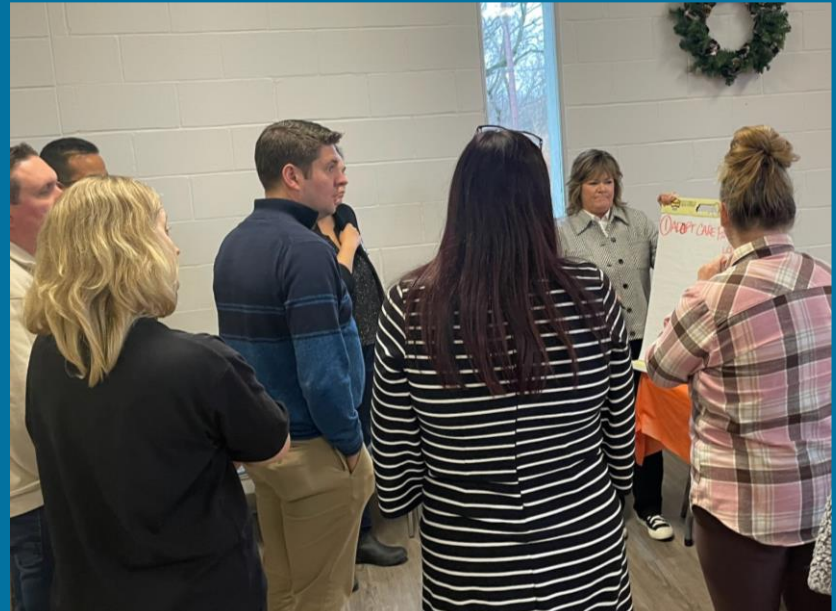


Day 3

Patterning Our Possible Future

We continued to build our relational foundation





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

Our Areas of Strategic Breakthrough

Shared Priorities and Roadmap - *DRAFT*

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**

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GUIDING PRINCIPLES

DRAFT

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

Key Activities to Advance Strategic Priorities



A shared focus on prevention to advance population health and wellbeing

Advance Comprehensive Primary Care

- Provide collective advocacy for comprehensive primary care by sending Letter to Dr. Jane Philpott signed by ALL PARTNERS
- Socialize and Implement Primary Care Strategy

Align planning and execution of community strategies across HPE

- Community safety and wellbeing plans
- Efforts to reduce social isolation and improve food and nutrition

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

Adopt a 'one team' model of integrated care and apply to the following populations:

- Mental health and addictions (building on Child and Youth Mental health model)
- Older adults with complex care needs including those that require palliation
- Lung health

Disrupt the regional home care model and expand Quinte at Home

Expand Integrated Clinical Pathways

Key Activities to Advance Strategic Enablers



A Shared Focus On Our New Culture For Sustained Impact: Building Our Capabilities For Learning And Working Together

Plan for Interorganizational Capacity Building at All Levels

- Interorganizational connection and learning to enable collective impact
(Confirmed session January 24, 2025)
- Launch inter-organizational training program in partnership with Loyalist College

Walk and Step or Two..

- Partners to visit and learn about each organization (ie United Way HPE Site Bus Tour)

A Shared Focus On Using Data And Information Sharing Effectively

Advance knowledge across 'all staff' for more effective data and information sharing

Map data/information assets across all partners



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.***

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

My personal commitments
Themes

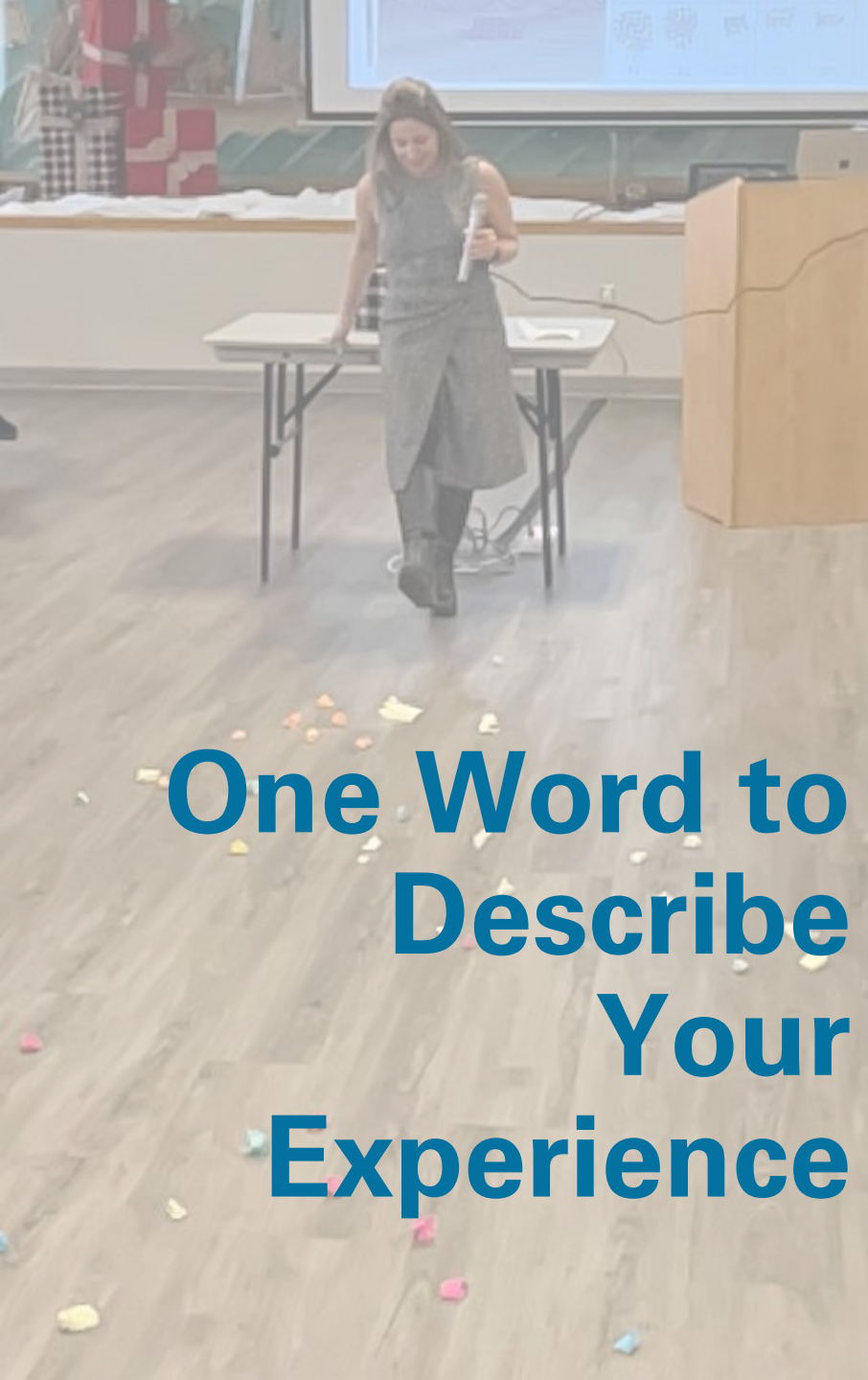


A word cloud representing personal commitments. The most prominent words are 'collaboration', 'relationships', 'communication', 'integration', and 'learning together'. Other visible words include 'knowledge sharing', 'partnership', 'trust building', 'openness', 'advocacy', 'leadership', 'engagement', 'inclusivity', 'alignment', 'community focus', 'active participation', and 'adaptability'.

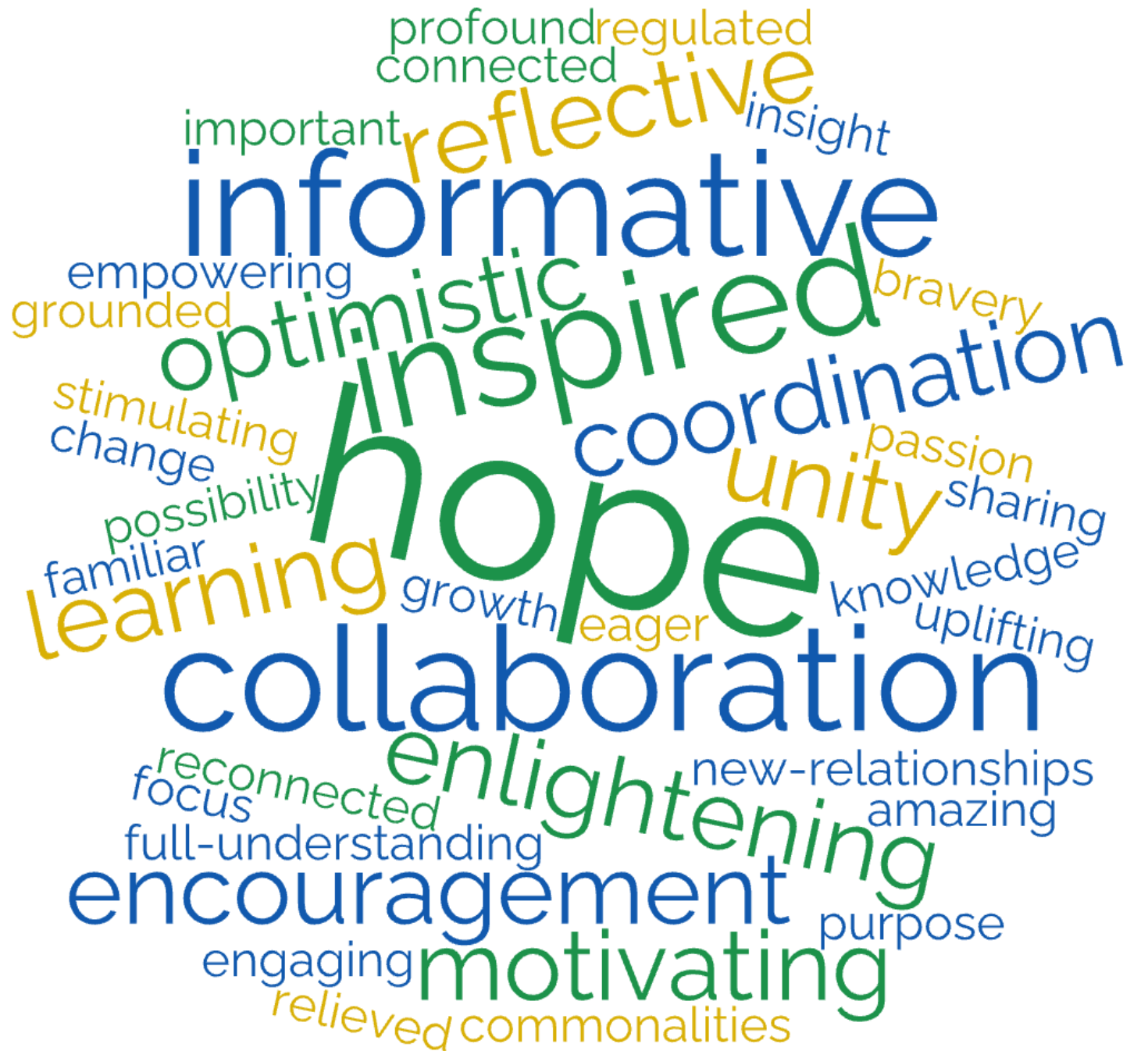
What I need from others
Themes



A word cloud representing needs from others. The most prominent words are 'brave space', 'information sharing', 'partnership', 'communication', and 'understanding'. Other visible words include 'resource sharing', 'support', 'engagement', 'governance', 'accountability', 'more gatherings like this', 'representation', 'openness to change', 'collaboration', 'leadership', 'inclusion', and 'continued'.



One Word to Describe Your Experience





Convene | Coach | Capability | 4 | Collective Impact

CONNECTION IS THE CORRECTION

www.4CImpact.org



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