Effective Governance Collaboration to Advance Integration

A Resource Guide

Prepared for the GCE Roundtable
April 28, 2014

Acknowledgements

Disclaimer

The views within this Resource Guide belong to the cited authors and do not necessarily reflect the view of the GCE or indicate its commitment to a particular course of action.

Limitations

This Resource Guide is not a systematic literature review and profiles only a narrow selection of articles/ resources selected for their topic and viewpoints.

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Introduction

This Resource Guide was prepared for the GCE's *Building Capacity for Governance Collaboration to Advance Integration* event, a roundtable discussion held in Toronto on April 28, 2014. The Resource Guide served as a reference for participants and helped inform their discussions.

This document is not intended to be an exhaustive review of all the literature, nor does it represent the views of the GCE. It is not meant to inform policy, but can serve as an information resource to inspire discussion on the future of healthy system governance and collaboration.

The Resource Guide provides samples of recent documents, including articles, resources and presentations related to governance collaboration as an instrument for achieving integration. A summary of key messages emerging from the collaborative governance presentations from HealthAchieve 2013 is also included at the end of this document.

DEFINITION OF "COLLABORATION" AND "COLLABORATIVE GOVERNANCE"

For the purposes of the roundtable, the following definition of "collaboration" and "collaborative governance" was used.

"Collaborate" and "Collaboration" - A mutually beneficial, well-defined relationship entered into by two or more organizations to achieve common goals. Collaboration is the process of various individuals, groups or systems working together, but at a significantly higher degree than through co-ordination or co-operation. Collaboration typically involves joint planning, shared resources and joint resource management. Collaboration occurs through shared understanding of the issues, open communication, mutual trust and tolerance of differing points of view. To collaborate is to "co-labor". *(Source: Local Health Integration Network/ Health Service Provider. Governance Resource and Toolkit for Voluntary Integration Initiatives. December 15, 2008)*

Collaborative Governance - A structured process in which boards with a common interest engage in joint needs analysis, planning and implementation in service of the collective good, and then share accountability for outcomes. *(Source: Jim Rice, Presentation at HealthAchieve 2013)*

Presentations

The Ontario Hospital Association's HealthAchieve 2013, Governance Session: "Collaborative Governance: The Case for Board-to-Board Collaboration," presentation by Jim Rice. November 4, 2013.

SUMMARY

• The complexity of Ontario's evolving health care environment has heightened the need for health care and not-for-profit boards to promote and be fully engaged in the development and implementation of governance-based integration initiatives.

• Collaborative governance facilitates both local and health system integration and effective delivery of health care services. Models of integration range from informal service coordination through formal joint ventures to organizational mergers, and they span the full continuum of care.

• A critical element for the success of integration initiatives is proactive leadership by HSP Boards in providing direction to management to pursue integration opportunities and to engage in dialogue with other boards. The aim is to define the framework for potential opportunities, including the establishment of collaborative governance mechanisms that can provide ongoing oversight tailored to the particular type of integration.

• There is a strong case to focus on collaborative community governance. This 'structure' of governance has the potential to deepen board engagement, strengthen communication and build leadership within local communities.

During the session, Dr. Rice invited the audience of HSP Board and executive leaders to submit their perspectives on enablers and barriers to collaboration. The following is a synthesis of perspectives arising from their input.

ENABLERS TO COLLABORATION

Common purpose/vision	• Ensure the process and Board work always connect to a purpose and vision for the good of the broader community.
	• Avoid being pre-occupied with structure before strategy or vision
Build on strengths	• Build on the communities' and/or organizations' strengths in planning for the future.
Start small and build	• Focus on shared problems and challenges.
	• Don't try to do it all or be all things to all people: bite-sized successes can help build a stronger and broader foundation for future work together.
	• Spend time getting to know each other, each organization's needs, desires, ideas and goals before rushing into rigid planning activities.

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Balance roles	• Respect the important role of CEOs for guiding and supporting the collaborative process; but they should not dominate the process.
	• Keep open minds and ensure balanced roles among all players to avoid allowing the larger organizations to dominate.
	• Debrief all board members on progress (i.e., don't have it rest in the hands and minds of a select few).
	• Suspend turf and ownership until much later in the process.
Engagement	• Engage frontline workers, patients and physicians to share their ideas (and fears/concerns) before locking into our own ideas: it should be about them more than about us.
	• Be open to include partnering opportunities with non-traditional social welfare organizations, social services and educational players.
	• Try to have the collaborative process be as voluntary as possible and not forced upon any party.
Provide training and other supports	• Promote more education about developing, maintaining and rebuilding trust.
	• Guide collaborative planning with real stories about real patients and community members.
	• Invest in 'generative thinking' training and orientation for all participants in the process.
	• Hard-wire informal socializing and informal meet-and-greet activities into the process in order to build relationships, and ultimately, trust, which will foster momentum and solid gains for future efforts.
	• As collaboration plans gel, be sure to include objective and honest risk assessments so there are limited surprises or derailments by realities.

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BARRIERS TO COLLABORATION

Misguided objectives	• Pre-occupation with money and cost savings, rather than how to generate value, community benefit and service improvement. • Focusing on integration rather than starting with a focus on improvement.
Misguided processes/approaches	• Embracing integration strategies because of government mandate/ requirements rather than for the purposes of improving patient/community needs and the patient experience. • Starting the process with a fixed definition of the problem/challenge/solution rather than allowing it to surface through the process. • Giving too much weight and influence to larger organizations and/or assuming larger organizations are the only source of good ideas for innovation and service improvement. • Rushing into the process without taking time to understand the other players. • Failure to invite a broad array of players to the table and process (i.e., need to invite the community rather than the 'big bosses' alone). • Assumptions around the use of language (i.e., assuming that the same concepts and terminology mean the same thing to all partners).
Resistance to change	• Past rivalries, jealousies and historical differences hindering efforts to share views and collaborate to identify ways to improve the patient experience. • Lack of willingness to change and embrace a new mindset to explore challenges and opportunities. • Closed minds to the potential good that can come from collaboration, improvement and integrated approaches, even if contrary to policy.

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'Common' mistakes	• Not communicating often and openly.
	• Rushing discussions and not taking time to build trust.
	• Egos and narrow self-interests of the big players at table getting in the way of focusing on the broader good for the community served.
	• Allowing one board/group to dominate the process.
	• Advancing partnership proposals that benefit only one partner.
	• Building governance processes and strategies that are not set on clear roles and responsibilities.

The Ontario Hospital Association's HealthAchieve 2013, Governance Breakfast: "Governance Collaboration in Health System Integration." November 5, 2013.

This session featured a moderated panel discussion on Governance Collaboration in Health System Integration. The panel was designed to build on the previous day's presentation by Dr. Jim Rice entitled, Collaborative Governance: The Case for Board-to-Board Collaboration. The session provided an opportunity to profile practical examples of governance collaboration in action in Ontario for different types of integration. The panellists participating in the session included:

• John Hudson, Past Chair of Northumberland Hills Hospital.
• Maureen Solecki, (now Past) President and CEO at Grey Bruce Health Services.
• Dr. Gordon Schacter, a Family Medicine physician in London, Ontario.
• Sandy Stockman, Executive Director of HopeGreyBruce Mental Health and Addiction Services.

Northumberland PATH. Presentation by John Hudson at HealthAchieve 2013 - November 5, 2013.

This presentation discussed the Northumberland PATH Project's goals and milestones. Northumberland PATH is the first system-wide patient/caregiver/provider co-design venture of its kind in Ontario. The Northumberland Community Partnership, led by Northumberland Hills Hospital, unites 12 health, social care, and patient advocacy organizations. The Partnership is committed to healthcare change that's steered by local patients and caregivers, driven by their needs, and aimed at improving healthcare transitions and experiences. The objectives of the project are to improve healthcare experiences and transitions in care; seek solutions to the real needs of patients and caregivers; test a totally new approach for Ontario – experienced-based co-design; and prompt system-wide change.

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South West Primary Care Network. Presentation by Dr. Gordon Schacter. HealthAchieve 2013 - November 5, 2013.

This presentation provided an overview of the South West Primary Care Network (SW PCN) that was formally established in September 2012 to connect primary caregivers in the SW Region and to be the primary conduit for regional programs and/or organizations to engage primary caregivers. The SW PCN is comprised of 10 primary care providers (eight Family Physicians; two Nurse Practitioners). The engagement strategy utilizes existing networks to branch out (e.g., Family Health Groups; Family Health Networks; Family Health Organizations; Family Health Teams; Study Groups; Group Practices), as well as hospital rounds and other activities focused on identifying and engaging "Innovators and Early Adopters."

Mental Health Grey Bruce - A Partnership Model for Health Services Delivery. Presentation by Sandy Stockman. HealthAchieve 2013 - November 5, 2013.

This presentation provided an overview of the partnership model for health services delivery that has been established in Grey Bruce. The process helped identify the elements of a partnership agreement and the benefits and lessons learned from the model [see below].

Benefits of the model	• More equitable geographic access to services
	• Streamlined access to five core services
	• Increased service coordination and integration
	• Increased specialist back-up for community programs
	• Collaboration at client, program and system level
	• One service delivery model throughout the district
	• Includes all mental health service providers, including Schedule1
	• Model supports and facilitates system-level planning and evaluation
	• Laid groundwork for further collaboration, joint ventures

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Lessons learned	• Key success factor: start with development of shared mission and commitment to improve client service
	• Focus on collaboration, not integration
	• Secure firm support from Boards and senior managers
	• Invest in team-building among senior and middle managers
	• Foster systems' perspective at all levels
	• Include funds for a system-level clinical coordinator (we unsuccessfully sought funding to do this after the fact)
	• Don't underestimate factors that support or resist change (corporate culture, historical precedents, unionization, inequitable funding).
	• Celebrate achievements

*[Collaborative Governance in North Simcoe Muskoka (NSM)](). **Presented by Robert Morton, Chair, North Simcoe-Muskoka LHIN to SE LHIN Governance Conference. November 20, 2014.***

SUMMARY

- The North Simcoe Muskoka (NSM) LHIN offers an example of an emerging collaborative governance initiative in Ontario. The logic of the NSM LHIN's Care Connections Project is being advanced primarily through trust, ownership and commitment: everybody "owns" the future they are creating together in NSM, and therefore, brings high levels of "trust" to the process. Trust enables true collaboration, and, with practice, synergy.

- According to Morton, collaborative governance requires finding the right balance between Board members governing on a broader health system level and Board members focusing on their own organization.

- Morton reported that meetings between the LHIN Board Chair and the HSP Chairs in each of the five Health Link Partnerships, creates a "governance community" who truly care about the well-being of their community, and whose common goal is the successful achievement of the outcomes promised in the Business Plan. Successes to date:

  o Chronic and Complex Health Needs/ Complex Continuing Care – Implemented LHIN-wide Program / Bed Registry

  o Mental Health and Addictions - Redistribution of 31 Schedule 1 Adult beds from Waypoint – Voluntary Integration – acute care beds (11) to the Royal Victoria Hospital (RVH) and Georgian Bay General Hospital (GBGH – 20 with redevelopment); Development of a LHIN-wide Child and Adolescent MHA Program Medicine

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o   Development of a LHIN-wide Stroke Program (Integrated Acute/Rehabilitation Model)

o   Surgery - Development of LHIN-wide Integrated Orthopedic Program

o   Information Communication Technology/e-Health Hospital Report Manager (HRM) across all hospitals – reduction from 12 days to 30 minutes; E-prescribing

o   Governance - Established Council of Governors and CEOs to develop new governance model in an integrated system

Building Effective Governance and Accountability Relationships between LHINs and Health Service Providers. Presented by Maureen Quigley, Maureen Quigley & Associates Inc. Presentation to Waterloo Wellington LHIN. March 18-20, 2014.

SUMMARY

• The dynamics of health sector governance and accountability have changed significantly as a result of the establishment of the LHINs.

• An effective working relationship between LHINs and HSP Boards is essential to aligning expectations and actions and to advancing health system integration.

• An effective working relationship among HSP Boards is essential to align policy direction, decision-making and oversight of specific types of joint integration initiatives.

• Serious commitment by both the LHIN and HSPs to building these relationships is essential to success.

• Governance does matter and is increasingly demanding.

• The discipline of "Governance" is constantly evolving and requires ongoing nurturing and renewal.

• Good governance makes a significant difference to organizational performance.

EMERGING REALITIES

• System integration is now becoming a priority for both LHINs and HSPs.

• New requirements of the Excellent Care for All Act (ECFAA) and Quality-Based Procedures in the hospital sector will increase the Boards' responsibility for improving service with measures that are beyond their sole control.

• Growing recognition of the interdependency among HSPs and the need to collaborate with each other at both the governance and operational levels to maximize collective and increasingly constrained resources.

HOW IS GOVERNANCE TODAY DIFFERENT?

• HSP Boards need to reframe their understanding of the scope of governance as moving beyond the individual organization to include inter-dependence and shared accountability with other HSPs for integration initiatives within the LHIN region.

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- HSP Boards have the same fiduciary obligation and accountability for joint integration initiatives with other partners as the Board has for matters internal to the organization.

- HSP Boards need to understand that the "best interests of the corporation" now includes collaboration with other providers in order to improve the integration of health services delivery to effectively meet community health needs.

- HSP Boards need to explicitly define their accountability to the LHIN for building relationships and collaborating with the LHIN, other HSPs and the community for the purpose of providing appropriate, co-ordinated, efficient and effective services.

- Arising from ECFAA, over time all HSP Boards will be accountable for quality of care, which now includes shared accountability with other HSPs for integration of the patient/client experience.

- HSP Boards need to establish Board policies to provide guidance to the CEO and management team on expectations regarding integration.

- Board leadership is essential to establishing the expectation of relationships with the LHIN and other HSPs – "tone at the top".

- HSP Boards will need to spend time on selected voluntary integration initiatives with other HSPs.

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Articles

Quigley, Maureen. BOARDS. *Collaborative Governance/ Governance Collaboration: Is this a concept that has become an imperative?* **September 2013.**

This article reflects on the evolution of governance collaboration in Ontario over the past seven years. It also highlights a series of key principles which can serve as a foundation for potential governance collaboration that will support the advancement of successful integration initiatives.

SUMMARY

- Collaborative Governance is defined as "boards working effectively together to achieve a common goal."

- According to Quigley, with the exception of hospital mergers, there are only a handful of examples of HSP organization Boards which have been actively engaged with each other in order to provide joint policy direction and oversight to specific integration initiatives. The author claims that this has been due, in part, to Ontario's largely voluntary approach to health system integration.

- While the concept of collaborative governance/ governance collaboration has had varied interest and uptake from individual LHINs and HSPs, there appears to be a renewal of interest with respect to the governance of Ontario's health sector. In Ontario, the requirements of the Excellent Care for All Act (ECFAA) and Health System Funding Reform (HSFR) increase Boards' responsibility for improving service, based on measures that are beyond their sole control. These requirements may help facilitate a growing recognition of the interdependency among HSPs and the need for them to collaborate at both the governance and operational levels if they are to maximize their collective and increasingly constrained resources.

- The author states that the emergence of new integration models such as Health Hubs, Health Links, Integrated District Networks (Northwestern Ontario), and formal regional services is contributing to a renewal of interest and focus on collaborative governance/governance collaboration between the HSPs participating in these specific integration initiatives.

- Quigley suggests that HSPs can use the following principles as a starting point for pursuing a dialogue within and between organizations related to collaborative governance/governance collaboration:

    o The need for boards to develop a new understanding of how to govern shared/ integrated services – including inter-dependence and shared accountability with other HSPs for integration initiatives within the LHIN region.

    o Understand the "Best Interest of the Corporation" as collaborating with others to improve the integration of health services delivery to effectively meet community health needs.

    o HSP Boards have the same fiduciary duty for the oversight of joint integration initiatives with other HSPs as they do for the oversight of internal programs and services within their organizations.

    o New governance structures, formal agreements and reporting mechanisms may be required to facilitate joint accountability with other HSPs for specific integration initiatives.

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Rice, Jim. BOARDS. *The Promise – and Challenge – of Collaborative Governance*. **November 2013.**

SUMMARY

- According to Rice, single hospital boards are not able to serve the "collective good", which requires collaborative governance.

- He defines collaborative governance as a structured process in which boards with a common interest engage in a joint needs analysis, planning and implementation, in service of the collective good, and then share accountability for outcomes.

- Rice notes that a key obstacle to collaborative governance is that most hospital boards believe that their only role is to protect their own organization. In addition, involving multiple boards and groups is complicated and requires expert facilitation along with financial support and education on the benefits of collaborative governance. In the future, digital tools will support collaborative governance, and help counterbalance the complexities inherent in multi-stakeholder cooperation.

Ball, Ted. Blog - *Designing and Aligning Collaborative Governance Strategies, Structures, Cultures and Skills*. **November 18, 2013.**

SUMMARY

- Health Links are intended to be a new structure for integrating services at the local level and as a vehicle for facilitating transformation and integration. According to the author, however, in reality, there is little that is transformational in Health Links. Ball states that most governing boards that are part of Health Links are not well-informed about their new system commitments; in fact, many Health Links have become a simple "add-on program" to the same system, thus perpetuating existing silos.

- The author asserts that the concept of collaborative governance needs to become more than just a "good intention" and a "nice value". It must be intentionally designed and aligned in order to work – to drive collaboration at the CEO, management and clinical levels.

- According to Ball, Health Service Providers (HSPs) that are members of a Health Link now have two key system-level sets of outcomes for which they share responsibility and accountability. At the local health integration network (LHIN) level, they have an Integrated Health Service Plan (IHSP), and at the Health Link level, they have a Business Plan with agreed-upon outcomes. Ball states that boards need to hold their CEO accountable for both system-level and silo-level outcomes. If each Board holds their CEO accountable for both silo and system outcomes, a direct outcome will be improved integration.

- The author further states that collaborative governance needs to be perceived as an antidote to "silo governance" and as a driver for achieving integration. The process needs to begin with Health Link partners developing a shared mission and vision for the future, followed by the development of a Health Link Scorecard, approved by each individual board, that sets out the cause-and-effect relationships for the aligned strategic directions (e.g., between the customer/patient/client

outcomes; the financial outcomes, the process outcomes, and the learning and growth outcomes).

- At the LHIN level, boards and senior managers of HSPs need to focus on their high-level IHSP. In a collaborative governance model, they should meet three or four times per year as HSP governors to monitor progress and to explore potential leveraged actions that would propel the whole system forward.

- According to the author, when boards and senior managers are aligned on their Health Link's vision and mission, and are clear on the customer and financial outcomes that will be achieved, they will be able to develop and implement aligned structures, as well as the skills and culture shift required to achieve their outcomes and their vision.

Ball, Ted. Blog - *Aligning CEO Accountability Agreements with Collaborative Governance Concepts and Practices.* **April 7, 2014.**

SUMMARY

According to Ball, with the collaborative governance model, HSPs shift from their silos to a systems approach to governance and accountability. From the HSP's perspective, this accountability system includes up to three components [see diagram below]:

1. *The Strategic Balanced Scorecard* – Sets out the organization's board-approved strategy including the methodology for tracking progress.

2. *The Service Accountability Agreement with the LHIN* – Sets out the organization's expected outcomes and alignment with the IHSP. The Service Accountability

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Agreement will also reflect the Accountability Agreement between the LHIN and the Ministry of Health and Long-Term Care (MOHLTC).

3. *The Health Link Business Plans* – These plans contain the newest set of accountabilities that boards of organizations that have joined a Health Link must add to the other two sets of accountabilities. While the lead partner in the Health Link is accountable to the LHIN, each partner's board and their CEO are accountable for achieving their part of the agreed-upon outcomes

The author states that the key assumption of the collaborative governance model is that boards exist to represent the interests of the owners of the organization and not the narrow interests of the organization itself. Therefore, in addition to holding the CEO accountable for the outcomes in the Board's approved organizational scorecard, a best practice collaborative governance board would also monitor progress on the LHIN's service agreement, as well as the appropriate components of the local IHSP and the agreed-upon business plan outcomes from their Health Link.

- Ball further emphasizes that the concept of collaborative governance must become more than just a "good intention" and a "nice value", but must be:

  - o Intentionally designed and aligned in order to work – driving collaboration at the CEO/Management/and at clinical levels, where integration really counts.

  - o Seen as an antidote to "silo governance" (i.e., to enable silos to be part of the network system.)

- o Recognized as a force for integration that includes holding CEOs equally and mutually accountable for improved outcomes in their local healthcare services delivery system as well.

- Ball states that collaborative governance is not about new structures, but about new conversations and new behaviors. This concept has a number of implications for HSP Boards, and requires that they:

  - o Hold CEOs accountable for both system-level, and silo-level outcomes. This approach drives and supports integration at the Health Link level without the need to set up another "super-board" to govern the whole local system.

  - o Liberate CEOs to be innovative and creative as healthcare system executives, and as the organization's strategic and operational leader accountable for silo and system outcomes approved by the Board.

  - o Encourage CEOs and senior executives to work with LHINs and Health Links to develop a strategy and a supporting plan for aligning the structures, culture and skills of the partnering organizations to create a better, more seamless experience for patients

- The author offers the best current examples of emerging collaborative governance in Ontario: the North Simcoe Muskoka LHIN (Board Chair, Bob Morton), and at the South East LHIN (Board Chair, Donna Segal). The glue that actually holds these processes together is trust, ownership and commitment. Trust enables true collaboration, and, with practice, synergy.

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Resources & Toolkits

Local Health Integration Network/ Health Service Provider. *Governance Resource and Toolkit for Voluntary Integration Initiatives.* **December 15, 2008.**

SUMMARY

In 2008, with financial support and participation from the MOHLTC, a group of five LHIN Board Chairs, along with the OHA and Board Chairs of the HSP associations in Ontario, jointly developed the LHIN/HSP Governance Resource and Toolkit for Voluntary Integration Initiatives (Toolkit). In September 2009, the MOHLTC endorsed the Toolkit, which was also included as an Appendix to the LHIN Guide to Good Governance.

The Toolkit was developed to:

- Support HSP Boards in understanding their respective roles and responsibilities, in providing appropriate leadership to their organizations, and in developing strategies to work with one another and the LHIN Boards on voluntary integration initiatives.
- Assist the various HSP Boards in addressing their responsibilities and in working through the governance complexities and uncertainties inherent in the identification, development and implementation of voluntary integration initiatives.

Contents of the Toolkit include:

Part 1: A collection of approaches and examples of processes used by contributing LHINs to implement integration across their health systems.

- Section 1 summarizes the requirements of the Local Health System Integration Act, 2006 for HSPs concerning voluntary integration activities.

- Section 2 illustrates LHIN expectations for LHIN and HSP Board oversight of planning, development, approval, implementation and follow-up assessment of voluntary integration initiatives.

- Section 3 provides examples of LHIN decision-making processes and evaluation criteria for voluntary integration initiatives.

- Section 4 provides examples of LHIN expectations concerning approaches to community engagement.

- Section 5 provides examples of LHIN/health service provider governance relationships.

Part 2: A series of checklists, templates and tools provided as recommended best practices that are intended to be adapted to suit the particular circumstances of individual organizations.

- Section 1 addresses HSPs Boards' accountability for voluntary integration initiatives and provides a sample Board policy and checklists designed to assist Boards in ensuring compliance with the Act, LHIN expectations and strategic plans.

- Section 2 addresses the continuum of HSP Board involvement in the identification, development and implementation of voluntary integration initiatives, describes possible mechanisms for interaction between HSP Boards and provides sample Terms of Reference for a Joint HSP Board Task Force.

- Section 3 identifies key success factors for collaboration at the Board level among representatives of HSP Boards where direct Board-to-Board involvement is appropriate in identifying, developing and implementing voluntary integration initiatives.

- Section 4 describes some possible mechanisms to implement the different kinds of integration activities identified in the Act and is intended to assist HSP Boards in understanding what is possible along the continuum of arrangements from informal to formal.

- Section 5 provides a checklist for, and an example of, a partnering agreement between HSPs on a voluntary integration initiative.

- Section 6 addresses how to measure the success of a voluntary integration initiative.

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