

Creating Good Governance in FHTs

Survey Results

Number of respondents=115 (May 2010)

INTRODUCTION

Governing boards of health care organizations, including Family Health Teams, are accountable for the performance of their organization and to provide oversight on their decisions. Good governance ensures that all the members of the Board are empowered to do their job and that decisions made are transparent and are done in consultation with clinical and managerial guidance.

AFHTO and QIIP have come together to scope out how FHTs are working through their governance structures and in the understanding of the different roles and responsibilities of individuals that have been charged with the leadership of their FHTs.

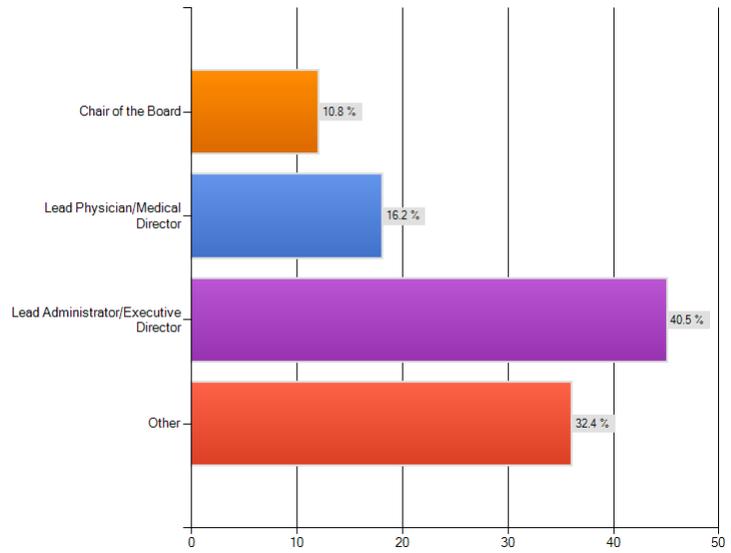
On April 20th, 2010, an email was sent out to all FHT leaders in the province inviting them to participate in a survey to inform if there is a need for further education in the field of governance. It was encouraged that a variety of members from the FHT in the leadership position fill out the survey. These are the survey results of the 115 respondents from 59 different FHTs that responded before the May 14th, 2010 deadline.

ABOUT YOUR FHT

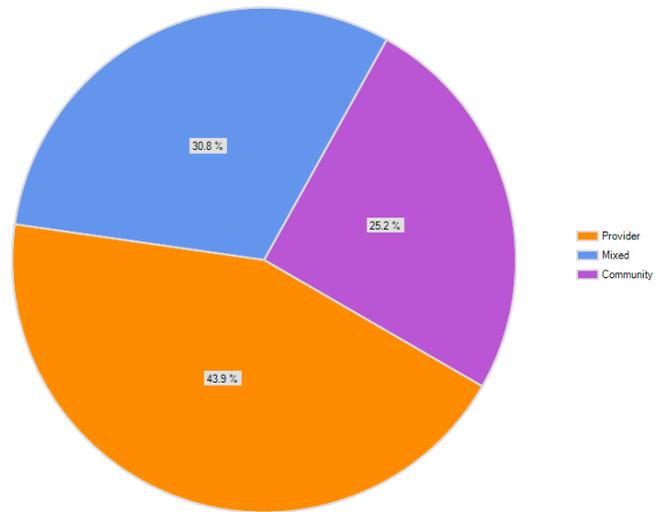
FHTs that participated in survey:

Algonquin FHT		Kawartha North FHT	
Alliston Family Health Team	X2	Kingston Family Health Team	
Atikokan FHT		Kirkland District Family Health Team	
Aurora-Newmarket Family Health Team		Leamington & Area Family Health Team	X3
Barrie and Community Family Health Team	X2	Maitland Valley FHT	
Bluewater Area Family Health Team		Manitowaning FHT	X2
Bridgepoint FHT		McMaster FHT	
Brockton and Area Family Health Team	X2	Mel Lloyd Family Health Team	
Brockville FHT		Minto-Mapleton	
Bruyere Academic FHT		Mount Forest FHT	X2
CANES Family Health Team		Mount Sinai Academic Family Health Team	
Caroline Family Health Team	X4	Municipality of Assiginack FHT	X2
City of Lakes FHT		North Hastings FHT	X2
Clinton FHT	X2	Peninsula Family Health Team	
Couchiching FHT		Petawawa Centennial Family Health Centre	X3
Credit Valley Family Health Team	X4	Portage Medical FHT	
Ear Falls Family Health Team		Prince Edward FHT	X2
East End Family Health Team	X2	Rideau FHT	
East Wellington Family Health Team	X4	Six Nations FHT	
Elliot Lake Family Health Team		South East Toronto FHT	X3
Englehart and District Family Health Team	X8	STAR FHT	X2
Fort Frances Family Health Team	X4	Stratford Family Health Team	X5
Garden City Family Health Team	X2	Summerville FHT	
Guelph FHT		Sunset Country Family Health Team	X3
Haileybury FHT		Taddle Creek FHT	X3
Halton Hills Family Health Team		Timmins FHT	
Hamilton Family Health Team	X2	Upper Grand FHT	
Happy Valley FHT		West Carleton FHT	
Harrow Health Centre Inc; A FHT	X2	West Durham FHT	X2
Huron Community FHT	X2		

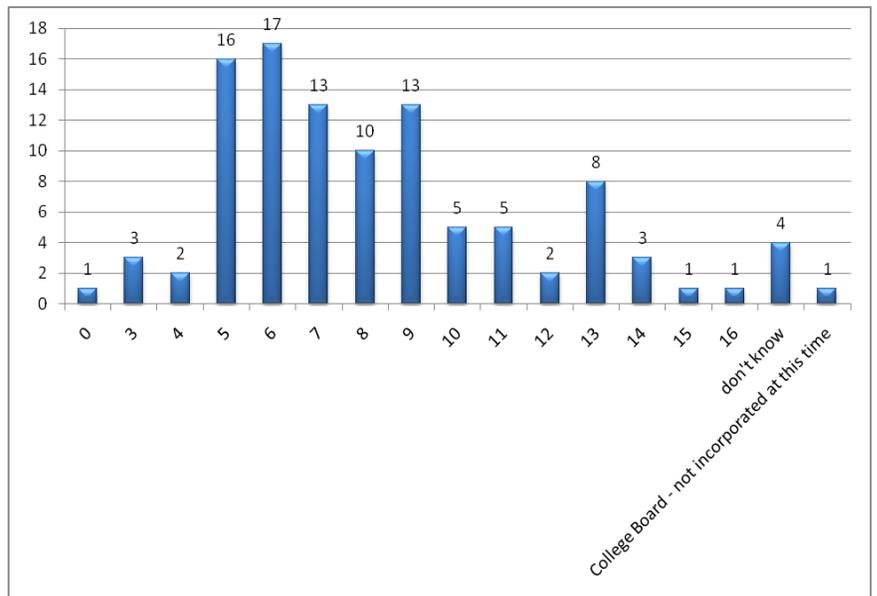
Position in FHT (of those who filled in survey):



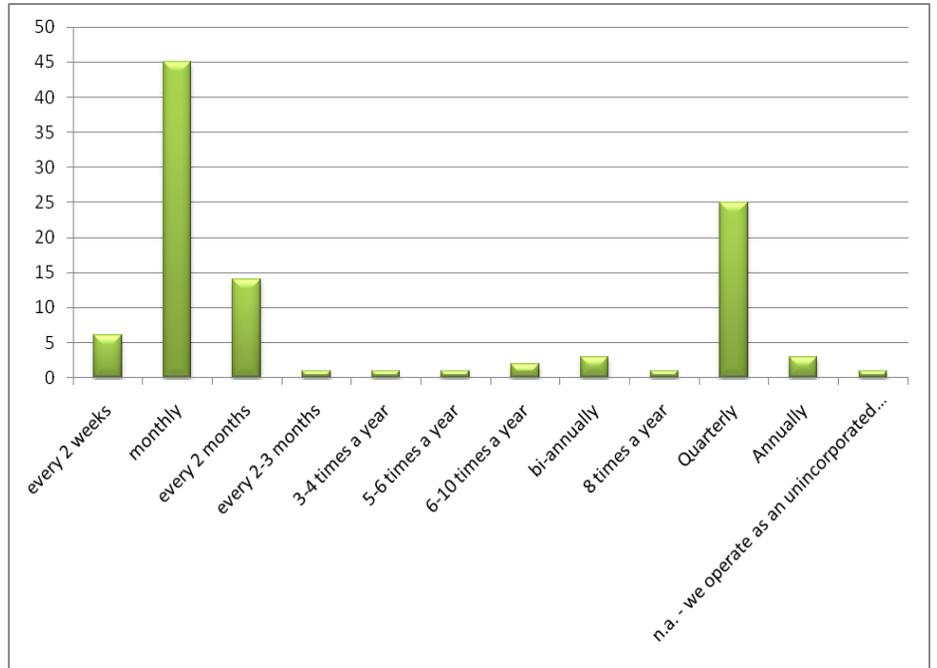
FHT Governance Structure:



Number of Board Members:

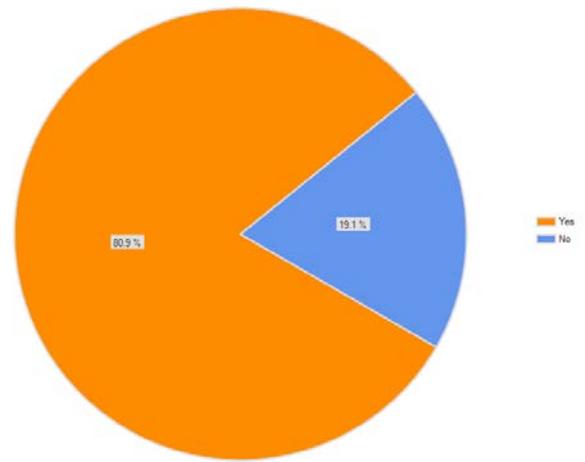


How often do you have Board meetings?

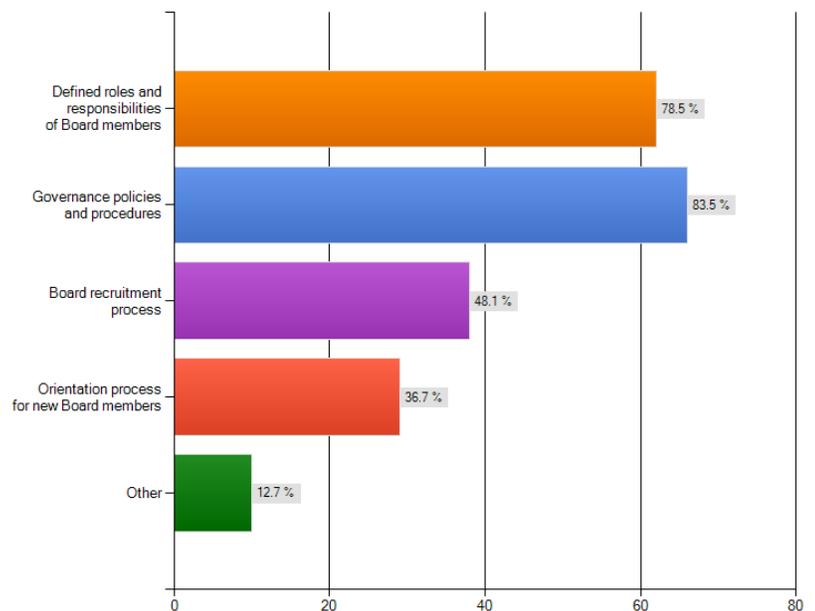


GENERAL BOARD QUESTIONS

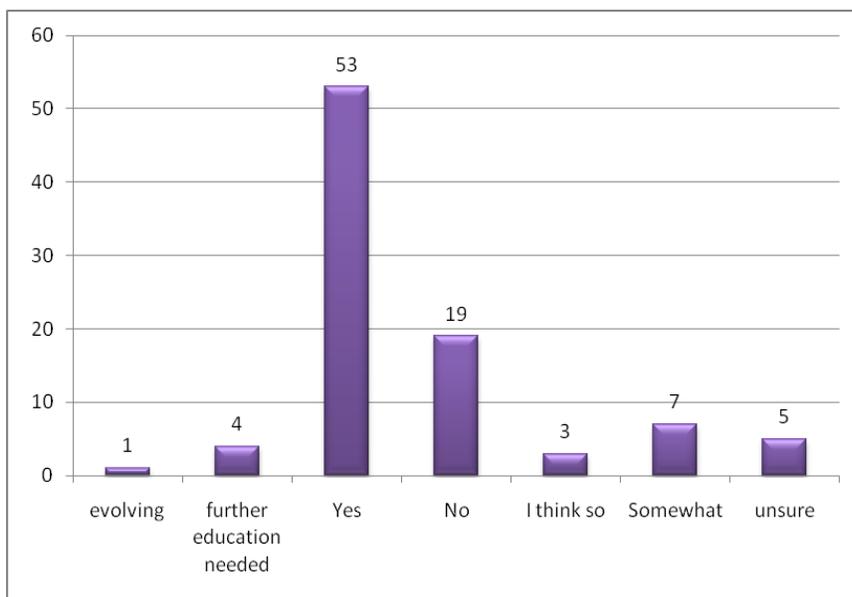
Have you developed any structures to support the effectiveness and function of your Board?



If yes, what has been established?



Do members of the Board understand their roles and legal responsibilities as a governor?



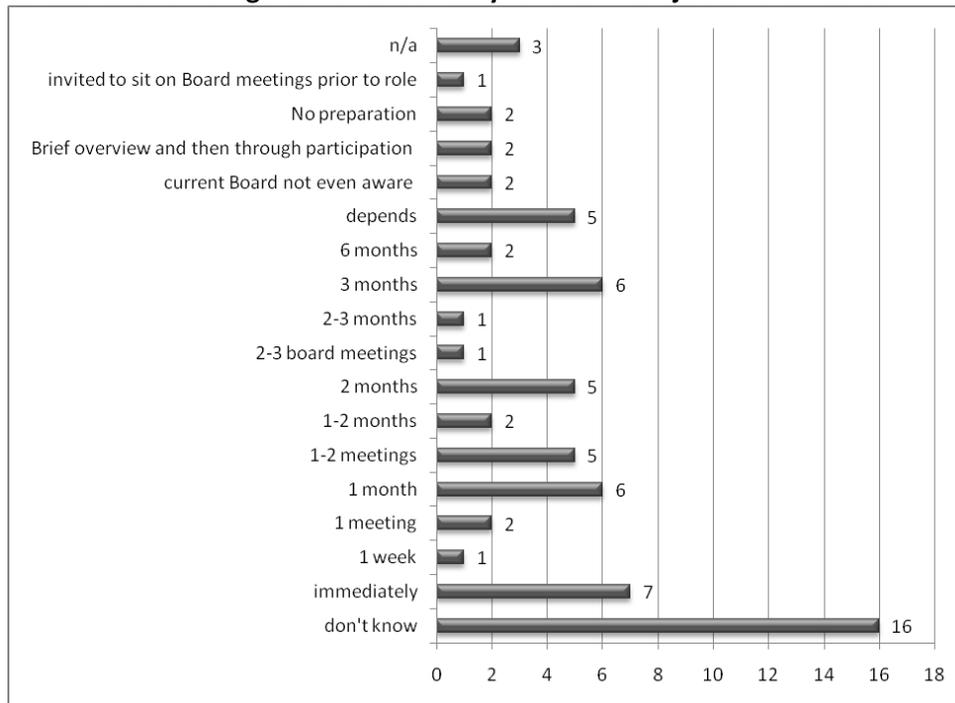
How does your Board manage conflict of interest?

declared at top of agenda
We have a conflict of interest policy
never has come up
Not discussed
Have a written policy that is adhered to
have a written policy, as yet untested
identified at beginning of meeting and/or prior to vote and affected members excuse themselves and/or abstain from voting
Discussing conflict. Respectful, safe environment to share.
Disclosure
Conflicts are declared and then abstain from votes
Declared and noted in the minutes; those in conflict may provide information during discussions however are not allowed to vote
Declaration to the Chairman
Conflict, if present, is declared at start of a board meeting.
Declarations at beginning of each board meeting
We have a set Governance Policy on dealing with conflict of interest which covers signed code of conduct by all board members, board members excluding themselves for any discussions or votes on matters involving a conflict of interest issue and termination of board members who are found to be in an undisclosed conflict of interest issue.
addresses them
We have not encountered a conflict of interest.
Unsure
do not vote on issue
Director may abstain from vote, but we have not faced this issue as of yet...
discussion at board meetings -might be in camera discussion - has not been a problem to date - we are a new FHT
Conflict of Interest Policy
No action
same as municipality...opportunity to declare at beginning of meeting
we follow the P&P of the hospital instead of duplicating finances and precious resources
declare a conflict as arises
Declaration at the beginning of the meeting Follow board policy for conflict of interest
hasn't come up yet
can't think of any examples

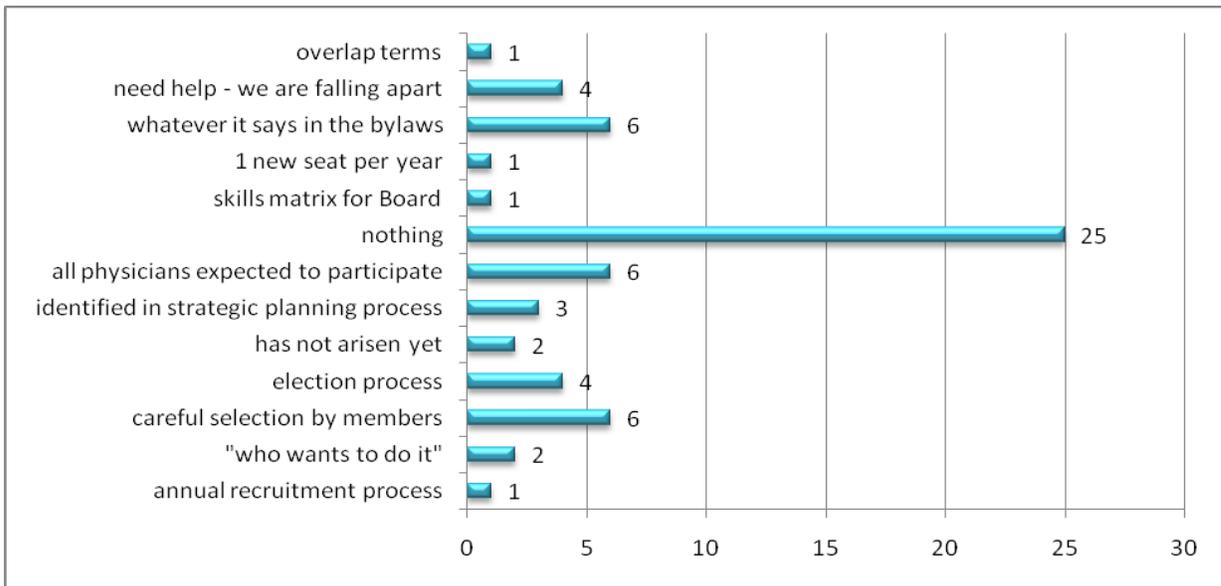
never had to deal with this yet
Every meeting we ask if any member have or wish to declare any pecuniary interest in any of the matters identified on the agenda.
Policy
conflict of interest policy
Declaration before start of meeting
0
Part of our bylaws and declared at each meeting when there is a conflict of interest
Has not been an issue. Conflict declared at Board. Member does not participate in discussion or decision.
on an individual basis. We try to avoid such conflict. There is some conversation about what constitutes a conflict of interest.
doesn't
Conflict of Interest must be stated prior to subject being discussed.
We rationalize - haven't had a lot - just some with space issues
No mechanism in place at present
It doesn't
The roles of each member are clear, and conflict of interest is transparent. We have not seen an abuse of this yet.
policy
I am a new board member (started Sept 2009) so this has not been my experience yet
according to bylaw
declare and not participate on the specific issue
discussion consensus decision making
Hasn't arisen. 2/3rd majority required for a motion to pass.
Has not been an issue to date
Potential Conflict of interest is identified at each board meeting and decision made re impact or probability by the Board.
If a board member has a conflict of interest regarding an issue being voted on that member abstains from the voting
Question on every agenda at beginning of the meeting
Members declare when they feel they have one and abstain from decisions.
Must declare conflicts when subject matter arises during meeting.
Meetings, constructive discussion, vote
group discussion, resolution, democratic method of voting with majority rule
have a policy,
I DONT THINK THEY KNOW WHEN THEY HAVE A CONFLICT FOR EXAMPLE ONE OF THE BOARD MEMBERS IS A PATIENT AND KEEPS ASKING WHY WE ARE NOT A WALK IN CLINIC
Has not occurred.
we have not dealt with it yet.
open declaration and MDs do not vote on their compensation
Process outlined in recently approved revised by-laws
The Board member with the conflict of interest must state they have a conflict and will refrain from voting or offering any input on the said matter.
Conflict of interest is declared by the individual before or while discussion takes place. They then are excluded from vote.
It has been very difficult with the physicians on the board to manage conflict of interest because the physicians have a pecuniary advantage on some of the decisions
not very well.
Recorded at start of meetings/on agenda
Declaration of conflict of interest is an agenda item at the beginning of all meetings of the Board. We also have a Conflict of Interest Board Policy
policy and in discussion
with great dissent
Hasn't arisen
people declare it
With difficulty though to my knowledge, there have been very few issues in this regard.
Abstain from voting if there is a conflict. Should be written into the minutes
don't know
As outlined in our By Law, we have a process to handle conflict of interest.

Majority rules for decisions
Our policy is for Board members to declare it or if it is for staff members, they must declare it and the Board will review and proceed accordingly.
excluded from decision making
Decline to vote but there have not been many arise
Open and frank consultation without personal comments
policy document developed
discussing it and minimizes/eliminates as able
discussion and consensus
in past year had assistance of MOH facilitator with much success
Declare it if conflict exists
Policy (outlined in our governance policies and procedures)
It doesn't, as there is an inherent conflict of interest in that all physicians on our Board all work within the FHT structure. I have noted as a new ED that decisions many times are based on what is good for the FHO as opposed to what is good for the FHT. As well, physicians will get involved with operational issues and come to me quite aggressively during Board meetings that I didn't end up giving one of their employees what they wanted and how 'dare you' not give 'my employee' (and it isn't their employee as that IHP is paid for by the FHT) and tell me what I must do from an HR perspective. Way to much interference from the physicians on day to day HR issues with staff and staff have now realized that all they have to do is complain about something I didn't give them (for example, an extra week paid vacation even though they haven't yet reached their anniversary date) and they know that the physician will then come at me very aggressively to give them what they want - ultimately staff have very little respect for me and for the FHT as a whole.
Conflict of Interest must be declared on an item by item basis and declared before any participation in the discussion is begun. The party withdraws from the room.
Policy has been developed
If in a position of conflict of interest, the person must declare it, and then they are excused from voting.

How long would it take for a new governor to be ready for their new job on the Board?



What have you implemented that has led to success in your Board being able to succession plan for future leaders?



BOARD FUNCTION AND EVALUATION

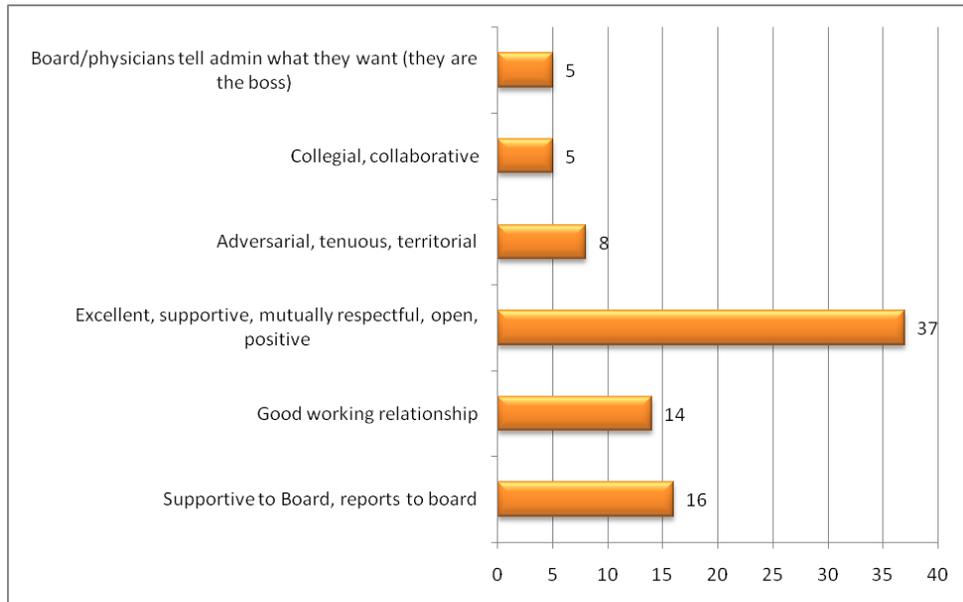
What have you implemented to successfully facilitate the role of the Board and the role of the management team (i.e. Lead Physician/Medical Director and Lead Administrator/Executive Director)?

Identified role of Board- Policy/Governance, not operational ED- responsible for managing organization Executive Committee
Regular team building sessions; regular daily communications
Develop Goals and Objectives together and identify roles specific to Administrator and Board.
We have several levels of Governance. The Board handles the high level compliance with the FHT contract, including fiduciary responsibility. There is also an Executive committee (with broad representation) which handles the operations of the FHT and a Community Advisory Committee with patient and community representation.
Both are exfio (sic) members of the Board. ED reports to chair of Board, Lead reports to Board only on role of Lead Physician. Board deals with higher level issues and management deals with operational issues. Unless the Board needs to be involved (ie: adequate MOH funding, budget approvals etc)
specific role definitions to clearly identify accountabilities
P&P's, frequent communication, clear delineation of roles
Lead Physician role is a position on Board. Executive Director prepares & attends board meetings.
Hired a facilitator
Regular reports to the Board by the medical director and the Executive Director; annual evaluation of executive director performance by the board; regular meetings between the medical director and the executive director; full strategic planning exercise to refresh our strategic directions April 2009 (3 years into organization)
The Executive Committee
Board members meet monthly as an Exec team, with management team involved - good communications.
Policies, job descriptions, Executive Director and clinical rep are at all Board meetings, Board calendar
We have governance policies which set out most of the roles. We have mandates for each board committee and job descriptions for each member of the management team.
Due to many changes within the management team, we have decided to start again at the beginning for the benefit of the new members and re-visit our vision and goals of the FHT. We will then examine where we are in terms of developing these visions and goals with a view to discovering if we are indeed on the right path with our ideas, programs and services provided.
Presentation to the board on activity of the family health team. Involvement in the approval of the new Capital Funding Agreement
committees -policy, staff relations, recruitment
Within our team, the Executive Director wears many hats and has a great deal of responsibility. Rigid adherence to the bylaws, audit requirements and MOHLTC reporting. Transparent in all areas to the board and our funder...
This will be discussed at the retreat - the FHT is just coming up 2 yrs. old and have been through purchasing a building and renovations, hiring so now need to look at defining everything!!!

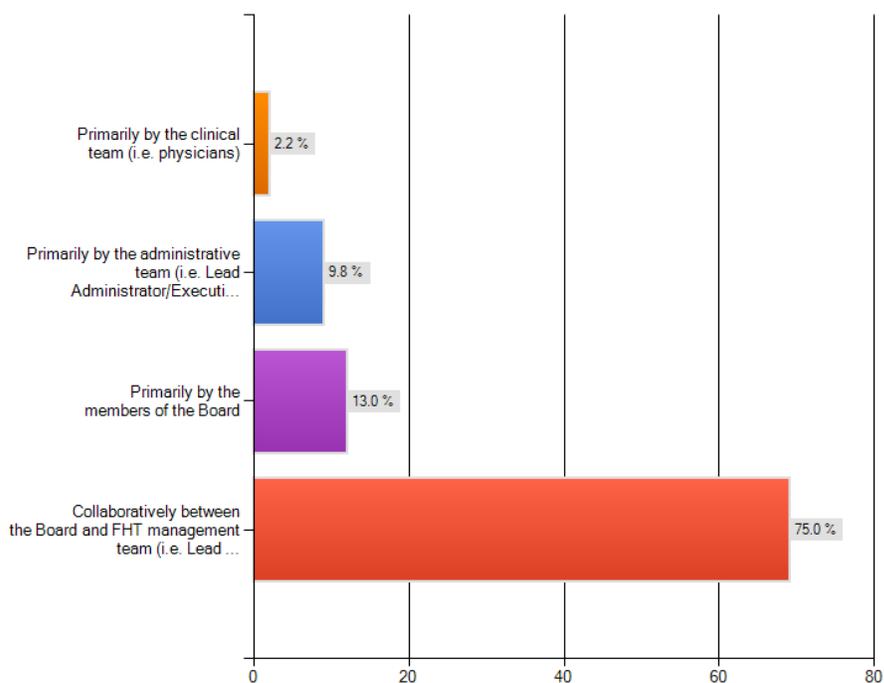
Seminars multiple small group meetings
lead physician, lead half time administrator, could be full time, there is a great deal of responsibility attached to this position, good communication network with other FHT's, problem solving often done at this level
don't understand this question??
nothing
The Board and the management team have all been involved with governance structure in health care.
lead physician and lead administrator meet frequently on informal basis and work together on issues arising
governance agreement position descriptions
Mission Statement, Roles and responsibilities, Policies and procedures
Roles and responsibilities for board and management team
shared lead physician structure policy regarding the Board and Administrators roles and how they differ
Monthly meetings keep all members up-to-date about current issues
lead physician CEO
Mindset of total transparency between all board members regarding financial, human resources and clinical program issues Establishment of an operations subcommittee of the board
some of us attended the leadership program put on by Queens Laval and Calgary
nada
Last month (March 2010) the Governance and Executive committee meet to review and update proposals to the FHT Bylaws and Governance.
Lots of experienced input from FHT administrators
Management team attends all Board Meetings
Lead physician, Lead Administrator
yes
We have created a comprehensive package of policies and procedures that define and facilitate Board and management team activity
We meet regularly with an established meeting agenda. This enable the management team to keep the rest of the board current, and also gives us opportunity to provide feedback and direction.
close collaboration between lead physician, lead administrator and other board members
regular meetings between ED, Board pres and FHO lead
not aware of anything
Open discussions at Board meeting around roles and responsibilities. Good working relationship with Chair and Lead Physician
Effective leadership of the chair, establishing expectations of trust and accountability.
We communicate regularly by email. This allows the board members to provide guidance to the ED on certain matters that arise between Board meetings
We have an Executive group comprising of the Chair of the Senior Management Team (the physicians), the 2 Lead Physicians, Secretary/Treasurer and the Director of Operations
We have held meetings since incorporation Nov 06. We have not formally discussed the role of the Board. As a Board we do discuss strategic direction, finances, HR, Operations, QA and risk mgt. We do get 'bogged down' on specific operational issues that may be better off left with the Exec.
Governance committee held first meeting to address this issue. More to follow.
Regular extra meetings between Physician Lead and Executive Director
regular meetings retreats and social events smaller sub-committees which meet more frequently i.e. 1-2 times per month and present info at larger board meetings and use of consent agenda
site leads on management team and some also on board
BOARD DOES NOT COMMUNICATE WITH CLINICAL STAFF IN ANY WAY - MANAGER'S ROLE IS TO CARRY THE BOARD'S VOICE TO THE STAFF BUT THERE IS NO OPEN LINE OF COMMUNICATION THE OTHER WAY
Physician on board has been very helpful
lead physician, lead director.
The by-laws now state specifically the role of each.
ongoing communication; seek out Board members expertise between meetings. Prepare budget with Board help
Our FHT has a .5 Administrator who is very knowledgeable and efficient as to the needs of our FHT
Carver governance model
nothing much
N/A
It is a tough go at the moment. The Drs are challenging us with governance problems

Initially operations committee of board met weekly with ED. Now biweekly and ED chairs the board meeting which is a combo of governance and operations
Open doors and meetings other than board meeting
I am unaware of this
Job descriptions, Operations manual
Weekly meetings, strategy sessions, open communication and understanding of each other's background and roles
good working relationship -Lead Physician ex-officio on the Board
Regular meetings with the Administrator
Close working relationship and the importance of good minutes recording with proper motions, decisions from the board meetings
Developed associate lead position (assist lead physician) and physician liaison (6 who meet with program managers)
Medical Director & Executive Director in place
regular meetings between the two
Ex Director
no lead physician, instituted in past year a Clinical Advisory Team
Not Much
We have administrative support to the Lead Physicians We have regular lead physician meetings Physician Forums Physician Liaison role is partnered with clinical leads Regular opportunities for physician input in priority setting Physician leaders are copied on management team minutes
At this time I have called in a consultant to help educate our Board members as to what their roles are and to not get involved with day to day operational issues.
In March 2010, the Governance Committee met to review and update the model and the policy and procedures manual
Medical director and lead administrator meet with the board on a regular basis and provide written and verbal updates. As well, e-mail communication is provided between meetings.

How would you explain the relationship between your Board and the FHT Lead Administrator/Executive Director?



How would you say decisions and policies are usually made for your FHT?



What does your typical Board agenda look like?

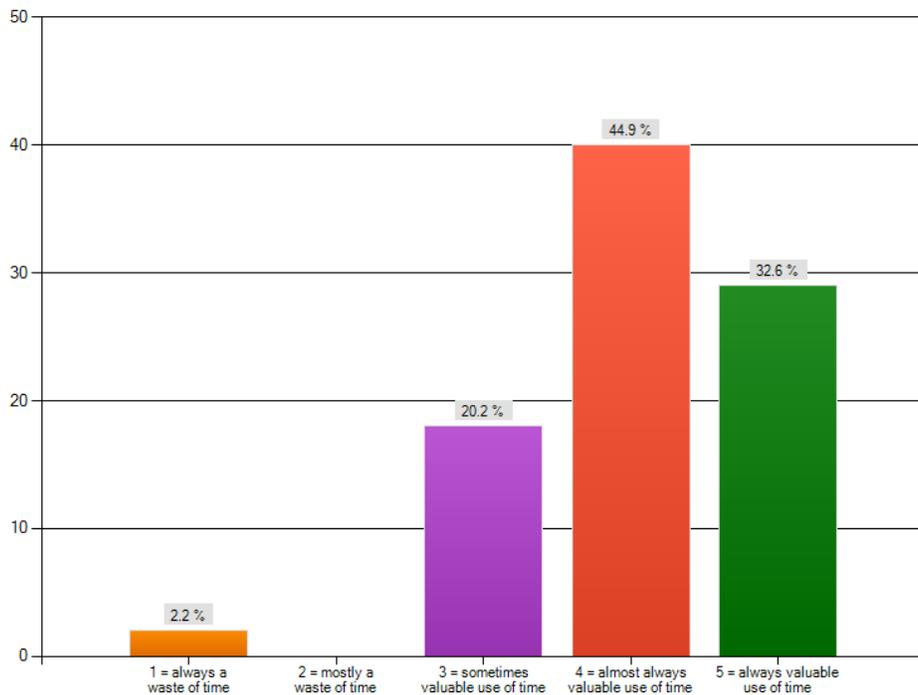
Business arising new business
6-8 items
Approval of Agenda and Minutes, Financial Report, New Business where we discuss existing/new programs, policy development/review, Administrator's Report, Educational opportunity where a community partner meets with Board, etc.
None of the above is the answer to question 3. Example of agenda... 1. Adoption of the agenda 2. Approval of minutes of March 9, 2009 (attachment 1) 3. Guest: ---- regarding bank account, financial statements and audit recommendations (see attached briefing note, attachment 2) 4. Business arising a. Enrolments (current figures attached, attachment 3) b. Community Advisory Committee 5. Possible FHT expansion to -- site a. Physician funding b. Operating funding c. Design/planning 6. Budget discussion: a. Appointment of auditors for 2009/2010 b. Receipt of audited FHT and Diabetes statements to March 31, 2009 (attachment 4) 7. Other business a. Annual report to the Ministry submitted July 31 (attached for information, attachment 5) b. Request for new staff submitted July 31 (attached for information, attachment 6)
Standing Committee reports i.e.: Board chair, finance, HR committee, ED report, Lead Physician report, new business etc
typically it has standing items for committee reports and new business
?
1. Welcome & Introductions 2. Members Meeting 3. Directors Meeting
Attendance, Agenda, Matters Arising, New Business
1. Quorum 2. Approval of Minutes and Agenda 3. Standing Reports: Executive Director (stats); Financial and Medical Director (program information) 4. Business Arising 5. New Business At four meetings per year, IHP staff do presentations at the beginning of the meeting to provide in depth information about programs and services
approval of Agenda/Business Arising/ Declaration of conflicts/Management reports Clinical and Administrative/financial reports/human Resources update including any exceptions to policy and Introduction of new staff/Strategic action plan/IT Update/premises and Equipment/ opportunities to expand/other Business/
Approval of Agenda Approval of Minutes Declaration of Conflict of Interest Correspondence Business Arising New Business
Review previous minutes and action items, President's report, Treasurers Report, board committee reports, ED Report, Lead Physician Report, table issues requiring board decisions and any new business or in camera session required.
We actually have a blended agenda of physician items and FHT items. We approve previous minutes, have discussion regarding Agenda Items, if decisions are required, we then vote. We periodically present financial statements. If there is any new business not on the agenda we discuss that. Date is confirmed for the next meeting, meeting called.
Items can be submitted to the board. The agenda of our community council provides an opportunity to liaise with other community services

agenda, minutes, new business, committee reports, ED report, board report
Agenda -- Family Health Team Board of Directors Meeting --1. Call meeting to order. 2. I declare as Secretary that the Board has been given written notice of this meeting 7 days in advance pursuant to the By-law. Pursuant to the By-law this declaration shall be sufficient and conclusive evidence of the giving of such notice. 3. Ensure a quorum. (3.11) , (c) Quorum, (i) The quorum for any meeting of the Board shall be a majority of the directors. As Chair I declare (a quorum) or (insufficient directors present to form a quorum). 4. Approval of the Agenda 5. Approval of the Minutes of the Previous Meeting of (January 19th /2010). Find them attached to this email. 6. Guest- presentation on Annual Diabetes Reviews as an NP initiative. 7. FYI – Up coming conferences developed by ED- with the financial support of GSK in the form of unrestricted education grants and the non financial support of the MOHLTC, CCAC and LHIN; 8. Dress code discussion/revision. 9. FYI - ED Q4 budget report 10. FYI – Report on budget requests for 2009/2010 budget year- as of yet there is no update available. MOHLTC hopes to provide approved 2009/2010 budgets by end of April 2010. I will release this information in email form to the board as soon as it becomes available to me if unavailable for this meeting. 11. CCAC case manager’s for --recap and update. 12. preliminary discussion on a future request to add a newly funded IHP to our team- Occupational Therapist. Concerns? Comments? Suggestions? ** Please find OT PDF attached. 13. Program/workshop update from Medical Director. 14. Update on -- 15. Next meeting will be the AGM on (LUNCH & DRINKS will be provided). 16. adjourn meeting.
1. Call to order 2. Declaration of conflict 3. Approval of minutes 4. Treasures Report 5. Administrative Report 6. Action Items 7. New Business 8. Next Meeting 9. Adjournment
opening of meeting approval of agenda approval of minutes of prior meeting (s) business arising from minutes financial report new business reports (as required) physician/NP round table discussion (brief) time and date of next meeting adjournment
similar to that of the hospital
Call to Order Additions to Agenda Approval of Agenda Approval of Previous Minutes Declaration of Conflict of Interest Follow up from previous meeting Finance Report New Business Next Meeting Date
Call to order Additions to the Agenda Approval of the Agenda Approval of the previous minutes Declaration of conflict of interest Follow up from previous minutes finance report new business which always includes a HR update next meeting date
minutes, staffing issues, and then maintenance, budget
review of past minutes business arising new business report from each site on new developments
-on-going items i.e. various in-house committee updates including copies of minutes -tenant lease update -union staff updates - recruitment -growth of FHT
Agenda Approval of minutes from last meeting Declaration of Pecuniary Interest Correspondence ED Report - Finance, Human Resources, operations New Business
Decision making on policies and action items of governance
Approval of Agenda Approval of Minutes Presentations Conflict of Interest Business Arising New Business Programming Finance Health representative report Health & Safety Publicity and Promotion Information Items In Camera Adjourn
What do you mean by this question??
Quarterly Report Review and planning for optimizing funding to initiate new programs Reporting of Status and Evaluation of CDM and Preventative Care programs Reporting of status and evaluation of Joint hospital and FHT primary care programs Issues and Opportunities related to key partners: University of Toronto, Ministry of Health
Recruitment issues
we have never had one
One Page. Approval of agenda, Approvals for previous minutes, Business Arising from previous meeting, Financial Report, Lead Physician Report, New Business, Other Business, Meeting Schedule, Adjournment.
Well organized - financials, HR, development headings every meeting, etc
Approval of agenda/minutes New items Update from each site
Vetting programs, discussing initiatives created by the Lead Administrator e.g. Benefits plan
review of IHP work budget policy approval physician concerns
The agenda is set up in a proper businesslike manner, and usually touches on finances, policies, new initiatives, relationships with the hospital and university etc.
agenda approval quorum previous minutes (motion to accept) business arising new business - generally team updates, ED's report, FHT lead report, governance committee report and finance report would be embedded in here other - dates for future board meetings
includes approval of minutes from previous meeting, business arising, financial update, program update, building construction update, other specific issues as new business
Review of Minutes; ED update; ad hoc items
discussion of positions, updates, funding
1) Review previous minutes 2) Administrator’s update - i) Budget, HR, programs, other business items
Minutes of Previous Meeting Business arising New Business (includes ED Report, Financial Update) Other
Usual items include QI initiatives, outreach initiatives from strat directions, financial updates, changes in funding/human resources, medical trainee impacts, facility expansion and upkeep.

approval of minutes, report form ED, financial report, several items of new business, depending on what needs to be discussed that month
See question #1 for broad topics. We are very good at f/u of action items from the previous mtg. The Exec. Co. of the Board will also pass items up for full Board approval or simply to report outcome. We also have resolutions (for acceptance of financials, adding a new physician, hiring contractors, etc.)
Changes to and Adoption of minutes, Updates from MOHLTC, Financial review (budget monthly), Lead physician report, Executive director report, correspondence.
1. Approval of Agenda and minutes of last meeting 2. MOH report/Financial updates 3. Human Resource report 4. Program report 5. Facility or Equipment updates 6. Other
minutes approval call to order business arising new business other next meeting adjournment
presentation conflict of interest declared minutes, old business, reports ED, finance report, community advisory (if met) new business (annual business plan for organization) other
THE FHT GETS ABOUT 10 MINUTES A MONTH ON AGENDA
Agenda, conflict, f/u from previous minutes, finance, HR, LHIN, New Business
agenda set by lead physician
Call to order Declaration of Conflict Approval of Agenda Business Arising (includes Financial/ Staff Recruitment and retention) Clinical Advisory Committee Report New business Meeting Schedule
quarterly \$; Suggested initiatives, risk review; staff change update
Call to order approval of agenda approval of minutes new business date & time of next meeting adjournment
board matters such as policies, strategic planning, financial oversight, etc.
Haven't been at a meeting for 8 months!
Template of 10 key items - room for sub-topics
minutes, consent of agenda, committee reports - clinical, facility, IT, etc. then operations section reviews HR, Finance and central clinic issues
Minutes, approval. Issues: Almost all issues are those derived from the ED and what activities she has been up to.
Date - Time - Attendance - Approval of minutes from last meeting - Agenda (numbered) New Business - Action Items - Next Meeting Date - Adjournment.
don't know
accept old minutes financials new business
Financial updates/MOH approvals/changes Academic agenda issues that affect the FHT IHP allocation across sites.
finances leases
Agenda Minutes Financials Program Updates IT report Other Business
-- Family Health Team Board Meeting Agenda AGENDA 1. Approval of Agenda, additions or comments. 2. Approval of minutes of Feb. 10, 2010. (attached) - Business arising from minutes and/or reports, tabled below 3. Third party billings by AHP staff. (from Feb. 10 agenda) 4. ICES – CCORT EMR project (attached - approx 50 physicians participating) - The Canadian Cardiovascular Outcomes Research Team (CCORT) Grant in Cardiovascular Outcomes. Nested Study – Optimizing Audit and Feed- back for primary care. 5. Letter to clinics for signature regarding 2.25% pay increase and RN and Admin funding distribution from the MOH. (attached) 6. Allied Health Distribution between clinics with NP's & Mental Health. 7. Chronic Disease Management Programs (Cheryl) • STATS • QIIP/P4H • Partnerships for Health invitation to join the program and attend May 4 Knowledge Transfer day in Stratford. • Those joining in P4H process for diabetes. How many staff/AHT will attend from each site. • Osteoporosis program • improvement advisor and hypertension program • CHAP-AP • Heart to Heart program from HPHA/SGH – hypertension and meeting with -- from -- • CPR Training • Asthma and COPD training 8. Insulin Starts with pharmacist. Medical directive from physician required to supplement DEC program insulin starts. (Attached) 9 Retreat. Feedback and ideas for next year. 10. Financial monthly statements from the FHN 11. Grow Your Own NP program 12. Financial report for 11 months from April to Mar. 25, 2010. (ATTACHED) • Expenditures VS Budget • Approved one-time expenditures before Mar. 31/10 (ATTACHED) 13. Approving Occupational Therapy (OT) into Family Health Teams, letter from the MOH-LTC (attached). 17. Next meeting date
no standard format, just what is topical financial reporting is going to be done regularly board is developing a more standard reporting template for ed lead MD
financial report, clinical activity report, policy review, new business; facility planning, strategic planning, governance education
review of minutes, regular maintenance items and reports then new business
Typically receive previous minutes and also an agenda received prior to meeting
report of management, financial report, physician recruitment, new business , issues surrounding operation of the FHT
Thought du jour: "I think that avhero is an ordinary individual who finds strength to persevere and endure in spite of overwhelming obstacles." Christopher Reeves 0.0 Call to Order 1 minute 1.0 Recorder/Timer 1 minute 2.0 Welcome 3 Minutes 3.0 approval of Agenda 3 Minutes (additions/Deletions) 4.0 approval of Minutes 5.0 Good News/Celebration 5 Minutes 6.0 Directors Report 15 Minutes 7.0 Business Arising 10 Minutes 7.1 Off Site Health records 7.2 Summer Students 8.0 New Business QIIP Update Medical Directives (approval of Financial Report 9.1 Doctor's Project 9.2 MOH Project
Financial Report Policy determination Communication items Priority setting Sometimes conflict resolution

It is formal write up of reviewing previous minutes, old Business, new Business and reviewing all financials
Review of Agenda/Minutes Current issues (e.g. CDM program update, policy development) Other issues as raised by Board at meeting
Board Agenda is usually one page with the following: Approval of Agenda Approval of Previous Minutes Business Arising from Previous Minutes Financial Report Lead Physician Report New Business, Other Business Meeting Schedule Adjournment
New business; Updates; any committee updates; review of finances; information on new initiatives/proposals, presentations from staff members.

When attending Board meetings, what level of satisfaction do you have that it was a good use of time, especially as it relates to the ongoing operations and strategic direction of your FHT?



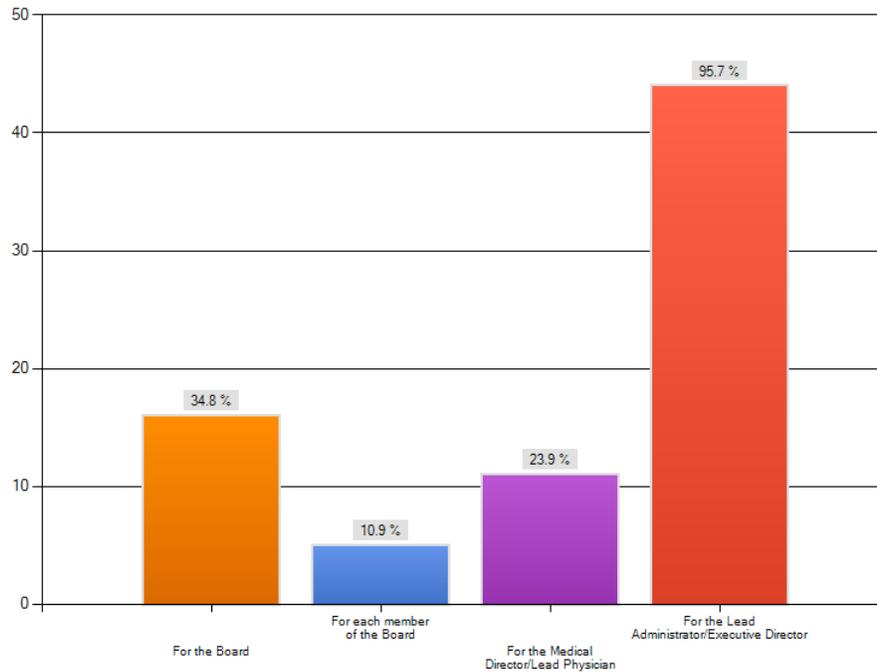
How do you measure the effectiveness of the Board?

by the happiness of staff; low turn-over rates and overall workability of our group situation,
We annually review our goals and objectives and look at whether we met what we set out to do over the year.
Do not
Yearly Board self evaluation, strategic decisions made, projects implemented, good governance, leveraged political will when need be in order to get MOH support
self assessment and feedback to the president from the management team
by their awareness of day to day operations, willingness to assist/support and management of their roles with limited staff support
1. Adhere to Bi-Laws 2. Satisfaction of FHT with Board 3. Satisfaction of Board Members
No process
Annual board evaluation completed by all board members; general feedback after and during meetings
1) Each board member brings some specialized skills to the board and is asked to contribute by the Chair. Board members come prepared, are knowledgeable in the working of the FHT and are comfortable challenging positions. Board members are knowledgeable in risk management and governance.
Board self-evaluation process
The --FHT start up up two years ago and is changing from an operationally oriented board to a governance board. This has pretty well happened but once in a while we slip back into operations which creates problems for our ED.
By the actions that are taken following a meeting! If we are able to make decisions and then follow through to completion, then we have been effective. I also gauge by the level of understanding of the issues. If we meet and discuss issues, and then they are promptly forgotten, we are not very effective. I find that I am key in follow up conversations and reminding or keeping the thoughts and ideas in the forefront.

As Executive Director, I measure board effectiveness by the number of programs and community partnerships that it assists me in attaining for the benefit of our patients.
-based on the support given, expertise on topics -questions being asked -board members regular attendance at the meetings -open minded - unbiased opinion -resources which they bring to the meeting
by success of FHT
discussions relative to issues, new ideas brought forward that positively affect clinic effectiveness patient needs being met, satisfaction of staff in the performances of their duties and support that they receive from the board
by how successful our FHT is.
Currently not officially being measured.
length of meeting, what gets accomplished, length of time to make decisions
informally-- discussions are open, respectful, and at least occasionally decisions are made by consensus
We do a Board Self Evaluation annually
Have not done this yet
board critiques
board evaluation annually individual board member evaluations annually CEO and Lead physician evaluations annually
Subjective review of the positive evolution of the FHT. We are looking at developing an evaluation process
Has not been addressed yet
Not effective...does not have time to meet or make meetings a priority. Could be much better. We have FHT meetings which include everyone but the board (Physicians almost never meet officially)
Accomplishments. Financial Stability, Governance, Good Policies and Procedures
the FHT keeps running better and better as time goes on
The ability to make a decision and move forward.
By its altitude of focus - what level it should be working at e.g. Big Picture/Strategies vs what it's actually focusing on e.g. day-to-day operations that don't need to be handled by the Board
attendance at meeting issues resolved opinion of board members
The Board's guidance is reflected in the successful running of the FHT. The membership seems pleased with this success.
collective perception of board members
Board reports to Members monthly (Members are 24 docs; 4 NPs)
Board making decisions that advance the goals of the organization
Not currently being measured
Have not determined
I do not believe this has formally been carried out.
good question
We have not formally measured the effectiveness of our Board. We often ask, at the end of a meeting, how members felt the meeting went but that is the extent of our measuring.
Patient satisfaction. Progress in Policy, Procedure and Governance set-up. Performance to Budget. Ability to supply high quality health care.
-by successful chronic disease programs - by the ability to work through conflict and still respect each other - by the level of buy in by the other physicians to actions - by the number of unexpected turnover of board positions - by the number of engagement of staff and providers in a proposed change - by staff retention and provider retention - by having physicians willing to step up to succeed present Board members - by the number of times we are approached for new external partnerships - by our ability to adapt to constantly changing directives from the MOH and constraints - by our ability to function as a business even with the challenges of tardy approvals and funding from the MOH
how quickly new programs are implemented how satisfied are other members of team how satisfied are the physicians in the group how successful are we at retaining and recruiting desired allied health care professionals for our team
self evaluation of Board attendance
IT IS HARD TO MEASURE THEIR EFFECTIVENESS BECAUSE THEY STILL DON'T REALLY KNOW WHO THE FHT IS OR WHAT ITS FUNCTION IS. THEY CURRENTLY ARE TRYING TO PUT TOGETHER AN ADVISORY BOARD TO WORK ONLY WITH THE FHT IN ALL THE AREAS THAT HAVE BEEN MENTIONED
We work well together, we have different segments of the community perspective
i do not know.
We do not at this point. This will come as we move to address all items listed in the by-laws.
?
The effectiveness of this Board is high.
we need a strong chair to keep them on topic

it's ability to work with physicians and FHT
N/A
incrementally, quality of the debate, inclusiveness, stability of succession, decisiveness,
OUR Chair is excellent but equally saddled by an ED who feels she has NO accountability to the board. More information sessions than true Goal Oriented meetings.
Is the clinic running smoothly - everyone getting along - attaining our goals for the patients and community
judged terms of are we meeting the needs of the community with in our mandate
No clear measurements at this time, however we have had increased funding over the years to support more IHPs and programs which is a reflection of the time and dedication of the board
We don't. We really need to.
using a tool
NO objective measures. The Board is "us" so it has to be effective.
We don't, but we have active participation from all the physicians on the board.
we have measurement tools but have not yet used them
Board Chair & Executive Director will be implementing an evaluation tool, will use Guide to Good Governance to help with the process
retention, recruitment although we have no objective measures
Our board has become much more focused and effective about time and outcome
not directly measured
since our board is relatively new (6 mos) we are attempting to move forward, have plans for more physician recruitment and a newsletter for community which outlines all our services and introduces new employees
No Tool
Self evaluation process by the Board members using a template
we don't
No measures in place.
Effectiveness of the Board is measured by smooth operation of financially responsible organization with good governance and sound policies, competent happy staff, effective accomplishments and a satisfied consumer base.
We have a strategic plan in place, and are able to review our goals and progress made in reaching these goals.

Does your Board engage in yearly performance reviews (check all that apply):



MOVING FORWARD

Have you engaged/initiated a strategic planning process for your FHT? If yes, who is/was involved in the process?

yes- the whole team
No
No not since our original business planning phase.
Yes. We had an all staff retreat with a facilitator
Yes, the Board, Management Team and other admin staff and IHPS
yes, Board, mgt., team and select members of staff
board and all staff
Yes- FHT, FHO, Management, Board
Yes, internal
Yes, April 2009. Board, all physicians, interested employees of both FHT and physicians.
yes, the board members, all FHT staff, community members.
Majority of FHT (MD/IHP/Clerks/ED/Board) were involved in it 2 years ago.
Yes. The Board.
We have made three attempts at developing a strategic plan and to date we have not been successful. We now understand that this is because we have not accumulated the knowledge base required to understand the healthcare needs of our community first before deciding what strategies we will use to meet those needs and report back to our community on our success.
There is one in place but I wasn't part of it. It was developed by a consultant with team involvement.
During initial start up- utilized AOHC expertise
We have not discussed as a board the strategic planning process since our inception. I have engaged our AHP's in dialogue regarding the direction of their roles, what we hope to deliver in terms of care and a vision of the programs we will provide in the future.
My vision as CEO of our FHT is the development of programs as well as community programs and partnerships to provide access for our patients as well as the community... this is an effort undertaken more or less on my own...the board cannot yet see the value of community partnerships though it is valued by the MOHLTC.
-our first will be in July -the employees are meeting in June to discuss and then the board will use this information to discuss and to revise the by-laws
no
no.....will be incorporating it in with the planning session for our hospital
Not yet.
No
unsure
no
holding a yearly FHT retreat with an independent facilitator, involving the Physicians, Administration and AHPs
Currently in progress by the Board and Admin Staff.
All staff, community partners, board members
Yes, the board and Administrator
Full board initially then focus groups then team members as well as voting members
a long term planning process - Board and mgmt.
Only initially 3 years ago involving the Board Chair, Lead MD and hospital VP. We did a strategic planning session for the Family Medicine Teaching Unit 2 years ago
no
Yes, All the Board
Board, administrators, physicians, FHT employees
Yes - Board Members and Admin Staff
No resources
Briefly reviewed the strategic objectives from the Business Plan with the Board. Am attempting to initiate a more comprehensive discussion.
no
Yes-this is undertaken by the management team, consisting of the Executive Director and the Lead Physician, with guidance and support from the Board and other FHT members.
For overall strategic planning, our lead MD and ED do much of this with support of the board. As chair of the governance committee, one planning process that we are beginning to undertake specifically is preparing/planning for the possibility of a repeat flu pandemic this

winter/fall
outside consultant facilitating full physician and staff participation
Yes, all Members and all staff
not aware
Strategic planning occurred with the initial business plan only.
Yes. Evening session with Board followed by half day session with staff followed by feedback to Board
Yes, this was carried out approx 2 years ago with the members of the FHN, exec director, Board member by an outside facilitator
Yes. we try to have at least meeting per year to which all members are invited and work on strategic planning with the help of a facilitator
Yes, a select group of future thinkers.
Not since the original Business & Operational Plan that was submitted in Nov 2006. We have a Board Strategic Planning Day planned for Jun 2010.
Yes - the complete board was involved.
The Board and ED meet yearly to discuss and document the strategic plan.
all physician group members
yes, hired a facilitator FHT, FHN, patients, community, Board, community advisory committee
AS THE LEAD PHYSICIAN I INITIATED THE TEAM IN THIS ACTIVITY. THE CURRENT BOARD IS NOT INTERESTED IN KNOWING AND HELPING IN THIS PROCESS BUT HOPEFULLY THE NEW ADVISORY BOARD WILL
All partners in the community, board
all staff
yes
Management team and some of us.
Yes. Board, Physicians, Staff
not sure.
no
Only initially--we plan to have a retreat this year so that we can do some short term and long term planning
not since original planning session prior to set up.
No
Yes. Initially when FHT was developed and then a review of the progress last year
no
We have for different programs and everyone gets involved through mapping and other procedures learned through collaborative ongoing strategic planning with admin and health care providers
not yet, will be doing this for the 2010/2011 fiscal year
Yes, 1.5 years ago that included all the IHPs at the time and MDs, organized by the lead physician and admin lead
1.5 day retreat with an external facilitator
Exec Director, physicians and IHP's, community partners
Not specifically but we do have a annual-biannual retreat
The MOH has us do our strategic plan, this was prepared by a consultant initially. Since then, every year when redoing our budget submission, we look back at our successes and try to build on what has worked.
yes board and leadership group
Initially we worked on mission/vision statements with physician members and facilitators. There have been a couple of FHT wide visioning exercises/retreats.
yes with development of mission, values and goals
board working together with administrator
NO
Yes - representatives from all stakeholder groups.
I have initiated to have one take place as currently we don't have one, but my Board members stated it was a waste of staff time and they just want to run their offices as 'no one' follows 'that' plan anyway so waste of everyone's time. I tried to explain that without a strategic plan we are like a ship floating in the ocean without our radar on and no direction in place so we just float and go where the wind takes us and this ultimately leads to going nowhere and with a strategic plan in place it will help with funding and program planning, etc...I found they lack business understanding, very much so.
Other than the initial business plan (developed by the President and a consultant), there has been little in the way of strategic planning.
Yes and full board participation
Board members, CEO, Medical director, Community Partners, FHT staff
Yes, the board, the physicians, staff of the FHT. Many of the community board members are also patients of the FHT.

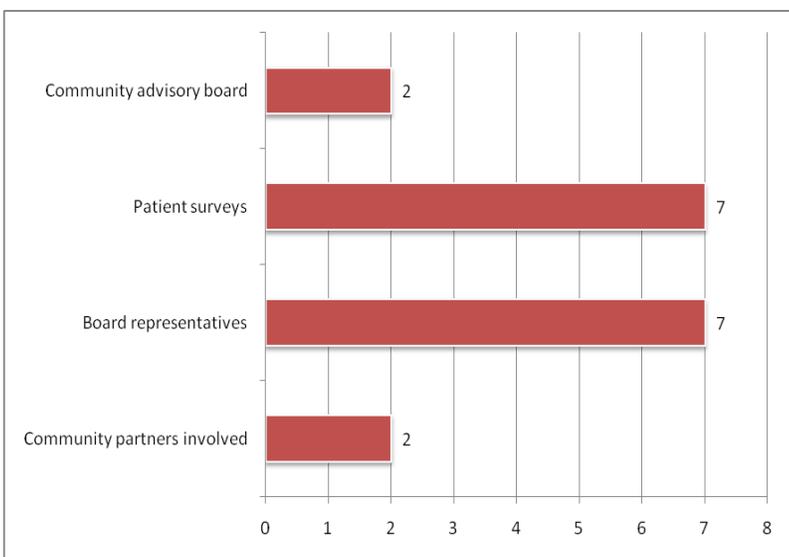
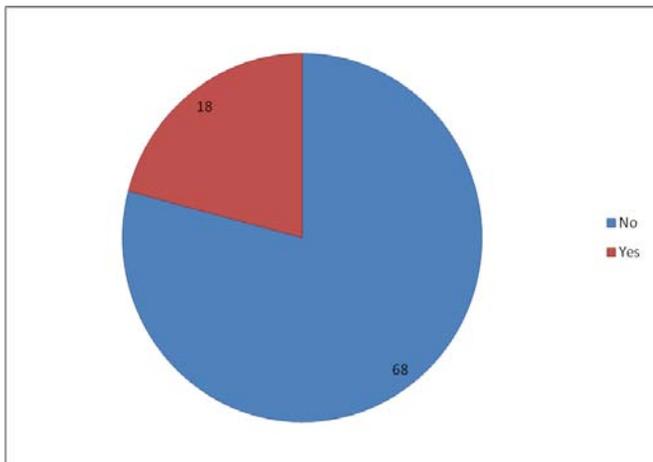
How do you measure success of your FHT?

Excellent job satisfaction ratings by our employees and excellent patient care satisfaction as confirmed by survey.. and physician satisfaction with working arrangement.
Annual review of objectives and how we did or did not meet them. Each program has measurable objectives. We have also been involved with QIP which has allowed us to look at how to measure what we are doing and track progress.
Challenging without evaluation staffing (requested and not granted). We try to look at indicators such as patient numbers, outcome indicators, quality indicators, planning a patient satisfaction survey.
Community served, ie: roster, programs running including community programs for nonrostered patients that are free, patient success stories, budget approvals etc.
we have set objectives for all senior mgt and the Board as a whole
achievement of goals set in operational and strategic plans
Patient Satisfaction Surveys Staff Satisfaction Surveys Program Outcomes/Measurables
Defined Key result areas
Volume of services provided; program participant feedback; clinical outcomes (limited at this point)
Achievement of our strategic plan ,action plans and accountability measures and applied risk management and governance
Various variables/benchmarks used in areas such as programming, roster size, teaching, etc.
Growth, programs implemented and their evaluations, partnerships
We have annual goals that we measure ourselves by (build new medical clinics, hire physicians, AHPs and staff, ensure adequate funding)
Achievement of the goals that were set out in the strategic plan and achieving our patient targets, providing education forums for our patients.
of patients seen (not necessarily enrolled) development of new programs Hiring of staff
I measure success by the mood of the staff and the physicians. The mood is a very good barometer of problems within the team. I find that the mood of our clinic is exceptional, very lighthearted, everyone willing to go the extra mile as a member of the team and very willing to help each other. We are able to meet socially with ease and their always seems to be laughter. Having this sort of atmosphere places us in a good position for teaching, dialogue and good communication.
I changed a great deal in terms of operations when I came on board. I measure success several ways, one being the lack of patient complaint phone messages on Monday morning, two the patient compliments to our IHP staff with regards to the value of our workshops and programs. Three, our FHT's ability to never turn an acute care patient away...they can always see a doctor of NP on the same day.
-moral of the employees, the board, the patients coming into the office -number of rostered pts., number of hires, number of patients attending the programs -the number of community partners who want to offer programs from our site for the community -staying on budget -thinking outside the box and employees accepting change and the challenge
Patient outcomes General success of FHT as a business Staff relations
patient satisfaction, retention of medical staff
the number of patients we have rostered.
Recruitment of AHP's and physicians Implementation of programs Enrolment targets Accessibility
began as distinct physicians with some mistrust-over time has become more of a team
developing and implementing patient programs i.e. CDSM, parenting program, healthy weight, LIPID in order to provide better care
Currently by patient #'s but needs to be expanded.
Metrics for outcomes
we are just beginning that, primarily through customer satisfaction response surveys
Qiiip initiatives put into practise
outcome measures
Engaging in Interprofessional Collaboration Creative CDM and Preventative Care Programs Increase in Patient Rostering Patient Satisfaction
Ministry required reporting...#pts rostered
This year we successfully moved into a new facility. That was a huge accomplishment because all members were involved.
number of patients seen by various providers and programs, patient satisfaction questionnaires, program evaluations
Successful implementation of a program with positive results seen
Too early to tell
Starting to run quarterly queries of Clinical/Performance indicators, along with our standard MOH reporting numbers. If the AHPs are busy and the pts are improving in their quality of health, I consider us successful. Tertiary to that would be increasing our Roster size.
staff evaluation pt evaluation of programs retention and recruitment
Financial well being, innovative health care activity, successful medical education (a key role for this FHT).
We look at the numbers of participants (patients) in the various programs we offer and their feedback
periodic assessment by board

Individual program reviews which survey physicians, NPs and patients/clients
high quality primary care including other professional services to the persons attending the FHT
Program planning and execution. This is done informally through patient feedback. Working on concrete measures for CDM program effectiveness.
Program delivery and evaluation, financial stability, risk management, patient satisfaction
a variety of metrics are monitored from finances to pt outcomes.
1) Evaluations of the FHT clinics, which includes patient and staff surveys. 2) Involvement in Research projects which measure outcomes of FHT programs
Financial, Services Levels (Access), ER Admission Reports, New patients taken on, CDM levels, etc.
To fully answer this question would take me a long time. There are many measures we put in place and I will give you three examples: Patient/Staff satisfaction surveys, Increased pt Access, Successful specific disease/program indicators
Patient satisfaction surveys. Ability to provide for complete health care.
- by living the vision - by patients providing feedback - by patients achieving targeted goals and adopting improved healthy lifestyles - by learning and implementing new ways of providing evidenced based patient service - by developing chronic disease programs - by engaging in community partnerships for the benefit of our staff and patients - by increasing collaboration of our providers and staff - by reaching MOH target enrolment numbers
informal assessments as alluded to in prior question on previous page
set strategic directions with measureable goals and report to Board
RIGHT NOW IT IS BY THE NUMBER OF PATIENTS WE HAVE TAKEN ON SINCE MANY DID NOT SEEK PRIMARY CARE IN THE PAST. WE ALSO USE QIIP NUMBERS AS A WAY TO MEASURE OUR SUCCESS IN DIFFERENT AREAS
Community satisfaction, patient feedback
achievement of pre-determined goals; quality of care; team function
Based on the goals set for each year
by how every single graduating resident wants to be just like us.
I measure the success by the level of respect the FHT staff and Board members have for each other. The relationships between everyone are professional, courteous and respectful which results in a high degree of effectiveness.
patient satisfaction surveys
no specific measures. participate in QIIP
Patient outcomes
quality of services delivered, collaboration of registered staff and physicians, variety of patient care programs, attractiveness to new staff candidate
As director of the Teaching aspect of the FHT, it is hard to say. Teaching is going really well. The current non teaching aspect of the FHT is totally stifled by its ED.
Stats, Stats and more stats. If it's not measured it's not done. Happy patients and happy staff
ongoing quality improvement initiatives/reviews
Number of programs we have implemented and their attendance Number of initiatives by our IHPs Increasing roster sizes Increasing positions for IHPs
Patient outcomes Staff turnover Staff performance reviews allow staff to identify successes, wishes for leadership support etc.
assessing this now
Subjectively
I would have to say that the retention of our AHP's, even from the first days, the recruitment of physicians wanting to work with our team and the number of applicants I receive from individuals wanting to join our team.
we are struggling to come up with metrics and how to have reporting in an environment that is not command and control
we don't
not directly
statistics , word of mouth, suggestion box
Using QIIP
We are in the process of developing ways to capture imperical evidence of progress on the "triple aim" - improved patient experience, better quality care, a more efficient system. Examples of data elements will include - day of choice appointments for patients, registries for patients with chronic conditions, IHPs practicing full scope, full utilization of EMR capabilities, reduction in the number of visits to emergency departments and referrals to specialists, an open door policy for unattached patients etc...
We don't, at least not yet.
1. Achievement of enrolment targets 2. Quantitative/qualitative measurements of Chronic Disease Management programs
Through happy consumers, staff and docs. We moved into a new facility this year and this was a giant step forward.
Ability to achieve strategic directions

Annual evaluation; self evaluation; measure between goals established and if these goals are achieved or on the way of being achieved.

Are patients included as decision makers in the strategic direction of your FHT? If yes, how are they included?



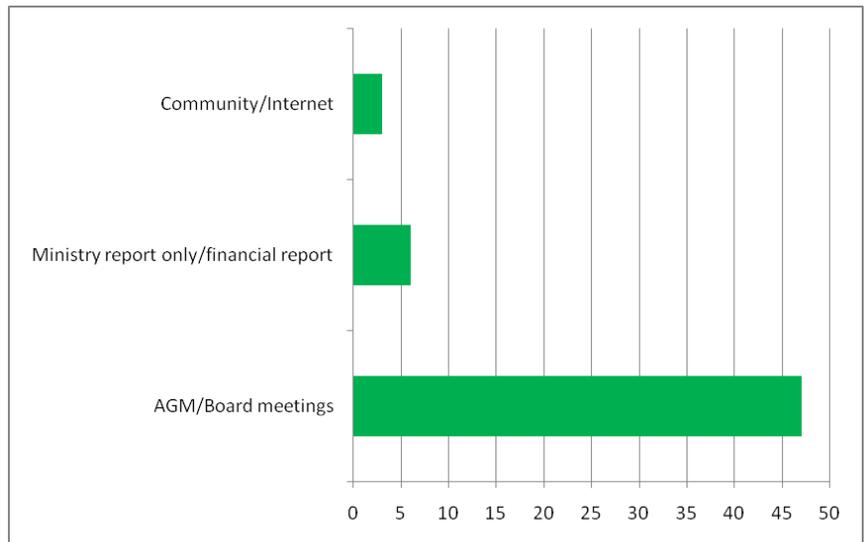
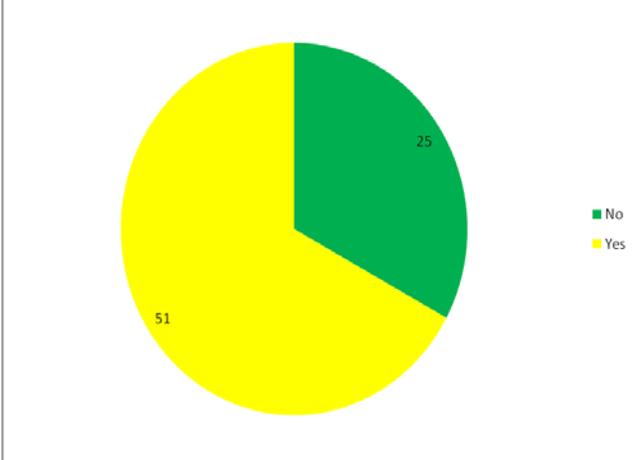
How do you see your Board functioning in 5 years? Who will be on your Board?

same, similar mix
physicians
Only docs are on our Board and I envision this will be the case in 5 years.
Same
volunteer Community members, ED and Lead Physician
at a more strategic level, we are in the process of building our 2nd new clinic in 1 year and the Board because of our size has played a role in operations.
similar to today, but likely less hands on; similar makeup - addition of medical professional(s) from the community (not employees)
Board will continue in its capacity to oversee the strategic planning & direction of the FHT, review Lead Physician's performance, ensure Bi-laws are maintained, provide guidance & support to FHT. The Board will consist of: 1. CEO, -- Hospital 2. one individual from University of Toronto 3. two individuals from community whose expertise can benefit FHT 4. one IHP from FHT 5. one physician from FHO 6. Lead Physician from FHT
Don't know
In 5 years, I see that the hospital membership will be smaller and the community membership will be larger. In addition, I hope to see municipal council membership on our board as well. Also in 5 years, the Board will be more directive about what specific outcomes they want to see addressed. It is all pretty general right now since there is a little data for them to work with.
As the Executive directors, Clinical and Administration become fully skilled in their jobs, the Board will continue to expand its expertise in strategic planning and governance for FHTs. The mixed board is highly effective and has allowed the FHT to implement its Strategic plan

effectively. The business and management skills needed by the community board members will become more important.
Same mix.
Likely not much different than today.
We see our board functioning as a governance board only. The size of the board will be about 8 community representatives. Our board will have a good knowledge base on the healthcare needs of the different segments of our community, or strategic plans with be focused on meeting those needs as will the operational goals given to the management team. The board will be able to measure performance against the community needs and will report progress back to the community.
Unsure
Municipal reps/ community reps More committees to further develop FHT policies etc.
My vision of our board in 5 years is to have a well functioning board that has all of the details worked out and are in a maintenance mode. We will have reached our goals as set out in the earlier years and will be reviewing our position and setting new goals. Roles would be clearly defined and understood, all board members would be responsible for the completion of certain duties that currently fall on one person. I hope to see the same people on the board with the addition of 2-3 more physicians.
Our board is structured so that all FP's who join the FHN are on the board by virtue of being member of FHN. I have repeatedly tried to have greater director seats held by both clerical and IHP staff...it is my hope that there will be a more balanced board in 5 years...
-still mgt. bi monthly / 1/4ly to review what the FHT are doing - acting as support and advisors - looking at financials -reviewing vision, goals -we will be more specific to career back grounds which will benefit the board in decision making
FHT is expanding
about the same
too early to predict. probably not much different than current state.
Similar to now with some change of faces but with the same makeup. Involved in strat planning setting goals and objectives
new group, unsure of success
physicians
same structure and function with the same individuals
Hopefully the same as now but we review our status periodically (no longer than yearly) to assess how we approach the future.
Governance focussed broad based community membership
similarly, same board composition most likely will be in place as it includes MDs, community reps, Town Council rep, health rep - it's a good strong mix of reps
Slow turnaround with some members who have been on the board for a while and some new members
it will be a larger mixed board with community representation
Increase in patient input and presence on the board
not sure as we are still in evolution
May not have an FHT if keeps going like this. Not enough Physicians...too short staffed...to busy...Each physician working 40/hrs week to keep a rural Emergency Dept from closing as a priority...Then need to run full time family practice on top of this. Often 70+ hours/ week. not much time left over for Family Health Team duties...On the brink of Emerg Dept closure...
The make up of the board will change as we are changing the FHT governance policy
Likely function about the same (we enlarged from 2 to 3 to 6 over the last 2 years - more sustainable at 6). Might consider adding non-physician members at some point
More diversity eg patient, community leader on the board
No idea
Hopefully with a better understanding of their roles & responsibilities. Bi-annual retreat for strategic planning. A larger variety of physicians on the Board. Reduced to bi-monthly meetings. Focusing more on Governance than Operations.
Board will hopefully be more of an advisor as to the operation of the FHT instead of only receiving information. I would like to see more community members
This Board will maintain this structure and function, but the members will have changed. The membership will have people who occupy the same or similar roles, representing internal and external interests.
I see it functioning in a similar way perhaps with more IHPs on the board. There are some very well received and over-taxes programs (ie. mental health) that I hope to see expanded to reduce wait times for our patients
anticipate adding other health providers and having community advisory committee
Similar to present. 6 seats - same allocation.
don't know
Same as today (maybe some community representatives)
I anticipate there will be a greater number of IHPs on the Board.
perhaps more patient involvement/input
I think our Board will still be Physician driven however I do think we will have more patient/community and IHP involvement at a

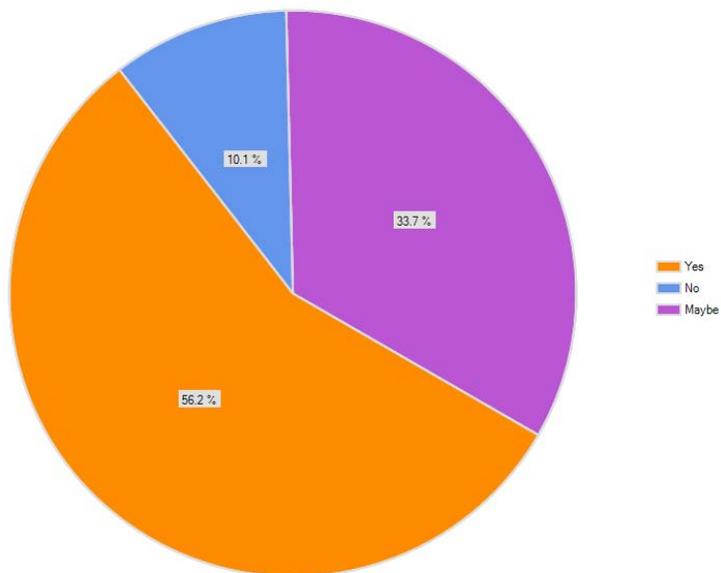
committee level.
I believe board make up will be community focused with membership coming from different communities as well as Lead Physician, Executive Director and LDMH.
I hope a community/patient representative plus an IHP representative is added.
md's, management? perhaps allied health care
more integrated, more IHP and patients
I HOPE THAT WE HAVE DEVELOPED AN ADVISORY BOARD THAT INCLUDES THE LEAD PHYSICIAN AND IS COMPRISED OF COMMUNITY MEMBERS VS COUNCILLORS. THEY WILL FUNCTION TO ESTABLISH POLICY, GUIDE STRATEGIC DIRECTION AND SUPPORT CLINICAL ACTIVITIES
We seem to be improving with the addition of each health care provider hopefully more preventative, board should still consist of cross section of the community
same, ? reps of other members.
The Board will be more focused on Strategic direction. Until now the focus has been more on operational as the building, etc have been established.
similar to present. Works pretty well with current personalities
I envision the Board being around the same size, perhaps with a few new members and I would like to see a local pharmacist on the Board.
better I hope
hopefully there will be other providers on board and other community partners.
Functioning very well. Larger Board with more diverse members including specified patient reps.
As it is today, 4 years on. physician leaders from FHO.
Patient advocates, IHP program leads, some (not all) physicians of the FHT etc.
It would be good to have more IHPs and possibly patients. I think we learn through our mistakes so our board will be functioning well. Slow start but great finish!
Hopefully efficiently and effectively focusing on recruiting new physicians for those retiring. Perhaps there will be a representative from the IHPs on the board as well as the physicians.
no change
Some changes as physicians retire & new ones recruited.
All the physicians on the team are board members.
move to community participants vs just MDs on board
I'm unsure about the board's functioning in 5 years. It will likely have 5-6 members like presently. The board will be physician members
much the same
plan is to have more physicians, potential to increase services by working with LHIN's. Board members will be members of community who can offer financial , medical advisory and fundraising abilities yes, AGM
A lot better
A mixed model of governance retaining a physician majority. Most of these physicians will be elected by their FHO groups but we propose that 2 physicians be elected at large in order to emphasize the collective function of the FHT and its role in the community and not just a roll-up of FHO interests. Additionally, four spaces will be reserved for "community representatives" e.g. Healthcare partners, patients, persons with special expertise) We would also see the creation of one or two advisory committees to the Board which might include specific healthcare disciplines or other employee stakeholder groups.
Not sure very difficult to answer where we'll be in three years for that matter as to be honest, the MOH and my rep in the Ministry is also very poor at leading and giving direction as to where we'll be in next year's budget let along funding in 5 years.
Currently, the Board is physician led, however the business plan also included the addition of an allied provider (NP) and a community advisory board.
We are in the process of change in the composition of the founding Board and will become more community based with the agency members withdrawing and being replaced with local members.
Will be expanded to included community leaders with additional skills ie legal, business
Functioning similar to how it is now. Physicians/community members/other health care professionals/executive director.

Do you have an annual report? How is it distributed?



PLANNING FOR A GOVERNANCE WORKSHOP

If a Governance Workshop was organized for FHTs, would you attend?



If yes, what would you like addressed at this workshop?



If no, why not?

we have an excellent working arrangement ... no need to fix something that is working to everyone's satisfaction
My term is expiring in June and I will not continue to serve.
The only reason I would not attend would be that I have already attended governance workshops provided to our local hospital board membership and we were included
N/A
In a community our size it makes sense and is efficient to have the hospital BOD act as the FHT BOD. And would be very cost effective.

We are running very well in terms of governance - no issues, and when we do we use good governance guidelines and policies to address the issues
No time.
I am past president now and hoping others will continue to spend necessary time and effort - I'm more hoping to stick with committee work and advice.
No Time and on resources.
I sit on three boards all of which are offering workshops. Do not need duplication or repetition. I have also already attended a three program on this topic.
If it is "Board Related", which we don't have, then the information would not be useful.
Involved in other workshops on another board
ex officio
about to retire
As lead physician I am involved in day to day clinical issues, but not in governance
n/a
No point if the physicians don't attend

Any other comments or feedback?

this is a make work project possibly needed in community board supported FHTs but not in our provider FHT
I think a workshop like this is needed. The difficulty is trying to get my board member(s) who are all physicians to attend.
I think that this is an excellent task for AFHTO to take on. I would suggest that you might want to create a series of web-enabled workshops that can be done in a short time-frame via OTN or other technology. This would make it easier for smaller FHTs to have their doctors attend. Finding a full day out of busy schedules is VERY difficult - especially with less than two months notice.
Or board had a one day offsite for the board, management team and a governance facilitator to cover responsibilities of the board and how we should work together. Many issues got resolved. i would recommend this for every new board set up.
I think that it is very important to have the physicians understand from the beginning that being part of a FHT is going to require active participation on their part. I am sure that I am not alone when I say that the direction of the FHT falls squarely on my shoulders along with all financial reporting and budget creations.
Within these workshops we always seem to focus exclusively on Governance as it directly relates to patients, there are never workshop/conferences directed at strictly Administrative Issues so, with -- group I have developed such a conference..Last year it ran a half day and only included FHT's. September 2010 will see the addition of Administrators from CHC and eventually all health services within my LHIN group. I believe that FHT should only be community based as CHC's are. Within provider lead (physician lead) there is always an element of "can I bill for that" and it can impair the board's ability to make sound patient/community based choices. For example, services that are in the basket of billables cause outside usage fees while billable services are restricted to being performed by FP's and patient access is slowed..
we are a new FHT and have been through a lot this past 1.5 yrs. - now we are into hiring, implementing programs, policies and trying to get moving into the future - all this takes time and everything we do is the "first time" - the employees all work very well as a "team" and help each other. We need to have defined roles but till we can get all our staff hired, staff back from MVA we are trying to meet day to day requirements and keep moving forward with a smile!
we need to avoid duplication and combine reporting. the administrative costs are at times unmanageable.
N/A
each FHT operates with a unique governance agreement and I am not sure how you would incorporate these differences in a workshop
If good governance is not in place, everything else suffers unfortunately. We, at one time, had some governance issues, and were it not for a good governance structure, our FHT would have been in a bad spot; good strong governance and an understanding of what that means helped us through a rough time
would need to be value-add for the time invested
help
I believe that common governance across the FHTs would be valuable. It would be cost-effective at the very least and non-controversial as all Board Members across all FHTs would be held to the same expectations.
I am quite new to the FHT and thus not able to answer some questions
How about looking at other management structures that may be working better. There was a study done on this and we came out on top.
HELP US
When the government spends all the \$\$ to hopefully improve patient care, and apparent ED has no interest in that concept. Very frustrating for a physician.
Not being on a board of any kind in the beginning was difficult for me as I was to plan these meetings. Getting information was tougher than I thought it would be. In the end I learned a lot but am probably missing as much as I learned. A workshop would be great to put my

mind at ease with the legal aspects.
no
None
Unless board members can properly consult in an open, professional and frank discussion without fear of personal reprisal, then all the rules and regulations will be of little avail.
since we are a relatively new board and have overcome some difficult obstacles in the past year, we have a lot of work to do to improve the functioning of our board and to delegate responsibilities to board members, which we are presently beginning to do.
I have noticed that there is a high turnover of ED's in FHT's in Ontario and was wondering if anyone cares or if the Ministry is looking at this...payscale for ED's is very poor and unless they begin to view FHT's as a business that required appropriate funding then FHT's will truly never receive the leadership they deserve to be successful to attain the goal of what the Ministry had intended them to be all along...leadership is imperative and with that comes appropriate remuneration....so far we have gone through three ED's in three years...both due to poor remuneration and physician interference, these two factors must be addressed.
None

And finally, what does good governance mean to you?

I can't answer this quickly. Maybe this is something to discuss at the workshop as it would be interesting to hear different perspectives from Governors vs. Administrators.
Responsible, informed, participatory, collaborative, communicated.
The Board and Management work together to achieve the strategic goals of the FHT that continue to serve the community we live in and work with the patients we serve to meet their ongoing health care needs.
an ability to provide direction, vision and support without taking on a direct role in the agency's operations
Accountability & Leadership
Peace of mind
Good governance means that the Board looks carefully at the information provided by the Executive team; verifies that information from other sources as much as possible; trusts what the executive team does and says but checks it as well. Ultimately, good governance means knowing what decisions the Board needs to make and what decisions are up to the management team and holding all parties responsible to make those decisions well.
Good governance is the FHT achieves its strategic plan, in providing a top level of primary care and education for our enrolled clients, within fair ,honest and humane guiding principles in an environment of the highest integrity, lead by competent consistent management, with communicated clear policies, processes that are effective and efficient with clear decision points, effective secure systems with effective checks and balance. Clinical staff who continuously strive to be the best in their field to bring the best service to their clients.
Advocacy, setting policies, managing outcomes
Good governance is all about transparency, accountability, well understood board policies, strong board leadership and a clear mission, vision and strategic plan.
That team members are autonomous, that strategies implemented are simple and measurable and that the team has the support to achieve their goals.
Board members working well together to promote vision and mission statement of FHT Good Collaboration with ED
Good governance means excellent communication between members and then excellent communication between members and AHP. It means well developed programs for the AHP's, which results in improved patient access and care. It means being on top of financials and good reporting. Well attended meetings are a result of good governance. Good governance includes all members of the team in some of the key decision making. A good governing body is comfortable with input from staff and welcomes thoughts and ideas. Good governance means a smooth running, happy, informed FHT.
Good governance means that: no patient is left without access and that this may mean forging an alliance with the closest CHC as, I am doing here in -- It also means forging alliances with other FHT's to pool resources for the development of programs and services as, I am doing in my LHIN. Good governance provides that all employees are treated equally with pay, benefits and that funding is delivered so all FP's, clerical staff are employees of the FHT as with the CHC model and the community lead FHT's. Our FHN and FHT struggle with issues of FHN and FHT staff funding. Under our current model, this issue will not change. FHN staff are paid directly by physicians at lower rate and without benefits while FHT staff have independent funding and a better employment contract. The FHT board does not have control or vote on matters regarding FHN employees. The FHN group controls FHN staffing and regulatory process. An awkward place to live..
support for the medical team, a place of discussion and ideas for future growth and success, a place for dialogue discuss concerns of med staff and patients within the confines of confidentiality,
-Support - expertise in various topics ie -legal, construction when going through renovations, IT etc. -A system to be accountable to - at the local level other than the MOH -Extra set of hands to assist with functions - representatives from the community and pts.
It means having effective policies in place to govern while ensuring that services are provided in a safe and fiscally responsible manner.
Ensuring the smooth functioning of a management team through support and strategic direction.
managing a responsible, positive moving forward FHT

having a structure /policies in place which promote healthy relationships and open discussions and decision-making which promotes improved functioning
solid structure within an organization, the back-bone of any health care facility
Success!!!
Working in the best interest of the FHT and its resources
Each person knows their role, be they a board member or staff; each knows where the line begins and ends regarding their fiduciary responsibilities and duties, and when in doubt, there is honesty and candour so that people can get clarity and understanding.
Excellent executive director, lead with great visions, and a board consistent of members that work together well
Clearly understood transparent leadership that exists to guide the FHT toward our vision of improving health in our community through an Interprofessional innovative teaching environment
establishing a mechanism of dispute resolution when the good will of the members runs thin and the creation of norms that the group can measure their success and use as a yard stick
Haven't thought about it.
Yes
Fair, knowledgeable, skilled, open, efficient, progressive, empowered direction of the FHT. We are part way there.
It should be an excellent reference for the current running of the FHT and for a seamless transition for changes in the makeup of the Board.
Administrative and reporting requirements were greatly understated by the MOHLTC. As a result inadequate resources in the approved budget to address the issues.
involved, interested board members, bringing issues to the meeting and being prepared to discuss them.
Organizational clarity. Real autonomy in the right places for the right reasons. Confidence that issues are being addressed at the right level. Not being hampered by bureaucracy, but rather, empowered by it.
It means providing good oversight. Keeping the broad picture and goals of the organization in mind.
We need to operate the FHT in a way that is inspired by our mission and values, and to continue to create innovations in patient care and medical education with all our partners. We need to be certain that we maintain a strong financial footing for these activities.
taking responsibility for ensuring the effective functioning of the organization
leadership that is aware of and incorporates the needs of the community, providers and employees and follow up the impact of each significant decision
A Board that understands their role and does not interfere in day to day decisions
Accountability
Board members understand their fiduciary and strategic roles and leaves day-to-day planning and issue to the ED
Overall accountability for achieving the strategic directions of the organization and ensuring the appropriate processes are in place to support the organization in achieving the directions eg finances, risk management, QI etc.
good governance allows an organization to function effectively with minimal disruption caused by disagreements or power struggles between members
Running a well organized business that compensates the people doing the work fairly.
Engagement Accountability Respect
It means a constructive, supportive, consistent and transparent over-seeing body that provides a framework of policies and processes to encourage engagement and continual improvement of all stakeholders to achieve our vision.
happy colleagues, effective, happy allied h.c. members and well care for patients getting effective care in a timely manner fair treatment of all members commensurate with their role in the organization
roles and responsibilities understood, involvement of all, measurement of outcomes and good reporting mechanisms
STRUCTURAL GUIDANCE AND SUPPORT FOR ESTABLISHING AND ACHIEVING THE GOALS OF THE FHT
Effective management of the system with accountability to the community
proper oversight; standard setting; quality assurance; visioning; stakeholder engagement
Governance based on Best Practice, e.g. OHA Guidelines to Good Governance, Carver Model
proof is in the product. Happy patients? Happy staff? well trained learners? Do our staff go on to leadership elsewhere?
Good governance involves honesty, respect, knowledge and teamwork.
a well functioning board that positively impacts on management and staff which positively impacts on programming which means better healthcare in a community
I am beginning to believe that the best model is physician led.
Well defined and understood rules and roles. Leadership to instil confidence and commitment. An environment to attract recruits
Determining the delivery of the right service at right level at right time to right patients
Patient oriented, goal driven, representative of the government who in turn represent the people and their issues with healthcare. Not a political grandstand.

Good Governance is the glue that holds us together as a Team.
meeting the need of the community in an ethical and financially responsible fashion
Good leadership that trickles down to the board and the whole FHT. Transparency, accountability, growth and good communication amongst all members.
good direction, sound management
That all relevant issues are addressed in a comprehensive and timely manner.
Clear decisions made from informed open consultation to provide the best patient care.
governance is not management or administration it is steering the ship, responding appropriately to circumstances, not getting down in the weeds but allowing management to deal with granular issues
smooth operation
clear policy that gives concise direction to the management without being overly prescriptive
to enhance the operation of the FHT by overseeing and not micro managing .
Right Now "A lot of Work"
It means accountability, due diligence, respect for roles, transparency, risk management, leadership, modeling best practices, clear vision and courage!
This means, a strong Board of Directors that understand their roles and responsibilities with trust between the ED and Board Members, input from the ED as to who comes onto the Board, good policies in place for the Board and a great strategic plan to help with goal setting, Ministry funding and helps with front line staff recruitment and retention. I was very honest in this report, I would appreciate this be kept confidential (my name and FHT) but by all means use the comments used. Sun
Best use of time and resources to produce an effective result with positive patient outcomes
Good governance means transparency. It also means having clear boundaries for what the board is to be involved with and respond to. It means knowing the community and its needs, and being informed so good decisions can be made tailored to the needs of the rural community.

-END-