



Merging Two Family Health Teams: Lessons Learned

Presented by Mary Keith, Executive Director
Niagara North Family Health Team

Presenter Disclosure

- **Presenters: Mary Keith**
- **I have no relationships with any commercial interests**

Disclosure of Commercial Support

- This program has received no financial support
- I have no conflicts of interest to declare.

Garden City Family Health Team

- Approximately 20,000 patients
 - 15 Family Doctors at 4 Locations:
 - 145 Carlton Street (Units 6 and 7)
 - 22 Ontario Street
 - 245 Pelham Road
 - 605 Glenridge Rd
- 11 IHP + 2 Admin + ED
Diabetes Education Program (2 FTE)

NOTL Family Health Team

- Approximately 13,000 patients
 - 11 Family Doctors at 2 locations:
 - 1882 Niagara Stone Rd (Virgil)
 - 176 Wellington – Old Hospital
- 12 IHP + 3 Admin

Communities Served

St. Catharines

- Population 130,000
- Higher proportion of seniors at risk isolation
- Higher rates of marginalization
- Higher proportion of single parent families
- Higher proportion of people living alone
- Lower education
- Lower median income level
- Higher unemployment rates
- Higher rate of mental health issues and admissions related to mental health

Niagara-on-the-Lake

- Population approximately 17,000
- High percentage of elderly individuals
- Retirement community
- Some influx of younger families recently
- Relatively high level of affluence
- Seasonal
- Agricultural Workers

How Did We Get Started ?

The Price Report

The Syrian Refugee Crisis



Patients First

A Timely Idea



Could We Do More with a Combined Team than individually?

Why Would We Do it ?

- Improved access to programs and services at more locations
- Increased frequency and variety of workshops
- Improved coordination of programs with public health
- Increased opportunities for involvement with the team
- More with the same – allowed for hiring of IHP to facilitate community outreach - Data Manager
- Improved visibility with larger size

What were the Issues?

- Sense of Loss of the Community - loss of services
- Travel to St. Catharines
- Loss of Identity
- Take over - unknown
- Level of Integration (FHT/FHN)
- Confusion with Health Hub Plans
- NOTL Lease renewal
- MOH Approval
- “Dating Concept”



Considerations

- Logistics of Merger
- Governance
- Communications Strategy
- Human Resources
- Policies/Procedures
- Budgets – Clarity with MOH
- Impact of Change

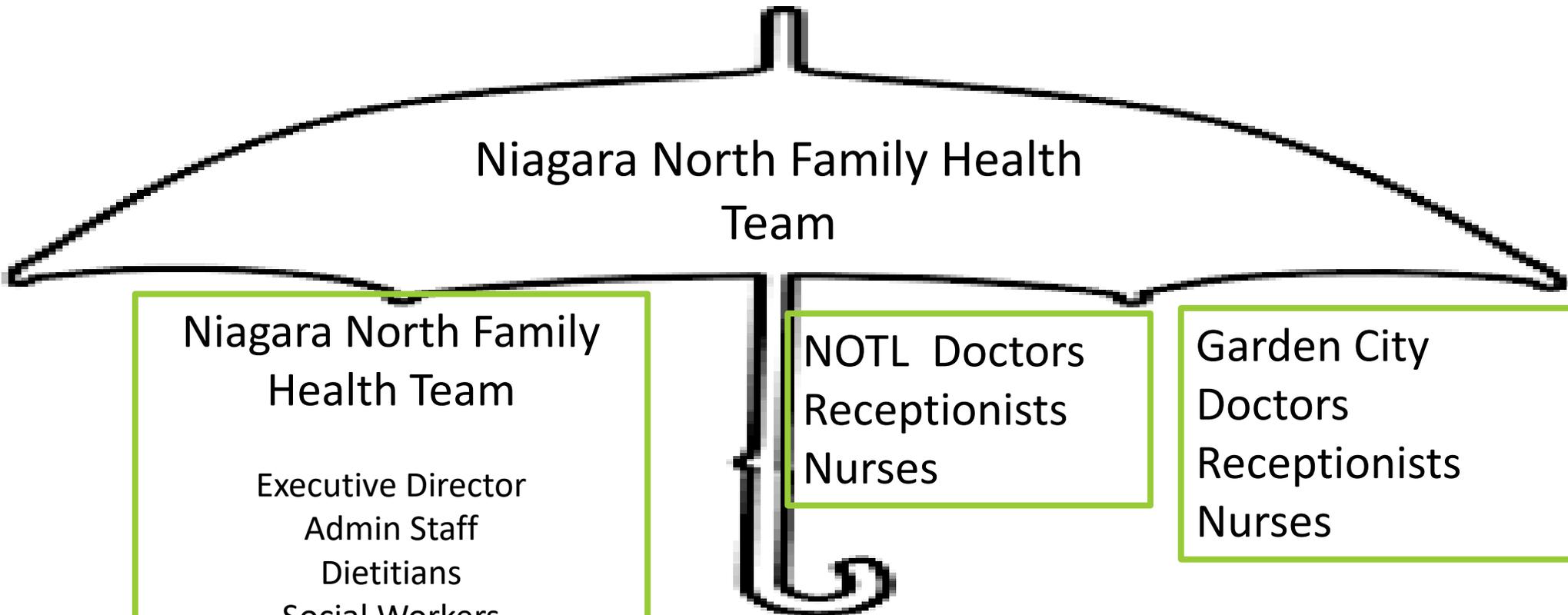
What the Merger was Really?

- Not truly an amalgamation
- MOH - no more family health teams
- One terminates contract and becomes part of the other
- That one changes its name
- Downplayed the "Take over" concept

- MOH required
- Formal merger proposal – including budget
- Formal letter from each board of intent to merge
- Letter of intent from NOTL Board to close NOTL FHT
- Wind down plan with costs
- Supportive phone calls with MOH monthly initially till we were On track



MOH worked behind the scenes so that there was a seamless transition of funding from NOTL to NN on April 1, 2017



Niagara North Family Health Team

Niagara North Family Health Team

Executive Director
Admin Staff
Dietitians
Social Workers
Nurses
Chiropodist
Nurse Practitioner
Physician Assistant
Respiratory Therapist

NOTL Doctors
Receptionists
Nurses

Garden City
Doctors
Receptionists
Nurses

Governance

- GC FHT – Mixed Board of Directors – 6 physician + 4 community members
- NOTL – physician led board - 11 Directors
- New Niagara North Family Health Team will have a mixed board with 3 physicians from GCFHT, 3 physicians from NOTL and 5 community members
- Patient Advisory Committees to guide community focus
- New Bylaws – Update Corporation Documents
- New Governance Manual – Updated Board Policies
- Due Diligence Framework – transfer of assets and liabilities

Communications

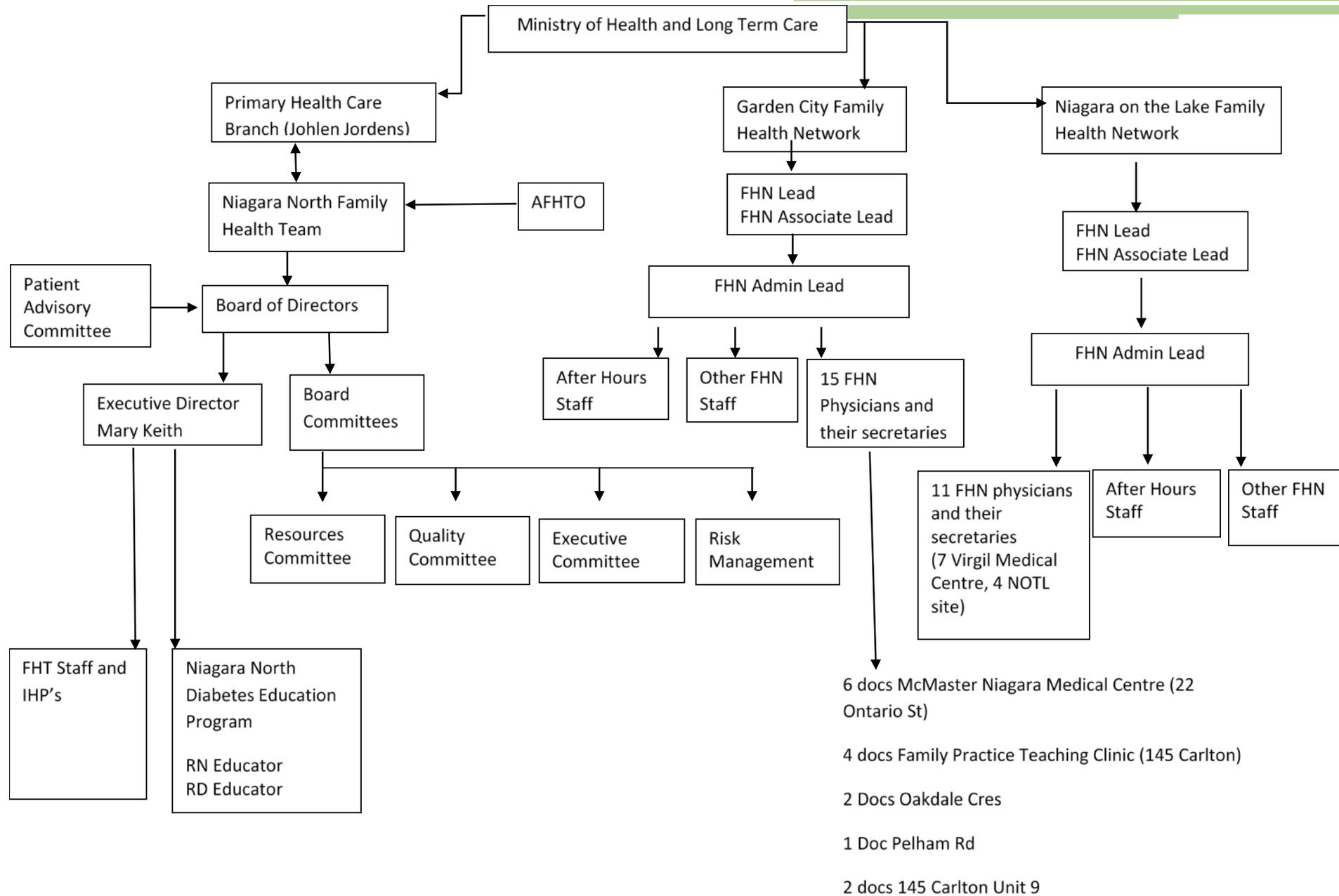
- Communication with staff
- Communication with Patients
- Press Release
- Information Evenings
- Social Media
- New Signage
- New Logo – staff vote
- New Website
- EMR Connectivity
- Staff Communication – challenges of electronic meetings



**NIAGARA
NORTH**
Family Health Team

Human Resources

- NOTL FHT ended –GCFHT carried on – moved all employee contracts to GC
- Risk of refusal
- Benefits/HOOPP/WSIB/Holidays/Vacation/Birthday vs Easter
- HR Software
- Book Keeper
- Schedule A Challenges
- Organization Chart



Policies and Procedures

- Redo and amalgamate all policies
- Work to address arising issues – Joint Occ Health Committee
- Privacy redos - training

Budget Considerations

- Ensure clarity with MOH
- Leases, contracts, liabilities – NH and landlord
- Transfer of assets
- Cost of Merger (about \$50,000)
 - Legal – prep of supplementary letters patent, revision of bylaws, employment letters (both FHTs), letter of agreement to merge
 - Web site redesign – new domain name, new emails (change EMR EDT)
 - IT connectivity – firewalls
 - Signage (FHT locations needed new signs)
 - Insurance – Tail Insurance – Run off insurance
 - Bank fees for changes
 - New letterhead, business cards (for everyone!)

Input sought on NOTL health team merger

By [Penny Coles](#), Niagara Advance

Thursday, January 26, 2017 11:10:58 EST AM



Residents not convinced merger will improve health care

FENNY COLES
Niagara Advance

Is bigger better?

That was the crux of a discussion about the local family health team at the Niagara-on-the-Lake community centre Thursday, before a crowd of about 100 people.

As of April 1, the Niagara-on-the-Lake Family Health Team, with its 11 doctors, two locations and 15,000 patients, will merge with the Garden City Health Team's 15 doctors, five locations and 30,000 patients.

Mary Keith, executive director of the St. Catharines group and head of the new Niagara North Family Health Team,

prompted by doctors of both health teams who hope to improve patient care through pooling resources, began a year ago, said Keith, showing residents a photo of a "dual team barbecue" at McFarland Park in the summer.

But several residents disagreed that the merger would mean better service for NOTL patients.

Sheila Hirsch-Kalm expressed her anger that patients - the true stakeholders in the family health team, she pointed out - weren't informed of the amalgamation until it was a "done deal."

"We knew nothing about this. None of us know how we



FENNY COLES/NIAGARA ADVANCE

Dr. Lou Ricciardi, lead physician of the NOTL Family Health Team, told the crowd at the community centre last week a merger with a St. Catharines health team is a separate issue from a health hub being considered in NOTL, but that both have a goal of improving services and access to services.



NOTL resident Nellie Keefer was not happy with the shortage of details presented at the meeting Thursday at the community centre to discuss a proposed merger of the NOTL and Garden City health teams.

Health team members concerned about services

By [Penny Coles](#), Niagara Advance

Friday, March 10, 2017 2:59:51 EST PM

Health team meeting to clear up concerns, misunderstandings: Keith

By [Penny Coles](#), Niagara Advance

Friday, February 24, 2017 4:49:16 EST PM



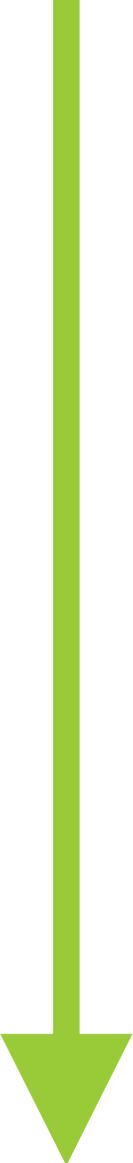
Impact of Change

- Anger of Residents
- Sense of Loss of Residents
- Impact on teams
- Amount of work – almost a year 2 sets of reporting
- Travelling between sites
- Change overload – amalgamate, electronic HR program, HOOPP etc
- How to work together

Things I never thought about

- Insurance for debts – Tail Insurance or Run off Insurance - 2y
- How many things your address is on – credit cards, accounts, bills, invoices - this took hours
- Difficulty in changing your name – logistically
- Bank Issues
- Additional costs
- New website – all the old info – how to keep FHN stuff clear
- All new emails

- March 2016 – Approached Senior Rep on concept of merger
 - Proposal Required – Revenue Neutral
 - LHIN Approval
- June 2016 Board of Directors Approval – Boards vote to merge
 - 6 person Merger Committee
- October 2016 – Initial meeting with lawyers – contracts/due diligence
- Late November 2016 – MOH accepts merger proposal
 - Creation of wind down plan
- December 2016 – NOTL letter to terminate its contract with the MOH
 - NOTL settles lease with current landlord
- January - press release
 - January 16th – Town Council presentation
- Feb and March 2017 Community Meetings
- Feb 2017 advertised new board members (NOTL) – interviewed
- February Staff, Physician, Stakeholder and Board Retreat
 - Initial Letter to Staff
- March – Development of shared Schedule A
 - Early March - Formal letter to staff - offer of employment
- Submission of Supplementary Letters of Incorporation – Name Change
- Staff vote on final logo for NN
- April 1 – NN assumes leases and assets of former NOTL , combined QIP
- June 2017 new Board AGM
- August 2017 NOTL PAC formed

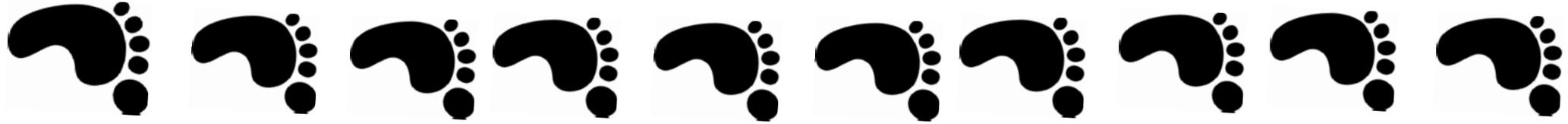


Time Line

Jan 2016-April 2017

In the END.....celebrate!





Where are we now

- Combined Schedule A
- Integration of group programs (sharing of participants) – Craving Change, Anxiety Group etc
- Some individual patients seen at alternative site
- Assistance with staff absence
- Combine Board
- Two Patient Advisory Councils
- Down the road – patient sharing NPs, after hours clinics

Continued Work

- Ongoing work to create a multi-site joint Occupational Health and Safety Committee
- Ongoing work to merge policies and seek re-approval
- Mission and Vision Session complete process with staff
- New Strategic Plan
- Facilitating Collaboration – Improved flow for Schedule A

Questions?