



THEME AWARD:

Inside and Across: Rethinking Governance & Leadership in
Primary Care Renovation

Organization	Initiative	Contact Information
Harbourview Family Health Team	Transformational Leadership and Organizational Growth in Primary Care. Role of Executive Director Sara Chow	NP Erin Gunnel Nurse Practitioner (Nominated Sara Chow and the FHT)
South East Toronto Family Health Team	New ways for new endeavors in the journey of integration. Role of CEO Stephen Beckwith	Emily Chan Director of Interprofessional Practice and Programs. (Nominated Stephen Beckwith and SETFHT)
Thames Valley Family Health Team	Thames Valley Family Health Team Governance Work Undertaken by the Board	Mike McMahon CEO (Nominated the Board)



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NOMINEE(S): Harbourview Family Health Team

INITIATIVE: Transformational Leadership and Organizational Growth in Primary Care

AT A GLANCE

Growth forced Harbourview Family Health Team to rethink how it leads, organizes and supports care. The team paired rapid expansion with deliberate changes to leadership, roles and organizational infrastructure, creating a stronger foundation for team-based primary care rather than simply adding more people to an old model.

THE OPPORTUNITY

Harbourview Family Health Team has fundamentally reimagined governance and leadership in primary care by leading a comprehensive organizational transformation that has improved access, strengthened interdisciplinary collaboration, and created a sustainable model for future growth. Ultimately, this has improved not only patient access, but quality of access ensuring right care at the right time for almost 20,000 patients. Through thoughtful change management, evidence-informed decision-making, and a commitment to continuous quality improvement, Harbourview has increased patient attachment, reduced wait times by up to one month, and ongoing support in clearing the Health Care Connect waitlist. The organization's leadership has created an innovative, scalable model that not only improves patient outcomes today but also provides a roadmap for the future of team-based primary care across North Western Ontario (NWO).

WHAT WE DID

In the last 12 months Harbourview Family Health Team has gone through major changes. The budget for the clinic doubled, allowing the leadership team to begin the process of creating the right size allied / clinical team in order to support a greater number of patients.

We developed Pods (mini -teams) that support physicians - which included an NP and an RPN per 4 physicians, and therefore have been able to attach more patients with already full rosters. This is the first of the kind in NWO based on hours of research in order to achieve a better attachment. This model allows the patient to receive the right care at the right time.

We have had to create Pod NP roles and integrate the RPN role into the clinic allowing clinicians to work to top of scope - this freed up time for the physician to see more complex patients. Ultimately this has reduced patient wait times up to a month.

In addition, administration team members have been added to support the clinical team including a Clinic program manager and In house IT support. In order to align with this new pod System, a better IT system was required. This included a complete overhaul of our current system, new phone system as well as implementation of Chime - a new autorooming system.

In order to obtain and roster all these patients, this also required implementation and standardization of patient intake process, in conjunction with the supportive attachment clinic to streamline any and all patients from Health care connect - for which this pre-Jan 2025 list is now empty.

Aside from all the major changes as above, our Executive Director Sara and leadership have also been constantly operating the clinic at the highest standard including regular strategic planning and programming, exam room standardization, improving communication within the clinic and updating the medical directives.

THE IMPACT

Because of the above changes, hard work from Sara and everyone at Harbourview, we have now accepted 1230 patients (265 of which are from health care connect), with more adding each week. We assisted in clearing the Health care connect list pre Jan 2025 and ongoing attachment from the post Jan 2025 list. Pod 1 and Pod 2 are partially operational allowing for increased capacity - this has improved access to same day care with an increase capacity of 200 visits per month, increase access to Primary care follow up with 220 visits per month and physicians have gained assistance with the administrative work and inbox coverage.

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SUSTAINING AND ADVANCING THE WORK

Despite all the changes as above, the improvements continue to be on going. Sara and everyone at Harbourview, are committed to sustaining this achievement by embedding continuous quality improvement strategies, meeting regularly within pods and as an entire clinic, and incorporating evidence informed decision making into every aspect of the operation. Rather than viewing the past year's transformation as a completed project or a scratch off the to do list, the leadership team has developed a strong foundation for ongoing innovation.

There is also a large focus on optimizing team based care by supporting each individual clinician to work to their full scope of practice, strengthen their interdisciplinary collaboration skills and practice and regularly identify new ways to improve patient access and efficacy. Looking ahead, the organization will continue to see growth and change with clinic renovations, ongoing quality improvement initiatives, continue to attract new patients and share our model with other primary care organizations in NWO.

WHAT OTHERS CAN LEARN

Harbourview Family Health Team's innovation over the last year provides a road map for other family health teams within the community. This team re-imagined how health care is delivered in primary care, and how existing health care professionals could work together more effectively, demonstrating that thoughtful leadership and system re-design can improve patient outcomes.

SPREAD / KNOWLEDGE SHARING

Sara regularly meets with the OHT monthly and is a strong advocate for PHC in NWO. She supports the other family health teams in the community, as well as the NPLC, with answering questions from community members, gain buy in from other FHT to gain access to HR support and facilitate visits to our clinic to visualize how Chime operates. She advocates for sustainable primary care across NWO by promoting the importance of in-house IT, use of innovation and having a strong admin team as these are pillars for quality patient care.





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NOMINEE(S): Stephen Beckwith

INITIATIVE: Rethinking governance and leadership in primary care renovation - New ways for new endeavors in the journey of integration

AT A GLANCE

Primary care renovation needs governance built for collaboration, not yesterday's organizational boundaries. Stephen Beckwith's work explores new leadership and governance approaches that bring partners together around shared priorities, clearer accountability and the structures needed to support integrated primary care.

THE OPPORTUNITY

The landscape of health care has been evolving the last few years. And with the focus on attachment and access for all Ontarians, the pull and push are immensely felt at this time. Stephen has had the foresight to see these changes on the horizon and has strategically tried to align the FHT and its governance with these changing tides. A crux in the change process is redeveloping FHT/FHO agreements to reflect the current needs to primary care, balancing FHO priorities and FHT mandates. This is a challenging process Stephen has met with patience, perseverance, and tenacity. The key to success in primary care rest upon genuine integration, shared vision and goals. True success goes beyond working side-by-side in the same clinic space. True integration, the merging of FHT/FHOs to become integral to one another and function as "one" is a complicated, grueling, and uphill battle. Stephen does this with optimism and determination as he believes it is the way towards a renovated primary care systems that is key to access and attachment to the communities we serve for the long term, not simply quick wins.

WHAT WE DID

With attachment and access as the focus in primary care, Stephen considered different avenues of how SETFHT can support this work. Along with the FHT/FHO agreement, he has engaged in designing NP roster panels, expanding work of PAs, re-envisioning the home care and outreach program to increase capacity for the increase in homebound seniors in East York (Toronto). The evidence is many versions of proposals and staff composition to support change. Many times going back to the drawing board when stakeholders were not on board.

THE IMPACT

The impact is qualitative. It is the attitude and mentality Stephen leads with that sets the culture of the organization. Stephen has a saying, "its better to make a friend than an enemy." The sentiment behind it is, building integrated processes and aligning visions and goals are done together in positive and productive relationships. Sometimes its easier to "make an enemy", and do it yourself. However, that continues to build silo-services and band-aid solutions in a time health care needs to be reconstructed in large scales. This attitude has small effects within teams and with in FHTs and it grows to FHT/FHO agreements, working with community partners to build comprehensive and accessible services. This saying/attitude grounds our team in understanding the work we do is bigger than ourselves and ultimately its the community that loses out when we are unable to work well as one.

SUSTAINING AND ADVANCING THE WORK

Trouble shooting plans, going back to the drawing table, exercising change management, resource planning when they are scarce are actions Stephen undergoes to move the FHT and its governance leaders towards aligning with Ontario Health priorities and community needs. It is not a one-time effort but ongoing until moves can be made towards better health for the community.

WHAT OTHERS CAN LEARN

SETFHT has offered to hold a community of practice for AFHTO members/leaders who are interested in engaging in integrated work.

SPREAD / KNOWLEDGE SHARING

Presented at AFHTO learning webinar session on integrated care Spring 2026.





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NOMINEE(S): Board of Directors, Thames Valley Family Health Team

INITIATIVE: Governance as Leadership: Transforming an Organization for the Future

AT A GLANCE

Thames Valley Family Health Team's Board treated governance as an active lever for organizational transformation. By reconsidering how the Board leads, makes decisions and positions the organization for the future, the work shows that primary care renovation is not only a clinical or operational challenge. It is a governance challenge too.

THE OPPORTUNITY

Every achievement in the Transformative Strategy at Thames Valley Family Health Team flows from the governance support for a transformative agenda. The strategic plan that was approved by the Board in 2021-22 for 4 years and further extended by 1 year adopted the highest possible priority to organizational changes once considered impossible. The Board led a strategic planning process that embedded our employees, our partners, our community and physician leadership as pillars for success. For our employees, the prioritization of compensation modernization within existing resources has driven system leadership. For our partners including OHTs our strategic commitment to collaboration has driven relationships and service level coordination. For our communities the Board has prioritized Health Equity and Cultural Safety as a pillar driving open access to clinical programs, sharing internal clinical resources across communities to balance vacancies, and Leadership within massive expansion of primary care in Ontario. For our physicians our Board led strategy enabled resource sharing to build a model for PCN development that has

been shared province wide along side sharing resources with aspiring physician leaders to enable training and supports for development.

WHAT WE DID

Governance Transformation:

Took the founding Board Model with designated seats for Local Hospital, School of Medicine, Affiliated Physicians and shifted to community representation (6) and primary care provider representation (5 - NP or Physician) where affiliation is not required.

All Board members are recruited at large on a skills based model and there is no requirement for affiliated physicians to fill seats. Community is the calling with a focus on strategy to improve population health.

Employee Champion.....Compensation Modernization The delegation and partnership with the Executive for operations is core governance principle and policy. Embedding strategy pillar Employee Wellness delivered the implementation of modernized compensation for all employees in all positions. The strategic commitment delivered over \$1.1M in compensation for employees where the fiscal recovery plan would rely on future funding increases. Diligent governance focus on the balance of fiduciary accountability to both employees and our communities enabled transformation. Prioritizing Health Equity - Strategic Commitment to Expanded Access to Teams. The Board Strategic Pillar for equity enabled implementation focus on access to team based care. The Board envisioned expansion of access to IHP teams historically serving affiliated physicians. Group programs available to all physicians and the general public open up critical access to services in a way that did not impact capacity for long time affiliates. Study capacity beyond group programs enabled FHT employed IHPs to collaborate with colleagues for Community Cancer Clinics, Vaccination within Vulnerable communities, and other resource sharing initiatives. Governance appears to be distance from service delivery but the energy to drive equity based access to care comes from Governance strategy. As early as 2021 this Board Strategy enabled shifting of administrative resources to hire the Primary Care Transformation Lead assigned full time to support the development of the then Primary Care Alliance in London that remains a provincial leader now called the Middlesex-London Primary Care Network.

THE IMPACT

SUSTAINING AND ADVANCING THE WORK

WHAT OTHERS CAN LEARN

WITH SINCERE THANKS TO



Boehringer
Ingelheim

FOR THEIR GENEROUS SUPPORT OF THE
BRIGHT LIGHTS AWARDS

It takes a team.