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

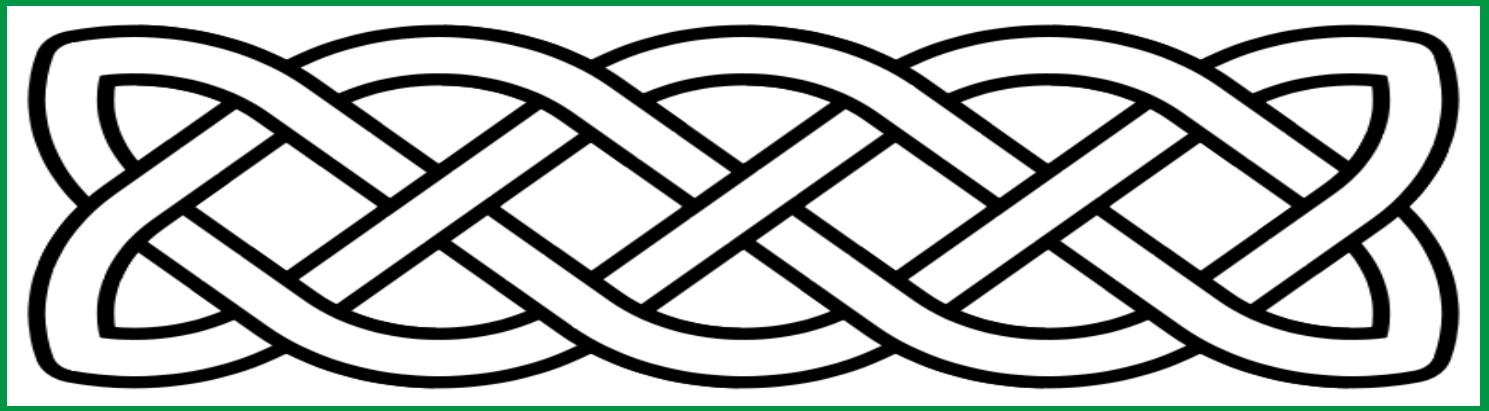
MODEL OF CARE

Consistent, resident driven, provider supported, inter-professional, integrated

JAN 2009	JAN 2010	AUG 2012	OCT 2012	FEB 2013	APR 2013	JUN 2013	Feb 2014
WWLHIN Rural Working Group	WWLHIN Rural Health Care Review	Rural Wellington Health Services Integration Study	Establishment of Rural Wellington Health Advisory (WHA) Council	Submission of Rural Wellington Health Services Integration Report	Rural WHA support of Health Links Submission	Rural WHA Memo of Understanding & Terms of Reference	Rural Wellington Community Team Initiated Health Link Approved

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

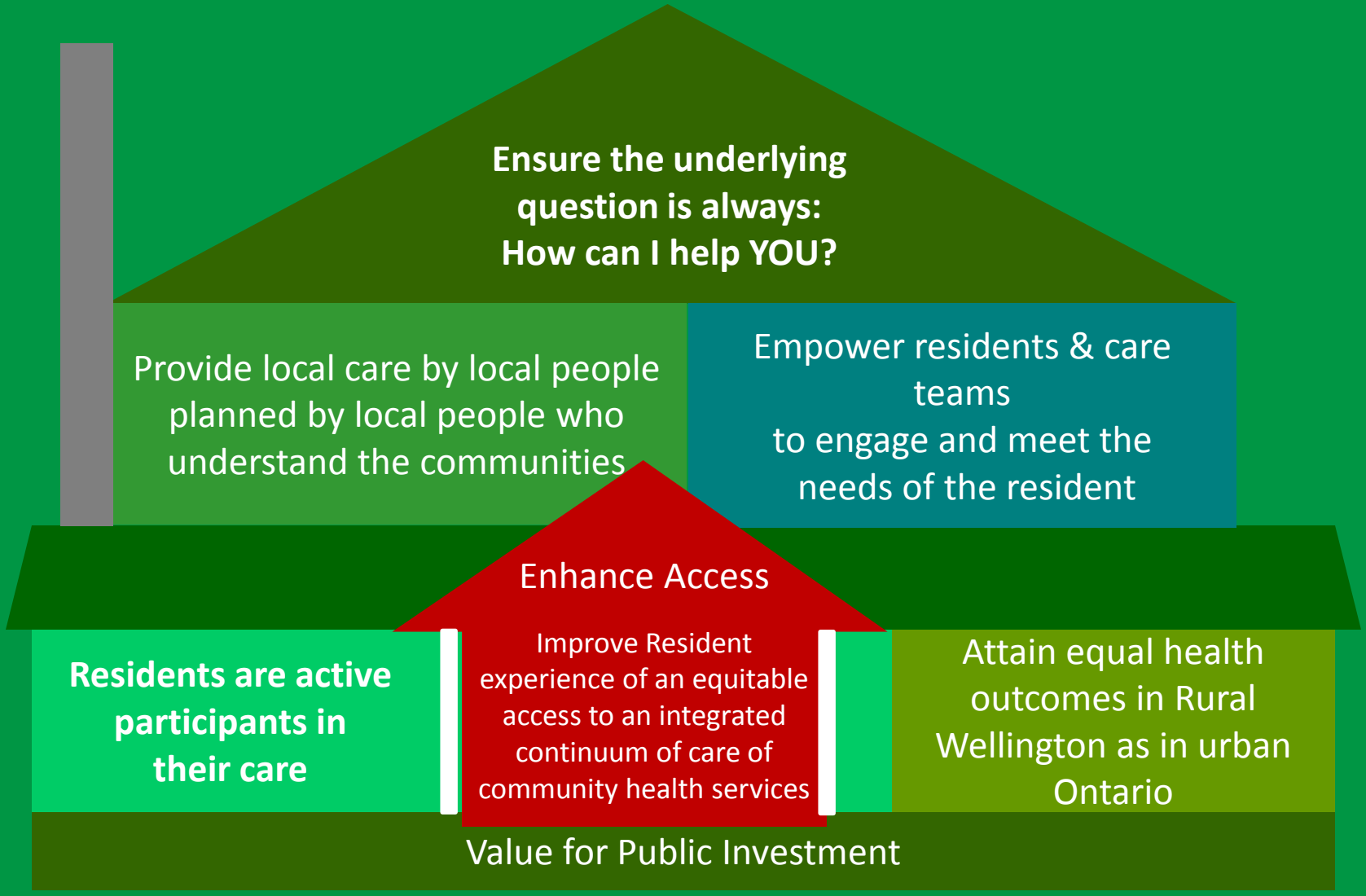
Fall/Winter 2012/13

- 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...

RURAL WHA OBJECTIVES



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

RURAL WELLINGTON HEALTH SERVICES INTEGRATION FOUNDATION TO INCREASE THE HEALTH OF ITS' RESIDENTS

CEO NETWORK
& ACUTE CARE SERVICES COORDINATORS

RURAL WHA STEERING

RURAL WELLINGTON HEALTH ADVISORY (WHA) COUNCIL

WWLHIN

- MOUNT FOREST FAMILY HEALTH TEAM
- MINTO MAPLETON FAMILY HEALTH TEAM
- UPPER GRAND FAMILY HEALTH TEAM
- EAST WELLINGTON FAMILY HEALTH TEAM
- HOMEWOOD HEALTH CENTRE
- NORTH WELLINGTON HEALTH CARE
- GROVES MEMORIAL COMMUNITY HOSPITAL
- WATERLOO WELLINGTON COMMUNITY CARE ACCESS CENTRE
- CANADIAN MENTAL HEALTH ASSOCIATION WATERLOO WELLINGTON DUFFERIN

RURAL WHA OPERATIONS

- HEALTH LINKS Family Health Team
- SMALL, RURAL & NORTHERN PROJECT NWHC
  - Rural Report
  - LEAN
  - IS Project
- INFORMATION TECHNOLOGY BACK OFFICE NWHC/GMCH
  - Data Analysis FHT
- WWLHIN WIDE SENIORS SERVICE INTEGRATION WORK WWCCAC

Council - Forum of Board of Governors - *Direction*
Steering – MOU Governor Representatives - *Strategy*
Leadership– MOU Administrators - *Implementation Planning*
MOU Member – Providers - *Service Delivery*

2014.07.22

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

Health Links	Small, Rural and Northern Projects	Information Technology, Back Office
Lead – Mount Forest Family Health Team	Lead – North Wellington Health Care	Lead – North Wellington Health Care
• 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	• 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)	• 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 when ever possible

Rural WHA Collaborations and Integrations

Data Analytics	WWLHIN Wide Seniors Service Integration Work	Home Service
Lead– East Wellington Family Health Team	Lead - WWCCAC	Lead – Rural Wellington Community Team
• Data analysis ability for four family health teams on a joint basis	• Help seniors stay health and live at home longer	• 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.

Rural WHA Collaborations and Integrations

Physio Proposal	Acute Services Integrated Program	Capital Projects Update
Lead: Upper Grand Family Health Team	Lead: Waterloo Wellington Hospitals	Lead: GMCH, NWHC and Minto-Mapleton
• 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