COLLABORATIVE GOVERNANCE
Survey Results of LHIN Experiences & Approaches

BACKGROUND

The Leadership Council consists of the LHIN Board Chairs and LHIN CEOs of the provincial Local Health Integration Networks with an agenda to support:

- Providing advice to the Minister and Deputy Minister on strategic leadership directions for the health care system
- Providing advice to the Minister and Deputy Minister on cross-LHIN matters
- Sharing and suggesting LHIN wide recommendations on provincial issues
- Providing advice to the MOHLTC on shared LHIN governance and strategic issues
- Policy development in relation to the evolution of LHINs

The Collaborative Governance Work Group was established by the Leadership Council with a mandate to further the LHINs' knowledge about collaborative governance, and initiate an ongoing forum for LHIN Board and CEO dialogue on collaborative governance and integrated health system leadership.

In January 2015, the Leadership Council requested that a survey be conducted of individual LHIN experiences with collaborative governance. The online survey was conducted in Spring 2015 and requested information in two parts: first, information on the current state and future plans for collaborative governance in the LHIN; and second, one or more examples of successful governance collaboration in the LHIN.

13 examples on collaborative governance initiatives were provided. Highlights and a complete summary of survey responses are included in this summary.

Key Highlights

COLLABORATIVE GOVERNANCE EXPERIENCE

- Most LHINS supported a common definition of "collaborative governance" with all supporting the following key components of a definition: direct interaction between Boards, focus on a shared goal (e.g., improved care for patients), commitment to work together, and a systems focus beyond their own organizations.

- LHINs use similar approaches to encourage governance collaboration. Most LHINs have tables for regular dialogue among HSP Boards and more than half of LHINs (9) have tables for dialogue between different sectors, as well sessions for HSP Boards on governance practices. Several LHINs (6) require or plan to require (8) Board-to-Board collaboration and system leadership, however only 2 LHINs are currently using this practice.

- Some of the challenges or constraints highlighted by the LHINs in fostering Board collaboration included: understanding of the Boards' role, the LHINs' role, understanding of the system, as well as a series of capacity considerations including leadership capacity.

- Success factors included the ability to build trust and strong partnership, a clear vision and leadership for specific initiatives. Respondents also provided specific examples on processes and tactics to foster collaboration at the Board level.

- Perspectives on capacity building included the need for focus on leadership development, general governance education for HSP Boards, with a special focus on small organizations. Examples provided included the use of champions, regular governance sessions with HSP boards, and ongoing Board engagement.

SUCCESSFUL EXAMPLES ACROSS LHINS

Profiles of collaborative governance initiatives were provided by LHINs and details are found in Appendix B. Of the initiatives described:

- In total, 13 examples of successful governance collaboration were provided from 9 LHINs. Most indicted that they have achieved the results initially intended with at least three initiatives still ongoing with results not yet known.

- Of the examples provided, 7 are sector-specific, while 7 involve multiple health sectors. 7 include LHIN Board to HSP Board dialogue as a focus or primary component of the initiative.

- Of the examples provided, 6 focused on increased coordination of patient care services, while 5 focused on coordinated strategy development between participating organizations. 3 examples focused on structural integration of the organizations involved, including back office integration or a complete merger of organizations.

PART A: SURVEY RESULTS

DEFINITING COLLABORATIVE GOVERNANCE

- Most LHINs agreed with the definition of collaborative governance included in the survey:

  "*Collaborative governance refers to the interaction between Boards and the role of each Board in fostering and supporting governance of the local health system, in addition to their own organization*."

  - One LHIN suggested the definition go beyond "foster and support" system-wide governance to "*collectively empower local health system Directors to make decisions in the best interests of the region*."

  - Two LHINs provided their own working definitions:

    Collaboration is a mutually-beneficial, well-defined relationship entered into by two or more organizations to achieve common goals. Collaborative governance….means that the LHIN and HSP Boards will work together to achieve the common goal of ensuring the residents of the LHIN have access to high quality health services when and where they need them.

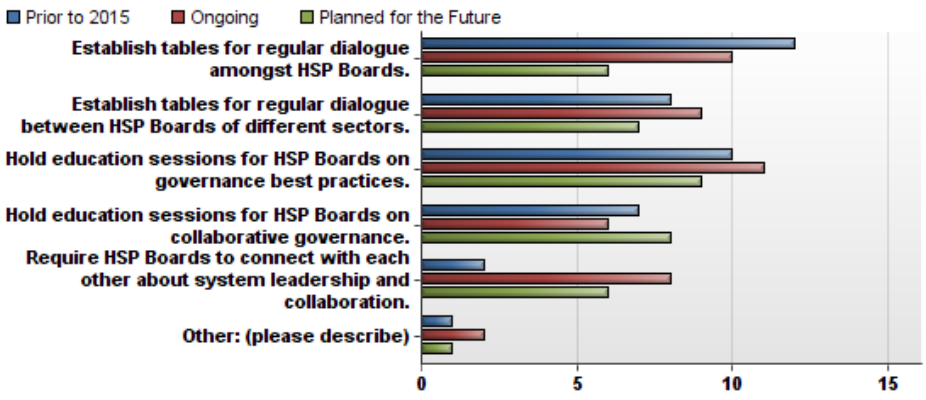
    Collaborative governance brings public and private stakeholders together in collective forums with public agencies to engage in consensus-oriented decision-making. The continuum of collaboration involves movement from communication, cooperation, coordination, coalition and finally integration. Characteristics include: emphasis on problem-solving, information sharing and deliberation amongst knowledgeable parties; participation of interested and affected parties in all stages of the decision process; occurring at the local or institutional level; and continuous monitoring and evaluation.

APPROACHES TO ENCOURAGE HSP BOARD COLLABORATION

- Most LHINs (12) have tables for regular dialogue among HSP Boards and more than half of LHINs (9) have tables for dialogue between different sectors.
- Most LHINs (11) indicated that they have sessions for HSP Boards on governance practices; slightly fewer (9) LHINs plan to use this approach in the future.
- Several LHINs (6) require or plan to require (8) Board-to-Board collaboration and system leadership, however only 2 LHINs are currently using this practice.
- A few LHINs indicated that they had set specific expectations regarding collaboration, including:
  - Including requirements for collaborative planning in approval of capital projects.
  - Instructing HSPs to pursue back office integration, particularly when scorecard metrics indicate the need for efficiencies.

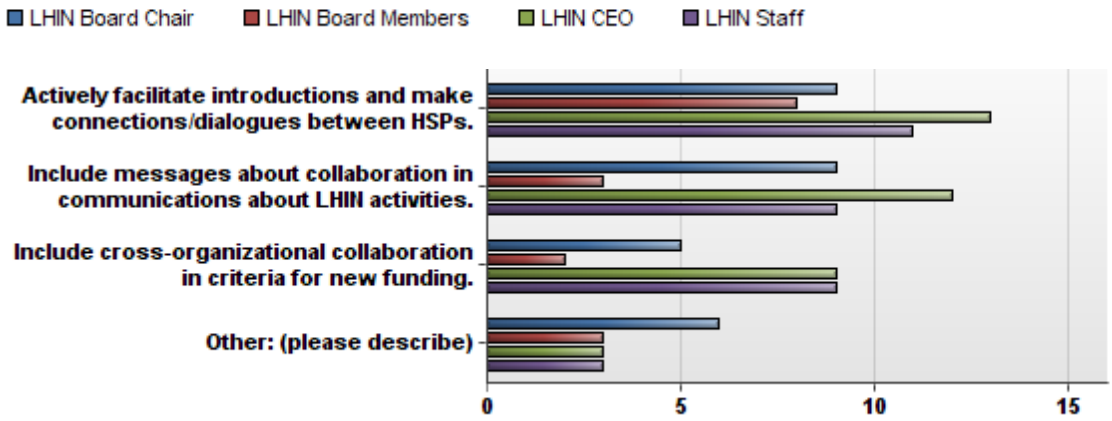
- Encouraging HSPs to consider integration or collaboration with another HSP when a CEO/ED retires or the position becomes vacant.
- Creating LHIN Board committees or planning tables with a mandate for system planning, and holding LHIN-sponsored events for this purpose.

- Other approaches identified by LHINs included: regular informal meetings between LHIN and HSP Board Chairs, creating a formal Board-to-Board group to advise the LHIN on advancing system-level integration, and encouraging inclusion of collaborative governance requirements in future SAAs.
- The graph below illustrates the changes in practices over time across the LHINs:



LHIN STAFF AND BOARD MEMBER ACTIVITIES TO FOSTER COLLABORATION

- In most LHINs (9), Chairs and Board members both play an active role to facilitate introductions and make connection between HSPs, although the CEO and senior team are the primary actors to connect HSPs and deliver key messages about collaboration and collaborative governance.



SETTING EXPECTATIONS & ABOUT COLLABORATIVE GOVERNANCE

- All but one LHIN (13) reported that they communicate to HSPs specific expectations to lead improvement of the local health system, in addition to governing their own HSP. The LHIN that reported not doing this in the past is planning to do this going forward.
- Across the 14 LHINs, there are a range of communication techniques used, including:
  - Speaking at HSP governance retreats and planning sessions.
  - Building messages into all LHIN communications about the HSP role in system improvement (typically to HSP CEOs and staff rather than directly to Boards).
  - Encouraging HSPs to use the *Governance Resource and Toolkit for Voluntary Integration Initiatives* (developed by five LHINs).
- LHIN key messages to HSP Boards include:
  - The need to ensure that patient/client interests drive strategic decision-making;
  - The need for Boards to be champions for change and better alignment of services around patient/client needs;
  - The dual responsibility of Boards under LHSIA for HSP performance and system performance.
  - Collaborative governance is a LHIN requirement and can be a "win" for everyone.

Key Questions for HSP Boards

One LHIN suggested every HSP Board be asked to consider the questions:

- *How do our current mandate and strategic plan contribute to a better experience for those we serve? How do they contribute to a more coordinated, connected system?*
- *Are we dedicating sufficient time at meetings on local system priorities, issues and integration opportunities?*
- *Are we appropriately informed about LHIN priorities for the local health system and how our organization contributes to achieving them?*
- *Are we championing or leading change in our community and demonstrating visible leadership to improve the system?*
- *What other local organizations serve the same patients/clients and what alliances do/should we have with them? Do we share the same vision, patients or agenda?*
- *Have we set specific aims to improve the experience of clients across the continuum? How are they measured or monitored?*
- *Do we hold our organization accountable for its role in the system?*
- *How are we monitoring and measuring the success of integration and partnership initiatives that the organization is already involved in?*

CHALLENGES FOSTERING CROSS-ORGANIZATIONAL BOARD COLLABORATION

Some of the challenges or constraints that the LHINs encounter in fostering Board collaboration:

- ***Understanding the Board's Role:*** Addressing the widespread view that a HSP Board member's duty is only to the HSP; HSP Board members fear losing their voice if they collaborate with others; trust and turf issues arise, often resulting from the fear of loss of independence.
- ***Understanding of the LHINs' Role:*** Limited understanding about LHSIA and the LHIN's authority; lack of clear expectations and accountability measures for system participation; HSP Board members want the LHIN to direct what needs to be done and don't see it as their role to make decisions about the health system.

- ***Understanding the System:*** A general lack of understanding or acceptance by HSP Board members of the imperative for change; a lack of understanding of the health system or their sector beyond their own organization.
- ***Board Leadership:*** A lack of dedicated leadership for collaboration outside the HSP; Board members saying they are "only volunteers" so don't have the time or authority to take a system leadership role; high turnover on HSP Boards, particularly smaller organizations.
- ***Capacity:*** Boards and HSPs are at different stages in terms of their capacity to look beyond their own organization; significant time requirements on HSP staff to seek and follow through on integration and collaboration projects, in addition to their HSP-related responsibilities; complexity of the collaborative process increases as more players are involved.

SUCCESS FACTORS FOR GOVERNANCE COLLABORATION

- As part of the survey, LHINs were asked to comment on successful governance collaborations and, specifically, key success factors:
  - ***Partnership and Trust:*** The importance of leadership and strong partnerships, including alignment between the CEOs/EDs of the organizations involved in the project; having a collaboration "champion" to spearhead the initiative; collective commitment beyond the CEO/ED for the project and the goals; actively focusing on trust, mutual empathy and respect.
  - ***Clear Vision:*** Establishing up front a shared vision and high-level deliverables or expected outcomes; shared goal, common interests and understanding of the commitment required; having a burning platform (a clear description of the performance issue to be addressed).
  - ***Processes and tactics*** were also identified as best practice:
    - Holding in-person, check-in meetings at the Board and CEO/ED levels to monitor progress.
    - Having a standing committee of the Board that keeps the focus on collaborative governance.
    - LHIN and HSPs working together on communications and community engagement.
    - Creating a group of LHIN and HSP governors from across the LHIN with a mandate to advance improvement of health system integration and health service coordination across the LHIN.
    - Holding LHIN-hosted governance forums as a place for system level discussion.
    - Openness of LHINs, including LHIN Board members to provide advice to HSP Boards.
    - Involving governors appropriately in the planning phase of a collaborative initiative.
  - ***Focusing on the patient,*** the direct impact and benefit to the people served by the organizations; identifying areas of greatest need to improve care for the patient.

LEADERSHIP AND CAPACITY BUILDING NEEDS

- The survey also asked about what HSP Boards need in order to be system leaders. There was a general consensus among respondents that HSP Boards need clear direction from the LHINs and the Ministry that their role includes system leadership and support for capacity-building to fulfill this role effectively. Other responses included the need for:

- ***Focus on Leadership:*** Among the executive of HSPs as well as among their Board chairs and members, including:
  - Flexibility and trust among Boards to try out new approaches.
  - Capacity building about collaboration, including specific tools and techniques.
  - Deeper understanding about how the system works and specifics about other providers.
  - Clear communication of Ministry priorities so HSPs can align their priorities and activities.
  - Clear communication of LHIN expectations.

  One LHIN also suggested the Ministerial creation of "super Boards" with a mandate for system-level governance at a regional or sub-region level.

- ***Focus on Small HSPs:*** Small HSPs, the community support sector and the community mental health and addictions sector in particular would benefit from capacity-building support from the LHINs.
  - Most LHINs reported that smaller HSPs have more difficulty in being represented at system-level tables. Smaller HSPs may not have the resources for Board education and are less able to attract Directors with the skills or governance experience to work at a system level. They therefore may have less sophisticated governance overall and are less comfortable exploring opportunities with other HSP Boards.
  - Several LHINs noted the importance of ensuring small HSPs have a voice.
  - Larger HSPs and LHINs need to be sensitive to the "take over" concerns that smaller HSPs may have as this can be a barrier to them being open to discussing collaboration.
  - Some identified the community support and mental health and addictions sectors also as having more difficulty with their Boards being able to provide system-level leadership and greater capacity building needs in relation to collaborative governance.

- ***Focus on General Governance Education:*** For some HSPs or sectors, general governance capacity-building is needed, not specifically related to collaborative governance.
  - A clear understanding of governance duties and expectations; adoption of leading governance practices; in the case of integrations, assistance with the Board's role.
  - It was noted by one LHIN that restrictions on use of LHIN funds can make it difficult to meet identified Board education needs.

WHAT LHINS ARE DOING TO MEET THESE NEEDS

- Numerous examples were provided about what LHINs are doing today, or what LHINs have planned, to build governance capacity among their HSPs and foster governance collaboration:
  - **Champions:** Identifying community governance "champions" to provide support to HSP governors in their local community.
  - **Funding:** Providing funding to create a governance library for HSPs; funding collaborative planning for EDs which translated into their Boards working more closely together.
  - **Education:** Several LHINs are holding education workshops to identify and support Board needs:
    - Holding Governance and Leadership forums followed by smaller group sessions with Boards interested in exploring a specific collaborative approach.
    - Holding a "governance 101" workshop for the Boards of small HSPs.
    - Holding education forums that are sector-focused and others that are geographically/ regionally focused.
  - **Communications:** Communicating learning from successes and progress underway to the broader HSP community; improving communication with stand-alone and non-LHIN-funded organizations.
  - **Board Engagement:** Numerous examples of engagement were provided, including:
    - A "virtual coffee break" with the LHIN Board Chair and 4 hub hospital Chairs to talk about why collaborative governance is essential; the session will be available to all HSPs by webinar and followed up with regional sessions in each hub.
    - Meeting with HSP Chairs and Vice-Chairs to better understand their needs.
    - Holding non-scripted meetings between LHIN and HSP Board members.
    - Establishing a formal Collaborative Governance committee of the Board that holds regular Governance to Governance (G2G) sessions.
    - Using a facilitator to conduct governance sessions at different locations across the LHIN.
    - Supporting Governance Advisory Councils for governors to establish relationships and get to know other HSP Board members and share experiences.

INTEREST IN CONTINUED PAN-LHIN WORK ON COLLABORATIVE GOVERNANCE

- Finally, LHINs were asked to identify whether the Board and senior management would participate in a second pan-LHIN education session to discuss the results of this survey. Of the 11 LHINs that answered the question 8 responded "Yes", 2 responded "No", and 1 LHIN did not complete.
- Comments included: future sessions should focus on the definition of collaborative governance; focus should be in "integrated care" not on "integration"; it would be useful to understand the structures and mechanisms that contribute to effective collaborative governance.

PART B: PROFILES OF LHIN COLLABORATIVE GOVERNANCE INITIATIVES

Central East LHIN

Community Health Services Integration Strategy	
Who Was Involved:	Board and staff at CE LHIN, Board and staff at the hospital and CSS sectors from across the entire LHIN.
Objectives:	To ensure that the governors were engaged in the planning work and had a thorough understanding of what decisions and preferred models for integration were being recommended. The governors were charged with overseeing their organization's engagement strategy with stakeholders and to ensure seamless transitions took place with any integration activity that was implemented.
Outcomes:	Boards throughout the process had an avenue to voice concerns, raise questions and discuss the planning progress with other HSP Board members at a single table. This resulted in a more robust planning initiative because feedback and input from the Boards through the voice of their governance representative was taken into consideration by the EDs and CEOs as the preferred models for integration were being created.
Documents Available:	There is information on this listed on our website at http://www.centraleastlhin.on.ca/goalsandachievements/Integration.aspx. A series of Board presentations, integration plans and status updates have been posted.
Contact:	Jennifer Persaud, Governance Coordinator, Jennifer.persaud@lhins.on.ca, 905-427-5497 ext. 229

Governance Advisory Councils	
Who Was Involved:	Board Chairs or designated Board members of HSP Boards from across the LHIN and the CE LHIN Board of Directors
Objectives:	*The following excerpt has been extracted from the Terms of Reference for this group*: As stewards of the health care system in the Central East, the Central East LHIN Board recognizes the importance of effectively engaging the governance leadership across the health service providers (HSPs) within the LHIN. The Governance Advisory Councils will support the following goals and objectives: As defined by LHSIA, – "to develop strategies and to co-operate with health service providers to improve the integration of the provincial and local health systems and the co-ordination of health services"; – "to disseminate information on best practices and to promote knowledge transfer among local health integration

	networks and health service providers" with a specific focus on governance"; – "to pursue/explore strategic opportunities for voluntary integration or the achievement of performance standards" by health service providers that receive funding from the network". More specifically to the Central East LHIN, the purpose of the Governance Advisory Councils is to: – Support the goals of the Central East LHIN Strategic Directions; – Assist in the implementation of the strategies and performance expectations as defined in the Central East Integrated Health Service Plan; – Seek out and implement the integration of services; – Provide advice to the LHIN and to the HSP Boards on matters related to the enhancement of system integration.
Outcomes:	We have established a strong working relationship with members and the organizations, some members have been on this group since 2010.
Documents Available:	Information on this initiative, including the Terms of Reference, is located on the Central East LHIN website: http://www.centraleastlhin.on.ca/communityengagement/boardtoboard.aspx.
Contact:	Jennifer Persaud, Governance Coordinator Jennifer.persaud@lhins.on.ca 905-427-5497 ext. 229

Central LHIN

A vision for Ophthalmology services in Central LHIN	
Who Was Involved:	Central LHIN engaged and worked with leading ophthalmologists, hospitals and ophthalmology service providers. Central LHIN has a well-established infrastructure in place through two high functioning, high volume centres (North York General Hospital and Southlake Regional Health Centre) to provide low-risk eye surgeries, including all cataract procedures. Managed through an Eye Care Committee (representatives from all participating hospitals), participating hospitals transferred base budgets to consolidate eye surgeries in 2010. These state-of-the-art high volume Eye Care Centres operate as ambulatory care centers, providing cataract surgeries as their primary surgical procedures. Service excellence at both sites is delivered by experienced ophthalmic surgeons and anesthesiologists, and highly-trained teams of nurses, anesthesia assistants and support staff. Both sites perform cataract surgeries at or below the Quality Based Procedure pricing as established by the Ministry of Health and Long-Term Care.
Objectives:	Central LHIN has been proactively planning with our health service providers to develop an integrated ophthalmology

	service delivery model that focuses on excellent patient outcomes, ease of access and maximum patient satisfaction.
Outcomes:	Central LHIN's integrated ophthalmology service delivery model is referred to as a "best practice" model by the Ministry of Health and Long-Term Care. Since implemented in 2010, the two high volume centres have realized significant efficiencies, reduced ophthalmology wait times across Central LHIN and reported excellent patient satisfaction results. As a result of the cataract consolidation at the two high-volume centres, the wait time for cataract surgery in Central LHIN is 87 days – that's 49 days less than the provincial average
Documents Available:	http://www.centrallhin.on.ca/goalsandachievements/visionstrategy.aspx
Contact:	Robyn Saccon robyn.saccon@lhins.on.ca 905-948-1872 ext. 238

Champlain LHIN

Men's Residential Addictions HSPs	
Who Was Involved:	HSPs in Ottawa dealing with men's mental health and addiction
Objectives:	To identify opportunities for greater integration across 8 agencies in order to reduce costs.
Outcomes:	This is in progress.
Documents Available:	Further information not currently available.
Contact:	Not listed.

Central West LHIN

Collaborative Governance Partnership Retreat	
Who Was Involved:	Boards and Senior teams of the two Hospitals, the CCAC and the LHIN
Objectives:	Fireside chat and Generative discussion with Bob Bell, Janet Davidson, Peter Vaughan, Brian Golden. Overall objective was to select an initiative that we can work on together that would yield results greater than the sum of the collective parts - developing a pledge for action.

Outcomes:	Agreement to put collective concerted efforts to coordinating care for the most complex beginning with Palliative / End of Life. This has led to the development of a pledge that is being refined and embraced broadly by HSPs.
Documents Available:	N/A
Contact:	Scott McLeod, CEO scott.mcleod@lhins.on.ca 905-452-6970

Integrated Senior Team	
Who Was Involved:	William Osler, Headwaters, and the Central West CCAC
Objectives:	The three organizations have established 5 integrated back office Vice President positions.
Outcomes:	Greater consistency of planning and approach in the 5 portfolios, single point of contact, having a senior level leader that not all could have afforded individually ensure better oversight and management of the portfolio.
Documents Available:	N/A
Contact:	Scott McLeod, CEO Scott.mcleod@lhins.on.ca 905-452-6970

Hamilton Niagara Haldimand Brant LHIN

Merger between West Lincoln Memorial Hospital and Hamilton Health Sciences Centre	
Who Was Involved:	Boards of WLMH and HHS, and the Board of HNHB LHIN
Objectives:	To better serve the people of Grimsby. To provide the same and better quality health care services to people in Grimsby to align with provincial and local health care planning. To ensure the sustainability of health services in Grimsby. To offer further security and opportunities for advancement to employees at WLMH. To leverage expertise in areas such as data, IT, human resources, finances, capital planning in an effort to better service the community of Grimsby. To expand academic excellence.
Outcomes:	Full governance merger with a new corporation being formed
Documents Available:	N/A

Contact:	Helen Rickards, Helen.Rickards@lhins.on.ca 905-945-4930

Mississauga Halton LHIN

The Three "C's"	
Who Was Involved:	This is a regular meeting held between the Mississauga Halton LHIN, the LHIN hospitals and the CCAC. It includes the Board Chairs, CEOs and Chief of staff of each organization.
Objectives:	To focus on developing better collaboration between the organizations
Outcomes:	Regular ongoing dialogue.
Documents Available:	N/A
Contact:	Bill MacLeod, CEO bill.macleod@lhins.on.ca 905-337-4888

Mississauga Halton LHIN-CCAC Collaboration Committee	
Who Was Involved:	MH LHIN – Chair, Vice Chair, Chair of Governance Committee and Chair of the Quality Committee, CEO MH CCAC – Chair, Vice Chair, Governance Chair, Quality Committee Chair, CEO
Objectives:	Provide input into the development of community based regional programs and services. Provide for an escalation process for management if either organization encounters unresolved issues impacting organizational specific accountably. Strengthen relationships with both boards and continue to increase understanding of the changing environment in which both organizations operate. Identify further opportunities for both organizations to collaborate
Outcomes:	Ongoing dialogue.
Documents Available:	N/A
Contact:	Bill MacLeod, CEO bill.macleod@lhins.on.ca 905-337-4888

North East LHIN

Temiskaming District Joint Integration Policy and Creation of the Joint Executive Committee (JEC)	
Who Was Involved:	The following hospitals: Englehart, Kirkland Lake, Temiskaming - and the NE LHIN. Each hospital board had representation on the JEC. The JEC had no official decision-making authority however, as decisions had to be brought back to each individual board for approval.
Objectives:	In April 2007 the three hospitals of Temiskaming District jointly worked on a comprehensive Health Services Study that would map out a strategic direction to optimize service delivery, management and governance in the District of Temiskaming. Through a refresh exercise conducted in February 2010, the three hospitals reconfirmed the benefits of ongoing collaboration as evidenced by their collaborative vision to: "Continue our leadership role and further our partnerships towards enhancing a coordinated and seamless healthcare system for the district of Temiskaming with the goal of continually improving patient care and accessibility".
Outcomes:	Many service integrations occurred thanks to this collaboration and in January 2015, Englehart and Kirkland Lake Hospitals agreed to operate with a common CEO. However, Temiskaming Hospital withdrew from the JEC, due to a reluctance to commit to a governance integration, among other things. The three hospitals are still collaborating however the ultimate goal of having a true district-wide approach to healthcare in the district of Temiskaming with one CEO and one governance, is yet to become a reality.
Documents Available:	Briefing notes, Terms of Reference etc. can be provided upon request.
Contact:	Carol Philbin-Jolette carol.philbinjolette@lhins.on.ca 705-840-2683

North Simcoe Muskoka LHIN

Community Support Services (CSS) Collaborative Governance Session	
Who Was Involved:	Primary organizers and hosts for this event were the CSS Collaborative staff. The NSM LHIN Board Chair and executive team provided support in terms of planning, providing resources, and facilitating.
Objectives:	This event was facilitated by the CSS Collaborative Sector Coordinator, NSM LHIN Board Chair, COO and Director of Health System Transformation, and an external consultant/facilitator. Objectives included: – Provide education on the strategic planning process and collaborative governance

	– Provide an update on the NSM LHIN Care Connections project – Begin to create strategic alignment amongst community sector organizations – Provide an opportunity for sector members to build relationships and share experiences – Highlight opportunities to apply recommendations
Outcomes:	Participants identified opportunities for collaboration between organizations Participants identified opportunities for expanding services and lessening barriers Participants identified how organization priorities aligned with that of the NSM LHIN Participants demonstrated readiness for changing ways and improved integrated planning
Documents Available:	N/A
Contact:	Katie Fraser Katie.Fraser@lhins.on.ca 705-326-7750

South East LHIN

Health Links Concept Fully Implemented	
Who Was Involved:	All HSPs in seven specific geographic areas plus the Primary Care organizations at the staff and governance level.
Objectives:	To develop Integrated Care Plans for all Complex Care Patients in the seven geographic areas, that would provide the patients with significantly improved medical outcomes.
Outcomes:	The patient journey has improved, the impact on resources has improved, and while the initiative has been led by operational medical personnel, the result is also an engagement of governance resources that are now meeting at organized forums to understand how the whole system can meet and discuss local or regional concerns, and integration with other disciplines (Public Health, Children's Services, Education, Housing, and other municipal agencies impacted by health problems) as part of a truly regional integrated health system.
Documents Available:	http://intranet.lhins.on.ca/healthlinks
Contact:	Paul Huras paul.huras@lhins.on.ca 613-967-0196

Regional Redesign of the Addictions and Mental Health System	
Who Was Involved:	All SE LHIN Region agencies related to addictions and mental health concerns which totaled at least 23 that had developed over a significant period of time, including directly mental health agencies and facilities, addictions agencies and facilities, hospitals, academia, peer support services, to name most. Law enforcement and other assistance agencies were also intimately involved. However, beyond all of the above, were current and former patients that assisted in developing an "Ideal Patient Journey" upon which all decision could be tested.
Objectives:	To consolidate the current system into a set of three regional entities that provide consistent, transferable, and common services for addictions and mental health patients across the region, with appropriate contracts with other key HSPs, and defined relationships with regional support systems (Peer Support, Academia, etc). All of this directed to the key and measurable objective defined by the Ideal Patient Journey.
Outcomes:	The project is in full implementation stage with very positive support of all HSPs involved.
Documents Available:	http://intranet.lhins.on.ca/amhredesign
Contact:	Sherry Kennedy sherry.kennedy@lhins.on.ca 613--967-0196