

BOARDS

OFFICIAL PUBLICATION OF THE GOVERNANCE CENTRE OF EXCELLENCE
NOVEMBER 2013 ISSUE 5

The Promise – and Challenge – of Collaborative Governance

p1



IN THIS ISSUE

The Promise – and
Challenge – of Collaborative
Governance
p1

Reputation Checklist
for Hospital Boards and
Executive Teams
p3

Governance and
Strategy: Four Tests
of Competence
p6

Is Your Board Ready For
"Big Data?"
p10

What's Your Vision?
p13

The GCE – One Year Later
p14

Awards in Leading
Governance Excellence
p18

Why I Joined a Health
Care Board
p19

Understanding Hospitals
and the Health Care
System: Online Modules
p20

Welcome on Board
p22

Leadership by Influence
p26

Spring Governance Showcase
p27

Upcoming GCE Events
p28



GOVERNANCE
CENTRE OF
EXCELLENCE

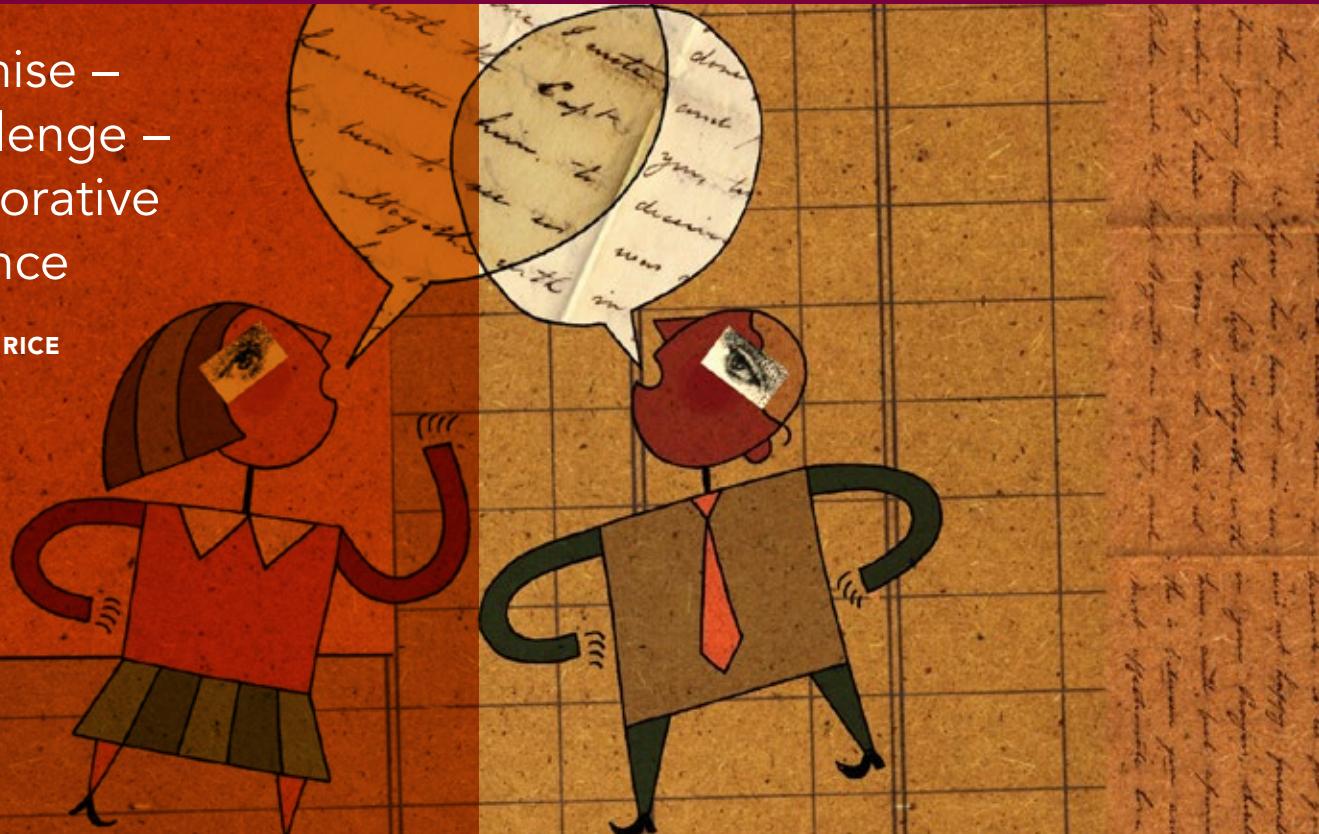
The Governance Centre of Excellence (GCE) is pleased to present the November 2013 edition of *Boards*. As the official publication of the GCE, *Boards* is devoted solely to you – the board member.

Boards provides information on topical issues, governance initiatives and news of upcoming GCE educational programs, tools and supports related to the evolving role of health care boards. As part of the GCE's commitment to open communication and the sharing of knowledge, *Boards* includes articles from representatives in the field of governance. The views of the authors expressed in this publication do not necessarily reflect the position of the GCE or the Ontario Hospital Association.

We welcome submissions from health care leaders, governance experts, academics and consultants that will foster dialogue and address current issues and leading practices in health care and not-for-profit governance.

The Promise – and Challenge – of Collaborative Governance

BY DR. JAMES A. RICE



How can the board of a single hospital make a meaningful improvement in the health of a city – not only in terms of patients' health, but also with respect to crime, water, shelter, employment and other pressing urban issues?

It can't.

If, on the other hand, the boards of several hospitals – along with those of relevant Non-Governmental Organizations (NGOs) and private sector institutions – were to collaborate, the city's collective good could be very well served. This is the simple proposition that underlies the concept of collaborative governance – defined as 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.

Although the concept is relatively new to the health care field, its origins reach to the 19th century French concept of a "charrette," a reference to the carts or "chariots" used by Parisian design students working in teams.

In the present day, the term refers to collaborative sessions of design or planning activity, most prominently conducted by city and park planners to design neighbourhoods and entire communities. The charrette brings together eclectic groups of people and virtually locks them in a room to solve a complex problem. Drawing from their divergent perspectives, they work through iterations of intense planning. In a relatively short period of time, what results is a higher-quality definition of the problem at hand than would otherwise be achieved, along with commensurately superior solutions.

Also fundamentally important is the sense of engagement and ownership created by such exercises. Over the past 15 years in the United States for example, the "healthy communities" movement has emerged, based on the belief in the prominence of cities and that cross-organizational, multidisciplinary and cross-sectoral collaboration results in the creation of programs that are more likely to be owned.
continued >

**LOOKING AHEAD TO THE NEXT FIVE TO 10 YEARS,
THE COLLABORATIVE POTENTIAL OF DIGITAL
TOOLS, INCLUDING SOCIAL MEDIA, WILL
INCREASINGLY PROVIDE A COUNTERBALANCE TO
THE COMPLICATIONS INHERENT IN MULTI-STAKE-
HOLDER COOPERATION.**

Charrette relates closely to the “social determinants of health” concept, which recognizes the multitude of factors that influence public health and the necessity of NGO, board and organizational collaboration to tackle them. In this area, Canada has been a major innovator.

Yet obstacles to collaborative governance remain. Most hospital boards believe that their only role is to protect their own organization. Clearly there are turf and ego issues. But for the broader good to gain, individual boards may have to give. For example, if they were to collaborate with other boards in ways that really do improve the health of their overall neighbourhood, they may receive fewer hospital visits and thereby negatively affect their institution’s economic vitality.

And then there is the plain fact that involving multiple boards and groups is inevitably complicated. Expert facilitation in this context is essential – along with education on the benefits of collaborative governance, financial support and the embedding in boards’ strategic directions of their responsibility to work in partnership with other organizations.

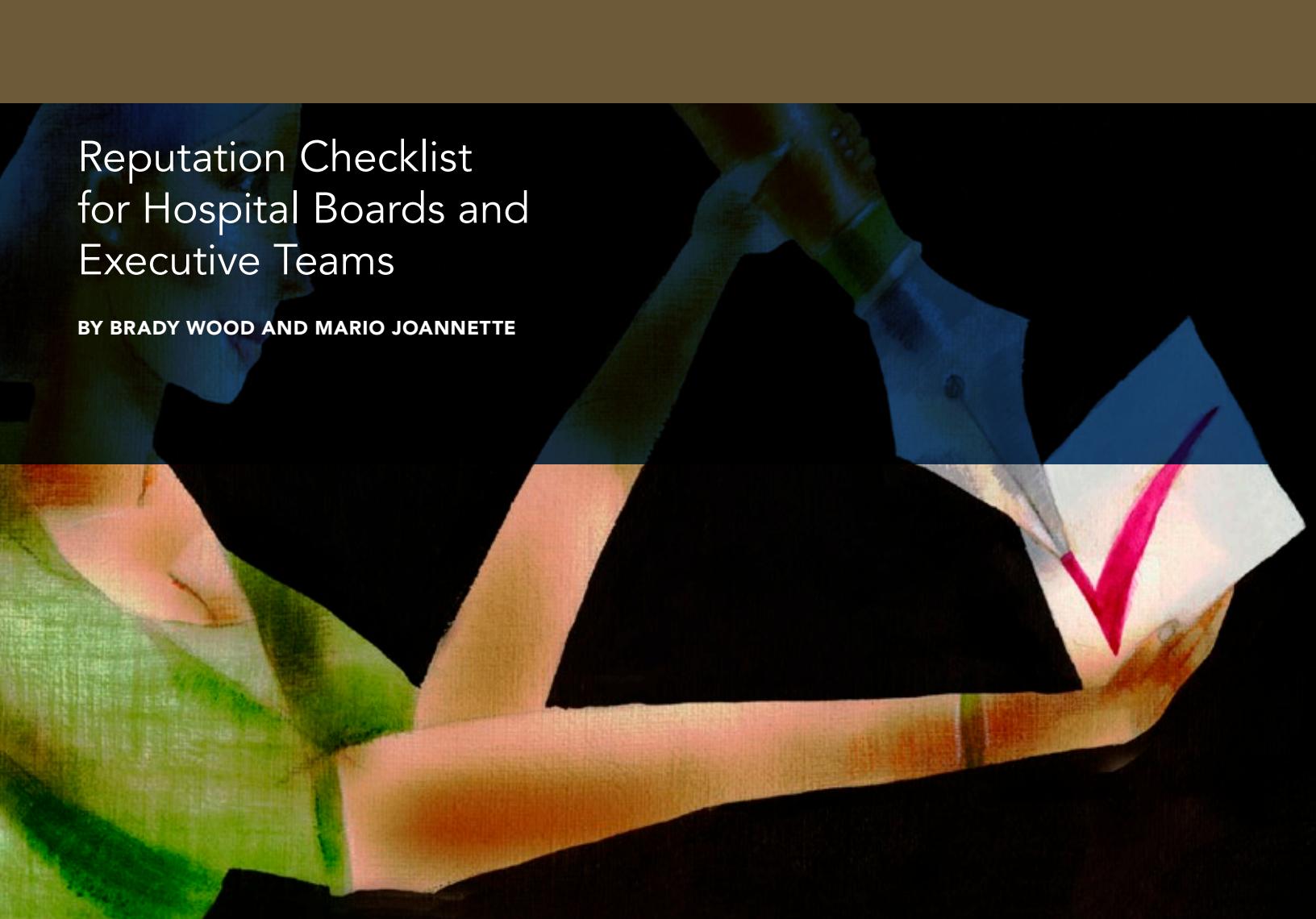
Looking ahead to the next five to 10 years, the collaborative potential of digital tools, including social media, will increasingly provide a counterbalance to the complications inherent in multi-stakeholder cooperation. The promise is vast: in a world where technology allows idea exchange between countries and around the globe, collaborative governance won’t be just for neighbourhoods anymore. ■



DR. JAMES A. RICE is the Director of the Leadership, Management, and Governance (LMG) Project. Prior to joining MSH, Dr. Rice served as an Executive Vice President in the Governance and Executive Compensation practice of Integrated Healthcare Strategies, where he focused on strategic governance of tax-exempt health sector organizations and integrated care systems for leadership development of physicians and medical groups. Working with over a 100 such organizations, Dr. Rice has frequently been designing and implementing governance enhancement strategies for integrated delivery health systems all over the world. He is a frequent speaker and adviser to hospitals and health systems on leadership programs on effective planning and delivery of transitional initiatives. He serves as vice chairman of the Governance Institute, dedicated to research and education for health system boards and leadership teams.

He was also a principal in the Health Care Group of LarsonAllen. Dr. Rice holds Master’s and Doctoral degrees in management and health policy from the University of Minnesota, where he also received the Distinguished Alumni Leadership Award, a National Institute of Health Doctoral Fellowship, and the American Hospital Association’s Corning Award for excellence in hospital planning. Dr. Rice holds faculty positions at the Judge School of Business, Cambridge University and the Program in Health Administration at the University of Minnesota’s School of Public Health. He has lectured at Nelson Mandela School of Medicine in Durban, South Africa, the Thunderbird International School of Management in Arizona, Cornell University and Harvard University. He serves on the board of Children’s HeartLink, which is committed to building cardiac care capacity in developing countries.

Dr. Rice will be speaking at HealthAchieve on the topic of Collaborative Governance: The Case for Board to Board Collaboration, on Monday November 4 at 3:30pm.



Reputation Checklist for Hospital Boards and Executive Teams

BY BRADY WOOD AND MARIO JOANNETTE

"The therapeutic relationship depends on trust."

This quote, from one of our clinical leaders, guided us as we set out to write up what we learned from working with our leaders through reputation challenges at both our hospitals. We both joined organizations that by many accounts had lost the trust of the communities they served, specifically Joseph Brant Hospital and Niagara Health System. Both had made headlines for C. difficile outbreaks, but upon further probing in both Regions served, it was discovered that confidence was shaken with the public, community leaders, and the media for reasons that went beyond the infectious disease outbreaks chronicled in the newspaper. We discovered that these challenges resulted from the complex and evolving environments in which Ontario hospitals operate, coupled with a lack of consistency in how reputation management is handled in our sector.

Since the peak of our respective crises, we are happy to report that remarkable advances have been made in both communities toward healthier relationships. This accomplishment was not due to our efforts, but due to the collective work of our leaders and staff, led by Dr. Kevin Smith, Niagara Health System Supervisor & CEO at St. Joseph's Health System and Dr. Sue Matthews, Interim CEO at Niagara Health System; and Mr. Eric Vandewall, CEO at Joseph Brant Hospital. We sat down some months ago to recap what we had learned from both our collective successes and shortfalls. What emerged was the concept of a simple reputation assessment and management tools for Boards and Executives – the Reputation Checklist: Protecting and Enhancing Hospital Reputations. *continued >*

THE POINT HERE IS THAT MEASUREMENT MATTERS,
BUT WE DO NOT BELIEVE THAT A COOKIE-CUTTER
SOLUTION FOR HOSPITAL REPUTATION IS
POSSIBLE, AND EACH HOSPITAL'S LEADERSHIP
TEAM SHOULD BE ENGAGED IN THE CONVERSATION
AND PLANNING.

The Ontario Hospital Association (OHA) shared our perspective that such a tool would be of great benefit, and we also consulted with other CEOs, hospital communications leads, external PR leaders, government, and academic communications experts (particularly at McMaster University), before arriving at its current version. We recently had the privilege of presenting the one-page tool at the GCE's Health Care Governance Forum, and have been sharing it with hospitals in our Local Health Integration Network (LHIN).

The final product is meant to be used at the intersection of governance and management, and is not prescriptive in terms of the 'how', but instead focuses at the highest level of the 'what', that should be considered as the organization's leaders contemplate how they would like to be perceived by those they serve.

For example, the first box on the checklist says:

- Our Board and Executive have endorsed a vision for a desired reputation.

In implementing this, we have not given specific instruction on what is required to successfully 'tick the box', and teams may choose different approaches to fulfill this suggestion, whether it is a separate session of the board and management to discuss reputation goals specifically, or whether the process is integrated into cyclical strategic planning.

Similarly, the next point in the checklist suggests the need to measure the fulfillment of the above vision for reputation, and again our tool is open-ended regarding the 'how'. At Niagara Health System, for example, we have fulfilled this through a quarterly dashboard which includes media metrics, annual polling data, qualitative input from elected officials and influencers, and other metrics. The point here is that measurement matters, but we do not believe that a cookie-cutter solution for hospital reputation is possible, and each hospital's leadership team should be engaged in the conversation and planning process.

Other areas covered by the Reputation Checklist include the organization's approach to the media, to crises, to relationships, to social media, to transparency, to public relations expertise, to escalating information to the LHIN and government, and to complaints management to name a few. Our ultimate aim is that hospitals in Ontario will be consistent in giving similar consideration to reputation as they do to quality and safety, patient experience, employee engagement, and fiscal responsibility. Ultimately, if community confidence is neglected in our planning, we risk not being successful even if we perform well according to metrics in these other areas.

The Reputation Checklist and our presentation at the Health Care Governance Forum are available on the GCE's website. We also welcome your comments and would be willing to work with your LHIN, Board or Executive Team on implementing the use of the Checklist at your organization, so please feel free to email us directly. ■

**BRADY WOOD**

Chief Communications Officer

Niagara Health System

brady.wood@niagarahealth.on.ca

Brady is a trusted communications leader, known for assisting organizations through difficult reputation challenges. As Chief Communications Officer at Niagara Health System, Brady is a key leader in the organization's ongoing reputation recovery. A member of the organization's Executive Team, Brady is the lead for both the Communications and Patient Relations teams. Previously Brady held leadership roles at St. Joseph's Health System, St. Joseph's Healthcare Hamilton, and with the St. Joseph's International Outreach Program in Haiti and Uganda. Brady has also been a member of Ministerial review teams in Ontario, examining and aiding challenged hospitals across Ontario for consecutive Ministers of Health.

Brady teaches the Reputation Management Module for the Healthcare Leadership program offered by the DeGroote School of Business at McMaster University in partnership with St. Joseph's Healthcare Hamilton. This year Brady also joined the Board of the Canadian Arab Institute, a non-partisan think tank addressing issues affecting Arabs in Canada. He recently became the Chair of the Board.

Currently enrolled in the Masters of Communication Management program – an Executive Education degree offered by the DeGroote School of Business at McMaster University in partnership with the Newhouse School of Communications at Syracuse University – Brady also holds degrees from Western University Canada and from York University.

**MARIO JOANNETTE**

Vice President Public Affairs and Communications

Joseph Brant Hospital

mjoannette@josephbranthospital.ca

Mario has served as Vice President, Public Relations and Communications of Joseph Brant Hospital (JBH) since December 2009. Mario stepped into this position at a critical time for the organization, a time when the organization was embarking on a new path forward to communicate JBH's bold transformational agenda that included its ambitious \$300 million plus redevelopment and expansion project, the launch of a 'new era' hospital campaign and rebrand, and an ongoing focus to continue to improve quality care, safe care, and service excellence throughout the hospital.

Prior to coming to Joseph Brant Hospital, Mario has had a diversified profile of career experience in both the public and private sector. He has also spent several years working in provincial and municipal politics. Mario previously assisted former Minister of Education Gerard Kennedy in his role as senior advisor and was the former Executive Assistant for the Honourable Ted McMeekin when he was first elected in 2000.

Mario spent three years as the Chief of Staff for former Hamilton Mayor Larry Di Ianni and played a pivotal role in two election campaigns, one as Mr. Di Ianni's campaign manager.

Mario is a graduate of Laurentian University and holds an Honours Bachelor of Social Work degree. He is currently enrolled in the Masters of Communication Management program at the DeGroote School of Business at McMaster University in partnership with the Newhouse School of Communications at Syracuse University



Governance and Strategy: Four Tests of Competence

BY DR. A. SCOTT CARSON

The standards of quality required by hospital, CCAC, LHIN and other health care boards of directors has elevated considerably in the past decade. This has resulted from the new culture of governance that has emerged since the corporate scandals of the early 2000s. With the Enron, WorldCom, Hollinger and many other debacles came legislative responses, such as the US's Sarbanes Oxley Act, securities commission regulatory tightening and improved governance best practices. The public sector in Canada embraced this too, as accountability, openness, transparency and fairness have become mandated principles. To meet the intensifying demands of competent board performance, director recruitment standards have markedly improved, and director education proliferates for both private and public sectors.

The enhanced governance imperative for health care boards is driven not only by the expectation that they will steward with diligence and care the hospital's resources, accurately report results and otherwise communicate with stakeholders about improvements in medical care, but also plan for the hospital's future role and performance. That is, hospitals – boards and management – are expected to develop and implement long range strategies that anticipate changes in political and economic trends, shifts and developments in community expectations of patient care, and technological advances to support hospital administration. Further, plans must be established to ensure that the best possible organizational structures are in place to link executive responsibilities to the smooth running of the institutions; optimize the performance of hospital administrative functions such as risk management, accounting and control, procurement and information technology; and ensure the smooth and effective flows of patients through the emergency, surgery and general medicine departments. Finally, the hospital board and management must consider system-wide integration, namely to plan strategically for linkages and partnerships with sister hospitals, CCACs, health links, family practice teams and other related social agencies.

**IF DIRECTORS ARE EXPECTED BOTH
TO OVERSEE THE PERFORMANCE OF
MANAGEMENT AND PLAY A KEY
ROLE IN STRATEGY PLANNING AND
IMPLEMENTATION, THEN WHAT MAKES
THEM COMPETENT TO DO ALL OF THIS?**

For the volunteer boards of hospitals and other health care organizations the commitment of time is extensive, and the performance expectations are high. This has significant implications for both board recruitment and continuing education. In the past, hospital boards not only sought new members from among those who (perhaps in retirement) had time for board work, but perhaps also had personal connections deemed to be important. It might have been a hospital relationship, such as being a major donor or well known to the CEO or chair. Alternatively, the connection might have been with politicians or business leaders. But today, selection criteria reflect skills gap analysis of board competency needs, for instance accounting and finance designations, project management capability, IT experience and risk management expertise. Equally, continuing board members are encouraged to develop and extend their governance knowledge and skills through courses and seminars.

If directors are expected both to oversee the performance of management and play a key role in strategy planning and implementation, then what makes them competent to do all of this? Commonly our default answer is to point to the list of university degrees, professional designations and previous employment experiences on the prospective director's resumé. However, credentials are only part of the answer. We should consider what entails competence in the work of a board – what a competent board actually does.

Here are four tests of competence:

1. Alignment: To plan and oversee strategy, boards need to be able to work as a team and to do this they must be aligned both with their mandate as a board and with each other as members of a functioning unit. Equally, there must be team alignment between the board and management – two teams pulling together toward a common set of strategic objectives. *continued >*

2. Efficiency: Self-management of the board as a working unit is important. The board's annual mandate and work-plan need to be managed efficiently so that all duties are discharged, and in a timely fashion. As well, meetings must be run smoothly and professionally allowing all opinions to be heard and decisions made within the time allotted. Further, since senior hospital administrators provide essential information, reports, analyses and judgments, which take considerable time and effort, boards must use the valuable management asset wisely. Extracting value from management should not exhaust them.

3. Effectiveness: A board may be able to get through its meeting agenda in a timely fashion, but it might make poor strategic and operational decisions in the process. Effective boards achieve their desired outcomes, not just by being efficient, but also by coming to conclusions that lead to decisions of good quality. Among other things, a board is responsible for the oversight of innovations in patient care, optimizing capital expenditures and enhancing the hospital's reputation in the community. But there is a gradation of quality in performing these mandated functions. Good governance means not just fulfilling the board mandate, but also doing it at a high level.

4. Ethical management: Hospitals are social enterprises whose purpose has inherent moral worth. Still, as functioning organizations they must not only embody moral principles of promoting good health and curing the sick, but also plan strategies and operationalize them in terms of institutional policies and procedures that ensure ethical conduct, such as codes of ethics, workplace health and safety, anti-harassment, whistleblowing, etc. Equally, the board must visibly exhibit an exemplary tone at the top as individuals.

For Canadian health care to meet the highest international standards, directors must approach the governance of our health care institutions with a broad strategic perspective. Comprehensive and far-sighted perspectives and plans need to be developed and implemented with great competence. If strategic alignment, efficiency, effectiveness and ethical management are centrally important, we must recruit and educate directors with this in mind. Being a good director is more than having a resumé filled with past accomplishments. It is being committed to developing and enhancing individual competence and functioning as a member of a strategic team. ■



DR. A. SCOTT CARSON is a Professor of Strategy and Director of The Monieson Centre for Business Research in Healthcare at the Queen's School of Business. Previously, he was Director of the Queen's MBA. Carson has also been Dean of the School of Business and Economics, and Professor of Business Policy at Wilfrid Laurier University, Waterloo, Ontario, and prior to that, Dean of the Sobey School of Business, and Professor of Management at Saint Mary's University, Halifax, Nova Scotia. As well, he is a past Chair of the Canadian Federation of Business School Deans.

Dr. Carson is a graduate of Mount Allison (B.Comm.) and Dalhousie (B.Ed., MA) Universities, and received his PhD from the University of London in 1980. He publishes and is a frequent speaker on strategy, corporate governance, corporate social responsibility and business ethics.

Dr. Carson's career has combined academia with both business and government service. While on leave from Wilfrid Laurier, he was Chief Executive Officer of the Ontario Government's Privatization Secretariat. In business, Carson was Vice-President and Head of Corporate Finance for CIBC in Toronto. Dr. Carson is currently Vice-Chair of the Board of Kingston General Hospital and a director of The Economical Insurance Group. In addition, he has been a director of many other private and public sector organizations.

Guide to Good Governance: Not-for-Profit and Charitable Organizations Second Edition

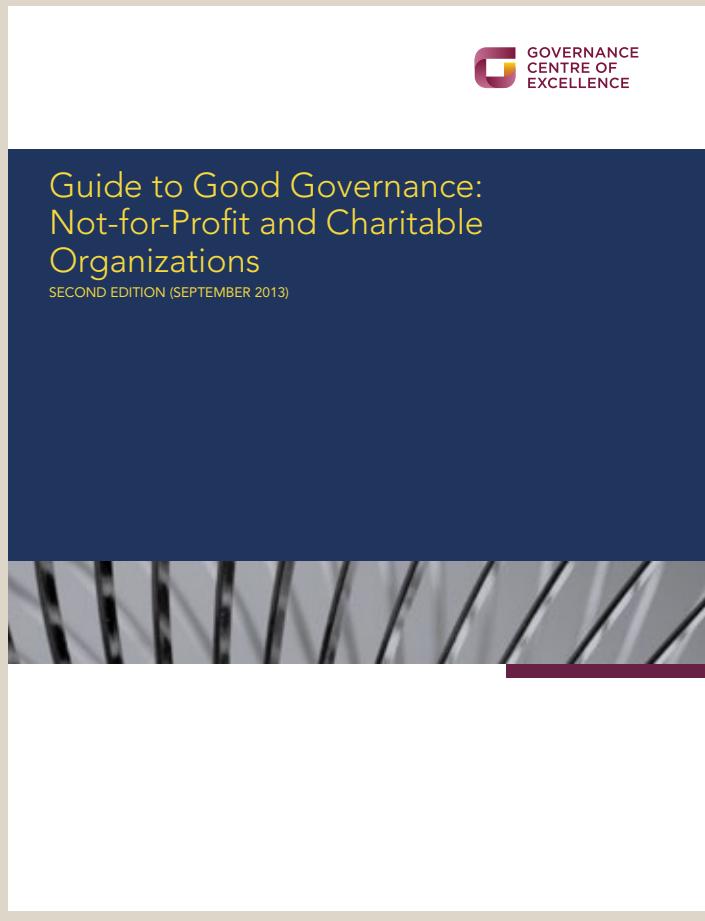
The Governance Centre of Excellence (GCE) has released the second edition of the *Guide to Good Governance: Not-for-Profit and Charitable Organizations* (Guide).

Like the first edition, published in 2009, the second edition of the Guide provides a comprehensive overview of the key components of good governance practices, as well as templates and tools for implementing and supporting these practices.

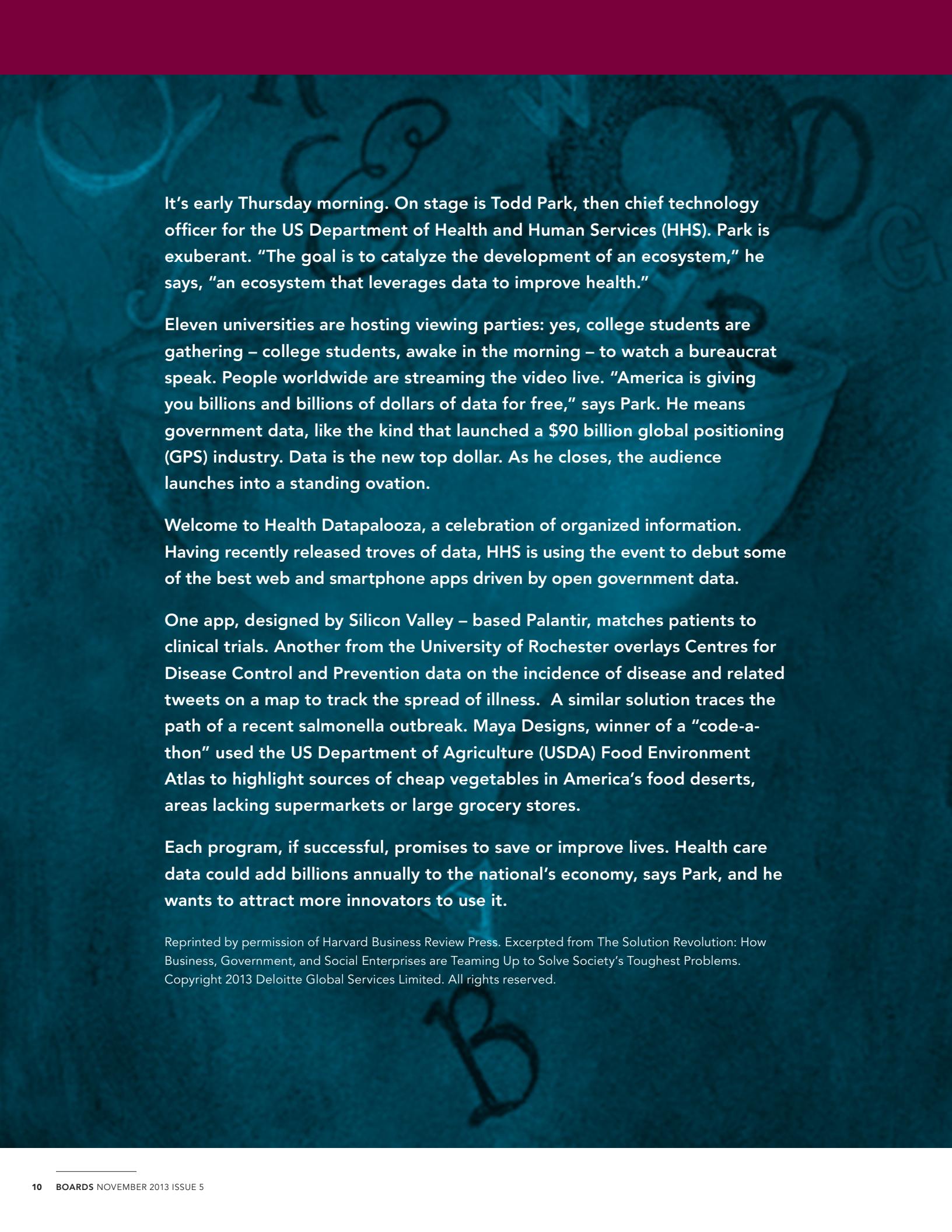
The Government of Ontario's *Not-for-Profit Corporations Act* (NFPCA), is scheduled to come into effect no earlier than six months after Bill 85 (*Companies Statute Law Amendment Act, 2013*) is passed. Bill 85 would make a number of amendments to the new Act and is expected to be debated and passed this fall. The NFPCA will replace the *Corporations Act* as the governing statute for non-share capital corporations in Ontario.

Once proclaimed in force, the NFPCA will make significant changes in a number of areas, including: board composition; qualifications of board members; expansion of membership rights; notice requirements for meetings of members and directors; and, conflict of interest provisions for directors and officers. To the best extent possible under the circumstances, the second edition of the Guide clarifies how the NFPCA will affect governance and how to navigate these changes. The Guide has also been updated to reflect emerging trends and best practices in board roles. Once the NFPCA is in force, the GCE will be completing any necessary updates to the Guide.

The resource materials found in the Guide are intended for use by all not-for-profit and charitable organizations. Visit the Good Governance section of the GCE website at www.thegce.ca/resources to order a copy of the Guide.



For questions, contact Maggie Fung, Consultant, Health System Governance, at mfung@thegce.ca or 416 205 1528.



It's early Thursday morning. On stage is Todd Park, then chief technology officer for the US Department of Health and Human Services (HHS). Park is exuberant. "The goal is to catalyze the development of an ecosystem," he says, "an ecosystem that leverages data to improve health."

Eleven universities are hosting viewing parties: yes, college students are gathering – college students, awake in the morning – to watch a bureaucrat speak. People worldwide are streaming the video live. "America is giving you billions and billions of dollars of data for free," says Park. He means government data, like the kind that launched a \$90 billion global positioning (GPS) industry. Data is the new top dollar. As he closes, the audience launches into a standing ovation.

Welcome to Health Datapalooza, a celebration of organized information. Having recently released troves of data, HHS is using the event to debut some of the best web and smartphone apps driven by open government data.

One app, designed by Silicon Valley – based Palantir, matches patients to clinical trials. Another from the University of Rochester overlays Centres for Disease Control and Prevention data on the incidence of disease and related tweets on a map to track the spread of illness. A similar solution traces the path of a recent salmonella outbreak. Maya Designs, winner of a "code-a-thon" used the US Department of Agriculture (USDA) Food Environment Atlas to highlight sources of cheap vegetables in America's food deserts, areas lacking supermarkets or large grocery stores.

Each program, if successful, promises to save or improve lives. Health care data could add billions annually to the national's economy, says Park, and he wants to attract more innovators to use it.

Reprinted by permission of Harvard Business Review Press. Excerpted from *The Solution Revolution: How Business, Government, and Social Enterprises are Teaming Up to Solve Society's Toughest Problems*. Copyright 2013 Deloitte Global Services Limited. All rights reserved.

Is Your Board Ready For “Big Data?”

BY SHANNON MACDONALD AND
SANDRA HAYDON

Information and data overload, or, conversely, a lack of information and data, has long been a challenge for most health boards and governors. As health governors are charged with the responsibility of making complex and strategic decisions about the transformation of Ontario’s health system, the very nature of information and data is itself undergoing a renaissance.

Data is increasingly recognized as one of an organization’s most strategic assets and an asset that is more impactful than the bricks, mortar and service assets where boards have traditionally focused their accountabilities for stewardship and oversight. The emerging challenge for health boards is ensuring that the necessary governance practices – including policy and education – are in place to enable boards to both safeguard their organization’s data assets as well as optimize their value at both the organizational and sector levels.

With new and emerging technologies, data is now available in real time from multiple sources and is growing at exponential rates, particularly in health care where data includes financial, clinical, safety, quality, patient, family and employee satisfaction / engagement. It is believed that 98% of the world’s data has been captured in the last two years. Data provides an opportunity for value creation by enabling an understanding of the past, the ability to predict the future and to deepen our current understanding of the operational and risk areas of our health care organizations and our people. Data points are no longer simply the basis for scorecards and performance measurement, but are now pathways for generating critical insights and opportunities for improvements to patient experience, quality and outcomes. In Ontario, population data models are providing the foundation for shifting the historical global funding model towards a more patient focused funding strategy. These new linkages require a higher level of sophistication and capability to ensure strategic decisions are made on a sound footing. *continued >*

With data viewed as an asset, the governance lens needed is one of stewardship. Boards must devote time on their annual agendas to not only utilize data to drive decision-making but to also ensure a strategic, indeed generative discussion is had with respect to data strategy. In partnership with management, boards can ensure the organization is safeguarding and monitoring this emerging asset while optimizing value at the organizational and sector level.

Areas of consideration and discussion must include:

- Privacy controls for managing data will be of primary concern
- Optimal collection of data and the platforms they sit on will need to be robust and appropriately invested in
- Extension of data collection beyond the traditional means to include social media and partnering organizations should also be considered
- Evaluation of the outcomes of individual health care practitioners and physicians can become an expectation of health care consumers
- Ability to predict outcomes based on existing data may also become a pressure point for hospitals

The world of data is moving at breakneck speed with new technologies, new sources and new demands entering the market on an almost daily basis. Organizations are under pressure to share data publically. The open data movement supports transparency and accountability as organizations not only partner with other organizations, but now partner with the consumer to analyze and understand outcomes. Should health care organizations ever join governments around the world in an open data movement, assuming all personal health privacy controls are met, there will emerge a robust dialogue with health consumers on the appropriateness of health outcomes and the effectiveness of health care resources and investments.

It will be an interesting and challenging dialogue and boards must begin planning now for effective stewardship; in fact, boards should have begun the planning process years ago. If open data can include data from your organization and from other sources, the questions are:

- What story will your data tell?
- What role will the board play in managing data collection and sharing and what has the board done to date?
- How will data enable better strategy, better decision making, and better outcomes?

Governance accountabilities in the Ontario health system continue to increase in complexity. The demands emerging from the presence of “big data” in our health care organizations and across our broader sector will be some of the most challenging. While the challenges will be significant, so too will be the opportunities to positively impact the care and services provided to the patients and families we serve. ■



SHANNON MACDONALD is a Partner with Deloitte. She has served on a number of health care boards both in Ontario and across Canada including serving as a member of executive committee and Chair on Resources and Sustainability. Shannon serves as a faculty member for the OHA's Governance Centre of Excellence.



SANDRA HAYDON is a Director with Deloitte's Human Capital practice in Toronto and serves as a faculty member with the OHA's Governance Centre of Excellence. Sandra also serves as Chair of the Board for a Toronto based social services agency and has also served on each of their Governance, Human Resources and Community Engagement Committees.

Betty Valentine's Vision for Health Care Governance in Ontario

"My vision of Health Care Governance in Ontario is one that is relevant, responsive to the needs of our patients and the people we serve and also to the people who serve (our employees and volunteers). It needs to be active and evolving as expectations and standards change. We also need to present governance as a good way to be involved in health care and make a difference so that we can continue to attract good people to our Boards."

Betty Valentine is the new Chair of the Waypoint Centre for Mental Health Care Board of Directors, appointed in June 2013. She has served on the Board since 2008, most recently serving in the position of Vice-Chair since 2010.

Betty's experience in health care has always been from a volunteer's perspective. Her professional career was in Municipal Government administration, but her private interests have been in serving with agencies that help the community, starting several years ago with terms on the local boards of Hospice Huronia, the North Simcoe Catholic Family Life Centre and Rosewood Shelter for Women (now Huronia Transition Homes) and progressing to serving on the Board of Directors for Huronia District Hospital (now Georgian Bay General Hospital)

The Ontario Hospital Association along with the Governance Centre of Excellence have been the primary sources of training and further education for Betty and the many seminars, conferences and resource materials provided have been invaluable in her development as a board member and governor. She has been taking advantage of the educational opportunities offered since 2004 and plans to continue to do so in the future. She says, "the Guide to Good Governance is a wonderful tool for



the Board as a whole and for me individually. It promotes good discussion and provides examples of best practices that we can all employ in our individual settings."

Betty believes that the governance challenges facing her board are similar to those of other organizations. The challenge is to recognize the difference between governance and administration: the wisdom to know what questions to ask without becoming bogged down in details which have no place at the board level. A further challenge is to monitor the level of participation of board members, making sure that all feel free to speak up and be heard at board meetings. Something that is new to her and other members of the board is the move to collaborative governance and she looks forward to familiarizing herself with the concept and observing how it applies to other organizations.

When Betty is not actively working in her community she enjoys travelling, playing golf, and relaxing with yoga, reading, music and art among other things. ■

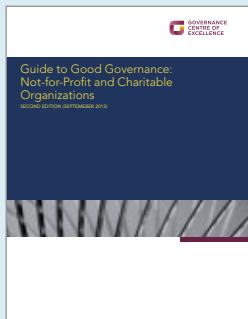
The GCE – One Year Later

It's hard to believe that an entire year has passed since the Governance Centre of Excellence (GCE) launched its new brand and identity. The GCE's vision to be **the recommended resource for board members striving for organizational excellence**, has been the lightning rod for everything we do, especially in terms of the products and services we provide to board members.

Over the past year, the GCE has developed and launched a variety of products and initiatives, some of which are detailed below:

Launch of the Guide to Good Governance: Not-for-Profit and Charitable Organizations, Second Edition

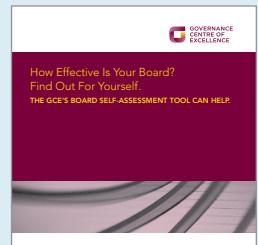
This much anticipated second edition provides directors of not-for-profit and charitable organizations with tools, templates and guidance for achieving good governance practices. The *Guide to Good Governance: Not-for-Profit and Charitable Organizations*, second edition (Guide) clarifies how the *Not-for-Profit Corporations Act* (Ontario) will affect governance and how to navigate these changes. The Guide has also been updated to reflect emerging trends and best practices in board roles. The Guide is now available for purchase under the Resources section of the GCE's website as an interactive online PDF.



Encouraging Assessment through the Board Self-Assessment Tool

The GCE's Board Self-Assessment Tool (tool) was developed to complement, and is based on the framework of, the *Guide to Good Governance*, second edition.

It was designed with the wider health care sector in mind, and is a helpful instrument for board learning that can improve board effectiveness, and, in turn, enhance organizational performance. It supports governance improvement on a voluntary basis and can help strengthen commitment to effective governance practices.



This online, survey-type questionnaire is completed individually by each board member. Participating boards each receive a confidential, easy-to-read report of their board's aggregated results. The results are intended to provide boards with evidence to support the further development of governance objectives and priorities. Boards may sign-up for the self-assessment at any time throughout the year.

For more information, including frequently asked questions, visit www.thegce.ca/boardselfassessment.

The Professional Staff Credentialing Video Series

In May 2013, the GCE set out to provide the health care sector with a different kind of online learning experience through the launch of the Professional Staff Credentialing Video Series. Based on the GCE's *Professional Staff Credentialing Toolkit* (Toolkit), the Video Series is a collection of 12 videos, each aligned with a chapter from the Toolkit. Viewers have the unique opportunity to watch the videos at their convenience, whether it be at home, in the office or in the boardroom. This added flexibility is ideal for a hospital community where the responsibility for credentialing is shared across an organization. To order the Professional Staff Credentialing Video Series, visit www.thegce.ca/credentialingvideos.

More Online Learning Opportunities

The GCE recognizes that not all health care board members are able to attend the in-person workshops and conferences that take place in Toronto and the surrounding areas. As such, we have committed to providing more of our educational events as online courses or webcasts.

The *Understanding Hospitals and the Health Care System* series of online modules is just one example of the GCE's commitment to providing online resources and educational opportunities across the province and health care sector. These modules delve into the intricacies of serving on a health care board and are based on the content presented at the in-person *Understanding the Hospital and the Health Care System* workshop. To learn more visit www.thegce.ca/onlinemodules

In addition, GCE TV offers you the opportunity to watch, free of charge, past interviews and short presentations while the pay-per-view section of the GCE website gives you access to a slew of archived webcast events. Visit www.thegce.ca/GCETV to learn more.

The Board Mentorship Program

To foster a community of practice and provide leadership development opportunities for newly elected board members, the GCE recently launched a one-year pilot for the *Board of Directors Mentorship Program*.

The purpose of the Board Mentorship Program is to assist new board members in their growth and development and is intended to:

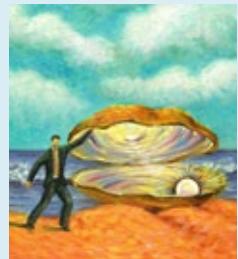
- Provide a unique learning experience for new board members
- Be a resource for board members through peer-to-peer learning by encouraging the sharing of knowledge and experience
- Provide a private and confidential learning experience that is not easily obtained within the boardroom or classroom
- Facilitate trusting and meaningful board member relationships

A Presence in the Community

The GCE is continually striving to ensure the governance discussion is accessible in Ontario. Over the past year, the GCE has made great efforts to have a presence in the community by participating in multiple health care tradeshows and by presenting not only at OHA and GCE events but also at various colleges and universities in the province. The GCE was invited to the University of Ottawa's Masters of Health Administration (MHA) program as guest lecturers to their Governance and Ethics class and also Athabasca University's MBA program where the team provided students with information on current governance issues, trends and challenges. Look out for the GCE team at the upcoming Health Quality Transformation event taking place this November in Toronto.

Delivering Must-Attend Governance Events

This past September alone, the GCE planned and delivered two of the most anticipated governance events – the *Essentials Certificate in Health Care Governance for New Directors* and the must-attend governance event of the year, the *Health Care Governance Forum*. The GCE will continue to plan and deliver relevant governance courses, conferences and webcasts right throughout the year to support health care boards in their day-to-day functions. The roster of events is continually developing so stay tuned for upcoming events at www.thegce.ca/education



The GCE looks forward to yet another year of serving you – the stewards of the health care system. Stay up-to-date on our upcoming initiatives by visiting our website at www.thegce.ca or subscribe to the GCE's official publication, *Boards*, at www.thegce.ca/subscribe ■

Web Streaming to Support Transparency

BY SUSAN FRASER

Accountability to the public is one of the core values of Thunder Bay Regional Health Sciences Centre (TBRHSC). Our commitment extends to hosting meetings of the Board of Directors that are open to the public.

While the open meetings of the Board of Directors of TBRHSC were already fully accessible to all members of the public who could attend in person, we recognized a need to broaden access throughout Northwestern Ontario for anyone interested in the decisions being made about their hospital.

TBRHSC serves a population of roughly 250,000 people spread throughout a region the size of France. Some of the communities we serve are accessible only by airplane. Others are many hours away by car. Clearly, attending board meetings in person is not a viable option for everyone who may be interested.

TBRHSC was already making use of the Ontario Telemedicine Network (OTN), to overcome geographic barriers. The OTN is a two-way videoconferencing network used by TBRHSC to facilitate clinical care to patients throughout Northwestern Ontario. More recently, the network has been used to facilitate tele-visitation, providing virtual visits between patients at TBRHSC and their friends and family in their home communities. In fact, our program met or exceeded all of Accreditation Canada's 2010 standards for best practices specific to a Telemedicine program in 2011 and our Tele-visitation service was designated a "leading practice" by that same survey team.

Building on that success, we recognized that this enhanced free service could also allow us to invite the public to view board meetings through the internet, via live webcasting.

The possibility of web streaming the open board meetings via the OTN was presented to the TBRHSC Board of Directors and in November 2012 TBRHSC made the decision to make all of the open meetings of its Board of Directors accessible for public viewing via a live webcast.

Anyone in Thunder Bay or as far away as Sandy Lake who has Internet access can watch the open meetings from anywhere by visiting www.tbrhsc.net. On the day of an open meeting, webcasting begins at the time prescribed on the agenda, and ends immediately after the adjournment of the open meeting.

Individuals can find the schedule of TBRHSC open board meetings as well as the meeting agenda and the link to the webcast on the website.

In addition to watching the live webcast, viewers have the opportunity to forward questions through the e-mail link located on the Board of Directors "About Us" page and on top of the video screen feed pop-up.

For the inaugural webcast on November 7, 2012, over 20 individuals logged in to watch the open meeting. Now, ten months and eight meetings later, more and more people are tuning in to learn about the decisions being made about their hospital.

An additional benefit is the ability for Board Directors to participate in meetings when they are unable to attend in person. Dr. Roger Strasser, Dean of the Northern Ontario School of Medicine (NOSM) and TBRHSC Board Director, has made use of the web streaming to view board meetings when he is at NOSM's East Campus at Laurentian University in Sudbury or visiting NOSM's distributed learning and research sites across Northern Ontario.



"Web streaming allows me to fully participate in board meetings when I am unable to be present in person," Dr. Strasser says.

As an organization funded by the people of Northwestern Ontario, we are committed to transparency and full accountability. This initiative is one way in which we hope to demonstrate our commitment to ensure our community is provided with reliable and timely information. By webcasting our meetings, people have the opportunity to be well-informed about the challenges and opportunities facing TBRHSC. ■



SUSAN FRASER is entering her eighth year as a member of the Thunder Bay Regional Health Sciences Centre (TBRHSC) Board of Directors, and second term as Board Chair, bringing leadership, strategic perspective and governance and accountability to that role.

Susan embraces the core values of TBRHSC, the value of its relationships, and our strategic plan, recognizing the complexity of the environment but the simplicity of our goal – healthy together.

She has worked for the Ontario Public Services for 27 years, currently in a management capacity.

Awards in Leading Governance Excellence

The Governance Centre of Excellence (GCE) received 26 applications in response to its first ever open call for applications to the Awards in Leading Governance Excellence. This allowed for the review of submissions from various health care organizations across the province and the GCE is delighted to acknowledge and thank the following organizations who submitted applications for consideration:

- Alexandra Marine and General Hospital
- Almonte General Hospital
- Brant Community Healthcare System
- Bridgepoint Hospital
- Central West Community Care Access Centre
- Collingwood General & Marine Hospital
- Dryden Regional Health Centre
- Glengarry Memorial Hospital
- Grand River Hospital
- Hamilton Health Sciences
- Hanover District Hospital
- Hotel Dieu Hospital
- Lake of the Woods District Hospital
- Ontario Shores Centre for Mental Health Sciences
- Quinte Healthcare Corporation
- Royal Ottawa Health Care Group
- Royal Victoria Health Centre
- Sault Area Hospital
- St. Francis Memorial Hospital
- Sunnybrook Health Sciences Centre
- The Huron Perth Healthcare Alliance
- Trillium Health Partners
- University Health Network
- Waterloo Wellington Local Health Integration Network
- West Nipissing General Hospital
- Women's College Hospital

The adjudication committee was pleased with the high caliber of the submissions received and the various examples of excellence in governance.

The exceptional quality of the submissions made the review and selection process very difficult for the committee. The winning entries exhibited outstanding accomplishments in governance and were judged on the basis of how board practices demonstrably enhanced governance in the organization and yielded leading practices that can be applied to other health care organizations.

The awards will be presented at the HealthAchieve's Governance session on Monday, November 4, 2013.

Winners will be announced in the following categories:

1. A Health Care Board in Ontario
2. A Small, Rural and Northern Health Care Board in Ontario

The adjudication committee consisted of:

Neil Stuart, Board Chair, Cancer Care Ontario; Board Member, VON Canada; Board Member, The Change Foundation

Hilary Short, Former President and CEO, Ontario Hospital Association; OHA Life Member; Trustee, Sunnybrook Health Sciences Centre

Wally Wiwchar, Past Board Chair, Ontario Hospital Association; Past Chair, Timmins and District Hospital; Past Acting Chair, North East Local Health Integration Network

Teddene Long, Past Board Chair, Central Community Care Access Centre; Past Board Chair, Ontario Association of Community Care Access Centres, Past Board Member, Ontario Hospital Association

Carissa Lewis, Consultant, Governance Centre of Excellence, Ontario Hospital Association

Over the next few months, the GCE will be extending invitations to all organizations that submitted applications to be featured in *Boards*, the GCE's Official Newsletter Publication. Additionally, selected organizations will have the opportunity to present at the GCE's Spring Governance Showcase on April 11, 2014. ■

Why I Joined a Health Care Board

BY DOUGLAS MELVILLE



I recently joined the Board of Rouge Valley Health. I am very excited by the opportunity. It interested me for various reasons.

In my younger days, I was a foreign aid worker and had the privilege of witnessing the importance and community-level impact of public health infrastructure funding and governance in many countries. Yet as a Canadian, I admit I have sometimes taken for granted the benefits of universal public health care. I have relied upon it for me and my family and it has always been there for us when needed.

I deeply value our public health care system and the part it plays in the social fabric of Canada and our local communities. Yet I am deeply concerned about the long-term sustainability of it. Stories in the media speak to concerns but are usually devoid of the inherent trade-offs and possible solutions. I sought an opportunity to contribute to the governance of a health care organization in my community that was looking for someone who wanted to better understand and engage in the challenging issues to help navigate the tough choices that the health care sector is forced to make. I think I have found that opportunity.

Thus far I have been impressed and a bit overwhelmed by the scope and depth of information that needs to be absorbed to be a competent and contributing hospital director. An exciting journey ahead, but it is just starting and the learning curve looks very steep. ■

DOUGLAS MELVILLE is ombudsman and CEO of the Ombudsman for Banking Services and Investments (OBSI), an independent national agency operating under the oversight of federal and provincial regulators, which resolves disputes between banking and investment firms and their clients. He is a specialist in alternative dispute resolution and has 20 years of experience within the financial services industry, having held a variety of senior roles within the banking and securities sectors.

Understanding Hospitals and the Health Care System: Online Modules

The Governance Centre of Excellence (GCE) recognizes that the intricacies of serving on a health care board are significantly different from any other board, making it essential for directors who are new to the health care environment to have a firm understanding of hospitals and the health care system. This knowledge includes how hospitals are funded, how they operate and function, the impact of legislation on hospitals and health care boards and much more. Having this knowledge along with the key governance fundamentals is essential for all health care directors to effectively perform their stewardship role.

With this in mind, the GCE has added the *Understanding Hospitals and the Health Care System* workshop for new directors of health care institutions to its roster of educational offerings. This program is designed to allow new directors of health care institutions gain a greater understanding of how hospitals function and operate.

To accommodate those directors who may not be able to attend the in-person event or for those who prefer to learn from the comfort of their home or workplace, the GCE has created online modules based on the content of this workshop which cover the following seven topics:

1. Key Governance and Accountability Relationships
2. Hospital Operations: What Boards Need to Know
3. Government, LHINs and Hospital Funding
4. A Legal Primer for New Directors
5. Labour and Employment Issues in Health Care
6. Understanding the Hospital-Physician Relationship
7. Other Regulated Health Professions

Following are brief descriptions of each of these modules:

Key Governance and Accountability Relationships

This module the key stakeholders involved in Ontario's health care system. Specifically, the role of the key players such as the Ministry of Health and Long-Term Care, Local Health Integration Networks, hospitals within the continuum of health service providers and national and provincial reporting and enabling agencies. The role of the board and their governance obligations will also be addressed.

Hospital Operations: What Boards Need to Know

While board members are focused primarily on fulfilling their governance responsibilities, an understanding of hospital operations is also essential. This module explores how quality and risk need to be embedded in hospital operations and addresses questions including:

1. What do you need to know as a board member about hospital operations?
2. What do you need to do as a board member?
3. What questions do you need to ask as a board member?

Government, LHINs and Hospital Funding

This module will explore health system funding reform in Ontario and the evolution of funding policy. Participants will learn more about how hospitals are funded and the hospital service accountability agreements that set out rights and obligations regarding funding with respective local health integration networks. The implication of funding reform for board members is also addressed.

Test Your Knowledge

In the event of a conflict between the provisions of the Ontario Not-for-Profit Corporations Act and the Public Hospitals Act, which act will prevail?

- Public Hospitals Act
- Not-for-Profit Corporations Act

Video Presentation
A Legal Primer for New Directors

FASKEN MARTINEAU

GOVERNANCE CENTRE OF EXCELLENCE

A Legal Primer for New Directors

Lynne Golding
Partner, Fasken Martineau DuMoulin LLP

Video Presentation
A Legal Primer for New Directors

A Legal Primer for New Directors

This module covers the legislative aspects of hospital governance with particular attention to:

- Hospital Governance (Not-for-Profit Corporations Act, Public Hospitals Act, Prototype By-laws)
- Accountability (Canada Health Act, Commitment to the Future of Medicare Act, Local Health System Integration Act, Broader Public Sector Accountability Act, Freedom of Information and Protection of Privacy Act)
- Quality and Safety (Occupational Health and Safety Act, Quality of Care Information Protection Act, Excellent Care for All Act, the Hospital Management Regulation and the Criminal Code of Canada etc.)

Labour and Employment Issues in Health Care

This module provides an overview of the labour and employment issue in health care with particular attention to:

- Employment Standards
- Labour Relations
- Human Rights
- Access for Ontarians with Disabilities
- Occupational Health and Safety
- Workplace Safety Insurance

Understanding the Hospital-Physician Relationship

This module provides an overview of the Hospital-Physician relationship with particular attention to:

- Physician's payment/ funding (OMA Agreement, AFAs, OHIP, and T Fees, AFP, HOCC and top ups, etc.)
- The credentialing process

Other Regulated Health Professions

This module covers the following topics as they relate to other regulated health professions:

- A Primer on the Regulated Health Professions Act and profession-specific acts
- Regulation of health professionals' hospital practice
- Hospital relationships with regulated health professionals
- The role of health professionals in hospital pandemic preparedness

All seven modules are available for purchase through the GCE's website at www.thegce.ca/onlinemodules

For more information contact:

Candace Simas

Coordinator, Online Learning

1 800 598 8002 ext. 1586 / 416 205 1586

csimas@oha.com



Welcome to the following individuals who have recently joined a health care board. The GCE welcomes you and looks forward to supporting you and your board in achieving excellence in health care governance.

Lakeridge Health



BONNIE ST. GEORGE was elected Chair of the Board of Trustees at Lakeridge Health. A faculty member at Durham College's School of Justice & Emergency Services and coordinator of the Advanced Law Enforcement and Investigations program, Bonnie served as Associate Dean for five years. At Durham College, she was part of the Academic Leadership Team, a member of the Academic Human Resources Committee, and the college's representative on the national Executive Committee of the Association of Canadian Community Colleges' Police and Security Education Network. Bonnie was elected Secretary of the Progressive Conservative Party of Ontario Executive for two terms.



ALOK SETHI was elected to the Board of Trustees at Lakeridge Health. Currently a Director at BMO Capital Markets, Alok brings 20 years of professional banking experience that spans financial management, risk management, strategy development, policy and governance oversight. Over the last six years, Alok has been a strong proponent in the McMaster University's DeGroote Mentor Program, providing guidance to several students on career development, conflict resolution, and leadership skills.



MAREK ULANICKI was elected to the Board of Trustees at Lakeridge Health. Marek is a member of the Board of Directors and Treasurer of Central East Community Care Access Centre Foundation. From 2000 to 2005, he was a Member of the Board of Directors and the Finance & Audit Committee for Durham Access to Care, a not-for-profit organization. Marek is Managing Director, Credit in Group Risk Management at Royal Bank of Canada.

Georgian Bay General Hospital



NEAL FOOT holds a Bachelor of Engineering Science degree in civil engineering from the University of Western Ontario as well as a Master of Science degree in Business Management from Purdue University. Mr. Foot retired as the Executive Vice President of Operations for the Canadian Pacific Railway in 2007. During his career Neal was a member of the Executive Committee at Canadian Pacific Railway, Chairman of the Senior Operations Management Committee (SOMC) of the American Association of Railroads in Washington, DC, Vice Chairman of the SOMC Committee of the Railway Association of Canada in Ottawa and a member of the Board of Directors of the Railroad Transportation Technology Center Inc (TTCI) in Pueblo, Colorado.



SARA LANKSHEAR, RN, PHD is the President, Relevé Consulting Services, based in Tiny, Ontario. Her areas of expertise include professional practice structures & roles, program evaluation and knowledge transfer; has worked with wide variety of health care organizations at the local, provincial and national levels. Sara received her Doctorate in Nursing at the University of Western Ontario. She has experience as Board of Directors with variety of provincial organizations.

Pembroke Regional Hospital



CHRISTINA ADAMS is a Hospital Pharmacist for Northwest Telepharmacy Solutions and a Drug Information Pharmacist for Shoppers Drug Mart Specialty Health Network. She has been a member of the Board of Directors for Pembroke Regional Hospital since 2012. Ms. Adams brings her knowledge and experience from the pharmacy sector, having worked in hospitals, community pharmacies and for corporate pharmacy. Currently she provides remote pharmacy services to West Nipissing General Hospital and MICs Group of Health Services.

Ms. Adams is also a Board Member for the Canadian Society of Hospital Pharmacists (CSCP) and has previously served as President of the Ontario Branch of CSCP. In 2012, she was awarded the CSCP New Hospital Pharmacy Practitioner Award as well as the Canadian Foundation for Pharmacy Wellspring Award.

Ms. Adams completed her Pharmacy degree at the University of Toronto in 2006, and went on to complete a Hospital Pharmacy Practice Residency at Kingston General Hospital. From 2012-2013 she completed the American Society of Health-System Pharmacists Pharmacy Leadership Academy.

She lives with her husband in Petawawa and they are eagerly awaiting the arrival of their first child in April.

Children's Hospital of Eastern Ontario



JIM ROCHE joined the Children's Hospital of Eastern Ontario (CHEO) Board of Trustees in September 2013. Jim is President and CEO of Stratford Managers Corporation, a management services company; and President and CEO of CANARIE Inc., a high-speed networking and software company. Apart from his corporate management experience, Jim also sits on the boards of Youth Service Bureau of Ottawa and Ocean Networks Canada, among others. He is an active member of his community, happy husband to Trish and proud father of Thomas.

Royal Victoria Regional Health Centre



JEFF SCOTT is one of the newest members of Barrie's Royal Victoria Regional Health Centre Board of Directors having joined in June of 2013. He is presently a member of the Governance Committee and the Quality Committee. A resident of Barrie, Jeff is the President of the Steckley-Gooderham Funeral Homes. A third generation Funeral Director, he is the former Senior Vice President of Arbor Memorial Services, the largest funeral/cemetery provider in the country.



MICHAEL GLEASON joined Barrie's Royal Victoria Regional Health Centre's Board of Directors in June 2013. Michael is a life-long Barrie resident, as is his family for generations. Michael graduated from the University of Toronto as a Pharmacist, and went on to build a successful multi-store operation Tristar Pharmacies with his father Neil also specializing in servicing long-term care facilities throughout central Ontario. Michael began a Real Estate career at the beginning of 2011 and currently works with Keller Williams Experience Realty as Team Leader at Keller Williams Experience. Michael spent ten years on the Board of Directors of Kempenfelt Bay School, a non-profit Independent School in Barrie and joined the Board of Gilda's Club Simcoe Muskoka servicing as Board Chair and Executive Director during the construction of the clubhouse on Quarry Ridge Road.

TO PROFILE A NEW MEMBER OF YOUR BOARD, CONTACT CARISSA LEWIS AT CLEWIS@THEGCE.CA



JAKE ARNOLD joined Barrie's Royal Victoria Regional Health Centre Board of Directors in June 2013. Jake is currently a Managing Partner at Arnold Sinden & Roth, a management consulting firm, with clients in e-commerce, telecommunications, natural resources, consumer goods, transportation services, food science, retail and not-for-profit sectors, with a client base in Canada, United States, Central America and the United Kingdom. Prior to his role at Arnold Sinden & Roth, Jake served as a Human Resource Executive at Nabisco Ltd, Delphax Systems, British American Bank Note (Division of BCE Inc.) and NRC Corporation. Jake holds a Business Administration and Bachelor of Arts (with a major in Psychology) degree from Wilfrid Laurier University and has memberships & affiliations with Wilfrid Laurier University, School of Business as an Instructor in Organizational Behaviour; past Board Director at the North Simcoe Muskoka Local Health Integration Network and past Board Director with Big Brothers and Big Sisters of Halton.



DR. DON DUVALL is currently Chief of Anesthesia and V.P. Medical Staff Association at the Royal Victoria Regional Health Centre (RVH) in Barrie, Ontario. He was formerly the Clinical Director of the Surgery Program at RVH. Dr. DuVall joined the RVH Medical Staff in 1986 as a member of the Department of Anesthesia. The annual RVH Board of Director's Award of Excellence asks staff, physicians and volunteers at RVH to select a colleague who exemplifies inspiring care and someone they admire for the way in which they handle themselves professionally and personally. Dr DuVall was presented with this prestigious award in 2009 for his invaluable contributions. Dr. DuVall obtained his MD and Anesthesia Fellowship from McMaster University; is married to Dr. Anne DuVall and has two children. ■



DOUG FROST is a tax partner at PricewaterhouseCoopers LLP ("PwC") in Toronto focused on advising clients on mergers and acquisitions ("M&A") transactions. He has worked in several areas of the firm including corporate finance, business valuation and due diligence. He joined the M&A tax group in 1998 and was the national leader from 2002 until 2012. Doug's professional qualifications include a BA (Hons Econ) from the University of Waterloo, a Chartered Accountant and a Chartered Business Valuator and has part-time teaching experience lecturing for the University of Toronto and the Canadian Institute of Chartered Accountants. Doug's charitable activities include Treasurer, Kerry's Place, an Ontario government funded charity operating residential and educational facilities to autistic children and adults; Treasurer, Autism Society Canada, a national charity focused on public awareness, fundraising, education and assistance to provincial autism charities; the Finance Committee, Trinity Anglican Church, Aurora; and Board member, Transatlantic Literary Agency, an agency representing authors of children's and adult books in Canada, the United States and Europe.

Let the GCE Come to You!

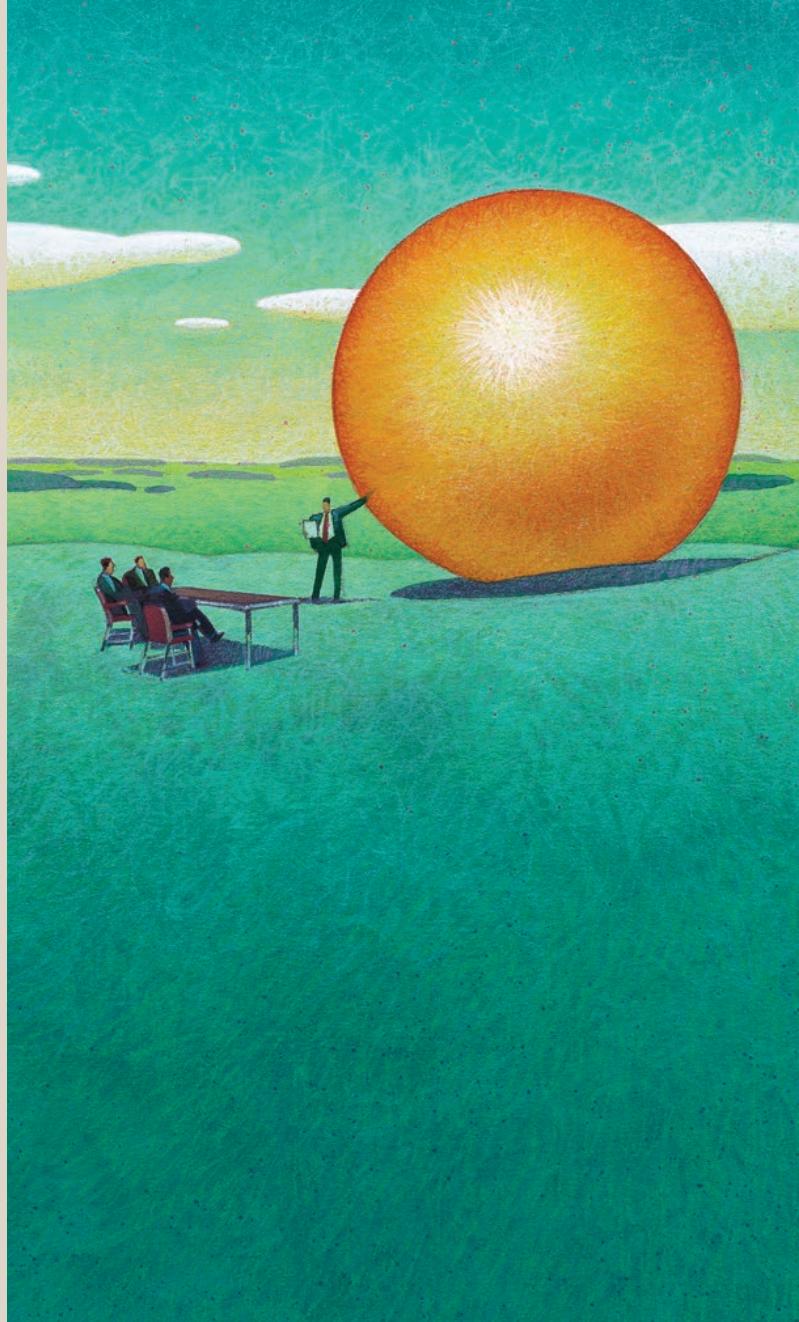
Local Governance Educational Sessions and Custom Training

The Governance Centre of Excellence (GCE) is pleased to provide a service where we can host our existing governance certificate courses at your facility or within your region upon request. These programs are run on a flat-rate fee structure and the sessions can be structured in various ways. Talk to us about your board's educational needs and we can suggest a solution that is right for you.

We can also adapt our course offerings to allow for more tailored content for your board depending on your needs. Our course faculty members are all recognized leaders in health care governance and their experience and dedication helps to enhance the educational experience for board members.

The advantages of holding a local program include:

- An educational session that addresses your specific needs
- Flat-rate fee cost-sharing option with neighbouring boards
- Sessions can be scheduled when it is most convenient for your board members
- Reduction of cost and time associated with travel for your board members
- Your board will learn together as a team and can bring relevant examples to the table ■



For more information on local or custom programming or simply to discuss your governance educational needs, please contact: Katy Miller, Coordinator, Courses and Regional Programs, Governance Centre of Excellence at kmiller@thegce.ca or 416 205 1406

Leadership by Influence

BY MICHAEL FRISINA

CEO OF THE FRISINA GROUP, LLC, AND FOUNDER OF
THE CENTER FOR INFLUENTIAL LEADERSHIP

Health care is clearly a very challenging profession and those who seek to pursue it as a calling will be both blessed and cursed simultaneously in the endeavor to pursue health care excellence. That is why influential leaders will make such a difference moving forward into this unpredictable future. Influential leaders recognize the need to develop people. They have a keen awareness of being trustworthy, demonstrate compassion, they are safe in their own behaviour and make strong, positive emotional connections with their people. Finally, they are constantly hopeful for the future regardless of the current challenges in the present.

Influential leadership is about knowing and practicing the essential behaviours that have historically demonstrated in their practice the greatest opportunity to succeed in the midst of the greatest and gravest of circumstances. History provides us ample examples of influential leaders from a wide variety of backgrounds and professions that overcame massive obstacles by implementing a set of daily behaviours that created highly effective collaborative teams even from disparate and antagonistic rivals. The most effective strategy for anyone aspiring to be an influential leader, whether board member, administrator, or physician, is to study these behaviours and apply them daily with a great deal of purpose and discipline.

Finally, influential leaders know their behaviour preferences; they know how to manage their emotions, and they are keenly aware of the need to be highly skilled in social management – creating and sustaining highly effective interpersonal relationships. They are empathic, in that they can sense the emotional states of other people, and they are also compassionate in their acknowledgement and response to the emotional messages of others. You will never lead other people successfully, influentially, if you do not lead your own self well. Would you follow you as a leader? Are you the kind of leader others desire to follow or do you have reluctant followers giving you mere compliance in performance rather than energizing, engaging, and enhancing organizational performance?

The Ontario health care system is facing increasing demands that can no longer be ignored. Such demands call for effective and influential leadership demonstrated by board members – the stewards of the health care system. Furthermore, there is a heightened need for more active, engaged and accountable boards.

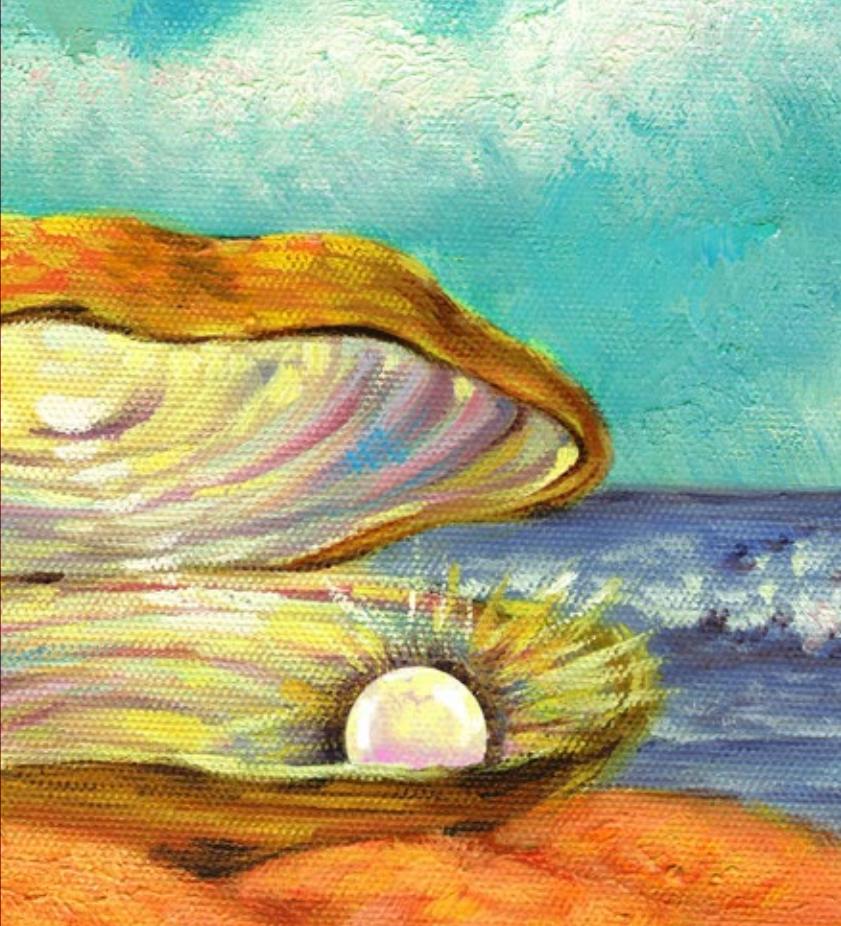
To address these concerns the Governance Centre of Excellence will be hosting the Influential Leadership Workshop and Webcast. This workshop will provide participants with strategies for strengthening governance, increasing accountability and creating and sustaining a culture of collaboration.

At the board level, creating a highly functional integrated team is about developing relationships. The stronger the relationship among members of the board, the more dynamically the board performs.

Taking place on Thursday, December 12 in Toronto, the first half of this workshop will be broadcast live and available via webcast. For a detailed workshop agenda visit www.thegce.ca/education ■

Save the Date for the 2014 Spring Governance Showcase

Friday, April 11, 2014



The Governance Centre of Excellence (GCE) is pleased to present its first Spring Governance Showcase on Friday, April 11, 2014.

Featuring a keynote presentation on *Achieving Governance Success in Uncertain Times*, this showcase will provide an opportunity for health care boards throughout the province to present and display their leading governance practices. The GCE's inaugural Awards in Leading Governance Excellence was a huge success – attracting multiple submissions from health care boards throughout the province. These exceptional award submissions outlining the organizations' outstanding accomplishments in governance will be highlighted during the conference.

This Spring Governance Showcase will feature leading governance practices in the following areas:

- Board Succession Planning
- Community and Stakeholder Engagement
- Best Practices for Board Quality Committees
- Board Evaluation
- Health System Integration
- Board to Board Collaboration
- The Role of the Board in Mergers and much more...

Join us on April 11, 2014 for this opportunity to learn about the leading health care governance practices, examine the current governance issues and network with colleagues. ■

The full program agenda will be available shortly.
Visit www.thegce.ca/education for regular updates.

UPCOMING GCE EVENTS

Below is a listing of upcoming GCE events that are currently being planned. For more information and updates on these programs, visit www.thegce.ca/education

The Community Engagement Imperative for Health Care Boards November 29, 2013

Leadership by Influence: A Prescription for Highly Effective Boards (Webcast and Workshop) December 12, 2013

Credentialing Issues for Smaller, Rural and Northern Hospitals (Webcast) January 15, 2014

Board Leadership in Risk Governance February 24, 2014

Board Leadership in Risk Governance March 1, 2014

Financial Literacy for Not-for-Profit Organizations March 24, 2014

CEO Succession Planning for Health Care Boards (Webcast) April 2, 2014

Spring Governance Showcase April 11, 2014

Conference for Board Finance Committee Members April 25, 2014

Building Good Practice for Excellence in Health Sector Governance: Learning From Your Peers April 28, 2014

Rural and Northern Governance Workshop May 7, 2014

Strengthening Foundation Governance: Current Issues, Challenges & Solutions May 30, 2014

SUBSCRIBE TODAY!

To subscribe to future issues of *Boards: Official Publication of the Governance Centre of Excellence* email visit www.thegce.ca/subscribe.

We welcome your content submissions and ideas: Please contact Carissa Lewis at 416 205 1364 or clewis@thegce.ca.



www.thegce.ca