Attachment

Street Smart Insights for Enhanced Collaborative Governance

Participants in a session on "Collaborative Governance" were invited to share their ideas about how leadership teams and governing bodies of health services organizations in Ontario, Canada might strengthen their approach to the exploration of wise collaborative governance in the coming years.

This paper summarizes the array of excellent insights shared by these participants. Leaders are encouraged to review these, add to them and then discuss how you might put them into action in your own organizations and collaborative processes in the next 2-3 years.

The lists of items are shared in random order to stimulate smarter thinking, conversations, and collaborative planning.

There are two lists, one that lists actions that could derail or serve as obstacles to successful collaborative governance (avoid these); and one a list of actions that are judged to have the potential to improve the chances for successful collaborative governance (invest in these)

Taboo's

Please avoid these actions that could frustrate collaborative governance.

Take time to read these. Try to edit them. Some can be combined.

Go through a group process to prioritize the ten (10) biggest obstacles, and then boil those down to the most essential five (5). The group can then discuss sensible actions that will remove, reduce or work around these obstacles. Once you have implemented action to move the process forward, and then do another list of the next most important five. By then the process will be achieving some early wins that can help sustain the longer term processes. Remember they are in random order.

1. Try to not have the drive for collaboration so pre-occupied by money and cost savings. (Think value, community benefit and service improvement)
2. Stay away from structure before we explore vision, strategies, and cultures. Don't rush to a final vision of the desired future state until we know each other and explore real opportunities
3. Avoid past rivalries, jealousies and historical differences before we explore shared views and interests in the needs of patients/persons we serve
4. Don't wait for the payers to drive us
5. Don't shut the door on new players, younger players, and vulnerable group players, as they may have some of the best ideas
6. Avoid unwillingness to change and look for a new mindset and lens to look at our challenges and opportunities
7. Don't say it will be easy or wonderful, as it may be a bit messy and difficult
8. Don't try to sell "IT" before we engage and explore what IT is
9. Don't have the group too large or cumbersome at the start, but be open to be inclusive as soon as possible
10. Respect heritage, but don't let it get in the way of building a new shared heritage that celebrates the past and embraces the future
11. Avoid integration for innovation, and start with focus on "Improvement"
12. Make sure this is not about merger (even if that may be part of the future)
13. Do not work without communicating often, openly, and well
14. Don't make this only about acute care and hospitals. Walk the talk about social determinants of health
15. Do not state… "That's fine as long as we do it our way"
16. Don't assume that bigger is always better
17. Avoid thinking we/you own the patient. We exist to serve, not milk the patient
18. Don't say we have to do this because the government told us to… drive it as a better response to the needs of patients and communities
19. Failure to invite a broad array of players to the table and process. Don't try to do it with the big bosses alone. Invite in the community, it is, after all, their community! Don't give lip service to eclectic invitations to be engaged
20. Celebrate successes together
21. Don't assume you know what it takes to earn/build trust with the other players, ask them and earn it

22. Guard against an executive committee doing all the work. Avoid disconnects with the rest of your boards. Keep us all informed and engaged in various ways
23. Don't let the perfect be the enemy of the good. Try some small steps and grow from there
24. Avoid listing why this will be tough or won't work in the first meeting. Emphasize the positives and visionary aspects first, without being naive
25. Don't rush into the process without taking time to know the other players. Do not assume we know their backgrounds, hopes, fears, aspirations, family experiences in health etc.
26. Don't go in with a closed mind, or with a fixed definition of the problem or challenge or solutions. Let it bubble up from the players/process
27. Don't come to the table of cooperation thinking your organization is the victim or the weakest link
28. Avoid structures that give too much weight and influence to the larger organizations, stay focused on what is right for the most people in our region/community
29. Don't assume that the larger organizations are the only source of good ideas for innovation and service improvement
30. Don't always hold meetings at the bigger organization, move the venues around. It helps us to get better acquainted
31. Do not rush the discussions. It takes time for trust to evolve, and then we can build on that for the joint planning process
32. Don't make promises you cannot keep (and look for some early wins as the longer term events and results evolve)
33. Language matters. Don't assume even the most basic terms like "team" mean the same to all players or potential partners
34. Funding service silos fosters competition more than collaboration
35. Most players worry about a loss of control, or that our prerogatives will not be given their proper recognition and value
36. Try to avoid fear of being eaten up by the larger organizations and avoid reinforcing this fear if you are the larger organization
37. Avoid focus on "the institution" more than the outcomes and "what is in it for the community or our patients"
38. Avoid rushing to plans without stakeholder engagement in meaningful "big picture visioning". Try to have us all own the desired future vision
39. Don't have a closed mind to the potential good that can come from collaboration, improvement and integrated approaches, even if contrary to policy at the moment. If we do well, the policy can then be adjusted
40. Guard against egos and narrow self-interests of the big players at table. Focus on the broader good for the community we exist to serve
41. Don't have one board dominate the process. Mix us up into work groups that cut across organizations and disciplines
42. Don't get stuck in history, but also be willing to celebrate what we all bring to the party/table/process
43. Do not attempt this work behind closed doors, be open minded and transparent, even when it might be a bit embarrassing
44. Avoid overlooking the important role played by primary care providers of all types, and of those that provide health
45. Do not meet without the CEO and other key executives, but don't be a hostage to the CEOs either
46. Do not threaten what the other partner holds dear
47. Do not propose partnerships that only benefit one partner
48. Do not assume that the benefits are well understood by the players. Celebrate the benefits and make sure they are clear to all
49. Don't take too long to deliver meaningful results, early wins, or activities that were promised. Not trying is worse than trying and failing and learning from the process

50. Avoid the "professional volunteer meeting attenders" that do not contribute or help carry the water once we decide something is needed
51. Do not start implementing without clear roles and responsibilities, shared in a balanced way among the organizations
52. Do not avoid measurable targets that the plans are to achieve, and once the targets are set, do not avoid measuring progress to plan and celebrating progress and being ready and willing to make mid-course corrections
53. Do not assume your organization knows more than the others
54. Don't fool yourself or the other players about your organization's strengths and weaknesses
55. Do not form sloppy goals, but do use SMART goals. Targets of accomplishment that are: **specific**, **measurable**, **attainable**, **relevant** and **time-bound**
56. Avoid wrong perceptions that your board is the only smart board
57. Avoid resentment, feeling forced to collaborate
58. Don't assume people are on the same page about the need or direction in the process
59. Don't assume "leadership" means the same to all players (some think it is telling others what to do)
60. Stigma can get in the way. Don't avoid having conversations about ethnic minorities, mental health patients and other special population groups engaged
61. Don't let the "operational vortex" suck you under
62. Don't just motivate, inspire
63. Don't force, facilitate
64. Avoid selecting board members that are too similar or you get group think
65. Avoid setting up governance process/strategies that are not built on clear roles and responsibilities
66. Avoid assuming you know what they want, how they think and what they feel can come from this cooperation. Ask and Listen not assume
67. Avoid the petty, and focus on the promising
68. Avoid a poorly planned or facilitated process that allows distractions and digression (but don't also be too rigid and tight or we stifle fresh ideas)
69. Don't be afraid to take some risks if they are in the interest of the health of the people and communities we exist to serve
70. Others?

Do's

Please try these actions that can enhance opportunities for more successful collaborative governance:

There are many sensible and bold ideas shared in the following list. Please consider how they can be grouped and refined. Remember that they are in random order.

Prioritize them to the ten (10) most important and powerful ideas. Then distill those further to the top five (5). Take those five and ask the group to identify ways these can best be understood and acted on over the next few months in your specific situations. Their engagement in such a process of reflection and joint decision-making has been shown to build a deeper sense of understanding and ownership of the path forward. That ownership of the challenge and the plan is critical to the successful implementation of the plan.

1. Focus on "person centered care" and patient centered needs
2. Understand the continuum of care, and the social determinants of health, in all we do for collaborative planning and board-to-board relationship building
3. Approach the dream with a humble heart
4. Make sure the process and our board work always connects to a purpose and vision for the good of the broader community
5. Consider trust making, not just deal making
6. Consider fears and loss of autonomy as real issues we will eventually have to address in the process
7. Invite 2-3 groups of 9 youth to consider the future they would like to inherit. Explore how we can make that happen. Then invite similar groups of seniors/elders to do the same exercise, but with a lens to define what could have been avoided and what must be the essential themes and principles to embrace as we plan for the future
8. Build on our communities' and/or organizations' strengths as we look to the future
9. Make sure the process is orderly, with several meetings to keep the momentum moving. Report wisely and well on progress of the planning process to diverse and eclectic stakeholders
10. Board conduct needs to mirror the codes of conduct in our organizations
11. Evaluate and measure progress to plan along the journey of collaborative governance
12. Focus on ***the why and the how*** more than the what as we start the process of collaboration
13. Keep open minds and balanced roles among all players, and avoid the bigger organizations trying to dominate
14. Invest in "generative thinking" training and orientation for all participants in the process
15. Guide our collaborative planning with real stories about real patients and community members that can gain from this hard work
16. Hard-wire informal people-to-people, socializing, and informal meet and greet activities into the process. Build relationship, to build trust which builds momentum and solid gains for future efforts when the going gets tougher
17. Have the process include "What if brainstorming." Be scenario builders for brighter and a bolder future for our kids and grandkids
18. Identify failure derailers and obstacles so we can be forewarned and forearmed
19. Suspend turf and ownership until much later in the process

20. Probably look at the things others in this room come up with as obstacles, and avoid them!
21. Look for win-win opportunities, and early wins to build momentum and enthusiasm about the possibilities, more than the problems
22. Drive for improvement and innovation for quality and safety along the continuum of care
23. Be honest and truthful as we work together to build trust among the diverse players
24. Ask frontline workers, the patients, and the community for their ideas before we lock into ours. It should be about them, more than about us
25. We can benefit from the coordinating committee to help shape and catalyze ideas for collaboration, but why wait for them?
26. Engage clinicians, invite their ideas and fears in the process
27. Engage boards, not just the Executive Directors to shape and guide the process
28. Stop talking and "Just do it!"
29. Be specific on tangible targets and early win activities. Success will lead to more successes. Keep the process accountable and acceptable
30. Consider how new social media and process web portals can help stimulate joint planning and idea generation
31. Explore our shared dreams and hopes and fears. Keep the big picture in front of us and keep going back to these dreams and plans as we make the journey
32. Hold a clear vision of what we have agreed to, and be creative on how we work together to get there
33. Park our histories, egos and turf protection issues outside the room/process. We can always come back to them later
34. Engage hearts and minds with open and powerful visioning about how we would like the system to look and behave in the future
35. Listen to learn, and learn to listen to each other and to the people in vulnerable populations we rarely see or consider in our planning
36. Boards must respect the important role of CEOs to guide and support the collaborative process, but not dominate the process
37. Spend time up-front getting to know each other, our needs, desired ideas and goals before we rush into rigid planning activities
38. Seek sensible and skilled external facilitators for the process
39. Payer and provider boards need to cast a bigger net to invite in more diverse players into the process
40. Collaborative process is not a destination, but a process that will be ongoing. We need continuing support in workshops and shared learning opportunities about collaborative governance
41. Consider how to use the "Charrette technique" in our processes
42. Consider organizing networking opportunities to get to know each other, do some field trips together to settings where they have done some good and innovative strategies, even out of our region
43. Be open to include partnering opportunities with non-traditional social welfare organizations, social services and educational players
44. Have some clear guiding principles to shape our joint planning work
45. Treat all parties as equal in the eyes of the community's health and well being
46. Communicate, communicate, communicate
47. Celebrate, celebrate, celebrate
48. Be transparent in the work, and celebrate progress to plan along the way
49. Use mutually understood words, concepts, processes and vocabulary. Words matter. Language matters

50. Trust our CEOs, but occasionally have board members meet alone with our counterparts and neighbors
51. Explore how that "Aikido" process might help us work through obstacles and problems
52. Have "improving the system" a part of our organizations' missions and plans
53. Spend more time in "Generative thinking" as we explore collaborative governance around the question of "What can we do to dramatically change the patient/family/person experience for health gain, not just health care?"
54. Try to have the collaborative process be as voluntary as possible. (not forced on us)
55. Build more personal relationships among us board members across the organizations involved in the process
56. Be open for results that may be different from the early vision
57. Listen to others' fears and hopes and desires as we launch the process
58. Promote more education about trust building and ways to earn it, keep it and rebuild when needed
59. Co-creation is key to sustained success, we must avoid "not invented here" resistance, and embrace shared ownership of good plans and progress
60. Think patient centered before bricks and mortar
61. Seek clear agreement on principles and rules of engagement to guide the process
62. Identify skilled enablers and champions within our organizations, but also be open to neutral third party facilitators
63. Identify deal breakers once we are moving the process forward, but not too early in the process
64. As plans gel, include objective and honest risk assessments. Let's not be surprised or derailed by realities
65. We need a "plan to plan", and the process must be sensitive to use the time and talents of all players wisely and well
66. Listen to what is not being said as well as what is being said
67. Follow-up in timely and transparent manners in all we do in the process
68. Debrief all board members on our progress. Don't have it all rest in the hands and minds of a select few
69. Don't try to do it all, or be all things to all people. Bite sized successes can help build a stronger and broader foundation for future work together
70. Focus on shared problems and challenges and avoid being pre-occupied with structure before strategy or vision
71. Use graphic artists and "story boards" to capture the process and progress in stories and pictures of the journey
72. Approach the process with an open mind, an open heart, and open meetings
73. Study examples in collaborative governance in other fields and other communities
74. Engage and trust our staff to surface opportunities and sensible obstacles to be thoughtfully anticipated and overcome
75. Others?

Thank you for all you do to enhance the health and health care in your local communities.

Take some risks as you take your journeys to smarter patient and person centered health gain and health care in your communities.

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