

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

Friday, January 24th, 2025

Summary



Hastings Prince Edward
Ontario Health Team

#HPEOHTShapingOurFuture

Supported by:



Convene | Coach | Capability | 4 | Collective Impact

www.4Cimpact.org

Jodeme Goldhar, CEO
Meghan Perrin, Associate

Rural Hastings

Prince Edward

Quinte West

Belleville-Tyendinaga



Hospice North Hastings
CARING WHEN THERE IS NO CURING

North Hastings Children's Services

Haliburton & Bancroft Midwives

Central Hastings Family Health Team

Bancroft Community Family Health Team

CARE North Hastings
rooted in respect, kindness and integrity

Gateway Community Health Centre

Gotcare



PRINCE EDWARD FAMILY HEALTH TEAM
Your partner for best health

HOSPICE Prince Edward

The County
PRINCE EDWARD COUNTY • ONTARIO

H.J. McFARLAND MEMORIAL HOME

The Prince Edward County Community Care for Seniors Association

Peer Support
South East Ontario



Quinte West

Lakeview Family Health Team
Professional Partners in your Primary Care

Trenton Memorial Hospital Foundation

TRENTON MFRC / CRFM



Belleville and Quinte West Community Health Centre

Cheshire Homes
(Hastings - Prince Edward) Inc.

CDC QUINTE
COMMUNITY DEVELOPMENT COUNCIL OF QUINTE

E.J. McQUIGGE LODGE
Life is a Story. Live it Well.

Belleville Nurse Practitioner-Led Clinic

Pathways to Independence

john howard society
Belleville

CCSSH
Community Care for South Hastings

Queen's University
Belleville Queens Family Health Team

HPEOHT (Regional) / OH East / Provincial



United Way Hastings & Prince Edward

HASTINGS PRINCE EDWARD Public Health

LOYALIST COLLEGE

Quinte Health

youthab.
Support. Empower. Connect.

Sexual Assault Centre for Quinte and District

Highland Shores CHILDREN'S AID
Protect. Care. Empower.

Hastings County
Supporting People & Our Communities

Ontario Health atHome

O.P.P.

VON

Alzheimer Society
HASTINGS - PRINCE EDWARD

CMHS
Children's Mental Health Services

REHAB

Quinte Midwives
a national approach to care

Providence Care

ENRICHMENT CENTRE FOR MENTAL HEALTH
Recovery • Resilience • Renewal

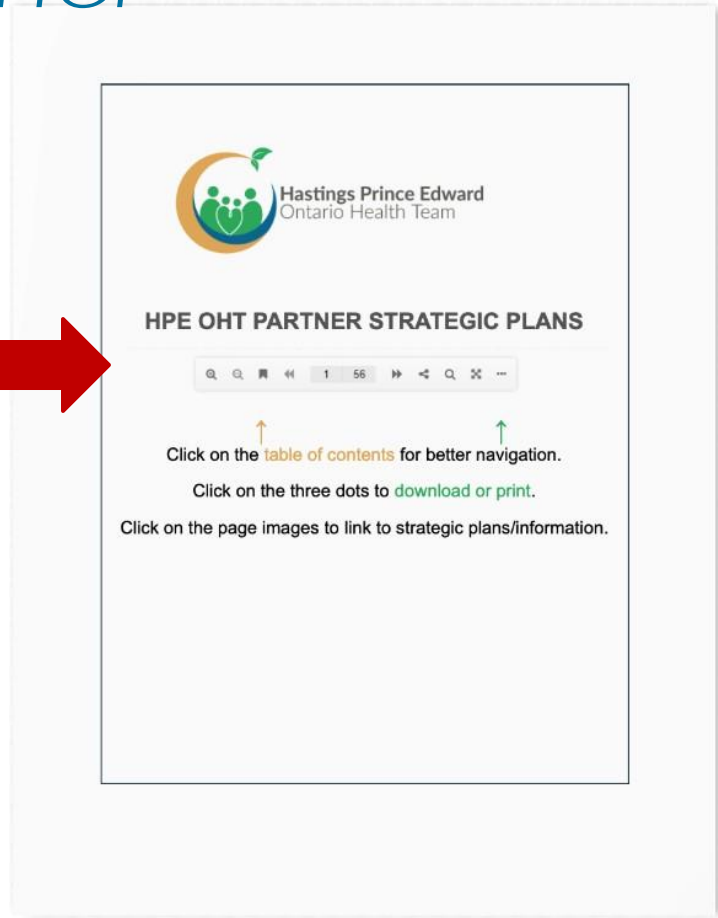
Strategic Plan Flipbook

A new resource to learn about each other



Partners

Every day, these providers and the employees who are the foundation of these organizations are working to provide critical health and human services and supports to those who live in Hastings and Prince Edward Counties and to those from outside of our communities who rely on services and supports in HPE. The impact that these service providers have is far-reaching, well beyond the borders of Hastings and Prince Edward Counties. This Collaborative, as a critical part of the HPE OHT is bringing life to our shared purpose; ***Caring for our communities together. Partnering for better health and wellness, within, and across our communities.***






We are democratizing the change process by working together across organizations, sectors and hierarchies.

We are bringing together front-line staff, management, directors, executive directors / CEOs, and board members in equal partnership with community members to design and pattern a new way to lead together.

- Jodeme Goldhar



Our Experience

A hallway with white walls and bulletin boards. The bulletin boards are covered with various documents, including a large diagram with colored circles and arrows. The diagram has a central yellow circle, a blue circle, a purple circle, and a red circle, all connected by arrows. The text is overlaid on the image in a blue, sans-serif font. The word "everyone" is highlighted in green.

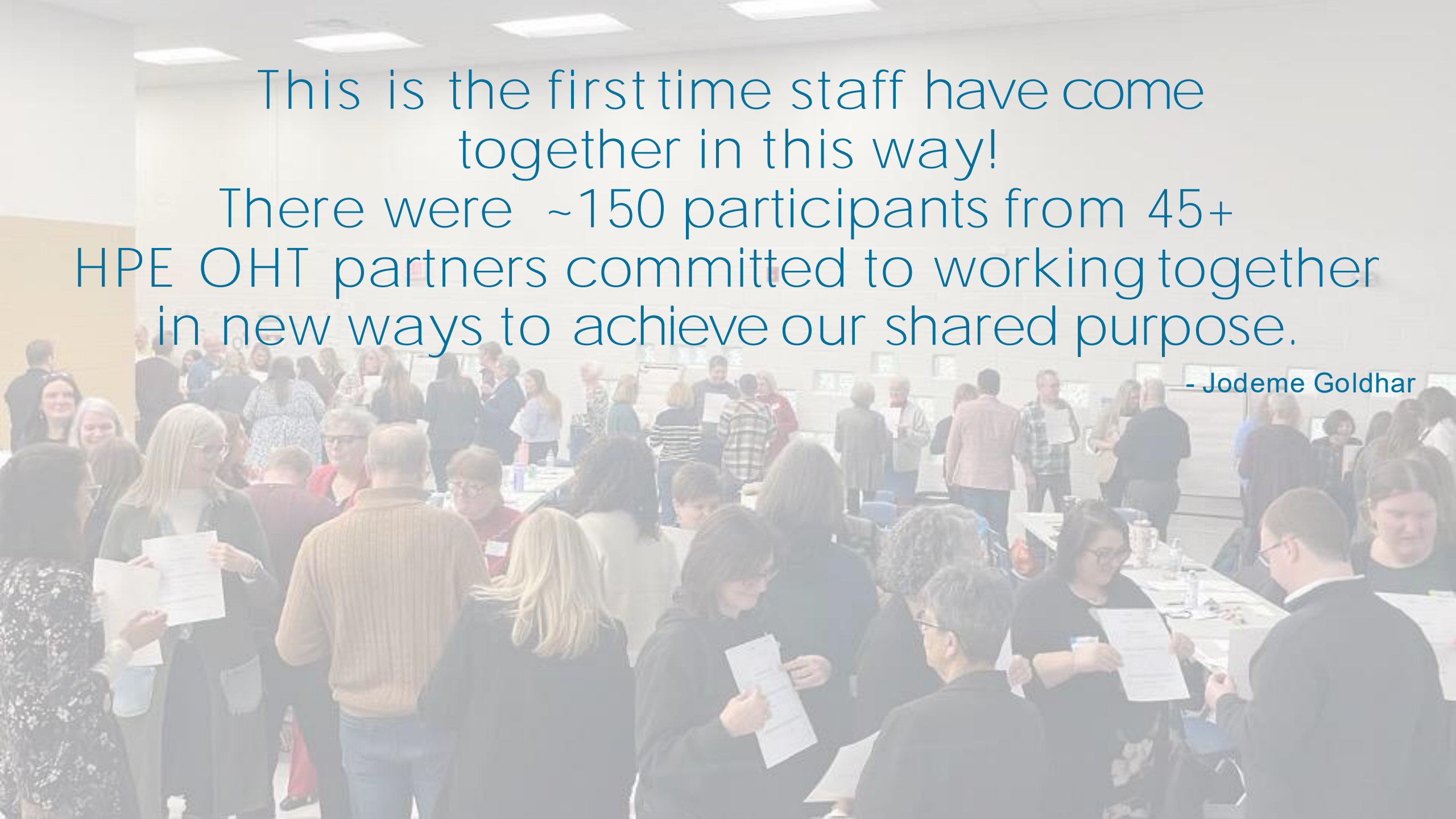
We are on a journey to collectively shape our health and social care system so that it works for everyone—patients, caregivers, and the dedicated people that provide care in the community.

- Jodeme Goldhar

This is the first time staff have come together in this way!

There were ~150 participants from 45+ HPE OHT partners committed to working together in new ways to achieve our shared purpose.

- Jodeme Goldhar

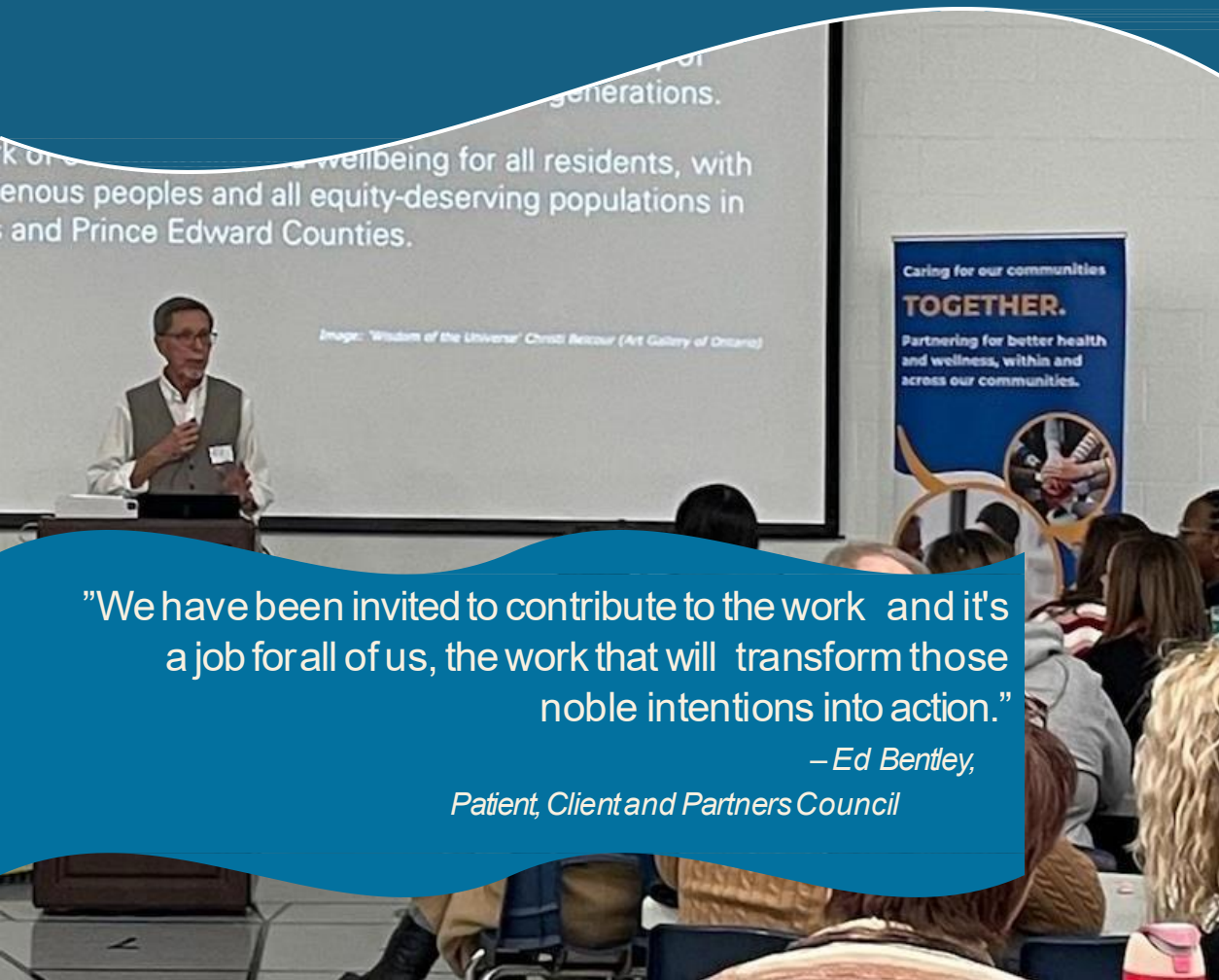




Our Shared Purpose

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

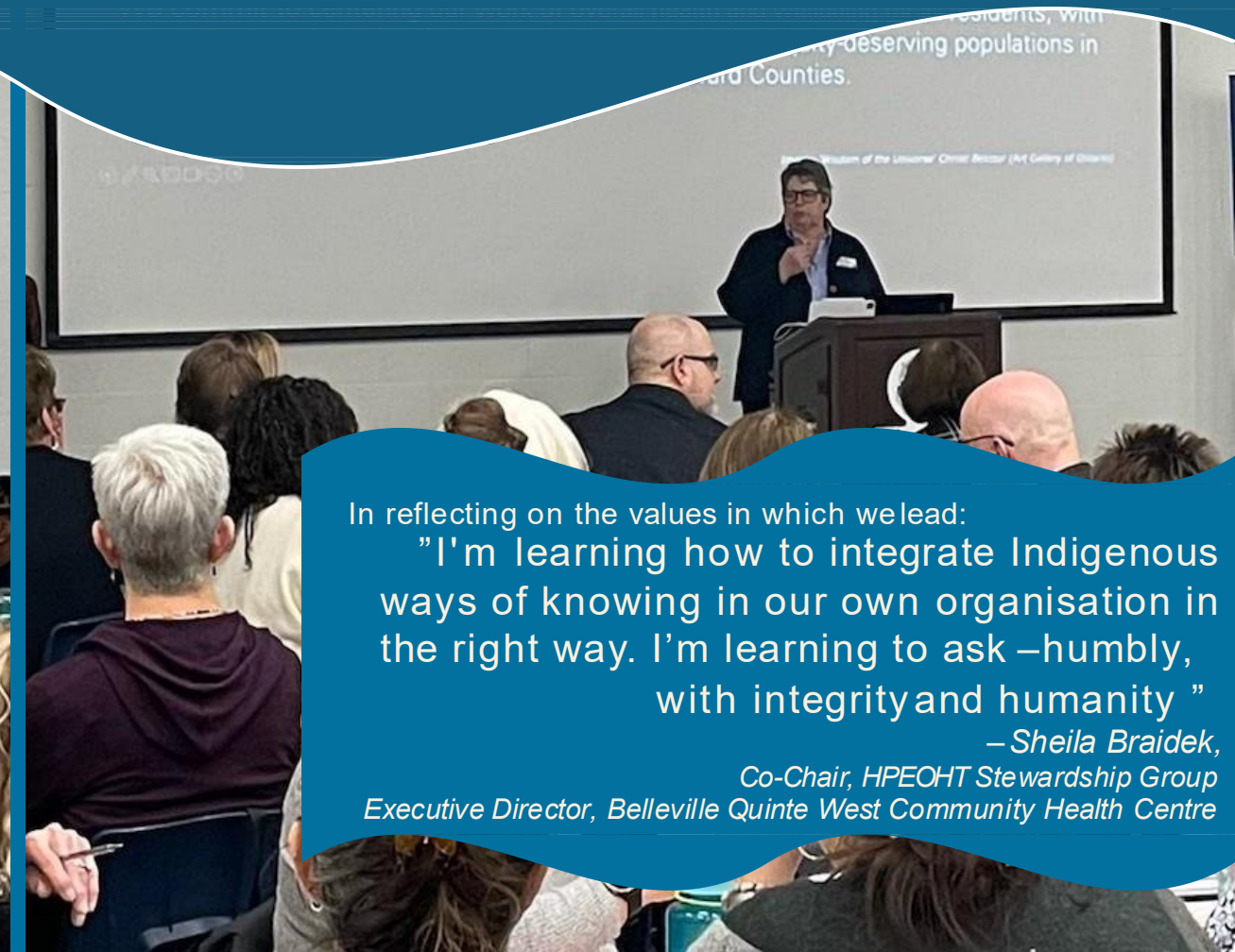
We explored what it means to move beyond land acknowledgements



"We have been invited to contribute to the work and it's a job for all of us, the work that will transform those noble intentions into action."

– Ed Bentley,

Patient, Client and Partners Council



In reflecting on the values in which we lead:

"I'm learning how to integrate Indigenous ways of knowing in our own organisation in the right way. I'm learning to ask –humbly, with integrity and humanity "

– Sheila Braidek,

*Co-Chair, HPEOHT Stewardship Group
Executive Director, Belleville Quinte West Community Health Centre*



Stacey Daub, *Co-Chair of the Governance Action Table (GAT) & CEO, Quinte Health* gave an overview of Hasting and Prince Edward Counties’ evolving population leading to increased complexity and more demand on health and care:

“ Most health systems around the world – including Ontario - are looking at how to build more integrated and connected systems because their current systems are no longer fit for purpose. They were not built for a population like ours **that’s** growing, ageing, and has a higher burden of chronic **illness.**”

How do you need to act, think, and do things differently in this complex environment to be able to do your role, serve your community and be successful? We will see exponential impact when we seed the change at individual level so that it becomes our collective shift.

Thinking about how things are evolving, it is incumbent upon us as individuals, as leaders to think about what do we have control over? and how can we use our agency together to make a difference to the people we serve and to one **another?**”



Hastings Prince Edward
Ontario Health Team

Our Population

~178,000 people

Is growing and changing:

+ 5.2%



Population growth

With an increasing **racialized and newcomer population** and seasonal populations

Is largely rural:



2 out of 3

live in small towns or rural areas

Is relatively older:



1 out of 4

are ages 65+

Has a relatively large segment that is **materially and socially disadvantaged**

Experiences health differently:



Only half report **very good or excellent health**



We have higher rates of **chronic conditions** like diabetes and COPD



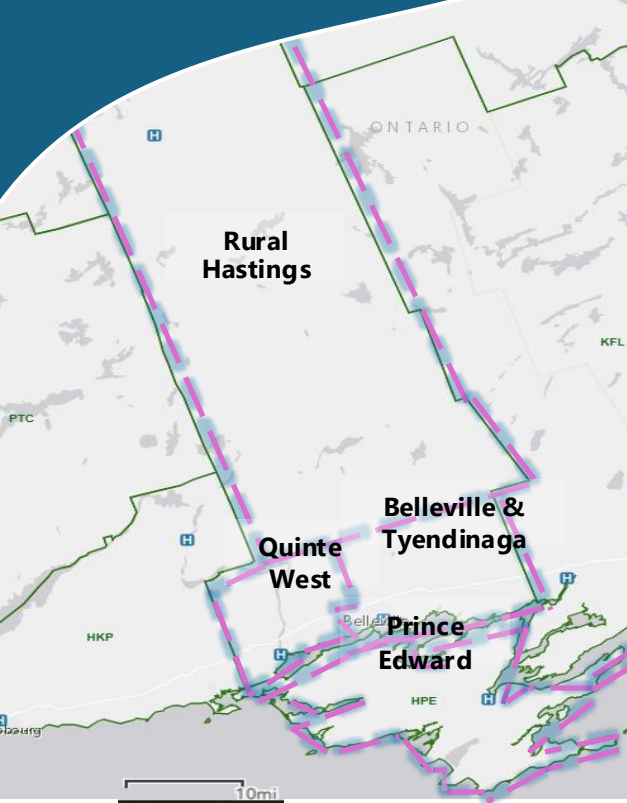
People live **2.5 years less** on average compared to other Ontarians

**If our goal is health and wellness,
we need to think and work differently.
We need to shift our operating system
(the way we work) to be deeply relational
and radically collaborative.**

**It is our collective responsibility to engage in this
movement, to be catalysts for change, seeding
connections, and supporting each other to learn,
unlearn and grow for collective impact!**

- Jodeme Goldhar

We spent time getting to know each other



our roles,
where we are from,
what populations we support
and our superpowers!

How would you describe being in this room together?

A word cloud of positive adjectives describing the experience of being in a room together. The words are arranged in a roughly circular pattern, with some larger than others. The colors are primarily shades of orange, green, and blue. The words include: inspiring, impactful, supportive, great, potential, fun, inclusive, overwhelming, positive, energy, collaboration, motivating, social, interesting, learning, energetic, encouraging, exciting, optimistic, eye-opening, friendly, powerful, enlightening, hopeful, connected, and heart full.

"Hopeful! there is real potential to make significant and lasting change"

"Inspiring to see how many people are interested and willing to help shape the future of healthcare in our communities."

"Extremely exciting and gives me hope for the future of our community. So many unique individuals with different skills who, when united anything can be possible"

"It's nice to see a variety of agencies committed to collaborating and facilitating systematic change."

"Loud, in a good way. A lot of laughter, very welcoming and great meeting others."

What are
your
hopes
for today?

Themes

connection
setting goals effective solutions
learning about each other meaningful change
tangible progress
system improvement
actionable plans
networking
collaboration



We learnt
about Integrated
Care and
Population Health
and how we can
start to pattern
new ways of
working together

Integration is a worldwide movement

Health systems around the world are converging on their aims to advance population health.

In order to achieve health and wellbeing depends on intention and action.

The more we invest in building our interorganizational connection and shared capability, the greater the opportunity impact!

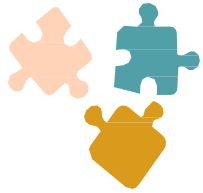
We explored how we can shift our mindsets and behaviours in order to pattern a new way of working



SCARCITY



ABUNDANCE



MISSION



SHARED PURPOSE



ORGANIZATIONAL IMPACT



COLLECTIVE IMPACT



EGOCENTRIC



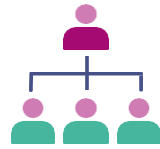
ECOCENTRIC



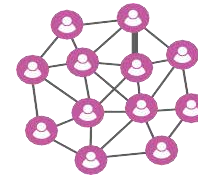
SHAME AND BLAME



STRENGTH BASED



OLD POWER



NEW POWER



SHARING INFORMATION



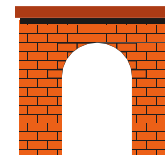
ENGAGEMENT



CO-DESIGN



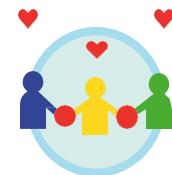
INDEPENDANT



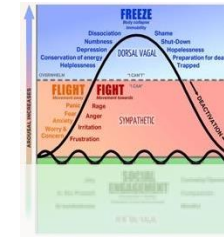
INTERDEPENDANT



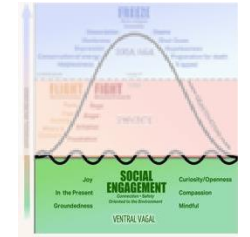
TRANSACTIONAL



RELATIONAL



DYSREGULATION



CO-REGULATION



TRADITIONAL COMPETENCIES



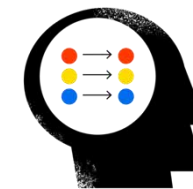
EVOLVING COMPETENCIES



MANDATE



MOVEMENT



WESTERN WORLDVIEW



KINSHIP

From Shame and Blame to Strengths- Based
Seek to Understand



...and considered what these shifts mean for us as individuals, our organization, your sector, and our communities.

These are the themes that emerged from our conversations

Radical Collaboration

Strategic and Operational Alignment

Creating investors in the Change

Matching Capability to Complexity





Radical Collaboration

Connection as the Correction

How might **we...**

- continue to make time to have more meetings in person?
- Make the time to get to know each other?
- shift from competition to collaboration while sharing resources and talent?
- create a trusted, supportive environment that fosters open communication?
- dismantle silos and build trust across different sectors and agencies?
- collaborate on case management and at point of care?
- make radical collaboration our new operating model, both within and across organizations, sectors and communities?



Strategic and Operational Alignment

How might **we...**

- develop common strategic priorities across organizations?
- leverage and highlight individual agencies' strengths and resources to support the collective?
 - ex. N95 fit testing, available meeting rooms, etc.
- adopt a "no wrong door" approach where every point of contact leads to service?
- work collaboratively to eliminate perceived duplication of services?
- effectively use the OHT website to store and share information on new projects and available resources?
- be creative so people in our community (patients, clients) experience us as one team?
- look to align operational policies to support a collective change in culture and practices?



Creating Investors in the Change

How might **we...**

- co-design solutions with people with lived experience (patients, clients, care partners)?
- make it a standard practice to consider who needs to be involved in discussions and decision-making?
- involve staff at all levels across partner organization in decision-making processes?
- ensure all involved parties feel valued and heard?
- encourage individuals and organizations to step out of their comfort zones?
- move away from reverting to what's "easy" and embrace new approaches?
- effectively gather and incorporate feedback from frontline workers and those affected by change?
- create an environment where vulnerability and honesty are valued and practiced?
- prioritize quality communication with an emphasis on transparency?



Collective Capability to Match Complexity

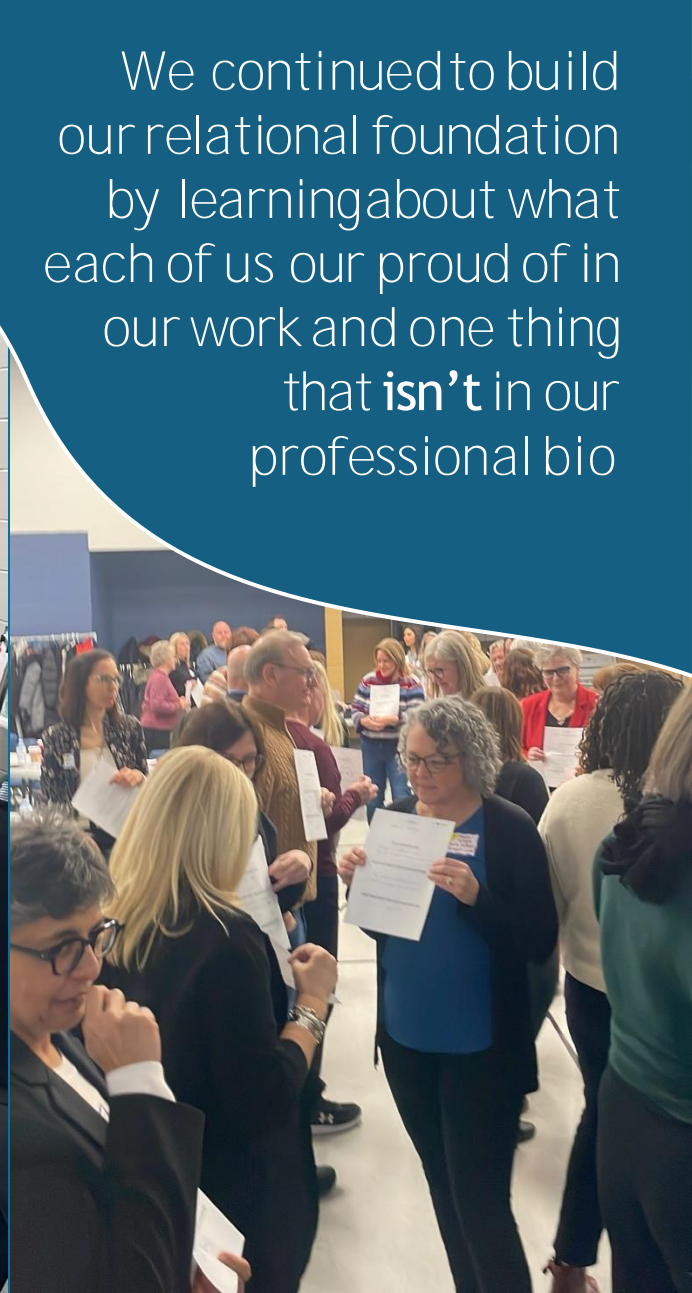
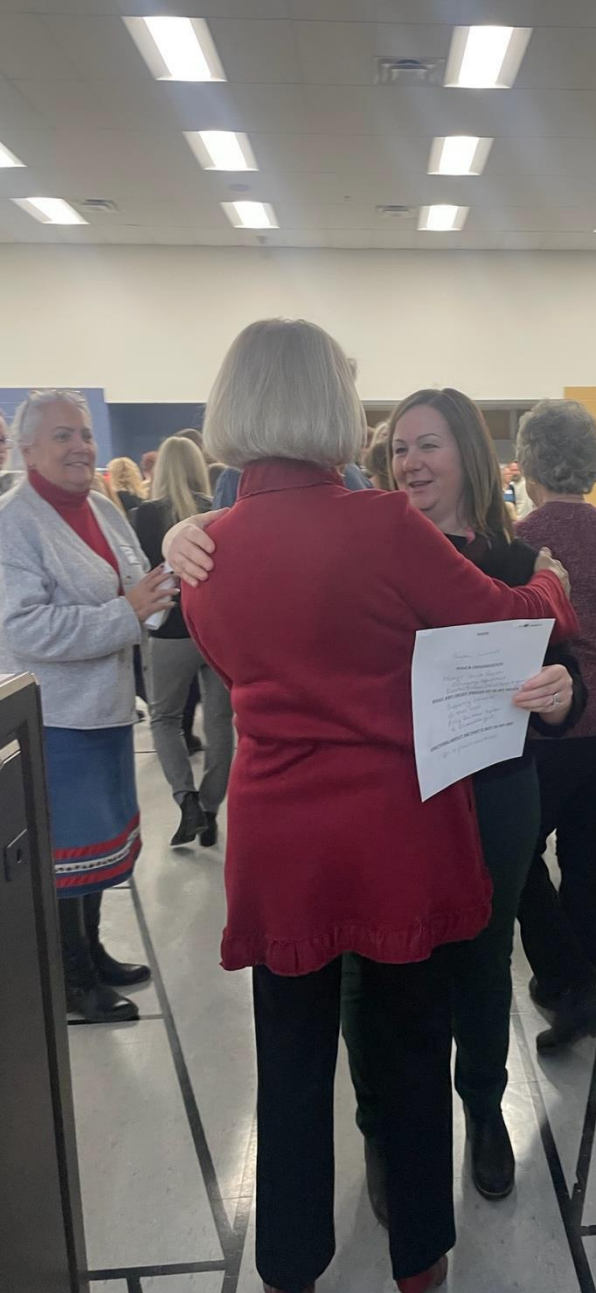
How might **we...**

- increase our collective knowledge of services and assets in our community?
- establish a system for regularly sharing valuable information among all partners at all relevant levels?
- implement collective continual education initiatives that prioritize in-person interactions? Starting with staff wellbeing as our first collective support goal.
- improve our understanding of how to connect people to appropriate services?
- collectively address and overcome barriers to technology in our organizations and communities?

We need to slow down to speed up.

- Jodeme Goldhar





We continued to build our relational foundation by learning about what each of us is proud of in our work and one thing that **isn't** in our professional bio

We celebrated Mike Slatter,
Deputy Chief of Paramedic Services.

“I've gained a lot more relationships going through this [radically collaborative] process [with over 45 organizations across HPE] and I'm hoping to bring this energy to my new role as Chief in the county of Haliburton. I've been asking about the OHT and the relationship with paramedics there and I am hoping to build on that further. This has been an incredible experience, and I think it helped get me my new position.”

Lisa Ali (CEO – CMHA HPE Addictions and Mental Health Services),
Barinder Gill (Executive Director, Prince Edward Family Health Team),
and Nadia Guerrero (Industry Partnership Officer - Loyalist College)
shared their reflections on the experience throughout the series spent across all the
45+ HPE OHT organizations



“...if you're getting any of the grounded feeling today, you're getting a piece of what it felt like to be in that space together over our recent HPE OHT Summit. Getting to know each other and getting to know a little bit more about what each other does.

You couldn't get away from feeling that we're all in this together, part of a **movement.**”

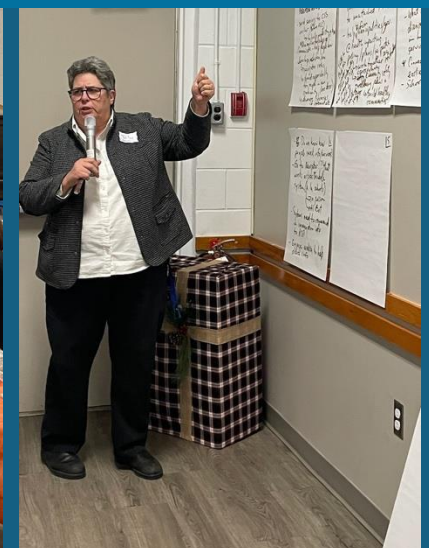
- *Nadia Guerrero*





Collaborative Governance and Leadership | November 5th and 28th 2025

How will boards govern differently and how might they shift to hold senior leaders accountable to the HPE OHT shared purpose?
How might we align common strategic priorities across our organizations in order to have collective impact?

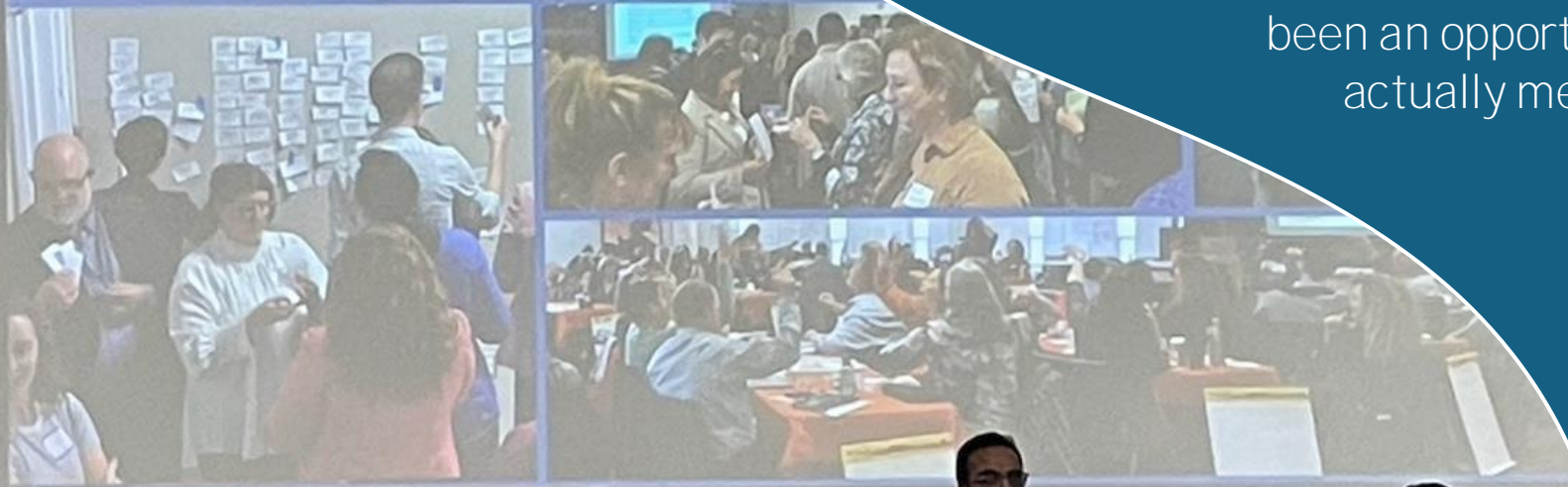




Learning and Impact Summit - November 20th, 21st, 22nd 2024



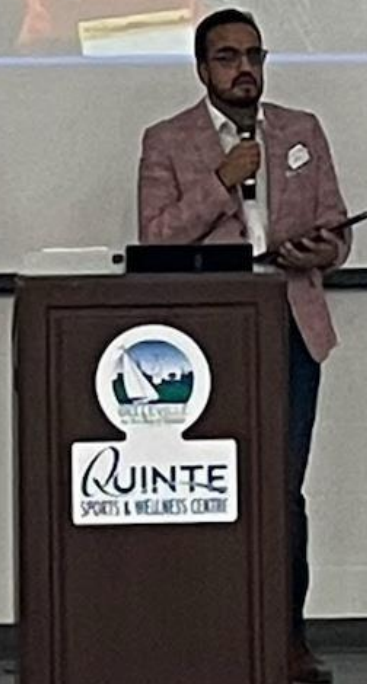
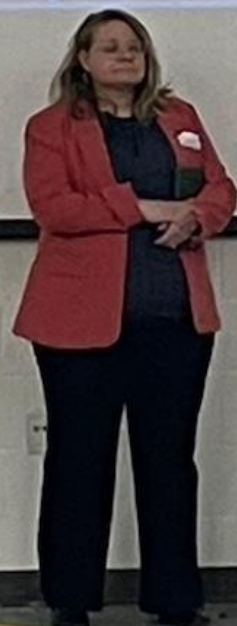
Learning and Impact Summit - M



“This time we’ve spent with one another has really been an opportunity for us to redefine what leadership actually means. New leadership doesn't really rest within any one individual role, but it’s a shared responsibility.”

When we talk about system transformation, **it’s** not just a senior leadership thing, it's not just a board thing and **it’s** something everyone must be a part of”

- Barinder Gill



Our Commitments

Leadership
Collaboration
Client-focused
Open-mindedness
Willingness
Resource Sharing
Communication
understanding
Strategic Relationships
Alignment
Indigenous Teachings
Collective Advocacy
Governance
Education and Training
Information Sharing
Culture Shift
Partnership

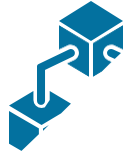
“At the end of the summit we were asked to make a personal commitment: how are we going to show up differently in this work and how are we going to take that back to our organisation? The commitment that I made was to say yes.

I think of the state of emergency around addictions and mental health and how it challenged our teams to think, act and work in a different ways. We now have these incredible partnerships, like CMHA and paramedics on the ground at The Bridge every single day preventing people from going to the ED and making sure people get the care they need when they need it. Not because we asked people to do that or we had money to do that or we had extra people to do that. It's because people said yes. Only then were we able to take something that was really, really challenging and turn it into something that's really making difference in our community.

- Lisa Ali

Fundamental Shift: WE ARE THE OHT

There was collective agreement that:



The OHT shifts from being an initiative to being our work. Work to which we have collective responsibility and accountability



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



We shift from scarcity mindset to one of abundance

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
HPE OHT Summit (November 2024)

We started to think about how we can start to span boundaries in the way we work together - within and across our organizations and communities - in order to address health inequities and have a positive collective impact for health creation.

- Jodeme Goldhar

We determined that if our shared purpose is:

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

...**how** might we imagine the difference we could make if we focus on these four areas together?

Prevention to advance population health and wellbeing

Creating integrated care teams for those who need it most

A new collective culture for sustained impact: building our capabilities for working together

Using data and information sharing effectively

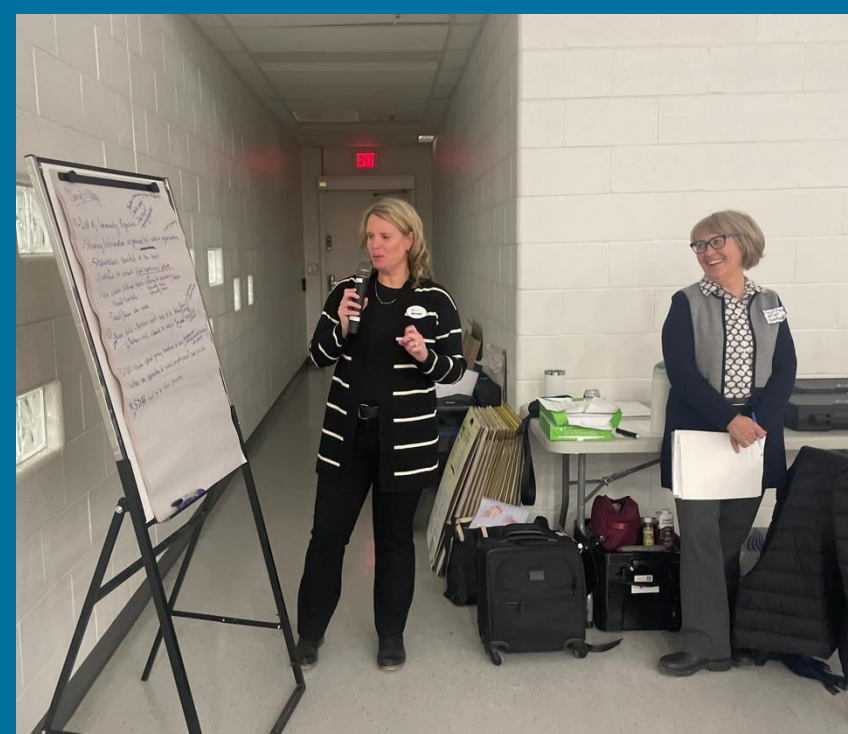
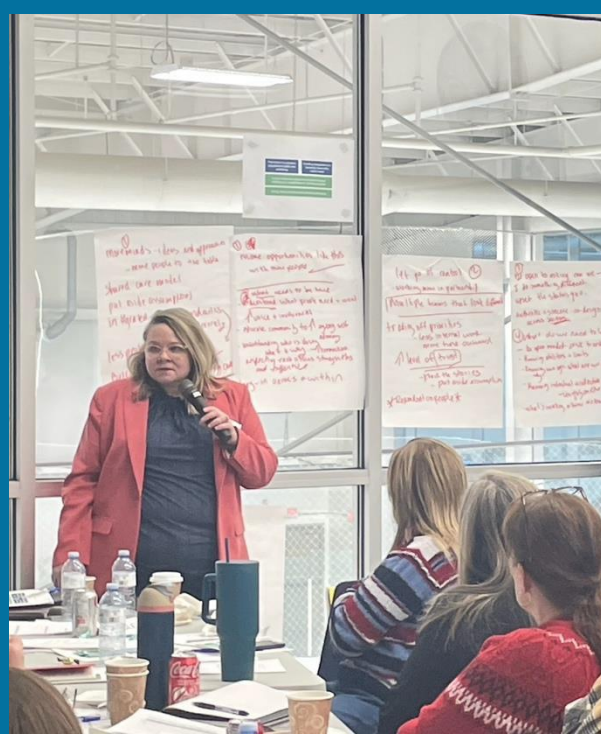
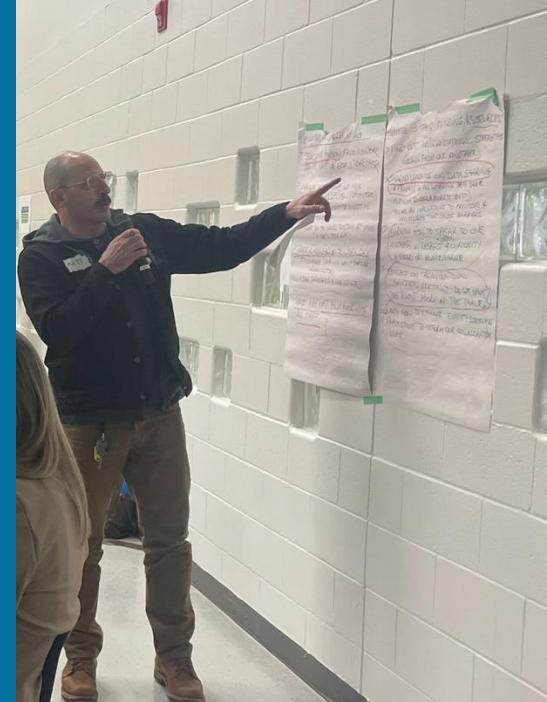
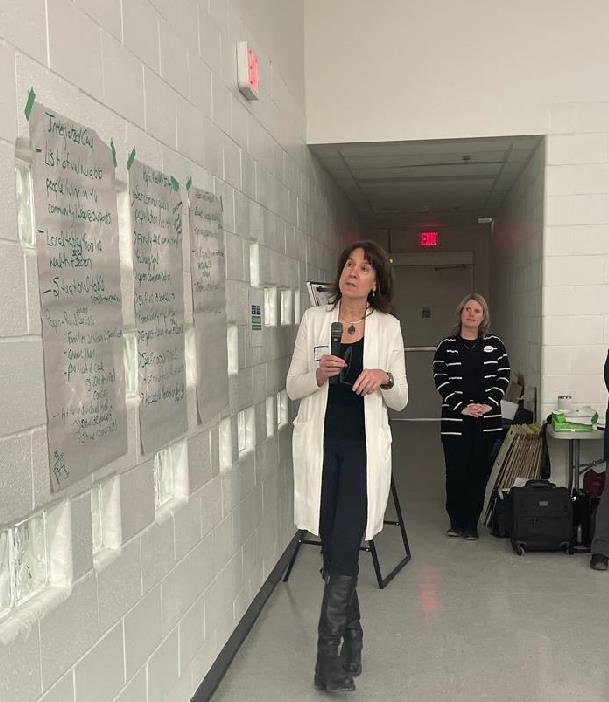
We worked through “**What** would need to be true to bring this to **life?**”

- How would we work differently together?
 - Within and across organisations and sectors
 - Within and across communities
- What do these mean for: my role, my organization, my sector?
- What needs to be true to support people/ patients/ clients/ families better?
- What do we need to do to learn from each other?
- What areas of focus / skills / topics do we need to learn together?



What would need to be true to bring this to life?





KEY TAKEAWAYS

- Organize ongoing and regular inter-organizational gatherings to foster relationships, facilitate learning, and support collective problem-solving.
- Align strategic directions with common goals across all OHT partners, ensuring shared accountability.
- Align quality improvement initiatives towards common strategic priorities and shared purpose.
- Develop and implement shared training opportunities, including clinical skills, new ways of working and how to support staff wellbeing across all 45+ organizations.
- Promote an abundance mindset by enabling resource sharing (e.g., staff, meeting spaces, training) to support the shared purpose and working upstream.
- Identify opportunities where resource sharing can enhance outcomes aligned with the quintuple aim.
- Establish a comprehensive data-sharing framework with clear privacy and security protocols.
- Formalize informal connections to create sustainable and structured collaborations.
- Create mechanisms to enable effective resource sharing between organizations.
- Establish channels for frontline staff to share ideas and contribute innovative solutions.
- Implement shared digital platforms to facilitate communication and collaboration among organizations and providers.
- Formalize a list of vulnerable people living in the community that need/would benefit from wrap around supports.

How we work differently

- apps → help bridge these for patients via providers
- communication
- listen, hear concerns free of judgement
- Platform to problem solve + collaborate (digital tool)
- "What can we do together today?"
- To learn about other orgs
- Advocacy → strength in numbers across sectors

How

- win organizations + take time to "pick up" and connect with other orgs (eg. joint program development)
- Meaningful + Sustainable partnership within org. mandates, how can we find ways to do things differently
- see where we can "bend the rules"
- think outside the box
- Security → abundance within
- Open + transparent dialogue = no agendas
- front-line input into strategic plans = are connected to the population most directly
- gives awareness to front-line staff

What needs to be true

- Keep a shared vision alive
- Successes + incremental. Scale + spread
- Signed commitment as people come into org., review regularly
- Focus on patients + clients, don't get lost in mandates
- Wholistic approach
- Sharing Stories & Successes + lessons learned
- learn from each other
- include families + stories
- Write feedback in various ways to learn + grow
- Have a platform for sharing + learning
- 2 sides = just for svcs. providers for pts + public
- "have your say"

Prevention to advance pop health

- understanding future looks
- shared common goal of improving health outcomes (best) + program based on community needs
- computer to track, and a program for data analysis
- don't do things through CHT
- taking care of streets
- what is need + communication and stability
- communication allows awareness of resources + needs + reach + capability
- right people → go on left
- intentionally creating space for presentation
- talk to each other more, that's not how we're used to
- plan ahead (not reactive)
- being accountable to change we all want to drive this equity, not to help EBT

Culture → overlap with

- aligning strategic priorities
- ensure we look to the future for sustainability
- from top to bottom of org.
- many more formal connections
- shared metrics, data, systems
- collaboration across organizations, actively removing barriers
- acknowledge how much effort this collaboration will take

Integrated Care for those who need it most

- sharing space
- situation tells
- mapping out resources, distribute according to need
- less referral
- all doors lead to service
- sharing information + identify who needs it most (pop. health)
- openness and willingness, from providers and people receiving care
- access
- community education, eg. navigating
- communicating out into standard suite across duplication of service
- spread the best practice
- do what you do well

Client + City

- List of Community Agencies
- Sharing information respectfully within organizations
- Stakeholders identified at the start
- (invitation to consult. Equal experience) partners
- Use whole & varied topics - getting to know each other
- Call home later needed
- Need data - business need - need to be better (strong)
- Partners need education to work on "your own turf"
- BCIH: Work - shared journey towards to care
- what are opportunities for central (or equal) issues? need to be best
- RSDH - need to be best (partner)

WHERE IS THE FUNDING RESOURCES?

- FINANCIAL + NON-FINANCIAL RESOURCES (FROM EACH PARTNER)
- SHARED LEARNING AND DATA SHARING (TECHNOLOGY) TO IMPROVE + INNOVATE CARE
- PLAYBACK + EVALUATION (BOTH)
- THIS IS AN INVITATION TO PARTNERS + PROVIDERS THAT USE BARRIERS
- LEARNING TO SPEAK TO ONE ANOTHER, IN RESPECT + EQUITY
- SHARING ABOUT GRANTS - THINGS THAT WORKED WELL, COMMUNICATION TECHNIQUE
- LEARN FROM EACH OTHER
- OPPORTUNITY TO PARTNER FOR COLLABORATIVE CARE

more opportunities like this with more people

- what needs to be true
- understand what people need + want
- voice + involvement
- educate community to agency self-advocacy
- understanding who is doing what & why
- respecting each others strengths and expertise
- buy-in across + within

(let go of control)

- working more in partnership
- Multiple teams that look different
- trading off priorities
- less internal work - more time outward
- level of trust
- share the stories
- put aside assumption
- *dependent on people*

Shared care model

- ideas and approaches
- more people to do table
- put aside assumption
- in hospital - less boundaries
- be unions - strategy
- less product driven
- artificial limits
- better in partnership
- primary care
- most system navigation
- we at stress

Be open to asking can we - can upset the status quo.

- authentic + sincere - co-design across sectors
- what do we need to learn?
- be open minded - ask to understand
- knowing abilities + limits
- knowing what you want are we doing why
- knowing individual + collective change
- why you on the
- what's working + how we build upon

Pop Health + Integration

- Set common goals re population health
- formally seek commitment to change goal
- open communication
- shifting resources to community + upstream
- respect + learn from expertise
- specific actions, goals
- accountability mechanism
- Access to Prevention

List of vulnerable people living in the community / w/ supports

- Local table for local health + sector
- Situational table
- Popul. Based Services
- Families + children
- Chronic illness
- Palliative of care
- At the individual level
- reduce yourself
- I have connections

Sustained Impact

- Shared in organizational training opportunities
- Walk a mile in one another shoes
- Eng/Op/Plt/CSS
- Shared vision/goals
- Sharing + training plans

TELL ONE PERSON FROM MY WORK ABOUT ONE GOAL TOGETHER

- CHALLENGE QUESTIONS WE ASK PATIENTS/CLIENTS (PROVIDERS)
- (HOW) DO YOU WANT TO INVEST IN YOURSELF
- WHAT DO YOU NEED TODAY AT HOME (IF ANY) FROM US?
- TAKE A MOMENT TO LOOK AT PROGRESS LEARNING ABOUT PATIENTS/PROVIDERS
- LEARN FROM EACH OTHER
- SINCE THE END OF THE DAY WITH ALL SHIT

Need to know what each other does

- resource + referral
- shared, central + distributed
- Relationships
- Central intake
- info sharing @ client + provider
- PC as central hub/home
- One client record
- various providers access to one record - Cl. out-cent.
- Healthmatch.com
- This is my need what services are available

Effective accessible system navigation

- metric for success belongs to recipient of service + voice of front-line service provider
- several data systems need to speak to each other
- balance of privacy protection + transparent sharing
- also need pulse on opinions of staff

empower productivity, not just reactivity

- better to know back-story - what brought patient/client to this point

What does this mean in role/sector?

- communication
- transparency
- clarification of roles
- embed prevention in all levels of care
- be willing to say yes
- break down silos
- facilitating meetings
- co-location and sharing space
- integrated data sharing systems
- health teaching + system nav → staff + pts
- Commitment to do this → All of #1 across sectors
- assignment of blame
- Organizational policies - review + adapt for more info
- overlap of Strat plans → Alignment

Needs + Readiness AX in organizations + across sectors

- spread - in + across
- using metrics that are quality driven and mutually agreed upon
- accessibility to the resources in the community
- funding
- communication across the system (break down silos within and across sectors)
- willingness
- services need to be value-add
- accessible, available, and publicly known
- allow communication across multiple service providers → break down privacy well so client/patient doesn't have to tell their story more than once

Learn from each other?

- everything
- strengths + weaknesses/gaps
- how to influence policy makers?
- joint submissions
- Privacy - same systems
- expertise + resources
- Parameters of the respective orgs?
- What does each org do? Referral path
- Criteria
- opportunities for collaboration?
- how can we do together
- shadowing
- how to support each other?
- collaboration
- look @ each org - Mission Statement
- Privacy - rules + limitations to facilitate care/support not be a barrier

What this means for my colleague

- Need to increase awareness about population health, data on what your community look like
- Move from talk to action → how can we sustain this energy + use learnings
- Start small to demonstrate success, build confidence + trust
- Pick up the phone
- build on informal connections + formally
- develop master list of contacts
- Invite others to "inner circle"

Areas of focus/skills / Priorities

- Communication that is healthy + transparent
- Permission to try + "fail forward" across organizations
- How different organizations work, service provided, collaborative efforts
- Sharing about grants - things that worked well, communication technique
- how to learn on municipal orgs
- How we can share resources

Whether we have an OHT policy or not, we know we need to shift from transactional to relational ways of working.

We commit to working together differently to achieve health and wellness within and across our communities.

Commitments

Themes from responses to What are 1-3 things I will do differently starting tomorrow to support our new way of working?

Eliminate
Blame

Communicate,
Communicate,
Communicate

Solve for problems together,
Advocate together, Learn together

NO WRONG
DOOR

SAY YES!

System
Stewardship

Openness and
Collaboration

Become a
change
agent

Reach out to partners -
more informal connections

SHOW UP
AND
FOLLOW
THROUGH

Question to
seek to
understand

Learn and
Unlearn (incl.
about each
other)

Listen and
really listen

Seek
answers
outside my
organisation

Challenge
and support
staff to be
curious

Learn about
each others
organizations

Look at
introducing
NEWPOWER

One Word to Describe My Experience Today





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