

Manitoulin Island Health Care Collaborative

An Opportunity to Collectively Lead – A Rural Collaborative of Primary Care Leaders:
A presentation of this concept on behalf of partnering organizations on Manitoulin Island

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Today's presentation is intended to present a concept that we have been working on at the leadership level across many organizations

Please take these points away, think about them, discuss them amongst yourselves as Board Members

Perhaps the most important question is "Does this align with your values, your organization's Strategic Directions, and is this best for Patient Care?"

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A Shared Vision?

Can we as leaders from our various organizations come together and articulate a Common Cooperative Vision, as a shared pathway for improving local health care services?

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Our Common Ground:

- We share the same geography
- We share separate and overlapping patient population
- We have a successful history of working together (in large groups and in smaller subsets)
- We share common challenges
- Our patients look to us to help improve their health care journey

Our Collective Geography



- Manitoulin Island District takes 3.5 hrs to drive east to west and 1.5 hrs to drive north to south
- Populations is approximately 13,500 increasing significantly in the summer with cottagers.
- Approximately ½ population is non-indigenous and ½ population is indigenous
- There are 7 First Nation communities, 9 small towns/hamlets, and large expanse of rural

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Our History of Working Together as a Larger Group:

- For over 6 years, a large core group of local organizations have met together at the staff level
- This Group has built relationships and trust
- Terms of Reference established:

“Purpose –

To provide seamless comprehensive health care for clients transitioning between health care settings.

To openly communicate issues that impact client care and problem solve as a group to ensure the best possible solutions

To disseminate information between Federally and Provincially funded health care agencies”

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Members:

Noojmowin Teg Health Centre
Manitoulin Health Centre
Home and Community Care, LHIN
Wikwemikong Health Centre
Wikwemikong Long Term Care (Home Care)
M'Chigeeng Health Centre
M'Chigeeng Long Term Care (Home Care)
Mnaamodzawin Health Centre
Gore Bay Medical Clinic
Wikwemikong Nursing home
Manitoulin Centennial Manor Nursing Home
Manitoulin Lodge Nursing Home
Manitoulin Central Family Health Team
Assiginack Family Health Team
Northeastern Manitoulin Family Health Team
Victorian Order of Nurses
Sudbury & District Health Unit
Manitoulin-Sudbury DSSAB

Ad Hoc Members:

Northeast Local Health Integration Network
Physician Representation
Other Community Providers as required

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Examples of Success Stories - Working Together as a Larger Group:

- Information sharing (EMR – Lab, Radiology, Discharge Notes, Medication)
- Group problem solving
- Discharge planning
- Securing some shared funding on group proposals
- Home IV therapy
- Diabetic protocols
- Better care transitions between agencies
- Physiotherapy service coordination

Results? More accessible and responsible care. Patients have benefited

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Current Health Care Climate

- Aging population
- Growing service demands
- Increased transparency and accountability
- Greater focus on safety
- Shift from care in hospitals to services in the community and in the home
- Expanded Health Professional's Scope of Practice
- Local Health Integration Networks
- Fiscal restraint climate
- An increasing expectation for collaborative efforts, on both the Federal and Provincial stage

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Current Health Care Climate
New Provincial Pilot Models of Care:

Health Links

Sub-Region Health Hubs

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A Made-on-Manitoulin Solution

- Build upon the historical good work of our Group
- Layer a Collaboration Agreement between willing partners
- Align ourselves at an executive and corporate level on areas of common interest
- Create an overarching supportive framework that aligns to and enables further grass-roots efforts
- Working together with indigenous health organizations through alignment with First Nation protocols

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A Made-on-Manitoulin Solution Potential Benefits

- Provides a local planning body for health care transformation and program evolution
- Our local mechanism for Integration
- Forum for a Shared IT Strategy
- Share a Common Strategic Vision
- Focus on Cultural Safety
- Opportunity to Brand Ourselves
- Strong Local Voice for Funding
- Rapid Deployment – “Shelf-Ready”
- A Nimble Model

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A Made-on-Manitoulin Solution
What it would be...

- **A Partnership of Equals**
- **A Partnership of Both Indigenous and Non-Indigenous Health Organizations**
- **A Partnership of the Willing**
- **Based on Trust, Respect, Common Vision and Purposeful Outcomes**
- **Patient/Client-Focused**
- **It would be Whatever we Collectively Agree for it to be**
- **Evidence Based through development of standard health indicators**

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A Made-on-Manitoulin Solution

What it Would Not be...

- It would not diminish our individual corporate autonomy
- It would not interfere with our local decision making authority
- It would not touch our individual organizational priorities or funding
- It would not be forced on anyone – principle of voluntary participation in any chosen initiative
- An “out-clause” allows any organization to decide to stand aside, without interfering with the rest of those who wish to move forward towards a goal

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A Made-on-Manitoulin Solution – The Plan so far

- ✓ Create a Leadership Committee
- ✓ Draft a Pathway with Milestones
- ✓ Develop Vision, Values, Guiding Principles
- ✓ Draft Leadership Terms of Reference
- ✓ Create a Cooperative Agreement Draft
- ✓ Work this through our Organizations – rework as needed
- ✓ Seek Approval from each Organization
- ✓ Deploy and Communicate
- ✓ Work Cooperatively as a Leadership Team
- ✓ Create a Common Strategic Plan and Common Indicators to Assess Impact of Initiatives
- ✓ Work on Outcomes through our Staff-Level Table (the Provider Group)
- ✓ Identify Gaps and Needs collectively
- ✓ Seek Opportunities together for Enabling Funding for Chosen Goals

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A Made-on-Manitoulin Solution

The time was right for us to come together in this
way...

This demonstration of leadership and commitment
has had positive benefits for all participants...

We are stronger, together...



THANK YOU. MIIGWETCH
ANY QUESTIONS?

Presenter Disclosure

Presenters:

- Judy Miller, ED of Northeastern Manitoulin FHT
 - Sandra Pennie, ED of Corp. of the Municipality of Assiginack FHT
 - Lori Oswald, ED of Manitoulin Central FHT
 - Pam Williamson, ED of Noojmowin Teg Health Centre, AHAC.
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- Relationships with commercial interests:
All the Presenters have no relationship with commercial interests

Disclosure of Commercial Support

- This program has NOT received financial support from a commercial venue
- This program has NOT received in-kind support from any commercial venue
- Potential for conflict(s) of interest:
 - All the Speakers declared no conflict of interest