Executive Director Resource Toolkit

afhto association of family health teams of ontario

The Osborne Group

20 Years of Executive Performance on Demand

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Foreword

How to use these materials

AFHTO's *Executive Director Resource Toolkit is* intended to provide Family Health Teams and Nurse Practitioner-Led Clinics with easy access to a comprehensive collection of tools, resources and templates that will help the Executive Director manage the organization effectively.

The material can be used:

- As an orientation guide for new Executive Directors
- As a support for current Executive Directors
- As an educational tool to help explain the scope of the Executive Director role

The material is organized as follows:

a. Introduction to Family Health Teams and Nurse Practitioner-led Clinics
b. Key information about the role of the Executive Director
c. Resources, tools, templates and sample documents.

Hyperlinks in the text will take you to relevant sample tools, suggested references and related information. The Tools provided are sample tools only, many of which have been provided by FHT/NPLC AFHTO members. You are free to use them; however, you will need to tailor them to reflect the specific circumstances of your organization. Where tools have been provided by other organizations, you are asked to retain the footnotes that reference them. You may already be using a tool, or you may know of a better tool, and if so, this may be a good opportunity to let AFHTO know so that future updates to this document can reflect the breadth and depth of knowledge and experience that exists in FHTs and NPLCs across the province.

Please note that in order to use the hyperlinks to tools that reside on the AFHTO website, you must first be logged into the "members only" part of the website. And, if you are looking for a particular resource, remember that you can search the document using key words.

This document was commissioned by AFHTO for use by Family Health Teams and Nurse Practitioner-Led Clinics. It was developed by management consultants at The Osborne Group, and was overseen by AFHTO's Executive Director Advisory Council. Management practice is always changing and improving. The information in this document reflects

current practice. **Please note that the information contained in this document is not intended to represent legal advice to your FHT/NPLC.**

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1 Introduction

1.1 Background

The Association of Family Health Teams of Ontario (AFHTO) provides leadership to promote the expansion of high-quality, comprehensive, well-integrated inter-professional primary care for the benefit of all Ontarians, and is the advocate and resource for over 180 Family Health Teams, Nurse Practitioner-Led Clinics, and others who provide inter-professional comprehensive primary care.

AFHTO is a not-for-profit association that supports the implementation and growth of family care teams by promoting best practices, sharing lessons learned, and advocating on behalf of all family care teams. Evidence and experiences shows that team-based comprehensive family care is delivering better health and better value to patients.

AFHTO's *Executive Director Resource Toolkit* is designed to help FHTs and NPLCs with easy access to a comprehensive collection of tools, resources and templates that will help the Executive Director manage the organization effectively.

Family Health Teams (FHT) and Nurse Practitioner-Led Clinics (NPLC) are models of primary health care delivery based on the use of inter-professional, collaborative teams of health care professionals. FHTs and NPLCs are relatively new models of care in Ontario, having been established beginning in 2007. They are provincially or federally incorporated bodies, with legal obligations and responsibilities that are largely new to primary health care in Ontario. There are 184 FHTs and 25 NPLCs in Ontario, funded by the Ministry of Health and Long-Term Care (MOHLTC). See the list of FHTs and NPLCs on the AFHTO website.

1.2 Acronyms, Abbreviations and Definitions

There are numerous acronyms and abbreviations that the Executive Director will work with regularly. For a list, see Acronyms. This may be a useful reference to give to Board members.

1.3 Physician Practice Models and Relationship to FHTs

FHTs are associated with physicians who are organized within one of the following practice models - Family Health Network (FHN), Family Health Organization (FHO), Rural and Northern Practice Group Association (RNPGA), Alternative Payment Plan/Alternate Funding Plan (APP/AFP), and Blended Salary Model (BSM). See Table 1 – Physician Practice Models for a brief description of each model.

The manner in which the physician group is organized is not affected by the presence of a Family Health Team – i.e. physicians continue to be members of their existing practice groups. These groups are then associated with the Family Health Team by formal agreement, or in some cases, by an informal agreement. With the exception of the community model of FHT governance in which the physicians are employees of the FHT, the physicians are associated with the FHT through their existing (and continuing) practice arrangements.

Physician groups affiliated with FHTs can be one of the following and have the following relevant characteristics:

Table 1: Physician Practice Models

Physician Group	Key Characteristic	FHT Setting (Governance model)
Family Health Network (FHN)	A physician group whose billings are based on a capitation model	• Provider-led • Mixed (Blended) • Community-led
Family Health Organization (FHO)	A physician group whose billings are based on a capitation model; often a successor organization to a FHN	• Provider-led • Mixed (Blended) • Community-led
Rural and Northern Practice Group Association (RNPGA)	A physician group, operating with agreement terms that reflect the reality of family medicine in rural or northern settings.	• Provider-led • Mixed (Blended) • Community-led
Alternative Payment Plan/Alternate Funding Plan (APP/AFP)	A physician group, operating with agreement terms that reflect the reality of a non-traditional family practice setting. For example, may be physicians working with inner city high needs population, or	• Provider-led • Mixed (Blended) • Community-led • Sponsored by another entity

	physicians in teaching hospital settings.	
Blended Salary Model (BSM)	Physician compensation model is combined base salary and capitation.	• Community-led • Sponsored by another entity

What difference does the physician practice model make?
Under their agreements with the MOHLTC, physicians will have different obligations on such things as expected roster size (e.g. APP/AFP models often have lower roster targets), and different baskets of service. Roster targets are an important component of FHT agreements; accordingly it is important for the FHT to have a broad understanding of the physician practice model.

Some physicians may also have a personal, professional corporation. This will not affect the operation of the FHT.

Physician compensation (with the exception of approved physician consulting dollars and payment to physicians who are employees of the FHT) must not be co-mingled with FHT funding. View the MOHLTC Physician Guide to Compensation.

1.4 Medical Consultants in NPLCs

The position of Medical Consultant in an NPLC is a different position and role from that of the Medical Lead in a Family Health Team. In NPLCs this position receives a small stipend for the provision of clinical consulting to the NPs, which is a practice requirement for all NPs in the province. The Medical Consultant in an NPLC does not report to the board, and is generally not involved in matters relating to policy or program development.

1.5 The Executive Director

The Executive Director is the key staff leadership position in the organization. S/he is accountable to the Board of Directors, usually through the Board Chair. The Executive Director is responsible for the day-to-day management of the organization and for supporting the Board of Directors in the achievement of the organization's strategic goals and objectives.

As not-for-profit corporations, FHTs and NPLCs are required to have Boards of Directors that are accountable for the organization's mandate and performance. Boards of Directors of FHTs/NPLCs vary in their composition and make-up.

A Family Health Team is governed by one of four types of Boards:

- Community-led;
- Provider-led;
- A mix of community- and provider-based groups, or
- The board of another entity, such as a hospital, post-secondary institution, or not-for-profit agency

View the Ministry of Health and Long-Term Care website where you will find more information about types of governance.

A small number of FHTs are also classified as "Academic FHTs", which means that they are affiliated with a teaching institution and have specific and rigorous obligations with respect to teaching and training of medical learners. While all FHTs and NPLCs provide teaching and learning opportunities, most are not classified as "academic" sites.

A Nurse Practitioner-led Clinic is governed by a Board that is a mix of community- and provider-representatives. The Ministry of Health and Long-Term Care requires that the NPLC must have nurse practitioners on the Board.

In addition to being registered as a not-for-profit corporation, a FHT/NPLC may also choose to apply for charitable status under the federal *Income Tax Act (1985)*. Charitable status allows the organization to raise funds and provide tax receipts to support its activities. Learn more about applying for registration as a Charity.

The HR Council for the Nonprofit Sector has developed a number of tools that are helpful for the management and governance of organizations. We will use and adapt the HR Council's framework for Executive Director roles to lead you to other tools and resources that will help the FHT/NPLC Executive Director manage effectively. We will also suggest questions that the Executive Director should consider to determine the organization's alignment with best practice.

2 The Roles and Responsibilities of the Executive Director

The role of the Executive Director is broad. S/he is responsible for managing all of the organization's day-to-day operations. Larger FHTs may have dedicated resources such as a Finance Manager, or a Program Manager; in smaller FHTs and most NPLCs the

Executive Director has direct responsibility for all areas of operation. In addition to day-to-day operations, the Executive Director works with the Board of Directors, and contributes to the effectiveness of the Board in such areas as strategic planning and organizational oversight. See a sample Executive Director job description on the AFHTO website.

Diagram 1 below outlines the roles of the Executive Director.

Diagram 1: Executive Director Roles

The next sections will describe the responsibilities under each role.

2.1 Leadership and Working With the Board of Directors

As the most senior staff in the operational hierarchy, one of an Executive Director's primary roles is to act as the connection between the Board of Directors and the rest of the organization. In an effective working relationship, Board and Executive Director roles are clearly delineated and understood by all. The often-used analogy to distinguish between the roles of Executive Director and Board is a boating analogy: The board's role is to set the course and guide the boat; management's role is to steer and staff's role is to row. However, in new and small organizations, it can be difficult for Board members to remove themselves from day-to-day activities – especially if they were involved in these activities in the early days of the FHT/NPLC's development. Keeping the Board informed and focused on the strategic issues is an important Executive Director responsibility.

The relationship between the Executive Director and the Board Chair is a critically important relationship to achieve the FHT/NPLC's potential. It sets the tone for Board members and staff; together, the Board chair and Executive Director provide leadership, motivate staff and Board, and set a strong example for everyone in the organization. See the *Fundamentals of Governance* guidebook on the AFHTO website for more information about becoming a high performing Board and organization.

This section describes the responsibilities of the Executive Director in leadership and working with the Board.

Responsibilities include:

- Participate with the Board of Directors in developing a vision and strategic plan to guide the organization. See a sample Strategic Plan outline below or visit the AFHTO website for a sample Strategic Plan
- Identify, assess, and inform the Board of Directors of internal and external issues that affect the organization
- Act as a professional advisor to the Board of Directors on all aspects of the organization's activities
- Foster effective team work between the Board and the Executive Director and between the Executive Director and staff
- In addition to the Chair of the Board, act as a spokesperson for the organization
- Conduct official correspondence on behalf of the Board as appropriate and jointly with the Board when appropriate
- Represent the organization at community activities to enhance the organization's community profile

Diagram 2 – Strategic Plan outline

Key questions to consider

a. Does your organization have a Strategic Plan with goals and objectives?
b. Does your Strategic Plan inform the day-to-day operations of the organization?
c. Is the working relationship between the Executive Director and the Board Chair respectful? Productive? Complementary?
d. Does the ED monitor organizational performance and provide regular reports to the Board? See a sample performance monitoring report on the AFHTO website.

2.2 Working with the Ministry of Health and Long-Term Care

The Ministry of Health and Long-Term Care is the primary funder for all FHTs/NPLCs. Each FHT/NPLC is assigned a Senior Program Consultant within the Primary Health Care Branch of the Ministry. The Senior Program Consultant is the FHT/NPLC's link to the

MOHLTC and is an important resource providing advice and information related to funding and operations of the organization.

Your FHT/NPLC has a funding agreement with the MOHLTC that outlines the requirements for funding. Additionally, the FHT/NPLC must submit a budget and operating plan to the MOHLTC annually to request funds for the up-coming fiscal year (submission deadlines vary year to year). Ministry approval may take months to acquire with the approval letter forming part of the funding agreement. See section 2.3 Financial planning and management below for more information on budgeting.

In 2014, the MOHLTC introduced the *Governance and Compliance Attestation* document that requires FHTs and NPLCs to provide evidence of good governance, robust policies, and a track record of high performance. As part of that document, FHTs, may apply for increased budget flexibility under the Ministry's Accountability Reform Initiative. See more about the Accountability Reform Initiative below. See the *Governance and Compliance Attestation* document on the AFHTO website.

The *Excellent Care for All Act* enshrines in legislation the health system goal to provide high quality, integrated care to all patients. MOHLTC requires FHTs/NPLCs to develop and submit Quality Improvement Plans (QIP) as a way to express their quality goals and targets. See section 2.6 Program planning and quality improvement below for more information about QIPs.

Your FHT/NPLC will also deal with other areas of the MOHLTC including the Health Capital Investment Branch, Provider Services Branch, and Health System Funding and Quality Branch. See the MOHLTC organizational chart.

This section describes the Executive Director's responsibilities in working with the Ministry of Health and Long-Term Care.

Responsibilities include:

- Ensure required program delivery reports for the Ministry of Health and Long-Term Care are accurate, outcome-based, and submitted on time (note that the form of reports changes from time to time).
- As part of the annual budget submission, complete the Ministry's Operational Plan.

- Build a strong and positive relationship with the FHT/NPLC Senior Program Consultant to facilitate the achievement of common goals and priorities.

Below are the Ministry reporting requirements. You should confirm the current reporting requirements, deadlines and templates with your Senior Program Consultant as these may change from year to year.

2.2.1 Reporting Requirements

Requirement	Schedule
Annual budget and operating plan	Deadline provided by the Ministry annually; typically March/April
Governance & Compliance Attestation	Submitted with annual budget and operating plan
Quarterly financial and program reports - use Self Reporting Initiative (SRI) to upload to MOHLTC	July 30, Oct 30, Jan 30, April 30
Audited Statement of Revenues and Expenditures – use SRI to upload to MOHLTC	June 30
Annual Quality Improvement Plan (see more about QIP in section 2.6 below)	April 1, annually

Key questions to consider

a. Does your Board review and approve all of the Ministry reports and schedules before they are submitted?
b. Does your FHT/NPLC routinely meet all of its reporting deadlines?
c. If your auditor has identified any concerns or issues with your FHT/NPLC's operations or financial position, do the Board and Executive Director have a work plan to address these?

2.3 Financial planning and management

FHTs and NPLCs receive funding to undertake specified clinical and program activities that are approved annually by the MOHLTC and form part of the funding agreement. The annual budget submission and approval process timeframe varies from year to year and usually takes months from submission to approval. At the end of the fiscal year (March 31), your previous year's base budget remains in effect as your funding base until your new budget is confirmed. The MOHLTC may request remittance of any unspent funds after the end of the fiscal year.

Annual spending must be within the limits of the approved expenditure lines. If a FHT has been successful in its Accountability Reform Initiative application, it may be approved for some budget flexibility. Under certain circumstances, a FHT or NPLC may receive approval to reallocate expenditure lines, or to use contracts in place of salaried staff; be sure to speak to your Ministry Senior Program Consultant for all requests to vary spending from the approved budget.

Quarterly reports to the Ministry ensure that all funds are being expended appropriately based on approved budgets.

This section describes the responsibilities of the Executive Director in financial planning and management.

Responsibilities include:

- Work with staff and the Board (e.g. Finance Committee if your organization has one) to prepare a comprehensive budget.
- Work with the Board to secure adequate funding for the operation of the organization.
- Research funding sources, oversee the development of fund raising plans and write funding proposals to increase the funds of the organization and participate in fundraising activities as appropriate.
- Approve expenditures within the authority delegated by the Board. See a sample Delegation of Authority policy on the AFHTO website.
- Ensure that the organization has adequate financial control policies and procedures. For a sample Table of Contents for organizational policies, see TOC.
- Administer the funds of the organization according to the approved budget and monitor the monthly cash flow of the organization.

- Provide the Board with comprehensive, regular reports on the revenues and expenditures of the organization.
- Prepare required financial schedules requested by your auditor at year-end to facilitate the annual financial audit.
- Ensure that the organization complies with all legislation covering taxation and withholding payments including CPP, EI, EHT and WSIB. See Legislative Compliance below.
- Ensure the organization has a rigorous bidding and tendering process. See a sample Procurement RFP on the AFHTO website.

Key questions to consider

a. Does the Executive Director have a clear understanding of the limits to his/her spending authority? Is this reflected in a policy?
b. Does the Board Chair approve expenses submitted for reimbursement by the Executive Director?
c. Does the Board receive regular (e.g. quarterly) reports on the FHT/NPLC's financial status?

2.4 Operational planning and management

As the person in charge of the day-to-day operations of the FHT/NPLC, the Executive Director has many unique responsibilities. In addition to helping establish and enforce the vision of the organization, the Executive Director is responsible (along with the Board) for establishing the FHT/NPLC's culture, work and processes. This section describes the responsibilities of the Executive Director in operational planning and management.

Responsibilities include:

- Develop an operational plan that incorporates goals and objectives that work towards the strategic direction of the organization. See a sample Operational Plan on the AFHTO website. See Table 2 for a comparison between an operational plan and a strategic plan.
- Ensure that the operation of the organization meets the expectations of its patients, Board and funders
- Oversee the efficient and effective day-to-day operation of the organization.

- Draft policies for the approval of the Board and prepare procedures to implement the organizational policies; review existing policies on an annual basis and recommend changes to the Board as appropriate. See a comprehensive Table of Contents of organizational policies. And see Sample Policies on the AFHTO website.
- Develop, implement and maintain an effective process for facilities management, purchasing and information management systems.
- Determine appropriate approach to space planning (e.g. potential partners, potential funding options, shared space with hospitals/other providers, etc.)
- Negotiate appropriate lease terms for FHT space. See common lease terminology.
- Identify need for leasehold improvements and/or acquisition of new space and prepare required documentation for Ministry approval. Contact your Senior Program Consultant at the Ministry of Health and Long-Term Care for assistance with capital requirements.
- Ensure that personnel, patient, donor and volunteer files are securely stored and privacy/confidentiality is maintained. See Legislative Compliance below.
- Ensure that appropriate systems are in place to enhance service provision and protect patient confidentiality.
- Review and approve all short-term and long-term IT infrastructure plans and improvements for the FHT/NPLC related to capital investments and operational needs (e.g. Website, EMR, Patient Registries, Self Management, linkages to labs and hospitals). Secure Board approval as required.
- Ensure that appropriate quality assurance systems are in place to measure and monitor the quality of the FHT's/NPLC's activities, including patient satisfaction and compliance with standards. See the Patient Experience Survey supplied by Health Quality Ontario and Compliance Check List on the AFHTO website for assistance.
- Ensure that appropriate medical directives are in place for clinical care. See the AFHTO website for samples of medical directives.
- Provide support to the Board by preparing meeting agenda and supporting materials.
- Work effectively with other health care providers including hospitals, CCAC, specialists, teaching institutions.

Table 2: Comparison of Strategic Plan and Operational Plan

Strategic Plan	Operational Plan
Sets the direction for the organization. Includes goals and objectives and strategies to achieve the goals.	A specific plan for the use of the organization's resources to implement the strategies outlined in the strategic plan.
Suggests strategies to be employed in pursuit of the organization's goals.	Details specific activities and events to be undertaken to implement strategies.
Is a 3-5 year plan for the pursuit of the organization's mission.	Is an annual plan for the day-to-day management of the organization.
Provides the context and general guide for management to formulate an operational plan.	Is a management tool that details the "what", "who", "when", "how much" – a detailed plan for tasks and responsibilities aligned with the organization's priorities as included in the strategic plan.
Does not change significantly every year.	Differs from year to year.
The development of the strategic plan is a responsibility shared and involves different categories of stakeholders.	The operational plan is produced by the chief executive and staff of the organization.

Key questions to consider

a. Does your FHT have an annual Operational Plan that details the specific activities, goals, performance indicators, timelines and responsibilities that will help to achieve the strategic directions in the Strategic Plan?

2.5 Legislative Compliance

The Executive Director's role is to ensure the FHT/NPLC's compliance with applicable laws, regulations, and other government directives. This section describes the responsibilities of the Executive Director in legislative compliance.

Responsibilities include:

- Ensure that the organization complies with the tasks that are required by law and for reporting on the organization's compliance to the Board of Directors. AFHTO's Statutory Compliance Toolkit is an important resource that highlights the laws that the Executive Director should know and provides tools to help report statutory compliance to the Board.
  Another good resource is The Canadian Legal Information Institute (CanLII) website. This website provides access to court judgments, tribunal decisions, and statutes and regulations from all Canadian jurisdictions.
- Ensure that all staff and programs operate within the province's privacy legislation and that there is a shared understanding of the FHT/NPLC's position as a provider of primary health care within the "circle of care". The Information and Privacy Commissioner of Ontario brochure clarifies when your FHT/NPLC may assume implied consent to collect, use or disclose personal health information and when consent cannot be assumed. Also, for information on how to navigate privacy issues in the Quality Improvement Decision Support Program, see the QIDS Privacy Toolkit on the AFHTO website.

Key questions to consider

a. Do you report regularly to the Board concerning compliance with statutory obligations? See a sample Compliance Check List on the AFHTO website.
b. What steps has the FHT/NPLC taken to ensure that it is compliant with requirements under the *Personal Health Information Protection Act*, 2004?
c. Does the FHT/NPLC have a privacy officer?

2.6 Program planning and quality improvement

In addition to traditional office visits for clinical services, FHTs and NPLCs plan and offer programs that are designed to meet the specific needs of the FHT/NPLC's patient population. These may be programs such as diabetes management, smoking cessation, COPD management, or seniors' care. A well-designed program will include program priorities, staff involved, target population and number, planned activities, goals and expected outcomes, key performance measures and performance targets. It will be helpful to have program plans that align with MOHLTC requirements for program descriptions that are to be included in your annual budget and operating plan submission. See a program-plan template or visit the AFHTO website for a sample

program plan. As part of your annual budget submission, the MOHLTC requires a description of your programs

A key priority of the Ministry is the ongoing improvement of programs and services, as a means of improving health care quality, patient safety and health outcomes. The Executive Director provides leadership to and management of the FHT/NPLC's quality improvement efforts.

Support for quality improvement is provided through the Quality Improvement Decision Support Program (QIDS) and from Health Quality Ontario. Find out more about the QIDS program on the AFHTO website. And learn about Health Quality Ontario's mandate by visiting their website.

In 2013/14, the MOHLTC began funding Quality Improvement Decision Support Specialists (QIDSS) for FHTs. The majority of FHTs have access to a QIDSS, some through partnerships to share staff. At this time, NPLCs have not been provided with funding for this role. See a list of FHTs with QIDSS staff on the AFHTO website.

The QIDSS role is to support FHTs in their quality improvement planning, decision-making and implementation. Some of the activities that QIDSS undertake include data extraction, review of data quality, data cleansing, and development of queries and analytics to help inform decision-making. The QIDSS role also supports the objectives of the Quality Improvement Decision Support program as a whole, which includes improving care as well as enabling primary care to transform the health care system.

One of the highest profile projects coming out of the collective work of the QIDSS is the Data to Decisions report. Data to Decisions: Advancing Primary Care program (D2D) is a summary report of AFHTO member organizations' performance on a small number of primary care indicators. All FHTs/NPLCs are encouraged to contribute data to D2D to help demonstrate the value of inter-professional, team-based comprehensive primary care. See contributing to D2D 2.0 on the AFHTO website.

Health Quality Ontario (HQO) provides support for the development of your FHT/NPLC's Quality Improvement Plan. HQO is the organization that collects and analyzes QIPs, as well as supporting QIP development and implementation, and providing guidance on how to improve performance.

The Executive Director's responsibilities in program planning and quality improvement includes the following:

- Oversee the planning, implementation and evaluation of the organization's programs and services to continuously improve programs and service delivery.
- Submit the organization's Quality Improvement Plan (QIP) annually (April 1) to Health Quality Ontario. View the Ministry of Health and Long-Term Care requirements for the QIP.
- Ensure that the programs and services offered by the organization contribute to the organization's mission and reflect the priorities of the Board.
- Monitor the day-to-day delivery of the programs and services of the organization to maintain or improve quality.
- Use the expertise of your QIDSS (if applicable to your organization) to extract, analyze, report on and respond to quality indicators.
- Provide regular reports to the Board on progress toward QIP goals and objectives. See a sample QIP Board Report on the AFHTO website.
- Oversee the planning, implementation, execution and evaluation of special projects

Key questions to consider

a. Does your Board receive regular reports on progress toward QIP goals and objectives?
b. Does each of your programs have a detailed program description or Program Charter?
c. Have you reached out to HQO's consultants for support on health quality issues and questions?

2.7 Human resources planning and management

One of the Executive Director's most significant roles is managing the organization's human resources. This role ranges from recruitment through to termination, and includes developing and nurturing a strong interdisciplinary team, managing relationships within the team and externally, and effectively utilizing the skills of health care providers to achieve excellence in health outcomes.

In addition to specific workplace requirements of their FHT or NPLC, interdisciplinary providers are governed by legal and professional obligations of their respective

governing bodies, or Colleges. See a list of links to regulatory Colleges of health professions. These Colleges are self-regulating bodies established by the provincial government to oversee the health professional's practice in Ontario. The College is responsible for protecting the public interest by setting standards for practice and having programs in place to see that the health professional practices safely and effectively.

Within the team, the Executive Director has important and strategic relationships with the Board Chair and the Lead Physician (or Medical Director)/Clinical Lead. The Executive Director typically reports to the Board through the Board Chair; the Executive Director needs to work closely with the Lead Physician/Clinical Lead in the design and delivery of clinical programs and services. There are several important things to note about this position:

- In many FHTs/NPLCs this position reports directly to the Board and is required to provide the Board with regular updates on program and clinical indicators
- Ideally, the chair of the Board should not be the Lead Physician/Clinical Lead as lines of accountability can become blurred
- To ensure absolute clarity in accountability and reporting, some FHTs have determined that the Lead Physician should not be on the Board as s/he reports directly to the Board. (This is somewhat akin to the Executive Director not being a member of the Board.)

See a sample Lead Physician job description on the AFHTO website.

This section describes the responsibilities of the Executive Director in human resources planning and management.

Responsibilities include:

- Determine staffing requirements for organizational management and program delivery. See the MOHTLC *Guide to Interdisciplinary Provider Compensation* on the MOHLTC website. This Guide sets out eligibility, funding criteria and guidelines for the compensation of non-physician interdisciplinary health care providers.
- Oversee the implementation of the human resources policies, procedures and practices including the development of job descriptions for all staff. See a sample Job Description template.

- Establish a positive, healthy and safe work environment in accordance with all appropriate legislation and regulations (e.g. workplace safety, workplace harassment). See Legislative Compliance above. Also, see the Ministry of Labour site for fact sheets and FAQs on Employment Standards. The Executive Director (with the Board) is also responsible for establishing a positive, productive organizational culture.
- Recruit, interview and select staff that have the right clinical, technical and personal abilities to help further the organization's mission. See sample interview questions and a sample letter of employment on the AFHTO website.
- Ensure that all staff receives an orientation to the organization and that appropriate training is provided.
- Create a positive culture of teaching and learning for all staff. When FHTs/NPLCs have professional learners on site (e.g. medical learners, nursing students, trainees, practicums), the role of the Executive Director may include managing communication, scheduling and relationships with professional colleges and learning institutions.
- Implement a performance management process for all staff that includes monitoring the performance of staff on an on-going basis and conducting an annual performance review. See sample performance appraisal tools on the AFHTO website.
- Coach and mentor staff and facilitate team building to improve performance. See a team building toolkit on the AFHTO website.
- Discipline staff when necessary using appropriate techniques; release staff when necessary using appropriate and legally defensible procedures.

Key questions to consider

a. Do you monitor staff turnover and position vacancies and report to the Board?
b. Do you have a human resource recruitment and retention plan? See a sample recruitment and retention plan on the AFHTO website.
c. Do you review staff performance regularly and set goals for performance?
d. Do you document poor performance and follow a 'progressive discipline' approach to performance management?
e. Do you understand the role that teaching plays within the FHT? (particularly for academic FHTs).

2.8 Community relations and partnerships

Your organization's success depends heavily on the relationships it develops within your community. Stakeholders are the people who have an interest in your organization successfully achieving your mission – those who are directly affected by your work. This includes your patients/clients, other agencies and professionals with whom you partner to deliver care, community leaders, the local hospital, the municipality, your bank, the Ministry of Health and Long-Term Care, your suppliers, the Local Health Integration Network (LHIN) etc. The perspective, concerns and positive participation of these external stakeholders are important to the viability of your organization. Managing those relationships is a combined Board/Executive Director role.

There is an expectation by the Ministry of Health and Long-Term Care that Family Health Teams and Nurse Practitioner-Led Clinics will establish and maintain strong partnerships with community stakeholders. As providers of primary health care services, FHTs and NPLCs have an important role to play in improving patient care by participating in integrated solutions such as Health Links initiatives that focus on care for complex patients.

The LHIN, with its mandate for integration, and the evolution of Health Links and Primary Care Networks, is an increasingly important stakeholder for your FHT/NPLC to connect with. LHINs were established in 2006 to oversee and manage the delivery of health care at the local level. LHINs are responsible for planning, funding and monitoring hospitals, home care, community support services, community mental health and addictions services, community health centres, diabetes education programs, and long-term care facilities. LHINs are not responsible at this time for FHTs and NPLCs.

This section describes the responsibilities of the Executive Director in community relations and partnerships.

Responsibilities include:

- Communicate with stakeholders to keep them informed of the work of the organization and to identify changes in the community served by the organization. One way to engage with the community is to establish a Community Advisory Committee to the Board. See a sample Community Advisory Committee Terms of Reference on the AFHTO website.

- Establish good working relationships and collaborative arrangements with community groups, funders, politicians, and other organizations to help achieve the goals of the organization.
- Report annually to the MOHLTC on the status of community partnerships and efforts to improve the integration and coordination of patient care.

Key questions to consider

a. Does the Executive Director have a clear understanding of his/her role in developing and nurturing partnerships and relationships with community providers and groups?

2.9 Risk management

Risk management, or Enterprise Risk Management (ERM) refers to the process of identifying, managing and mitigating risks to the organization. Risks cover a broad span, from clinical risk through to reputational risk, and can impact the Board, staff, patients, or the programs and services of the FHT/NPLC. While risk can never be eliminated entirely, the goal of the risk management function is to minimize or reduce the likelihood of negative impacts on the organization through a deliberate process of identification, analysis and mitigation.

This section describes the responsibilities of the Executive Director in risk management.

Responsibilities include:

- Identify and evaluate the risks to the organization's people (patients, staff, management, volunteers), property, finances, goodwill, and image and implement measures to control risks. See a sample Risk Management Matrix and a sample Risk Management Plan on the AFHTO website.
- Ensure that the Board of Directors and the organization carries appropriate and adequate insurance coverage including property insurance, liability insurance and Directors' and Officers' insurance, and employment liability insurance.
- Ensure that the Board and staff understand the terms, conditions and limitations of the insurance coverage

- Ensure that all interdisciplinary health professionals maintain up-to-date professional liability insurance through their respective Colleges.

Key questions to consider

a. Do you have a risk management plan in place?
b. Do you have a system for revisiting and updating the risk management plan?
c. Do you have a process for reporting regularly to the Board?
d. Do you require annual proof of insurance from all of your interdisciplinary health professionals?

3 Resources

3.1 Acronyms, Abbreviations and Definitions

AFA, AFP or APP	Alternate Funding Agreement, Alternate Funding Plan, or Alternate Payment Plan: Type of compensation for physicians who are not paid on a fee-for-service basis, but are salaried, sessional, or hired on contract. These physicians submit claims (shadow billing) for administrative purposes only.
AFHTO	Association of Family Health Teams of Ontario
AH	Allied Health
ARI	Accountability Reform Initiative
AODA	Accessibility for Ontarians with Disabilities Act
AOHC	Association of Ontario Health Centres
APP	Alternate Payment Plan
ASRER	Audited Statement of Revenues and Expenditures Report
BSM	Blended Salary Model
CCAC	Community Care Access Centre
CCFP	Canadian College of Family Physicians
CCIS	Critical Care Information System: A provincial eHealth initiative
CCO	Cancer Care Ontario
CCU	Critical Care Unit
CFPC	College of Family Physicians of Canada
CHC	Community Health Centre
CIHI	Canadian Institute for Health Information
CIR	Critical Incident Report
CME	Continuing Medical Education
CNO	College of Nurses of Ontario
COS	Chief of Staff
CPOE	Computerized Physician Order Entry: process of entering medication orders or other physician instructions electronically instead of on paper charts
CPSI	Canadian Patient Safety Institute
CPSO	College of Physicians and Surgeons of Ontario
Critical Incident	Any unexpected occurrence involving death, serious physical/psychological, social or spiritual injury “or the risk

	thereof". Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of serious adverse outcome.
CSAE	Canadian Society of Association Executives
CSS	Community Support Services
CTAS	Canadian Triage and Acuity Scale: Categories used to triage patients in the emergency department by acuity
DI	Diagnostic Imaging
EAP	Employee Assistance Program: a program available to employees who experience trauma, stress or serious problems and who need some counselling and/or support
ECFAA	Excellent Care for All Act: This 2010 legislation is part of the Ministry of Health and Long Term Care's strategy designed to transform the health system and the way Ontarians use health services.
eCHN	Electronic Child Health Network
ED	Emergency Department
e-Health	"Electronic" Health: Is the electronic collection and secure sharing of health information so that clinicians can provide the best care, and people can take better care of themselves and their families.
EHR	Electronic Health Record
EKG or ECG	Electrocardiogram
EMPI	Electronic Master Patient Index: Unique patient identifier which is the base of provincial electronic medical record.
EMR	Electronic Medical Record
ESA	Employment Standards Act
Evidence-Based Decision Making or Practice	Practices that are based on the results of research studies or experience using sound and reproducible methods to achieve an intended outcome.
EWCS	East Wellington Community Services (formerly EWAG)
FA	Funding Agreement
FAC	Fiscal Advisory Committee
FFS	Fee for service
FHG	Family Health Groups: The first step taken by many physicians to form an affiliated group, moving from working as a solo practitioner to a group practice. Family Health Groups have

	certain requirements that physicians working in these groups will share on-call responsibilities and provide services outside of their office (e.g. shared after-hours setting).
FHN and FHO	Family Health Network and Family Health Organization: Physician models of payment called a blended capitation model i.e. this model provides a base payment per patient for the provision of comprehensive care plus incentives, premiums and special payments for the provision of specific primary health care services. The FHN and FHO models are very similar with the exception of the size of the basket of services each is required to provide. FHOs are required to provide a larger basket of services, which means that the base payment is higher in a FHO than a FHG. The intent is to provide incentives for physicians to be responsible for the total care of the patient and not be reliant on a 'per visit' billing arrangement.
FIPPA	Freedom of Information and Protection of Privacy Act (January 2012)
FTE	Full-Time Equivalent
HER	Electronic Health record
HFO	Health Force Ontario
HIC	Health Information Custodian (re: Privacy)
HOOPP	Hospital of Ontario Pension Plan
HPPA	Health Protection and Promotion Act
HQO	Health Quality Ontario
HR	Human Resources
HSP	Health Service Provider
ICES	Institute of Clinical Evaluative Sciences: A research body funded independently located at Sunnybrook Hospital, Toronto. ICES provides periodic information on population health and other system related information.
ICU	Intensive Care Unit
IFA	Interim Funding Agreement
IHI	Institute of Healthcare Improvement
IHP	Inter Professional Health Provider
IHSP	Integrated Health Service Plan: Annual Plan prepared by the LHIN
IM	Information Management
IS or IT	Information Systems or Information Technology

JHSC	Joint Health and Safety Committee
LHIN	Local Health Integration Networks The Local Health Integration Networks (LHINs) plan, integrate and fund local health care.
LTC Homes	Long Term Care Homes
LTD	Long Term Disability
Med./Surg.	Medical/Surgical
Medical Directives	Blanket instructions by physicians to other health care providers pertaining to any patient who meets the set criteria. The medical directive contains the delegation and provides the authority to carry out the treatments, interventions.
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
Morbidity	Illness from a particular disease
Mortality	Death from a particular disease
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
NP	Nurse Practitioner: A nurse registered in the College of Nurses Extended Class with an expanded scope of practice that includes the additional controlled acts of: communicating a diagnosis, prescribing certain drugs, ordering diagnostic ultrasound, ordering selected x-rays and lab tests.
NPAO	Nurse Practitioners Association of Ontario
OACCAC	Ontario Association of Community Care Access Centres
OBSP	Ontario Breast Screening Program
OCFP	Ontario College of Family Physicians
ODP	Ontario Drug Plan: Available to citizens over the age of 65 or on government assistance. This plan provides for the purchase of prescribed drugs that are included on the approved provincial formulary.
OHA	Ontario Hospital Association
OHSA	Occupational Health and Safety Committee
OMA	Ontario Medical Association
OMGMA	Ontario Medical Group Management Association
ONA	Ontario Nurses Association
OPSEU	Ontario Public Service Employees Union
OR	Operating Room
OT	Occupational Therapist
OTAC	Ontario Health Technology Advisory Committee

OTN	Ontario Telemedicine Network
PATH	Partners Advancing Transitions in Health Care
PCS	Patient Care System: Electronic documentation system for nursing and allied health staff.
PDSA	Plan-Do-Study-Act, a common quality concept
Paeds.	Paediatrics
PEM	Patient Enrolment Model (i.e. BSM, FHO, FHN)
PET	Patient Encounter Tracker
Performance Measures/Metrics	Specific quantitative or qualitative measures of what outcomes are to be achieved. Each outcome will typically have several performance measures. Performance measures may be efficiency means (ration of outputs to inputs); effectiveness measures (impact/results of a services); or customer service measures (degree to which expectations of service recipients are met). Performance may be monitored at the client, program and system levels.
PHI	Personal Health Information
PHIPA	Personal Health Information Protection Act
PIP	Performance Improvement Plan
PMIS	Pathology Management Information System: Requirement of Colorectal Screening Program to collect related pathology reports.
PPAC	Professional Practice Advisory Council
Primary Care	That level of a health service system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and co-ordinates or integrates care provided elsewhere by others. See secondary care and tertiary care below.
PT	Physiotherapist
QCIPA	Quality of Care Information Protection Act
QI	Quality Improvement
QIDSS	Quality Improvement Decision Support Specialist
QIIP	Quality Improvement and Innovation Partnership
QIP	Quality Improvement Plan: an outline of the health care organization's priorities for quality improvement and a strategy for implementation. A key component of the Excellent Care for All Act.

RFI	Request for Information. Similar to RFP, however requires less information in the response and is less structured in what it typically looks for in the response.
RFP	Request for Proposal: Issued when seeking companies to provide service to the hospital. May also be issued by the MOHLTC when looking for projects that may qualify for funding.
RFQ	Request for Quotations
RHPA	Regulated Health Professions Act (Ontario)
RN	Registered Nurse
RN (EC)	Registered Nurse Extended Class (Nurse Practitioner)
RNAO	Registered Nurses Association of Ontario
ROMP	Rural Ontario Medical Program
ROP	Required Organizational Practice: An ROP is an essential practice that an organization must have in place to enhance patient/client safety and minimize risk.
RPN	Registered Practical Nurse
RPNAO	Registered Practical Nurses Association of Ontario (Professional Association)
RT	Respiratory Therapist`
SAFIRE	System for Audit and Feedback to Improve care (ICES)
Scope of Practice	Refers to the knowledge, skills and judgment that can be exercised by an individual health practitioner and assessing and treating patients.
Secondary Care	Health care provided by a specialist or facility upon referral by a primary care provider. Health care that requires more specialized knowledge, skill, or equipment than the primary care provider has. See primary care and tertiary care.
Service Agreement	An instrument for contracting to provide a health service under the authority of specific legislation; a formal agreement between the ministry and a second party (agency or individual) for the delivery of service to third party clients.
SGFP	Section of General and Family Practice of the OMA
SLP	Speech Language Pathologist
SQIS	Safety and Quality Information System
SRI	**Self Reporting Initiative** system allows Health Service Providers to submit clinical and financial data to the LHINs and the **MOHLTC**
STD	Short Term Disability

Telemedicine	Medical imaging technology and other provisions of health care through use of telecommunications technology.
Tertiary Care	Specialized consultative care (usually on referral from primary or secondary care personnel) by specialists working in a facility that has personnel and capability for special investigation and treatment. See primary care and secondary care.
Transparency	A system of operation that allows outsiders to see how the organization operates, makes decisions, and uses resources; an important aspect to ensure the public trust in an organization.
Triage	The sorting of patients according to criteria which ensures that the most seriously ill or injured patient is treated before patients with less serious problems.
Wait Times Strategy	The Government of Ontario's plan to increase access and reduce wait times for five major health services; cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, and MRI and CT exams. www.ontariowaittimes.com
WSIB	Workplace Safety Insurance Board (formerly known as Worker's Compensation Board).
WTIS	Wait Time Information System: A system-wide information system to allow the capture, storage and retrieval of data showing wait times across the system for a variety of surgical procedures and imaging modalities. Mandatory for hospitals receiving wait time funding.

3.2 Sample Table of Contents – Organizational Policies and Procedures

To access many of the organizational policies and procedures listed below see Sample Policies on the AFHTO website. Members are encouraged to share resources to support the development of the website repository.

1. Board Governance

1.1 Structure

1.1.1. Board of Directors List
1.1.2. Nominations to the Board
1.1.3. Board Committees
1.1.3.1. Various Board Committee's Terms of References to be added by FHT/NPLC

1.2 Responsibilities

1.2.1 Role of the Board of Directors
1.2.2 Director Responsibilities
1.2.3 Board / Staff Communications
1.2.4 Role of the Executive Director / Position Description
1.2.5 Executive Limitations
1.2.6 Executive Director Reviews
1.2.7 Role of the Lead Physician
1.2.8 Lead Physician Reviews

1.3 By-Laws

1.4 Governance Policies

1.4.1 Personnel Policy
1.4.2 Occupational Health and Safety Policy
1.4.3 Workplace Violence and Harassment Policy
1.4.4 Risk Management / Quality Assurance Policy
1.4.5 Personal Health Information Protection Policy
1.4.6 Confidentiality Policy
1.4.7 Conflict of Interest Policy
1.4.8 Family Health Organization / Family Health Team Relationships or Collaborating physician / NPLC Relationship

1.4.9 Accessibility for Patients with Disabilities

1.5 Additional Board Information

1.5.1 FHT's Vision, Mission and Beliefs
1.5.2 FHT's Strategic Plan
1.5.3 Board Performance Assessment
1.5.4 FHT/FHO Sharing of Expenses
1.5.5 Public Complaints and Dispute Resolution Policy
1.5.6 Board Meeting Minutes

2. Risk Management

2.1 Financial and Administrative Control Policies

2.1.1 Annual Audit Policy
2.1.2 Budget Approvals and Reporting Policy
2.1.3 Capital Assets Policy
2.1.4 Investment Policy
2.1.5 Cheque Signing Policy
2.1.6 Corporate Credit Card Use
2.1.7 Purchasing Supplies and Resources
2.1.8 Records Retention
2.1.9 Use of Corporate Assets
2.1.10 Emergency Preparedness Plan
2.1.11 Staff Expenses
2.1.12 Contracting for Consulting Services

2.2 Clinical Policies

2.2.1 Infection Control
2.2.2 Infection Control – Hand Hygiene
2.2.3 Infection Control – Staff Immunizations
2.2.4 Infection Control – Tuberculosis Screening
2.2.5 Staff Protection in the Event of Bodily Fluid Spill
2.2.6 Staff Needle Stick or Other Hazardous Fluids Exposure
2.2.7 Preventing & Managing Medication Errors
2.2.8 Storage of Medication
2.2.9 Credentialing

4.2 Employment Policy

4.2.1 Recruiting, Hiring and Orientation Policy
4.2.2 Reference and Background Checks
4.2.3 Job Descriptions
4.2.4 Personnel Files
4.2.5 Termination of Employment
4.2.6 Exit Interview
4.2.7 Reference Letters

4.3 Working Conditions

4.3.1 Hours of Work
4.3.2 Overtime / Lieu Time
4.3.3 Workplace Attire

4.4 Staff Benefits

4.4.1 Salaries / Bonuses
4.4.2 Government Benefits
4.4.3 Paid Holidays
4.4.4 Vacations
4.4.5 Sick Leave
4.4.6 Leaves
- 4.4.6.1 Pregnancy
- 4.4.6.2 Parental
- 4.4.6.3 Family Medical Leave
- 4.4.6.4 Emergency Leaves
- 4.4.6.5 Additional Leaves
- 4.4.6.6 General Provisions while on Leaves

4.5 Staff Relations

4.5.1 Performance Appraisals
4.5.2 Professional Development
4.5.3 Performance Management
4.5.4 Internal Communications
4.5.5 Code of Conduct
4.5.6 Confidentiality
4.5.7 Issue Resolution

4.5.8 Professional Credentials
4.5.9 Employment of Family Members
4.5.10 Job Accommodation

4.6 Health and Safety

4.6.1 Responsibilities of Management and Employees
4.6.2 Reporting of a Safety Incident or Accident
4.6.3 Alcohol and Drug Policy
4.6.4 Non Smoking and Scent Free Environment
4.6.5 Annual Flu Immunization
4.6.6 Emergency Evacuation Procedures
4.6.7 Safe Material Handling Practices

3.3 Job Description Template

Position:
Reporting Relationship:

Position Overview

Accountability

Supervision

Main Responsibilities

Education, Experience and Skills:

Job Requirements

3.4 Program Plan Template

Program Name		
Program Type		
Need/Priority		
Program Description		
Target Population		
Target Number		
Program Activities		
Goals and Objectives		
Performance measures		
Performance targets		
FHT Providers involved	**Program Lead**	**Partners/Collaborators**