
Report

Opportunities to Strengthen Patient-centred Care in the Lanark Leeds and Grenville Sub Region:

Forum for Health, Community Care and Social Service Governors and Leaders

May 26, 2017 9 a.m. – Noon

Free Methodist Church Hall, 573 Hwy 29, Smiths Falls, ON

Summary

This is a report of the second meeting of representatives of the boards of directors of the health, social service and community agencies working within Lanark Leeds and Grenville. Presentations outlined the positive impact and possibility of improved collaboration between organizations. Then the 52 participants representing 24 organizations shared ideas about the opportunities to work as a more integrated health system. The meeting was well received. The conveners will consider the feedback to plan future gatherings.

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1. Introduction

a. Greetings

Graeme Bonham-Carter, Member of the Board of Directors, Rideau Community Health Services, welcomed participants on behalf of RCHS and the other co-conveners, the Upper Canada Family Health Team and the Perth and Smiths Falls District Hospital. He noted that this was the 2nd major meeting of health, social service and community service board members and executive leaders within Lanark Leeds and Grenville, following our successful gathering in November 2016. Many people were involved in organizing this event, but Graeme especially wanted to recognize Cait Maloney who serves as our sub-region's representative on the South East Local Health Integration Network (SE LHIN) Collaborative Governance Committee. Thank you to the SE LHIN for financial support for this meeting.

These forums grew from an earlier series of Board-to-Board meetings that were focused on the Rideau Tay Health Link that took place biannually over the past few years. It is clear from those meetings that as board members we must not simply be inward-looking within our own organizations. We must look more broadly at system needs as a whole.

b. Introductions

The 52 participants introduced themselves as facilitator Christine Peringer read the list of organizations invited. See Appendix A for the list of participants.

c. Goal and Process of the Forum

The goal of the Forum is to support Lanark Leeds Grenville becoming a more strategically integrated "sub region" to improve health, and especially to explore the role of governors toward this end.

The first part of the morning was dedicated to learning more about the opportunity provided by the *Patients First Act* in a talk by SE LHIN CEO Paul Huras. Then two presentations provided examples of the potential positive impact of collaboration between health and social service agencies.

After the morning break, the governors met in small groups to consider their potential role in promoting increased collaboration to improve individual and community health. See Appendix B for the meeting agenda.

2. "Patients First: Transition and Transformation"

Paul Huras, CEO, South East Local Health Integration Network

Paul thanked everyone for their work in the Lanark Leeds Grenville Sub Region area. He reviewed the *Patients First Act* passed in December 2016. Patients First has two aspects: transition and transformation.

Transition

Within the transition aspect, the South East Community Care Access Centre became part of the SE LHIN on May 17, 2017. All CCAC work is now delivered by the SE LHIN. This is a big change for both organizations. For the LHIN this means providing actual hands on direct services – a big change philosophically and actually! Due diligence from both agencies was excellent, and also involved finding 8% cost savings in administration. No front line positions were affected by these cuts.

Transformation

Transformation is now the current priority. We need to transform the health care system – to improve quality care. The division of the geography into "sub regions", like Lanark, Leeds and Grenville, is important to bring health and other organizations together to work in an integrated fashion. Integration – horizontal as in the new addictions and mental health transformation and vertical as in family doctors better linked with specialists -- will improve access to improved care.

On May 1, 2017 the SE LHIN received a Ministry [mandate letter](#) with five key priorities:

- Improve the patient experience
- Address the root causes of health inequities
- Create healthy communities by improving access to primary care, reducing wait times for specialized care and services
- Break down silos between sectors and providers
- Support innovation by delivering new models of care

The mandate letter also lists 39 sub-priorities. How this will be implemented will vary by sub region. A closer relationship with Public Health will assist to identify current and future needs of a healthy community.

LLG Sub Region Planning

The SE LHIN will provide leadership support towards this transformation in each sub region. Carol Ravnaas has been appointed the full-time Director, Sub-Regional Planning & Integration with sole responsibility for LLG. Vice-President Clinical will be Dr. David Zelt for

this sub region. The SE LHIN will gather management and senior staff in June to start the development of a sub region plan for LLG.

Role of Governors

Governors will not be involved in data analysis and planning, but will provide oversight to their executive leader. Collaborative governance will support governors to work together to support integration. Paul is looking forward to working with this group. He guarantees the system will be transformed.

Question and Answer Period

Paul made the following points in response to questions:

- We don't have an integrated system within health care, so that is where we will start. Having Public Health in the mix will assist with this. The Ministry of Health and Long Term Care (MOHLTC) communicates with other relevant ministries (e.g. Ministry of Children and Youth Services) and increased integration with their services will be important in the future.
- Sub regions can move forward at their own pace.
- The Ministry of Health and Long Term Care is nervous because this is a big change. LHINs are devolution of power – they can make decisions about spending money and changing systems. Over the past year the MOHLTC is getting closer to the LHINs – e.g. any communication now has to be coordinated with the Ministry. As things settle, and the LHINs start doing things – separately but effectively, this will get easier. The Ministry needs to be shown their trust is well placed and things can be done.
- Organizations need to realize this is a huge opportunity to improve the system.

3. Potential Examples of LLG Collaboration

Two presentations then shared examples of how more integrated care and services can provide better outcomes and experience for people with complex needs. The purpose of these examples is to deepen our understanding that supporting collaboration with health and social service partners is an essential role for boards.

a. A Patient's Journey:

Complex Chronic Illness and an Integrated Health System Response

Presenters:

Maureen McIntyre, Project Manager at Rideau Tay Health Link

Beverly McFarlane, President & CEO, Perth and Smiths Falls District Hospital (PSFDH)

Nancy Shaw, Vice President of Clinical Services at PSFDH

- This presentation traced the patient journey of a 58-year-old woman with a history of diabetes, peripheral vascular disease, depression and chronic obstructive pulmonary disease (COPD). She experienced multiple Emergency Department visits and has had four hospital admissions within the last 2 years primarily due to COPD exacerbation. COPD is the fourth leading cause of death in Canada – it is expected to be the 3rd by 2020. Fifty percent of Rideau Tay Health Link clients have COPD as a co-morbidity.
- This woman has had ten Emergency Department visits and four hospital inpatient admissions, totaling 29 days. Multidisciplinary Team Approach can break down the silos between services to provide seamless care for patients to improve how people move through the health system to avoid unnecessary hospital stays, reduce the length of time people must spend in hospital.

The PowerPoint presentation was distributed with this report.

b. "Improving the Health of Older Women in Public Housing"

Presenters:

Alison Tutak, United Counties of Leeds & Grenville

Peter McKenna, Executive Director, Rideau Community Health Services

- *Patients First* is about creating discussion between organizations. This presentation was an invitation to eavesdrop on an informal conversation between representatives of a county social service department and a community health centre. The agencies have a lot in common – a mutual interest in improved circumstances for clients. The social service departments (one in Leeds & Grenville, the other Lanark County) serve 9000 people in Lanark, Leeds and Grenville, as well as an additional 1700 people who live in subsidized housing. Their health is a concern of the community health centre.
- According to data available from public housing – 430 women in the sub region are highly likely to have multiple chronic health care problems. A sample female was discussed and the problems she is encountering. Several of the social determinants of health are relevant for this population. Improving social networks for individuals has positive impact on health – e.g. studies show that angina rates are lower in relation to increased emotional support.
- What services would be available from the agencies in the room? There is a lot of opportunity for improving relationships with social services to increase awareness of what aids are available for specific populations. Merging data from various organizations would ensure more comprehensive understanding of vulnerable populations.
- *Patients First* provides an opportunity to look at the population through a health equity lens – to ensure those most vulnerable, most chronic health concerns are able to access the services they need. Greater integration between organizations is required.

4. Discussion:

What We Can Do as Governors?

a. The Role of Boards of Directors

The Rideau Tay Health Link Board-to-Board Meetings of 2014 identified four roles of boards of directors in supporting collaborative efforts (here adapted to the sub region context):

- Consider LLG integration goals in all aspects of the people-side of governance, including board recruitment, orientation, learning, evaluation and ED/CEO selection
- Adjust your mission, vision, key strategies, operational metrics, board agendas to align with Sub Region goals
- Advocate for an LLG Sub Region perspective with the community, funders and other stakeholders
- Meet and take action with other boards of directors within LLG

The forum participants had been deliberately seated at tables with a mix of types of organizations. At their tables, the participants discussed the following:

Question:

What can we do as governors to promote increased collaboration among organizations to improve health in LLG?

What actions can we take within our organizations? What actions can we take with other organizations?

One person at each table took notes. Highlights of table discussions were shared with the full room. The ideas that emerged in the table notes are recorded in the following pages.

b. Results of Table Discussion

What can we do as governors?

General ideas:

- Build expectation of collaboration
- Look to neighbouring Sub Regions – what can we learn?
- Find more money for patient services e.g. by reducing the number of CEOs, sharing back office services etc.
- Address challenges (e.g. data, serving vulnerable populations)
- Be adaptable, flexible and respond to changes
- Recognize holistic needs of individuals
- Involve the voice of the client
- Obtain feedback from the client and staff
- Don't focus on securing our own funding, but focus on the bigger picture ... the greater good.

What actions can we take within our organizations?

Strategic Planning and Performance Oversight

- Vision and values need to be reflected on and refreshed
- Review Vision etc. to align with Patients First legislation
- When doing our own planning, review and consider the strategic plans of community partners
- Incorporate in mission statement re agency incorporating social network in objectives
- Review the strategic plan to ensure they include health link or other collaborative component
- Each board needs to restate its value system to include integration with other agencies
- Embed health and well-being in strategic plans
- Oversight implies that the mission incorporates targets of collaboration

Operational Plans

- Add "integration" to the on-going work plan
- Try to ensure that appropriate data and analysis is incorporated into our objectives so that the target population is served
- Ask your CEO/ED to develop your annual business plans with monitoring of how Patients First will be implemented
- Embed these priorities into our operational plans
- Incorporate social networks in policies
- Ensure there are policies to inform practice

Measurement and Reporting

- Measures are needed to facilitate monitoring and regular discussion
- Boards will need to understand high level data and how their organization's data compares
- Ensure reporting from CEO to the Board on achievement of collaborative targets that were discussed at the board level
- Board can look at their ED's existing collaborative/integrative methodologies
- Board analysis of existing vs. new Sub Region goals and conduct gap analysis. Board then task ED and Management Team to adjust

Board Agendas

- Put on the agenda of each board meeting: what agencies do we work with and in what manner? What agencies could be potential partners?
- Need to find small "wins" and support EDs with solutions once the EDs present the issues
- Add Collaboration as an agenda item
- "Health links and Health Delivery" a standing item on board agendas
- Set aside board meetings on occasion specifically for integration and invite others to attend
- Standing items on board agendas

Board Recruitment

- Recruit new board members with experience from other health or social service agencies
- Nominating committee goes out to other organizations to look for applicants for their board
- Seek committee members from other organizations

Board Orientation, Training, and Board Evaluation

- Need for education piece for Board members
- Training on Health Equity
- Board Education on working with new partners – Learning what other organizations do in order to learn how to develop better coordination between organizations
- Mentoring of new board members
- Part of the orientation of new board members (x 2)
- Include collaboration in the board evaluation tool

Advocacy, Information and Education

- Be advocates for change
- Boards of organizations that straddle two LHINs need to document the challenges and advocate to fix them
- Board's role in the community is to inform/educate about programs at our organization and how we can work together and leverage coordinated/integrated health care according to Sub Region goals/direction. E.g. Legion, Service Organization role – fact sheets to health care providers in community i.e. doctors, dentists
- Need to educate municipal leaders
- Board members to participate in the municipal arena

What actions can we take with other organizations?

Shared goals and metrics

- Consider governance across services for consistent strategies and messaging ... no wrong door
- Board-to-board collaboration on our goals
- Strategy for standardizing services within and beyond the Sub Region
- Identify common metrics through organizations
- Ask for accountability from the board level to MOHLTC

Shared Education Sessions

- Board governance education sessions (e.g. Health equity)
- Boards can be trained about what health equity is and how do we ensure that health equity planning and delivery is adopted

Improved Communication between agencies about services

- Communication strategies between health service providers, especially re issues, challenges, successes
- Being engaged, communicating, part of system
- Information sharing – so we have knowledge of what other organizations are doing
- We need to understand what agencies are doing ... what services are available

Focused collaboration with key partners

- Idea of a hub with a population health approach ...how do the organizations each contribute?

Focused collaboration with key partners (continued)

Hospitals/LHIN Community Care Services

- Discuss the needs of clients moving from hospitals to home, other services that are needed. Identify and advocate for any gaps and shortfalls
- Work more closely with the CCAC and discharge planner at the hospital
- Improve accountability and reduce wait times through collaboration with the CCAC's and with other organizations. This may be an opportunity to get services from both community and CCAC with shared information to stop repeating the "story" over and over

Public Health

- Obtain and share available information from other organizations such as Public Health

LHIN

- Review ALC data and work with the LHIN where there are true gaps.

Other ideas mentioned, less related to Governance

Engage volunteers

- Engage volunteers e.g. from services clubs, churches, use fact sheets
- Expansion of volunteer base to meet needs

Address geographical barriers

- Determine how geographic barriers are a challenge and set objectives as to how they will be overcome (transportation etc.)
- Ensure that your geography is not a barrier (transportation, navigator)

Increase knowledge of local services

- Develop a directory of services that are available here...then we may be able to assist one another and see gaps
- Look at the beginning of a patient journey – someone new to the system – in terms of communication to them and between collaborative services
- Promote use of 211 and Healthline and regional coordinators
- What services are out there ... more support for 211, more use of 211

5. Next Steps and Closing Comments

a. Next Steps

Report

This meeting report will be circulated to all participants.

Next Meeting

The planning group will confer and will share a proposal for next steps. Please be in touch with Co-convenor Graeme Bonham-Carter graeme.bc1@gmail.com if you would like to be involved in the planning process.

b. Reflection on the Morning

Carol Ravnaas, Director, Sub-Regional Planning & Integration, SE LHIN

Carol shared that she was honored to be able to work in this position, enthusiastic to move forward and looking to do great work together. There are so many opportunities and the stakes are high. She is pleased to have a group of governors who are dedicated at this meeting. She knows everyone is looking for data and structure and how to get behind this. We don't want to leap too fast – we want to ensure that our first priorities are good places to focus our energy. Carol looks forward to meeting with all organizations as health service providers and will try to understand each organization in a brand new way. As she hears more, in this sub region, she'll better understand. She wants to find a couple of areas where we can achieve success. Health Links has shown us we can be successful. She will be working alongside everyone in this room and building on our enthusiasm.

c. Meeting Evaluation

An exit evaluation showed a positive response to the meeting and many ideas for our next gathering. See Appendix C for the full participant feedback.

d. Closing Comments

Peter McKenna recognized the work of the organizers. He challenged the LHIN on behalf of the room – we guarantee the system will be transformed.

Appendix A: Participant List

- 1. Alzheimer Society Lanark Leeds Grenville**
Louise Noble, Don McDiarmid, Chris Morrison
- 2. Athens Family Health Team**
Judy Fielding
- 3. Beth Donovan Hospice**
Debbie Watt, Sue Walker
- 4. Brockville General Hospital**
Julie Caffin
- 5. Children's Mental Health of Leeds & Grenville**
Lorena Crosbie
- 6. Community and Primary Health Care (CPHC)**
Rosemary Nichol, Tina Montgomery
- 7. Community Home Support-Lanark County**
Mary Anne Nicholson
- 8. Country Roads Community Health Centre**
Marty Crapper, Peter Hannah, Brian Preston
- 9. Lanark County Mental Health**
Wayne Johnson
- 10. Lanark County Paramedic Service**
Ed McPherson
- 11. Lanark Leeds and Grenville Addictions and Mental Health**
Jacqueline Smylie
- 12. Lanark Renfrew Health & Community Services**
John Jordan, Noreene Adam, Annette Hewitt
- 13. Leeds, Grenville & Lanark District Health Unit**
Dr. Paula Stewart, Anne Warren, Alexis Green
- 14. Leeds and Grenville Family Health Team**
Jenny Lane
- 15. North Frontenac Community Services**
Catherine Tzozik
- 16. Open Doors for Lanark Children and Youth**
Kevin Clouthier
- 17. Perth and Smiths Falls District Hospital**
Bev McFarlane, Nancy Shaw, Richard Schooley, Wayne Johnson, Donna Howard, Warren Hollis, Bruce Rigby, Maureen Towaji, Gardner Church
- 18. Rideau Community Health Services**
Graeme Bonham-Carter, Jan Hopkins, Peter McKenna, Maureen McIntyre, Terry Lee, Liz Snyder, Janet Cosier
- 19. Smiths Falls Nurse Practitioner Led Clinic**
Lee Ann Brennan, Carole Roberts.
- 20. South East Local Health Integration Network (SE LHIN)**
Carol Ravnaas, Paul Huras, Cynthia Martineau, Maribeth Madgett, Jack Butt
- 21. United Counties of Leeds and Grenville**
Roger Haley, Alison Tutak, Chris Morrison
- 22. Upper Canada Family Health Team**
Sherri Hudson
- 23. Community Member:** Robert Leitch
Facilitator:
Christine Peringer,
Group Facilitation and Mediation Service

Appendix B: Agenda

Opportunities to Strengthen Patient-centred Care in the Lanark Leeds and Grenville Sub Region:

Forum for Health, Community Care and Social Service Governors and Leaders

May 26, 2017 Free Methodist Church Hall, [573 Hwy 29](#) Smiths Falls, Ontario

- 8:30 a.m. *Gathering over coffee and muffins*
- 9 a.m. **1. Welcome and Introductions**
- a. Greetings from the Conveners
~ Graeme Bonham-Carter, Board member, Rideau Community Health Services
 - b. Participant Introductions
 - c. Goal and Process of the Meeting
- 9:20 a.m. **2. Patients First – Transformation**
- ~ Paul Huras, CEO, South East Local Health Integration Network
- 9:50 a.m. **3. Potential Examples of LLG Collaboration**
- a. "A Patient's Journey: Complex Chronic Illness and an Integrated Health System Response"
 - b. "Improving the Health of Older Women in Public Housing"
- 10:30 a.m. *Break*
- 10:45 a.m. **4. Table Discussions**
- a. Presentation of focus question and review of board role
What can we do as governors to promote increased collaboration among organizations to improve health in LLG? What action can we take within our organizations? Or with other organizations?
 - b. Table Discussions
- Sharing of highlights from groups
- 11:45 a.m. **5. Closing**
- a. Next Steps
 - b. Reflection on the Morning
~Carol Ravnaas, Director, Sub-Regional Planning & Integration, SE LHIN
 - c. Closing Comments
- Noon *Meeting Adjourned*

Appendix C: Participant Feedback

At the end of the meeting, participants were asked to complete a feedback form. Here below is a collation of their comments. Forty-four of the 52 participants provided a response.

1. The purpose of today's Forum was to:

- > Learn about some possibilities for increased collaboration to improve health in LLG
- > Explore the role of Boards of Directors in improving inter-agency collaboration
- > Have governance leaders get to know each other to build a base for future collaboration.

On a scale of 1 (not at all) to 5 (completely), to what extent do you believe we achieved this purpose?

Categories	1 (not at all)	2	3	3.5	4	5 (completely)	Average	%
Number of Responses (44 total)			6	2	32	4	3.9	79%

2. What I really liked about this Forum was ...

Shared Desire for Collaboration

- Focus on outcomes/collaboration
- The interest of all for collaboration
- Better understanding that many organizations want to collaborate and share information
- Wonderful opportunity for networking, hearing from other service providers
- The can-do attitudes that were expressed
- The common dedication to patients who are most challenged

Sharing and Learning:

- Open respectful exchange of info ... openness to possibilities and future
- Sharing of ideas
- Sharing ideas and learning about services provided by other organizations
- The examples of collaboration between social services and MOHLTC-funded agencies
- At the table problem solving – the low-hanging fruit
- The opportunity for small group discussions focused on outcomes and the sharing of information in the entire group
- Looking at the large picture from a South East perspective and table conversation

Meeting/information sharing with Partners

- Effort to randomize table seating (x 3)
- Variety of perspectives (x 2)
- Cross section of service providers
- Networking opportunities and learning about new resources and ideas
- The variety and diversity of attendees
- Meeting everyone
- Interaction with allied agencies – achieved a better understanding of their pressures
- Good attendance – some new faces
- Level of LHIN attendance
- Networking
- Information sharing
- Opportunity to network

Good Presentations

- Good mix of presentations
- Quality of information presented
- Two presentations on a concern relating to health that many organizations can contribute
- Two examples – The examples of complex interactions to bring home the benefit of collaboration
- COPD patient journey and “dialogue” re vulnerable poor elderly
- The Peter and Alison conversation
- Inclusion of stories, inclusion of the public housing example
- Opportunity to hear case scenarios
- Micro-focus on some specific client/patient experiences
- The Patients First focus

Hearing from Paul Huras and Carol Ravnaas

- great to hear Paul and Carol speak (x 3)
- Hearing about the big picture from Paul; hearing from Carol about the plan, thus far
- Presentation by Paul Huras was excellent (x 3)
- Update on current stages from Paul Huras
- Hearing update from Paul Huras and each table
- Opportunity to hear from LHIN leaders and interact with other HSPs
- LHIN presentation
- Introduction to new resource – the sub region director experienced in this task
- Being introduced to the Director
- Great to have Carol’s support in our region

Forum Organization

- Liked brief presentations versus long ones
- Half-day format – good – to get attendance as it is difficult to commit to a full day
- good length of time; good location
- The topics and pace of the morning – worthwhile attending
- How well organized it was
- Well facilitated, clear purpose, good use of time (half-day reasonable)
- Stuck to timetable on agenda
- Nice venue, food and facilitator

Intention to provide follow up information

- That you are providing list of attendees and circulating copies of slide decks and info provided from each table
- Follow up with contact info for participants (if they are willing) so we can use that if needed

The governance focus

- Governance leadership focus
- The ideas of how governors can work to foster integrative care
- Discussion on the governors' role

3. To improve a future gathering, I would ...

Narrow Focus

- A focus on one or two issues i.e. communication -- This meeting was appropriately more general
- Have more concrete focus
- Ideas for future focus:
 - Allow 1-2 groups to identify a current “burning” issue and brainstorm a solution with accountability
 - Being upfront and honest to identify the boundaries and challenge to reach better integration
 - Encourage specific collaborative projects and start
 - Like to look at what small things can be fixed or improved upon to move forward
 - Focus on specific integration opportunity – correlation of clients, for example
 - Networking for low income day programs and new partnerships
 - Communication
 - Give IT case studies for collaboration; Give boards access to data individually and collectively
 - Build on what was suggested here in the table discussions about how to support board-to-board collaborations

Support/align with Sub Region priorities

- Link to Sub Region Directives (once they exist)
- Start with some examples of what participant organizations have done that are aligned with the future goals/directions of the sub region of the LHIN (knowing these will come later)
- Better held once the LHIN has a more definitive path forward
- Need more information re sub region directives – too bad don't have it yet
- Ideally, we would have had South East LHIN directives already ... but that will come
- Focus on sub region goals and priorities

Educational events for governors

- Share a board education session
- More educational opportunities and learning together
- Would like more focus on governance
- Focus on health equity education for boards and executive staff

Educational events for governors (continued)

- It would be useful to have learning sessions so we understand better what other agencies do in our region
- Ensure up-to-date info on 1) health unit data and 2) LLG goals and objectives for Sub Region 3) CCAC service integration
- There was considerable consistency at the round tables to look at partnering to provide services, but need to find a way to have enough information to do so

Broader Participation

- Perhaps see if anyone is not on invite list – or who is not attending
- Continue with current process and invite other non-health organizations for this input/help
- More municipal leaders attending (3)
- Broader representation from various organizations
- Encourage the involvement of Champlain LHIN
- MOHLTC reps present
- Try to get primary care attending
- Wait for structure from LHIN – share stories and work together to achieve this
- Please include representation from long term care – both non-profit and for profit. LTC has potential as a hub for housing a health supports that reflect a true continuum of care e.g. Simcoe County, Bruyère Village, Perley-Rideau Seniors' Village
- Find a way to have mental health/addictions attend
- Holistic health care > have additional representation from beyond health care
- We need to have physicians here at the table for planning

Nothing

- (Left blank – 7)
- Nothing
- Unsure

Timing, site etc.

- Expand to e.g. 9 am – 2 pm so there is more time to network
- Recommend providing clear directions for the location (not GPS-able)
- Mix tables up – switch tables half way through
- Have all day session
- Continue to meet a few times a year to share successes/failures for learning
- I would come back once or twice a year, not more (23)
- Longer meetings
- Additional background information for organizations that have not been a part of this process since 2014

4. Any other comments?

- Thanks to those who organized this (x 3)
- Well done (x 2)
- Good job, Christine
- Good workshop
- Need to do more work back in our home agencies now with this