Ontario Community Support Association

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Building Capacity in Home, Community and Primary Health Care
2018 Canadian Home Care Association Summit

About OCSA

Impact of Home Care & Community Support Services
2017-2018

OCSA — Ontario Community Support Association

INDIVIDUALS SERVED BY **HOME CARE**:
730,000

PERSONAL SUPPORT AND HOMEMAKING HOURS DELIVERED:
36.5 MILLION

MEALS DELIVERED BY **MEALS ON WHEELS**:
3,145,449

INDIVIDUALS SERVED BY **CSS**:
1,060,025

INDIVIDUALS SERVED BY **HOSPICE**:
23,982

CSS EMPLOYEES:
21,375

NURSING VISITS:
9.6 MILLION

CLIENTS SERVED IN **DAY PROGRAMS**:
49,708

HOURS OF **VOLUNTEER** SERVICE DONATED:
3,114,929

RIDES PROVIDED BY **TRANSPORTATION** SERVICES:
1,910,425

INDIVIDUALS PROVIDED WITH **ASSISTED LIVING SERVICES**:
25,647

ESTIMATED **VALUE** OF VOLUNTEER SERVICES:
$78 MILLION

Sources: CSS OHRS Comparative Report YE 2017-2018 / KPMG Bill 148 Analysis 2017

Community Health Ontario (CHO)

CHO is a strategic partnership of four provincial associations which represent the majority of not-for-profit home and community support, mental health and addictions and community-governed primary health care providers in Ontario…..

Community Health Ontario
Partnership to build community services

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Why leadership? Why now?

Aging Workforce
42% of CEOs in Home and Community Support in Ontario anticipated to retire over the next five years

Retain Talent
Community organizations often lose people to other parts of the system

Health System Transformation
Our leaders need a different set of skills to navigate their organizations through a changing health system

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About the project

www.leadershiftproject.ca

A multi-year collaborative leadership development project, funded by the Ontario Ministry of Health and Long-Term Care

January 2018 – March 2020

Budget: $3.1 million

LeaderShift – our goals

- Foster linkages between community and primary health care organizations

- Build leadership capability at all levels through cross-sector learning opportunities

- Encourage leadership renewal as existing leaders prepare to retire

- Inspire active leadership in system transformation

LeaderShift – our partners

Primary Health Care

afhto association of family health teams of ontario

Alliance for Healthier Communities
Alliance pour des communautés en santé

Mental Health and Addictions

Addictions & Mental Health Ontario | Dépendances & santé mentale d'Ontario
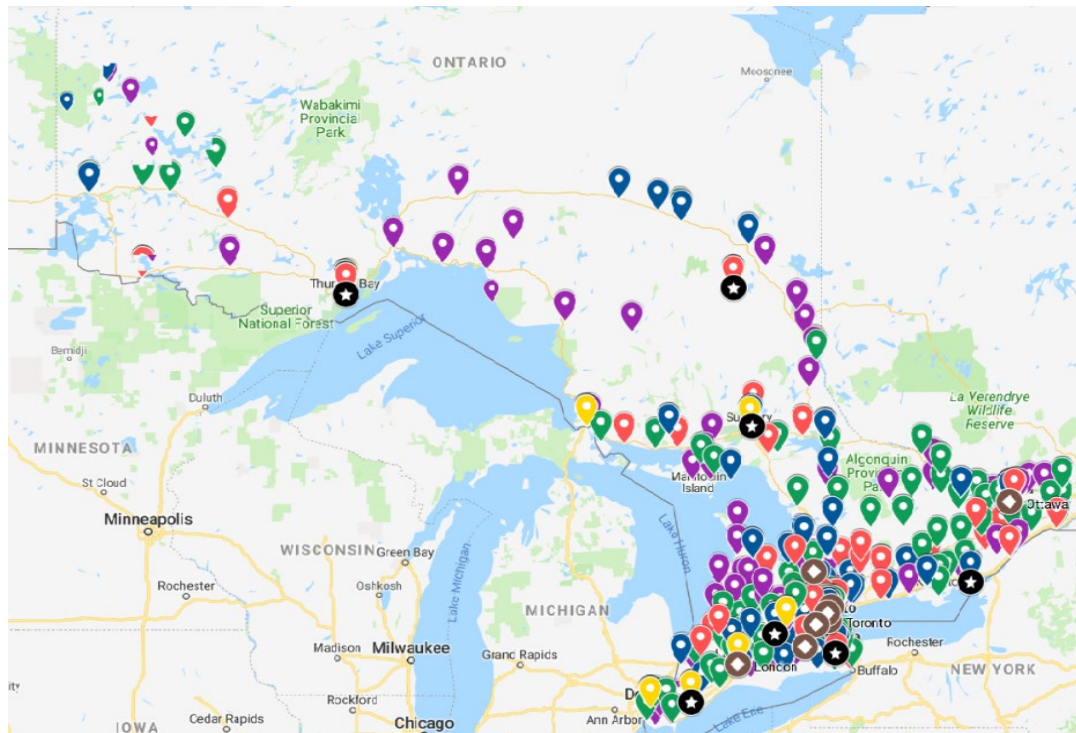
Canadian Mental Health Association Ontario | Association canadienne pour la santé mentale Ontario

Home and Community Support Services

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LeaderShift – target audience

785 community and primary health provider organizations across Ontario

LeaderShift – project activities

LEADS in a Caring Environment

The LEADS leadership framework was developed collaboratively between
Royal Roads University and the Canadian College of Healthcare Leaders (CCHL)

LeaderShift will be delivering 22 cohorts provincially (our goal is 575 graduates)

LeaderShift – additional project activities

○ Health System Webinars

   ○ **Understanding the Ecosystem: Overview of the Ontario Healthcare System**

   ○ **Making Sense of the Policies Behind Healthcare Reform**

   ○ **Advancing Community and Primary Health Care in Ontario**

○ 24 one-hour webinars on selected leadership topics

○ Career Pathways Report and Executive Compensation Modelling

○ Conference (2019)
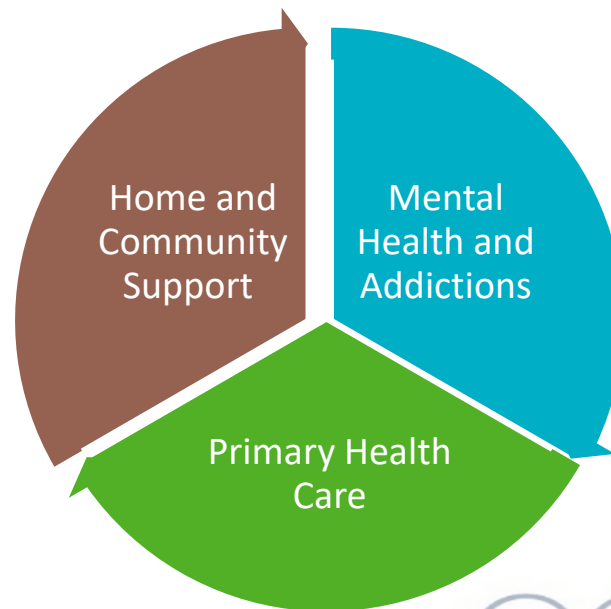
LeaderShift – our approach

- Recognize the considerable leadership strength that already exists among our members

- Respect the many forms leadership takes across community and primary health care

- Leverage the experience of existing leaders

- To provide development opportunities for new leaders

LeaderShift – governance and operations

Governance Committee CEOs of 5 associations

Steering Committee Senior staff from each association

Project Office Project manager and coordinator

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LeaderShift – our approach

- All LeaderShift activities comprise members from all five associations

- For LEADS, the Governance Committee (CEOs) determined that this was going to be a sector project, so seats in the LEADS program are divided equally

Home and Community Support

Mental Health and Addictions

Primary Health Care

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Key success factors

1. Existing strategic partnership – Community Health Ontario

2. OCSA's training division – Capacity Builders

3. The timing was right!
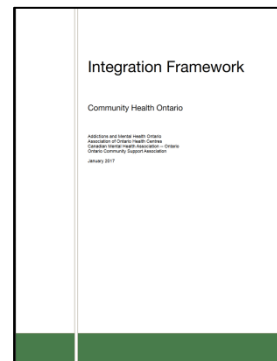
Benefits of collaborating on this project

OCSA believes an integrated health system delivers better outcomes to clients/patients

Partnerships is a core value of OCSA

'Walk the talk' when we discuss collaboration with our members

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The challenges and risks

Considerations prior to starting the project:

Our collective members are very different
– culture
– language
– values
– org structures

Was there enough commonality among our collective members to ensure a good learning experience?

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The challenges and risks

- Would having five partners slow down decision-making and potentially impact our ability to deliver project activities?

- How would inviting a new partner into an existing network impact the dynamics?

- Would we have issues with accountability?

- If there were major difficulties, would it affect the long-standing strategic partnership?

The challenges and risks

- Would the LEADS content generally be appropriate for leaders in community and primary health?

- How do we accommodate new and experienced leaders in the same cohort?

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Exercise – Readiness to Collaborate

- Where is your organization focusing its collaborative efforts currently?

- What factors does your organization consider when opportunities to collaborate arise?

Investing in collaboration

A Successful Collaboration = A Successful Project

We invested time up-front to lay the foundations for our collaboration

Investing in collaboration

Developing a shared vision for the project

- What are the current challenges for our Associations and our members?

- What are our core values

- What is the current environment our leader are working in? What's top of mind for them?

- What will be different if this project is successful?

Investing in collaboration

Building trust through shared decision-making

- Name of the project

- Branding

- Logistics

- Wording on the application form

Engaging partner staff

Engaging other key association staff in project activities

- membership managers ⟶ raise awareness of the project

- communications managers ⟶ promoting application dates/social media

- policy managers ⟶ health system webinars

CEO leadership

CEO Engagement

- All CEOs felt leadership development was crucial for their members

- CEO's were very engaged in the proposal process

- Decision to consider this a sector project set the tone for the Steering Committee

Evaluating LEADS – logic model

Project activities

Core leadership development program
- 5 full day sessions (one per LEADS domain)
- Aligned with values and contexts of member organizations
- 22 multi-sector cohorts
- 575 leaders participating

Complementary leadership development opportunities
- 4 foundational sector webinars
- 24 complementary leadership development webinars
- Peer coaching / community of practice
- Ontario leadership conference (starting in 2019)

Career pathways mapping report

Compensation modelling report

Long-term sustainability plan for leadership development

Immediate outcomes

Participants develop their leadership capability in 5 LEADS domains:
- Lead Self
- Engage Others
- Achieve Results
- Develop Coalitions
- Systems Transformation

Graduates apply and hone their skills within their organizations

Graduates more confident in their capacity to lead

Graduates more inspired to lead

Graduates experience greater professional satisfaction

Graduates foster new linkages within and across community and primary health care sub-sectors

Medium-term outcomes

Graduates provide more effective leadership within their organizations

Graduates work more collaboratively across sectors to create better solutions for their clients and communities

Graduates use change leadership and systems thinking approaches in their work

Graduates share their learning with others (mentor future leaders)

Better understanding of career pathways / career progression

Better understanding of leadership compensation levels and gaps

Longer-term goals (not in scope)

Graduates work collaboratively across sectors on system-level improvements

Leaders in the sectors are recognized as valuable partners in Ontario health system improvement

Sectors have a collective voice in Ontario health system transformation

Develop a pool of LEADS certified coaches in the sectors

Increased retention of leaders within the sectors

More equitable compensation levels

Increased capacity for leadership renewal within the sectors

Evaluating LEADS

- Daily online survey sent by LEADS after each of the 5 one-day workshops

- LeaderShift team sends an evaluation about 1-2 weeks after the program ends (pre-post

- Evaluation consultants will do phone interviews 6 months post-graduation (participant and manager/board member)

- Ad hoc non-participant survey

- Evaluate the partnership

Early results

- 7 LEADS cohorts now complete (212 graduates)

- Results from an Interim evaluation report September 2018
  - Summary of surveys sent 1-2 weeks after the final LEADS session, to assess the initial changes in their leadership capabilities (69% response rate n=147)

LeaderShift: Early findings

September 17, 2018
Prepared by Cathexis Consulting, Inc.

LeaderShift

Early results

Most participants are early/mid-career leaders

LeaderShift was intended to support leaders at different career stages, with a particular interest in early and mid-career leaders. So far, the majority (80%) represent those who identify as early and mid-career leaders.

Category	Percentage
Early-career leader	24%
Mid-career leader	56%
Later-career leader	20%
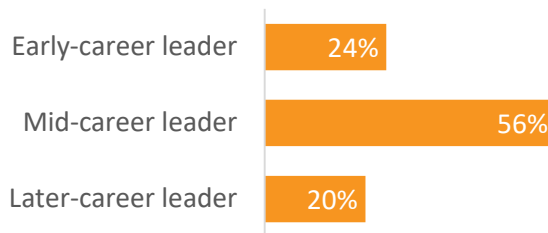
Early results

Participants represent each sub-sector equally

Given LeaderShift is aiming to build capacity and collaboration among the three community health sub-sectors, it is positive to see there is equal representation from each.

Sub-sector	Percentage
Home & Community Support	33%
Mental Health & Addictions	33%
Team & Community-Based Primary Health Care	34%

Early results

Participants mainly come from small organizations

Participants mainly come from small organizations, with Full-time Equivalent (FTE) staff make-ups of 1 to 100 FTEs.

Category	Percentage
1-25 FTEs	34%
26-100 FTEs	43%
101+ FTEs	23%
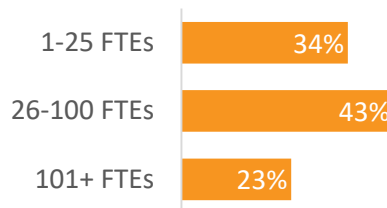
Early results

Most participants see LeaderShift as highly relevant to them, their sub-sector and their organization

For the training to be useful, leaders must be able to take the training back and apply it within their own organizations. It is therefore critical that they see the training as relevant not only to them personally as leaders, but also to their organization and to their sub-sector.

84%	**63%**	**69%**
Highly relevant to them individually **as leaders**	Highly relevant to **their organization**	Highly relevant to **their sector**

Early results

Participants value having diverse leaders in the sessions

LeaderShift was designed to promote cross-sectoral collaboration and to promote sharing/learning across leaders with different levels of experience.

Close to 80% of leaders see high value in the following key design aspects of LeaderShift:

- Being in sessions with leaders from other sub-sectors
- Being in sessions with leaders with different levels of experience
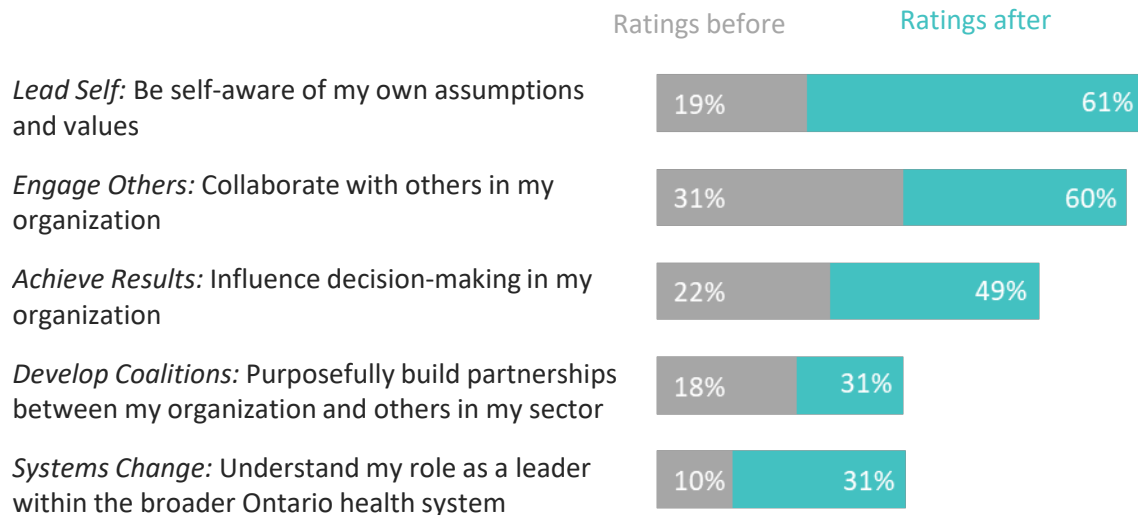
Early results

Leaders are making gains

Leaders were asked to rate their confidence in seventeen different leadership competencies before and after the 5-day LEADS Learning Series (within the same survey they completed following the training). The graph below shows the increase in "high confidence" ratings for five of the competencies

Leader confidence

"High confidence"

Ratings before   Ratings after

Lead Self: Be self-aware of my own assumptions and values
| 19% | 61% |

Engage Others: Collaborate with others in my organization
| 31% | 60% |

Achieve Results: Influence decision-making in my organization
| 22% | 49% |

Develop Coalitions: Purposefully build partnerships between my organization and others in my sector
| 18% | 31% |

Systems Change: Understand my role as a leader within the broader Ontario health system
| 10% | 31% |

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Leaders' tools and supports

"High confidence"

Ratings before   Ratings after

I have a set of leadership tools and frameworks I can turn to
5%   52%

I have other leaders I can turn to for support
20%

I know what leadership value I bring to the organization
13%

I have the training needed to fulfil my leadership role
4%

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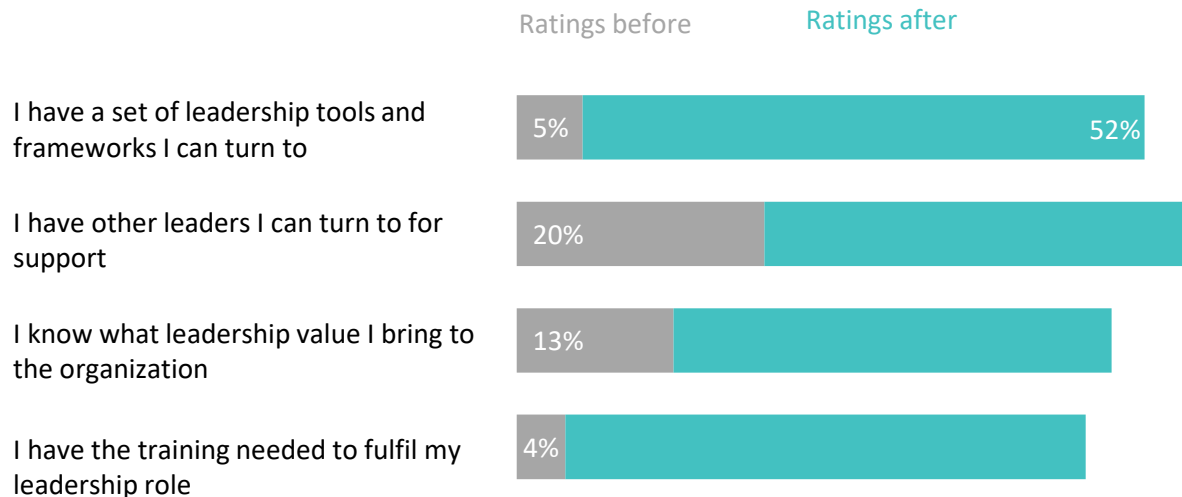
Opportunities for improvement

Identify why participants aren't finding the LEADS content relevant to their organization and sector and adapt content

84%
Highly relevant to them individually **as leaders**

63%
Highly relevant to **their organization**

69%
Highly relevant to **their sector**

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Opportunities for improvement

The 5-day in-person requirement is not feasible for all participants. Non-participants have shown interest in an online option to help overcome time and travel barriers that prevent attendance.

We'll be piloting two "LEADS Lite" webinar-based program in January 2019.

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