RURAL WELLINGTON HEALTH ADVISORY COUNCIL

VISION
Rural Wellington residents live their optimal health

MISSION
Enabling residents of rural Wellington through efficient, responsive, high quality health services to live optimal health

MODEL OF CARE
Consistent, resident driven, provider supported, inter-professional, integrated

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Consistent, resident driven, provider supported, inter-professional, integrated
Rural Wellington Shared Governance Across Health Care Partners

AFHTO Conference
October 16, 2014
Presenters

• Peter Kastner, Board Member, WWD CMHA
• Patricia Syms Sutherland, WWLHIN
• Liz Crighton, Board Member, EWFHT
• Dr. Sarah Gower, Board Member, UGFHT
Presenter Disclosure

- Patricia Syms Sutherland is an employee of the WWLHIN
- Dr. Gower is a primary care physician in the UGFHT
- Peter Kastner is the beneficial owner of 500 shares of Baxter Healthcare, a publicly traded corporation
Presentation Outline

• Rural Wellington Overview
• Setting the Stage: Conversations and activities 2009-2012
• June 21, 2012 and beyond
• Rural WHA Overview
• Collaborations and Integrations
• Questions
Rural Wellington Overview

- Includes 5 of the 6 municipalities in Wellington County and one township in Grey County
- Total population is 94,727 – 12.4% of total WWLHIN population
- Largest municipality - Centre Wellington with 28,815 residents living in 3 communities
Rural Wellington Overview

- 95% of primary care providers in the Rural Wellington area belong to a FHT
- Physicians in 3 of the 4 rural Wellington FHTs also provide care within the three rural hospital sites under AFA agreements
- 2 FHTs – physician led boards
- 1 FHT – community board
- 1 FHT – blended board
2009-2012

- Across the province headlines spoke about the health service issues in rural Ontario
- WWLHIN embarked on stakeholder and community consultations about issues in Rural Health Care
- January 2010 – WWLHIN Rural Health Report – 10 recommendations
2009-2012

- Rural Health Network – providers and stakeholders from rural communities across the WWLHIN
- Collaborative planning and problem solving between 4 rural FHTs
- Centre and North Wellington Diabetes Network
- Rural recruitment committee collaboration
2009-2012

- FHT leaders sitting on LHIN wide committees and councils
- Back office service sharing
- Shared program delivery between community mental health, hospitals and FHTs
- Lots of conversations focused on understanding each agency’s reality while we all tried to provide care to the same people
June 21, 2012

• Rural Health Network recommendations had all been ‘checked off’
• Learned a lot about what was impacting on health system use and overall community health – Social determinants, challenges in coordinating care, lack of locally available services
• Time to talk at a different level – meeting held with governors and leaders from stakeholders across the health system
June 21, 2012

• Meeting participants agreed that working more collaboratively made sense for a number of reasons
  – need for primary care space in some of the communities to offer services locally
  – new hospital and renovation planning
  – WWLHIN service council concept

• Participants agreed to have leaders explore possibilities for a model of shared decision making
Fall/Winter 2012/13

- Small, Rural and Northern Hospital funding paid for agency partners to embark on facilitated discussions about potential models and approaches
- Rural Integration Report released February 2013
- Health Link Readiness Assessment submitted May 2013
Rural WHA Collaborative Approach

• Rural WHA work is focused on improving the system for the whole population through increased collaboration and specific integration initiatives
  – What will make the resident experience better?
  – How can we best share limited resources to get the best health outcomes?
  – Build on existing collaborations – FHT Leadership Collaborative, Diabetes Network...
Ensure the underlying question is always: How can I help YOU?

Provide local care by local people planned by local people who understand the communities.

Empower residents & care teams to engage and meet the needs of the resident.

Residents are active participants in their care.

Enhance Access

Improve Resident experience of an equitable access to an integrated continuum of care of community health services.

Value for Public Investment

Attain equal health outcomes in Rural Wellington as in urban Ontario.
Rural WHA Structure

- 9 health care organizations have signed an MOU that identifies our shared vision, goals and objectives

- Defined structures for collaboration
  - Governance /Steering Committee
  - Leadership Committee
  - Operations Committee(s)
Rural Wellington Health Advisory (WHA) Partners

- Community Mental Health Association WWD
- East Wellington FHT
- Groves Memorial Community Hospital
- Homewood Health Centre
- Minto Mapleton FHT
- Mount Forest FHT
- North Wellington Healthcare
- Upper Grand FHT
- Waterloo Wellington CCAC
Rural WHA Governance Committee

• Governance Committee includes board members and executive leaders from all partner organizations

• Provides direction and works to ensure accountability toward shared goals
Rural WHA Leadership Committee

• Leaders from all partner organizations
• Work together to plan and implement collaborative efforts and integrated programs/services
• Share representation for Rural WHA partners at different WWLHIN program councils
Rural WHA Operations Committee(s)

- Managers or Front Line leaders from all partner organizations
- Meet to identify and problem solve issues/implement best practices related to defined integrated programs and services
- Identify and report system gaps, issues and potential solutions for leadership to address
## Rural WHA Collaborations and Integrations

<table>
<thead>
<tr>
<th>Health Links</th>
<th>Small, Rural and Northern Projects</th>
<th>Information Technology, Back Office</th>
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</thead>
<tbody>
<tr>
<td>Lead – Mount Forest Family Health Team</td>
<td>Lead – North Wellington Health Care</td>
<td>Lead – North Wellington Health Care</td>
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<tr>
<td>• Change and challenge the current system so that individuals with complex needs will get the right care, at the right place, at the right time: 1) Mental Health; 2) Seniors with multiple chronic conditions</td>
<td>• Improve patient care and transform organizations to support delivering critical health care services within their communities (i.e. Lean Training, Mosby’s Web Based Clinical Tool, Care Dove, Shared Intranet)</td>
<td>• Joint leadership for IT planning with a view of advancing the Rural Report deliverables of sharing information across the system with Family Health Team Connections whenever possible</td>
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## Rural WHA Collaborations and Integrations

<table>
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<tr>
<th>Data Analytics</th>
<th>WWLHIN Wide Seniors Service Integration Work</th>
<th>Home Service</th>
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<td>Lead– East Wellington Family Health Team</td>
<td>Lead - WWCCAC</td>
<td>Lead – Rural Wellington Community Team</td>
</tr>
<tr>
<td>• Data analysis ability for four family health teams on a joint basis</td>
<td>• Help seniors stay health and live at home longer</td>
<td>• Ensure follow up care is arranged for residents in Rural Wellington who are vulnerable, at risk, isolated and who would otherwise be unlikely to access services, through regular access points. Use of Outreach workers.</td>
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## Rural WHA Collaborations and Integrations

<table>
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<th>Physio Proposal</th>
<th>Acute Services Integrated Program</th>
<th>Capital Projects Update</th>
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<tr>
<td>Lead: Upper Grand Family Health Team</td>
<td>Lead: Waterloo Wellington Hospitals</td>
<td>Lead: GMCH, NWHC and Minto-Mapleton</td>
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</table>
| • Extend physio services for our rural residents | • To transform delivery of services and programs to improve and best utilize funding allocations – “to review hospital services & budgets as one system of acute care & reallocate resources to create a truly integrated and sustainable health system” | • “Quality Care Close to Home for our Rural Residents”  
• New Hospital & Campus of Care  
• New ER/Ambulatory Care at LMH and Medical education space at LMH and PDH  
• 11,000 sf Medical Arts building on hospital property at PDH site |
Success to Date

- Lean Training
- Care Dove
- Mosby’s Web Based Clinical Procedure Tool
- Shared Intranet
- Health Link Business Plan
Success to Date

Rural Wellington Community Team

- Outreach workers and Intensive Care Coordinators embedded in FHTs
- Coordinated Care Plans developed for rural residents identified to be at risk, vulnerable, complex
- Developing front line ‘virtual team’ across health and social service agencies
Current Work Plan

- October 29th meeting with Rural WHA and broader system partners (Diagram) – goal is to create a common understanding of the work ahead of us

- Invitation to develop the connectivity table for Rural Wellington
Current Work Plan

• Develop program measures that provide an indication of movement across higher level metrics e.g. ER visits, HgA1C
• Further development of MOU to include integrated program roles and responsibilities
Questions?

For more information, contact:
• Suzanne Trivers, Mount Forest FHT
• Michelle Karker, East Wellington FHT
• Shirley Borges, Minto-Mapleton FHT
• Lana Palmer, Upper Grand FHT