



Key Questions & Assessment: Role, Skills & Knowledge

Governance Role, Skills & Knowledge	Reflection & Assessment	Action Plan (next steps)
<p>1 a. Has you board conducted a skills assessment to ensure sufficient skill expertise on your Board? Is there an appropriate balance between board size and skill set?</p>		
<p>1 b. What new Knowledge/skills/roles will your Board need to lead sub regional development?</p>		
<p>2. Board Effectiveness: Does your board</p> <ul style="list-style-type: none"> - regularly review its own performance? - Engage in strategic + generative discussion? 		



<p>- support “distributed leadership” (the development of many front line leaders)?</p>		
<p>3. What risks do you see the LHIN Board having given its new mandate? How can we support the LHIN with that?</p>		
<p>4. It has been suggested that ALL sub regional Boards should be abandoned, in favour of ONE integrated Board in each sub region? Discuss.</p>		



Key Questions & Assessment: Culture

Culture	Reflection & Assessment	Action Plan (next steps)
<p>1 a. What is the ‘culture’ of the Board? What is the culture of the organization? (is there a ‘just’ culture? Transparent culture? Culture of QI?)</p> <ul style="list-style-type: none"> • How is this assessed? 		
<p>1 b. Will the culture have to change with Patients First and the population health approach?</p> <ul style="list-style-type: none"> • If so, in what way and how will your Board help lead this change? 		
<p>2. What is the culture of your sub LHIN region?</p>		
<p>3. What is the culture of your LHIN? How can your Board influence LHIN culture positively?</p>		



Key Questions & Assessment: Relationships

Relationships	Reflection & Assessment	Action Plan (next steps)
TEAM RELATIONS		
1a. How can the board enhance team relationships and support greater TEAMwork?		
1 b. How do we move towards FHT-physician contracts or MOUs?		
1c. What could be included in MOUs to support high-quality care?		
SUB LHIN RELATIONS		
2 a. Are there existing relationships with other FHTs and/or health service providers within the sub-LHIN region?		
2 b. How can the board improve these relations?		
2 c. Has the board explored areas for board to board collaboration?		



LHIN RELATIONS		
<p>3 a. What is the current relationship with the LHIN?</p>		
<p>3 b. What is the boards role in strengthening LHIN relations?</p>		
PATIENT RELATIONS		
<p>4. How can the board ensure the voice of patients and families is being heard? Are patient stories part of the board agenda?</p>		



Key Questions & Assessment: Strategy & Meaningful

Strategy & Meaningful Measurement	Reflection & Assessment	Action Plan (next steps)
<p>1. How are we using data to drive improvement? Can we do this better?</p> <ul style="list-style-type: none"> • How are we tracking progress on our priorities? • How does our performance stack up against our peers? • How are we evaluating FHT programs to demonstrate value? • How is the team aligned and engaged in QI efforts? 		
<p>2. What are the LHIN's key primary care metrics, both regionally and sub regionally?</p> <ul style="list-style-type: none"> • Are these the right ones? 		
<p>3. FHTs could support the collection of transparent and relevant regional and sub regional Primary Care Data. To do this, FHT Boards will need to be committed to transparency and accountability. Is your</p>		



<p>organization comfortable with supporting the LHIN with transparent, meaningful Primary Care data?</p>		
<p>4. What is ONE thing we can do to improve quality by Tuesday? (Keep it simple!)</p>		



Enhancing Access to Team Based Care: Questions to Consider

1. In what way, if any, could your team “open the doors” to referrals from your Sub Region?
2. As long as capacity exists, would there be any concerns to expanding access?
3. Would the “non team based” physicians in your geographic area be likely to use your team resources if given the chance? Would they sign an MOU?
4. What are possible next steps for leadership to consider?
 - Measuring current capacity & assessing potential impact on quality and cost?
 - Learning from other teams that have successfully expanded access to non-rostered patients?
 - Developing communication/orientation strategy with external physicians?
 - Exploring shared care contracts with external physicians as a way to expand access and articulate their commitment to the team?
 - Incorporating other ideas about what access means to patients – i.e. email access, phone calls returned, self-scheduling)

Notes:



Taking a Population Based Approach: Questions to Consider

1. How would it look if all of the FHTs/CHCs/NPLCs in your sub region agreed to care for the entire population?
2. Other than opening your doors as a FHT/NPLC to everyone, how could teams support the planning and implementation of “team based comprehensive primary care for all”?
3. How is the board evaluating current FHT/NPLC programs to align with population need – demand as opposed to supply?

Notes: