



Exploring the Role of Collaborative Structures on Vancouver Island

Prepared for the Primary Care Network Steering Group

January 2019

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Executive Summary

Key stakeholder groups including the Divisions of Family Practice (Divisions), Doctors of BC, First Nations Health Authority, General Practice Services Committee (GPSC), Island Health, Ministry of Health and other regional or local community organizations are working collaboratively to support the development and implementation of Primary Care Networks (PCNs)/Patient Medical Homes (PMHs).

The purpose of this report is to:

- Systematically measure the current collaboration between key stakeholder groups,
- Establish an understanding of how the structures in place support collaboration between key stakeholder groups,
- Facilitate learning and improvement within the collaborative structures on Vancouver Island, and
- Support learning across the province based on the strengths and challenges on Vancouver Island.

Evaluation Approach

Social network analysis was used to systematically measure the collaboration occurring between Interdivisional Collaborative Services Committee (CSC) members. Qualitative interviews of CSC members from two communities were used to identify structures supporting collaboration between Interdivisional CSC members at the regional and local level.

Summary of Findings

Information sharing among Interdivisional CSC members reflects a network model positioned to support the introduction and diffusion of innovations across all CSCs. The qualitative interviews identified structures that support information sharing and collaboration.

Table One: Summary of Findings

Network ¹ Pattern	Social Network Findings	Supportive Collaborative Structures	Application of Findings
<i>Birds of a feather flock together.</i>	<ul style="list-style-type: none"> • Division Co-Chairs, Division Executive Directors (ED) and CSC Support Staff seek PCN and/or PMH information from those in similar roles (within role information sharing). 	Division Co-Chairs, Division EDs and CSC Staff Support have recurring meetings with those in similar roles.	<ul style="list-style-type: none"> • Regular (within role) meetings connect similar roles across CSCs and supports information sharing across CSCs. • Holding regular within role meetings facilitates information sharing.
<i>Diversity is important.</i>	<ul style="list-style-type: none"> • Health Authority (HA) Co-Chairs, HA Regional Directors, HA Community Directors connect more with those that have different roles (outside role information sharing). 	HA Co-chairs, HA Regional Directors and HA Community Directors and CSC Staff Supports have frequent communication as well as and regular planning meetings with Divisions Co-Chairs, Division EDs.	<ul style="list-style-type: none"> • Frequent communication and co-planning with Interdivisional CSC members with different roles ensures new and innovative information is integrated locally into the CSCs. • Seeking information from different roles increases the integration of new and innovative information at the local level.

¹ Krebs, V., & Holley, J. (2005, Winter). Building adaptive communities through network weaving. *Nonprofit Quarterly*, 61-67.

Network ¹ Pattern	Social Network Findings	Supportive Collaborative Structures	Application of Findings
	<ul style="list-style-type: none"> • Interdivisional CSC members seek PCN and/or PMH information both within their own CSC and from other CSCs. • Interdivisional CSC members with a Regional² role connect relatively equally with all CSCs but not all CSCs are connected equally to one another. 	<p>The Interdivisional CSC supports networking and information sharing between CSCs, First Nations Health Authority, General Practice Services Committee, Island Health and the Ministry of Health. The Interdivisional CSC has been meeting biannually since 2012 to support health system change in primary health care through regional coordination, networking and information sharing.</p>	<ul style="list-style-type: none"> • Information sharing between CSCs ensures new and innovative information is introduced across the CSCs. • Multiple connections between CSCs ensures network stability. • CSCs that are less connected to other CSCs may consider strategies to strengthen their links to other communities.
<i>Those close by, form a tie.</i>	<ul style="list-style-type: none"> • Interdivisional CSC members seek PCN and/or PMH information within their own CSC. • The number of stakeholder organizations represented at a CSC may influence how information is shared among CSC members. 	<p>CSC members hold regular monthly or bi-monthly meetings, CSC agenda planning meetings, co-develop priorities and identify shared work.</p>	<ul style="list-style-type: none"> • The complexity of CSC membership influences flow of information between CSC members. • The breadth and complexity of CSC membership should be considered when engaging in new shared work.
<i>Some people are more prominent than others.</i>	<ul style="list-style-type: none"> • Interdivisional CSC members seek PCN and/or PMH related information from 12% of all the possible connections between members. • The top five information sharing Interdivisional CSC members belong to the PCN Steering Group, indicating that the PCN Steering Group is meeting its objective to serve as a hub of PCN and/or PMH information for Interdivisional CSC members. 	<p>The PCN Steering Group supports Interdivisional CSC members by providing coordination and communication of PCN and/or PMH information.</p>	<ul style="list-style-type: none"> • The PCN Steering Group was identified as a key source of PCN and/or PMH information. • The PCN Steering Group serves as a hub for PCN and/or PMH information. • The PCN Steering Group maintains up-to-date knowledge on PCN and/or PMH information. • The PCN Steering Group serves as a regional source for PCN and/or PMH information.
<i>Most people are connected with one another by a short path.</i>	<ul style="list-style-type: none"> • On average, most IDC members have a short path length such that they are connected to each other within two degrees of separation. The largest path to connect 2 IDC members is four degrees of separation. 	<p>See description of Interdivisional CSC above.</p>	<ul style="list-style-type: none"> • The short number of connections, or path, between any two Interdivisional CSC members improves the speed and accuracy of information flow. • Ensuring all Interdivisional CSC members are connected with one another maintains the speed and accuracy of information flow.

² Interdivisional CSC members with a regional role are members that are not associated with one specific CSC and/or involved in more than one CSC.

Network ¹ Pattern	Social Network Findings	Supportive Collaborative Structures	Application of Findings
<i>People have more than one connection to each other.</i>	<ul style="list-style-type: none"> • Some Interdivisional CSC members act as information conduits between many other members of the group. • Most Interdivisional CSC members have multiple connections to the network while other Interdivisional CSC members only have one connection. 	See description of Interdivisional CSC above. Most interviewees noted having previously worked together with Interdivisional CSC members, mainly within their own CSC, on many similar collaborative projects over the years such as A GP for Me.	<ul style="list-style-type: none"> • Some Interdivisional CSC members connect two or more Interdivisional CSC members indirectly. • Information dissemination strategies should target the people identified as key bridges. • Strategies to increase the number of connections for Interdivisional CSC members that are loosely connected could be explored.

Key Learnings

For the Vancouver Island Region	For interorganizational partnerships and collaborations in other regions
<ul style="list-style-type: none"> • Holding regular meetings with those in similar roles facilitates information sharing across CSCs. • Seeking information from different roles increases the integration of new and innovative information at the local level. • Leveraging CSCs and Interdivisional CSC members that are highly connected facilitates the spread new and innovative information across CSCs. • The PCN Steering Group is a source for regional PCN and/or PMH information. • Strategies to increase the number of connections for Interdivisional CSC members that are loosely connected is an area to explore. • Some CSCs include Division, Health Authority and GPSC partners. With a relatively small number of partners, identifying common goals and reaching consensus may be relatively straightforward. Other CSCs include more partners such as First Nations communities, community organizations, community health networks and municipalities. In these CSCs, the reach and strategic perspective may be broader; however, identifying common goals and reaching consensus may be more complex. As a result, the number and scope of CSC partners should be considered when engaging in new shared work. 	<ul style="list-style-type: none"> • Develop supportive structures at the local, regional and provincial levels such CSCs, Interdivisional CSC and the PCN Steering Group. • Develop and leverage a group of highly connected individuals to be a source or hub of information such as the PCN Steering Group. • Intentionally allocate human and financial resources to support collaboration such as dedicated staff to coordinate stakeholder engagement. • Participate in regular co-planning and priority setting activities (CSC and Interdivisional levels) such as shared strategic planning days with key stakeholders. • Ensure the value of membership and shared priorities for all partners by including all partners in strategic planning sessions. • Allocate time for relationships to become established and re-established after change. • Continuously tend to the partnership, especially during times of change. Consider participating in ongoing relationship building exercises.

Conclusions

Information sharing related to PCN and/or PMH between Interdivisional CSC members reflects the patterns of an effective network. The collaborative structures supporting information sharing at the regional and local levels include the Interdivisional CSC, CSCs, the PCN Steering Group, regular within role meetings, frequent communication, co-planning and collaborative strategic planning within and between roles.

Introduction

Enabling meaningful, sustainable change in the health system requires collaboration that stretches across one organization's jurisdictional boundaries. To address this, key stakeholder groups on Vancouver Island have been working for nearly a decade in a purposefully collaborative way to tackle complex health system issues in primary care. Currently, key stakeholder groups including the Divisions of Family Practice (Divisions), Doctors of BC, First Nations Health Authority, General Practice Services Committee, Island Health, Ministry of Health and other regional or local community organizations are working collaboratively to support the development and implementation of Primary Care Networks (PCNs)/Patient Medical Homes (PMHs).

Context

In British Columbia, facilitating collaborative work between key stakeholder groups has been a feature in many health system initiatives for over a decade now (see figure one). This work is facilitated by several structures developed to support collaboration, including the Collaborative Services Committees (CSCs), Interdivisional CSC (Interdivisional CSC) and the Primary Care Network (PCN) Steering Group.

Collaborative Services Committees (CSC): The CSC embodies the collaborative working relationship between partners. The CSC provides a forum to present clinical issues of concern for patient care outcomes, co-determine priorities and co-design solutions.

Interdivisional CSC (Interdivisional CSC): The Interdivisional CSC has a tripartite leadership structure with representation from Division, First Nations Health Authority and Island Health. The Interdivisional CSC consists of representatives from 8 CSCs and the Port Alberni Division, First Nations Health Authority, General Practice Services Committee, Island Health, and the Ministry of Health. The Interdivisional CSC has been meeting biannually since 2012 to support health system change in primary health care through regional coordination, networking and information sharing.

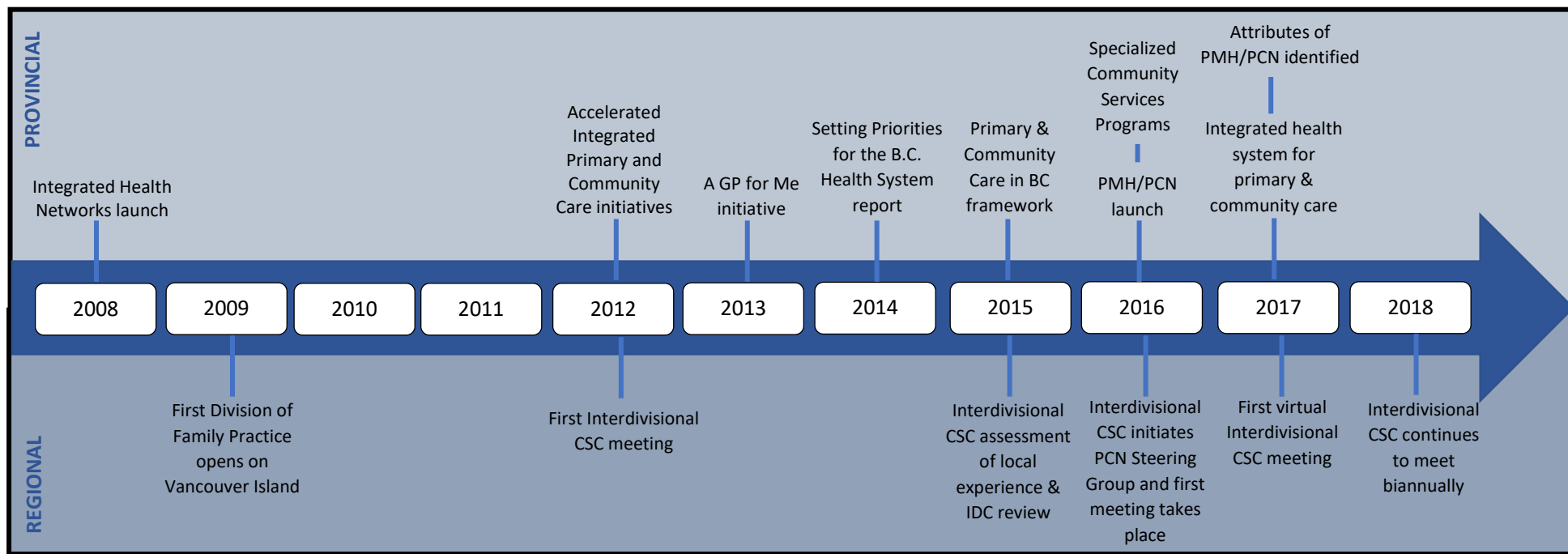
Primary Care Network (PCN) Steering Group: The PCN Steering Group formed in 2016 in response to the need for regional support related to the development and implementation of PCNs and/or PMHs. The PCN Steering Group, co-chaired by Division and Health Authority (HA) leaders, supports Interdivisional CSC members by providing coordination and communication on PCN and/or PMH information with CSCs.

Patient Medical Home (PMH): The PMH is a family practice supported to operate at its full potential. The core of the model is longitudinal care, with the doctor's office at the centre of primary care. The PMH contains key attributes of what an ideal practice can deliver and how it can best be supported, including through team-based care.

Primary Care Network (PCN): As the PMH represents the work within the doctor's office, the PCN is the system change. Through PCNs, teams of allied health professionals and other health care providers work with physicians, so that everyone can work to their strengths, everyone can support and rely on each other, and patients get the best care. Providing eight core attributes, a PCN is a network of PMHs in a defined geography linked with primary care services that are delivered by a health authority and other organizations and services within that community.

Copied from: <http://www.gpsc.bc.ca/what-we-do/patient-medical-homes-and-primary-care-network>, June 6th, 2018

Figure One: Significant events contributing to current state of collaboration.



Evaluation Approach

Social network analysis was used to systematically measure the collaboration occurring between Interdivisional CSC members. Qualitative interviews of CSC members from two communities were used to identify structures supporting collaboration between Interdivisional CSC members at the regional and local level.

Purpose

The purpose of this evaluation is to:

- Systematically measure the current collaboration between key stakeholder groups,
- Establish an understanding of how the structures in place support collaboration between key stakeholder groups,
- Facilitate learning and improvement within the collaborative structures on Vancouver Island, and
- Support learning across the province based on what have been the strengths and challenges on Vancouver Island.

Evaluation Questions

The evaluation is organized around the following guiding questions:

- Are the right connections in place? Are any key connections missing?
- Who is seen as a source of PCN and/or PMH information? Who is not, but should be?
- How does information flow between Interdivisional CSC members? Are there subnetworks of information sharing between Interdivisional CSC members?
- What collaborative structures facilitate and support information sharing between Interdivisional CSC members?

Methods and Analysis

Social network analysis was used to systematically measure the collaboration occurring between Interdivisional CSC members. Qualitative interviews of CSC members from two communities were used to identify structures supporting collaboration between Interdivisional CSC members at the regional and local level.”

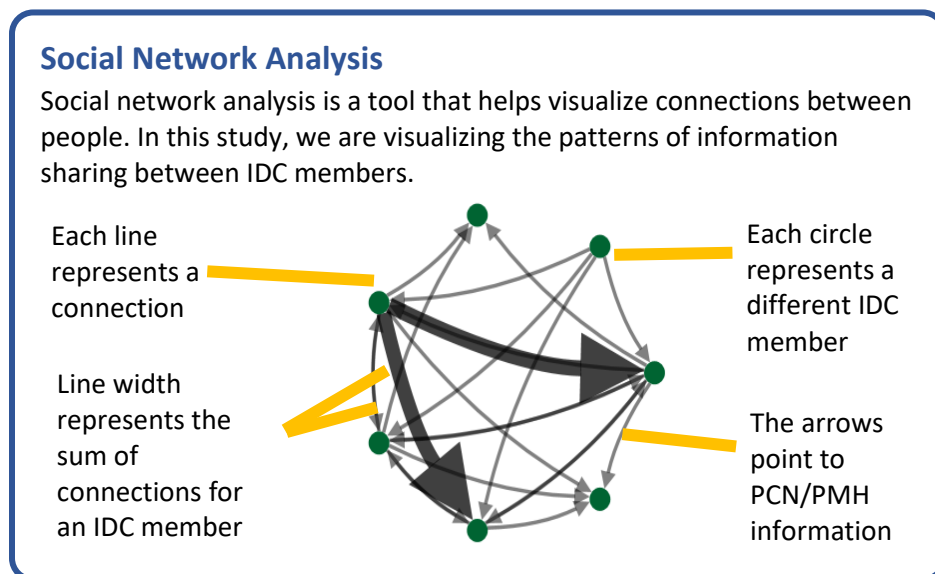
1. *Collaboration occurring between Interdivisional CSC members (Social Network Analysis):* In November 2017, Interdivisional CSC members were asked to complete a short survey identifying 10 Interdivisional CSC members they received information from related to the development and implementation of PCN and/or PMH³. Information sharing related to PCN and/or PMH work was used as a proxy measure for collaboration. Fifty-nine responses generated 409 connections.

Using social network analysis, we were able to:

- a. Describe information sharing between all Interdivisional CSC members as an overall network, and
- b. Identify subnetworks of information sharing between Interdivisional CSC members based on their role and their CSC to answer the following questions:
 - Do Interdivisional CSC members seek PCN and/or PMH information from Interdivisional CSC members with similar roles (within role information sharing)?
 - Do Interdivisional CSC members seek PCN and/or PMH information from Interdivisional CSC members with roles different than their own (outside role information sharing)?
 - Do Interdivisional CSC members seek PCN and/or PMH information within their own CSC?
 - Do Interdivisional CSC members seek PCN and/or PMH information from outside CSCs?

2. *Identify structures supporting collaboration between Interdivisional CSC members:* Between February and April 2018, telephone interviews were conducted with CSC members of two communities. Interview questions included asking key partners about their PCN and/or PMH work, successes and challenges related to the partnership and structures that support their collaborative work. A total of 13 telephone interviews with CSC members were completed across the two communities. The interviews ranged from 30-60 minutes in length. Structures that support information sharing and collaboration between Interdivisional CSC members within and between roles and within and between CSC were identified using qualitative analysis.

Figure Two: Components of a social network map



³ In some instances, respondents named IDC member groups (e.g. HA Community Directors). In this case, groups were replaced with individual names of the group. This led to some IDC members listing more than 10 names.

Limitations

Limitations of the current report are:

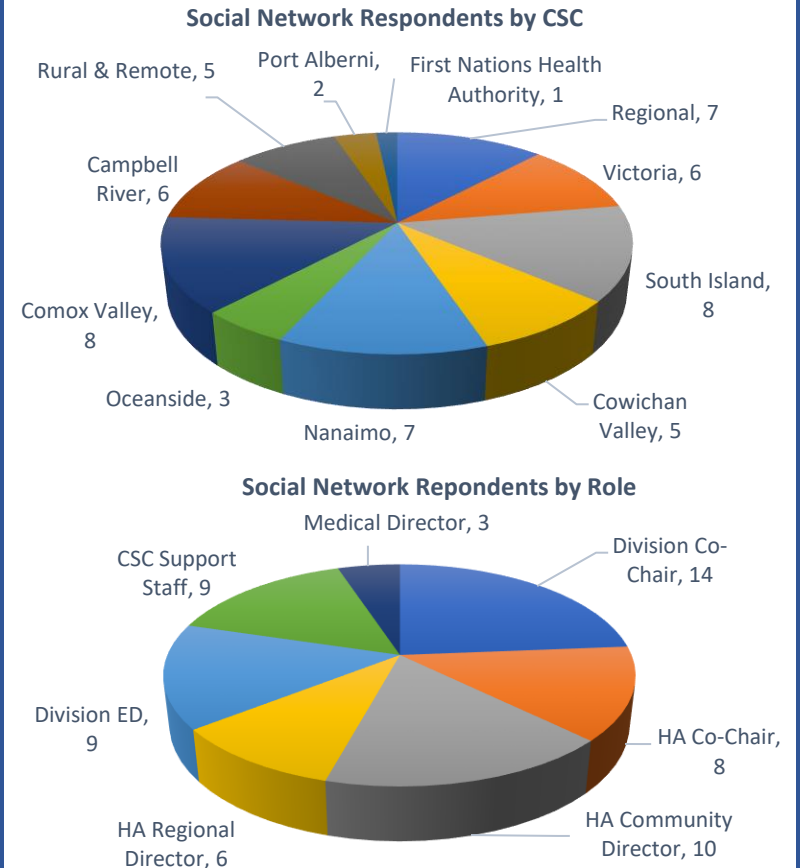
1. The responses to the survey were not equal across communities or roles. This impacts the overall findings because the findings only represent the Interdivisional CSC members that completed the survey. The number of responses represent greater than 70% of Interdivisional CSC members, which is considered valid for social network analysis⁴.
2. An invitation was put out to all communities to participate in the interviews. The PCN Steering Group communities were the two communities that came forward.
3. Interdivisional CSC members from GPSC, Ministry of Health, Primary Care Informatics working group and Provincial Rural and Remote working group were excluded from analysis due to lack of data.

Patterns of Effective Networks

Researchers identified six patterns of effective networks⁵. The Interdivisional CSC member network was compared against these patterns:

1. *Birds of a feather flock together*: People in a network link together because of a common attribute, goals or governance.
2. *Diversity is important*: Diversity of connections is required to facilitate bringing new information into a network and maximize innovation.
3. *Those close by, form a tie*: Proximity of people in a network leads to a connection between people.
4. *Some people are more prominent than others*: In an effective network, some people serve as a hub or knowledge brokers and have more connections in the network than others.
5. *Most people are connected with one another by a short path*: Having a shorter number of connections, or path, between any two people in a network improves the speed and accuracy of information flow.
6. *People have more than one connection to each other*: A robust network can withstand shifting or removal of people without a disruption of information flow.

Figure Three: Responses by Role and by CSC



⁴ Borgatti, S. P., Carley, K. M., & Krackhardt, D. (2006). On the robustness of centrality measures under conditions of imperfect data. *Social Networks*, 28(2), 124-136.

⁵ Krebs, V., & Holley, J. (2005, Winter). Building adaptive communities through network weaving. *Nonprofit Quarterly*, 61-67.

Key Findings

Birds of a feather flock together.

Question: Do Interdivisional CSC members seek PCN/PMH information from other Interdivisional CSC members with similar roles? Within Role Information Sharing

Social network analysis showed that three role types had strong within role networks such that:

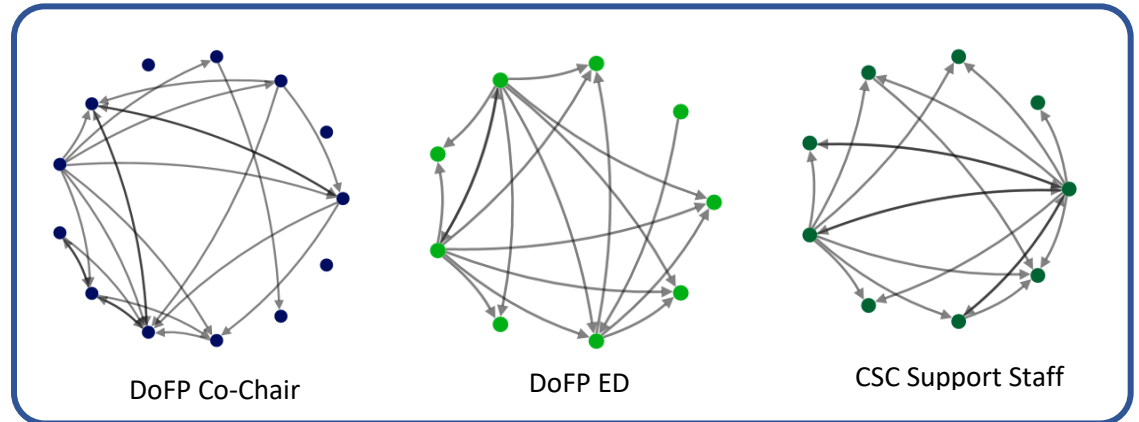
- Division Co-Chairs seek PCN and/or PMH information from other Division Co-Chairs
- Division EDs seek PCN and/or PMH information from other Division EDs
- CSC Staff Support seek PCN and/or PMH information from other CSC Staff Support

Collaborative Structures

During qualitative interviews, interviewees described regular meetings occurring between Interdivisional CSC members outside of the biannual Interdivisional CSC meeting. These meetings were described as supporting their work on PCN and/or PMH implementation with other Interdivisional CSC members. The meetings described occurred within role such that:

- Divisions Co-Chairs meet the night before each Interdivisional CSC meeting,
- Division EDs and Division Co-chairs meet the morning of the Interdivisional CSC meeting,
- Division EDs meet face to face 5 times a year for a day long meeting. One Division ED described these meetings as “a support network, think tank and for problem solving together”, and
- CSC Staff Support meet with their CSC peers on a monthly basis. CSC Staff Supports also attend the morning session of the Division EDs face-to-face meeting.

Figure Four: Network maps within role type



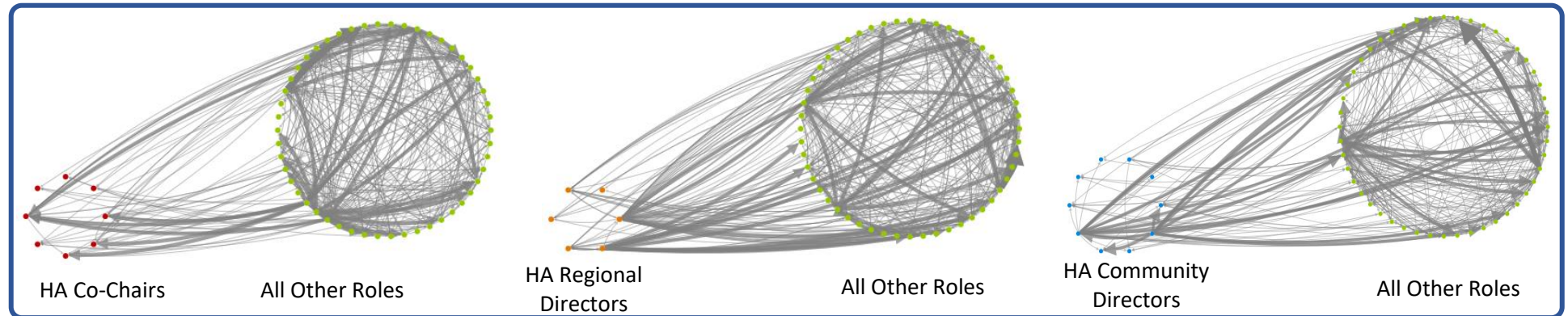
Key Messages

- The social network analysis revealed that three roles, DoFP Co-Chairs, DoFP EDs and CSC Support Staff, connect with similar roles across CSCs.
- Regular within role meetings connect similar roles across CSCs and supports information sharing across CSCs.
- Holding regular within role meetings facilitates information sharing.

Diversity is important.

Question: Do Interdivisional CSC members seek PCN/PMH information from other Interdivisional CSC members with different roles? Outside Role Information Sharing Social network analysis revealed that the three remaining role types⁶ had strong outside role information sharing networks such that HA Co-Chairs, HA Regional Directors, HA Community Directors connected more with Interdivisional CSC members that had a different role than themselves.

Figure Five: Network maps between role type



Collaborative Structures

During qualitative interviews, interviewees described having frequent communication via phone or email, CSC planning meetings and strategic planning days with Interdivisional CSC members such as Division EDs, Division Co-Chairs and CSC Staff Support.

Key Messages

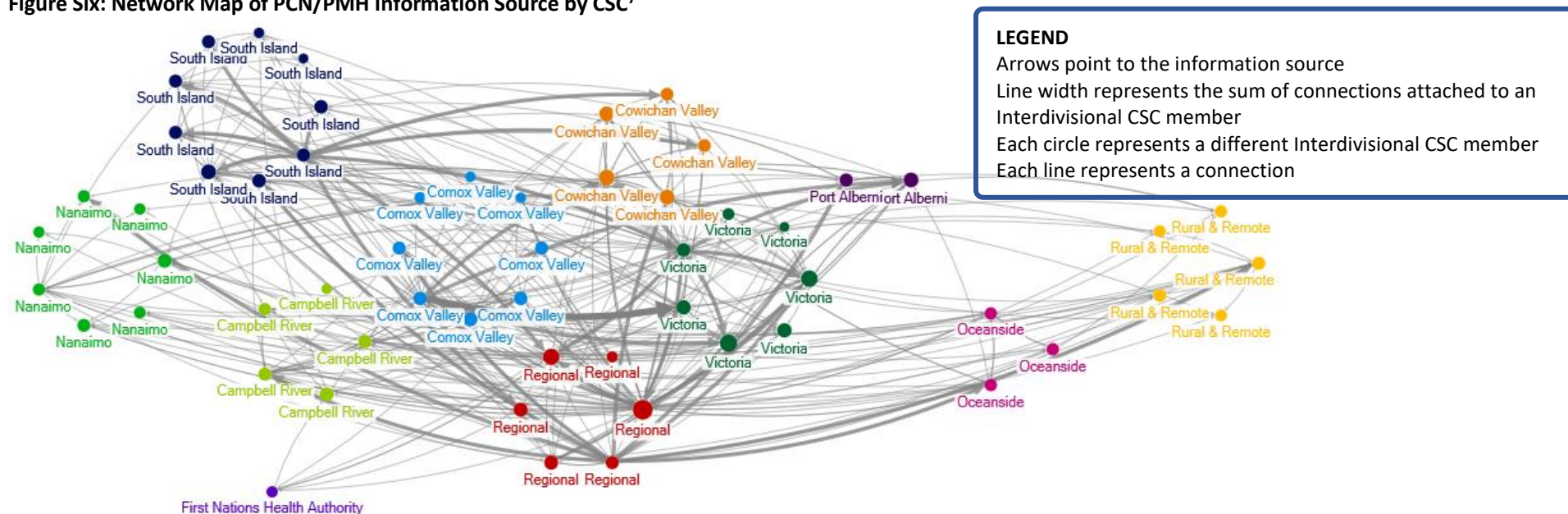
- HA Co-Chairs, HA Regional Directors, HA Community Directors connect more with Interdivisional CSC members that had a different role than themselves.
- Frequent communication and co-planning with Interdivisional CSC members with different roles ensures new and innovative information is introduced into the CSCs.
- Seeking information from different roles increases the integration of new and innovative information at the local level.

⁶ Medical directors were excluded because of a small number of possible responses.

Question: Do Interdivisional CSC members seek PCN information from other CSCs?

Social network analysis highlighted that Interdivisional CSC members seek PCN and/or PMH information both within their own CSC and from other CSCs, most CSCs have multiple connections with other CSCs and Interdivisional CSC members with a Regional role connect relatively equally with all CSCs.

Figure Six: Network Map of PCN/PMH Information Source by CSC⁷



Collaborative Structures

The Interdivisional CSC is a regional structure that supports networking and information sharing between Interdivisional CSC members. The Interdivisional CSC connects representatives from 8 CSCs, the Port Alberni Division, Island Health, First Nations Health Authority, GPSC and the Ministry of Health biannually as a group in-person and frequently via email or phone individually.

Key Messages

- Interdivisional CSC members seek PCN and/or PMH information both within their own CSC and from other CSCs.
- Interdivisional CSC members with a Regional role connect relatively equally with all CSCs but not all CSCs are connected equally to one another.
- Information sharing between CSCs ensures new and innovative information is introduced across the CSCs.
- Engaging with CSCs that are highly connected facilitates spread of new and innovative information across the network.

⁷ Results are influenced by the number of respondents per CSC.

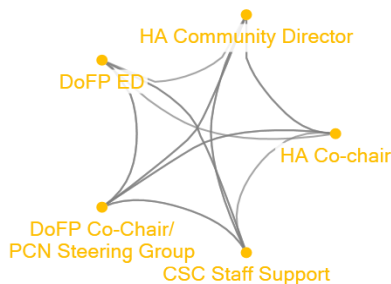
Those close by, form a tie.

Question: Do Interdivisional CSC members seek PCN/PMH information within their own CSC?

Social network analysis highlighted that Interdivisional CSC members seek PCN and/or PMH information within their own CSC. Furthermore, the analysis underlined the number and diversity of organizations represented at a CSC increases both the breadth and complexity of information sharing and collaboration. For example, while increasing the number of organizations represented at a CSC increases the area of influence of a CSC, it also impacts the complexity related to relationship building, reaching consensus, and strategic planning and priority setting.

Figure Seven: Information sharing and collaborative structures for Cowichan and Victoria CSCs

Cowichan CSC: The Cowichan CSC is a multi- membership model. Members include the Division, First Nations Health Authority Island Health, GPSC, Our Cowichan Health Network, Cowichan Tribes, Hospital Foundation, and the Cowichan Medical Society.



Collaborative Structures

Interviewees identified several structures that support the collaborative process at the CSC level, including:

- Collaborative priority setting and strategic planning
- Regular meetings outside of CSC meetings

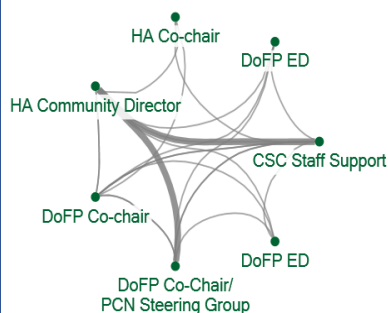
Benefits:

- Can create sustainable change outside the Division or Island Health jurisdictions

Challenges:

- Decision making is distributed among more organizations members
- Large group to organize and projects may require more time
- Priorities may not be shared equally amongst partner organizations

Victoria CSC: The Victoria CSC membership consists of the Division, Island Health and General Practice Services Committee.



Collaborative Structures

Interviewees identified several structures that support the collaborative process at the CSC level, including:

- Annual CSC strategic planning day
- Meeting monthly to co-develop the CSC agenda
- Focus CSC agenda on shared work

Benefits:

- Each organization has an equal weighting for voting
- More direct approach for identifying shared priorities and the work of the CSC
- Projects can move forward more quickly

Challenges:

- High degree of complexity involved (e.g. Division crosses municipal boundaries) to invite potential partner organizations to join CSC
- Difficulty influencing change outside of the Division or Island Health

Key Messages

- Both CSCs participate in co-planning, frequent communication, and collaborative strategic planning with CSC members.
- The complexity of CSC membership influences flow of information between CSC members.
- The breadth and complexity of CSC membership should be considered when engaging in new shared work.

Some people are more prominent than others.

Social network analysis provides valuable information about the connectedness or centrality⁸ of people in a network by describing the number and type of connections people have in a network. In the case of information sharing, these connections reflect the flow of information between Interdivisional CSC members. Social network analysis of the Interdivisional CSC network revealed that several key Interdivisional CSC members were identified as sources of PCN and/or PMH information⁹. The most prominent Interdivisional CSC members related to PCN and/or PMH information are members of the PCN Steering Group.

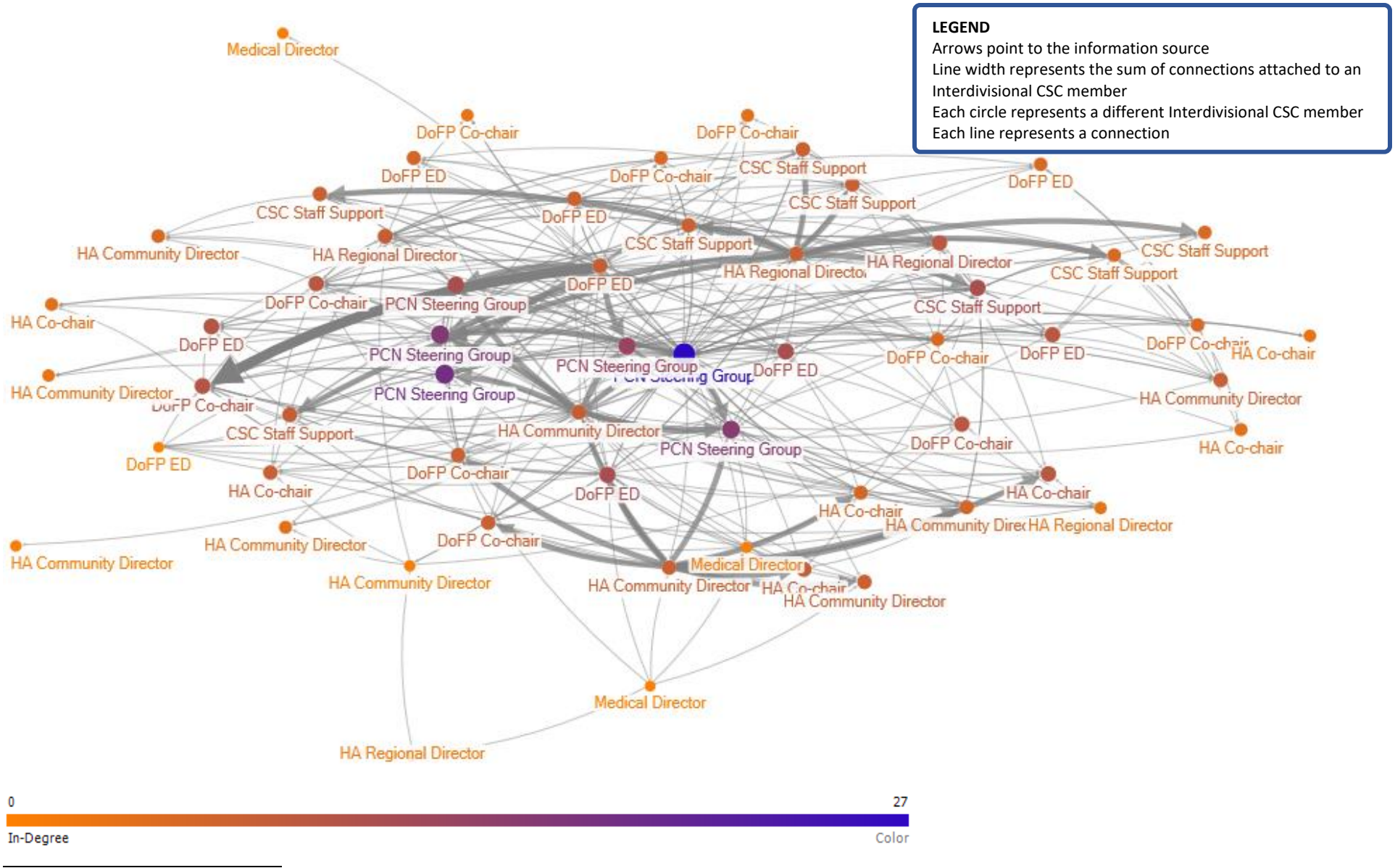
Network density¹⁰ is used in social network analysis to describe the number of connections between people. IDC members receive PCN and/or PMH related information from 12% of all the possible connections between members.

⁸ Centrality: a measure of how information flows by looking at how many connections one person has to other people. It can be used to identify who the key players are in a network.

⁹ In-degree centrality: The count of the number of people that are directed to a person.

¹⁰ Network Density: The number of potential connections calculated as the percent of the total number of connections by the total number of possible connections.

Figure Eight: PCN/PMH Information Source by Interdivisional CSC Member Role Type¹¹



¹¹ IDC roles are used to maintain anonymity of respondents.

Collaborative Structures

The PCN Steering Group supports Interdivisional CSC members by providing coordination and communication on PCN and/or PMH information with CSCs. The PCN Steering Group formed in 2016 in response to the need for regional support for the implementation of PCNs and/or PMHs.

Interdivisional CSC members with highest in-degree centrality

Role	In-degree centrality
PCN Steering Group	27
PCN Steering Group	18
PCN Steering Group	16
PCN Steering Group	15
PCN Steering Group	13

Key Messages

- Interdivisional CSC members connect with a small percentage of other Interdivisional CSC members for PCN and/or PMH information.
- The PCN Steering Group was identified as key sources of PCN and/or PMH information.
- The PCN Steering Group serves as a hub or knowledge brokers of PCN and/or PMH information.
- The PCN Steering Group should maintain up-to-date knowledge on PCN and/or PMH information and serve as the regional source for PCN and/or PMH information.

Most people are connected with one another by a short path.

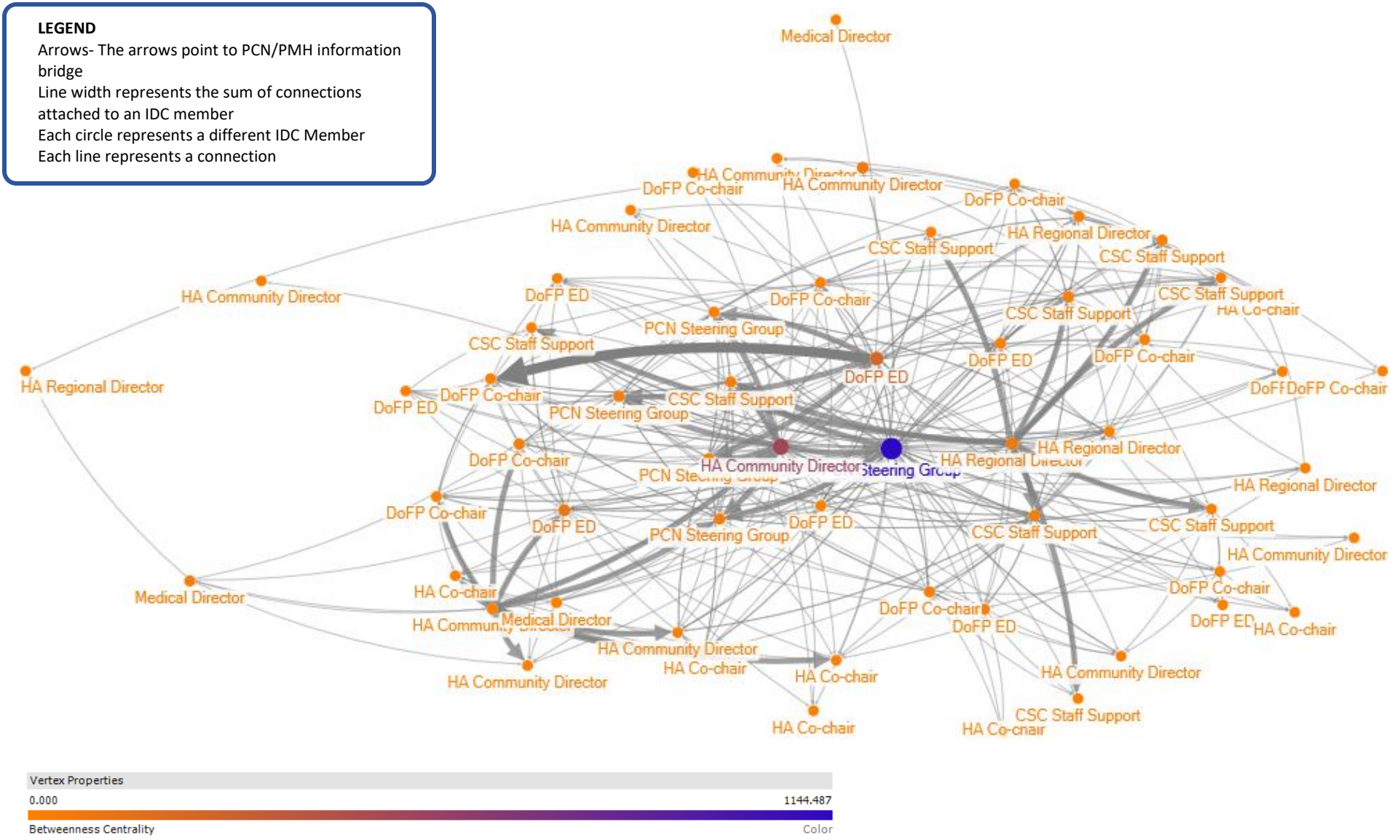
Social network analysis of the Interdivisional CSC network revealed several key Interdivisional CSC members were bridges¹² between people for PCN and/or PMH information between Interdivisional CSC members. The strongest bridges are the Interdivisional CSC members that most frequently connect two other Interdivisional CSC members related to PCN and/or PMH information. There is significant variability between how Interdivisional CSC members are connected to one another such that some members are strong bridges with many connections while other Interdivisional CSC members only have one connection to the Interdivisional CSC network.

On average, most IDC members have a short path length¹³ such that they are connected to each other within two degrees of separation. The largest path to connect 2 IDC members is four degrees of separation.

¹²Betweenness centrality: The count of the number of times a person acts as a bridge along the shortest path between two other people.

¹³Path length measures the number of the connections between people in a network where the average number of connections needed to connect any two people in the network. and the maximum path length is the maximum number of connections needed to connect any two people in the network. The average path length between any two IDC members is 1.8 and the maximum path length for the IDC network is 4.0.

Figure Nine: PCN/PMH Information Bridges by Interdivisional CSC Member Role Type¹⁴



¹⁴ IDC roles are used to maintain anonymity of respondents.

Collaborative Structures

The Interdivisional CSC has been connecting Interdivisional CSC members since 2012 with biannual in-person meetings and additional supports to enable health system change in primary health care through regional coordination, networking and information sharing. Most interviewees noted having previously worked together with Interdivisional CSC members, mainly within their own CSC, on many similar collaborative projects over the years such as A GP for Me.

Interdivisional CSC members by highest betweenness centrality¹⁵

Role	Betweenness centrality
PCN Steering Group	1144
HA Community Director	522
Division ED	239
Division ED	101
HA Community Director	77

Key Messages

- On average, IDC members are connected to each other within two degrees of separation.
- The short number of connections, or path, between any two IDC members improves the speed and accuracy of information flow.
- Several IDC members serve as a bridge connecting one IDC member to another.
- Some IDC members only connect with one other member, suggesting they are loosely attached to the IDC network.
- The bridging function connects IDC members indirectly.
- Ensuring all IDC members are connected with one another maintains the speed and accuracy of information flow.
- Information dissemination strategies should target the people identified as top bridges.
- Strategies to increase the number of connections for IDC members that are loosely connected highlights an opportunity to explore additional supports.

¹⁵ Betweenness centrality: the number of times they act like bridge connecting two Interdivisional CSC members related to PCN and/or PMH information.

SUMMARY OF FINDINGS

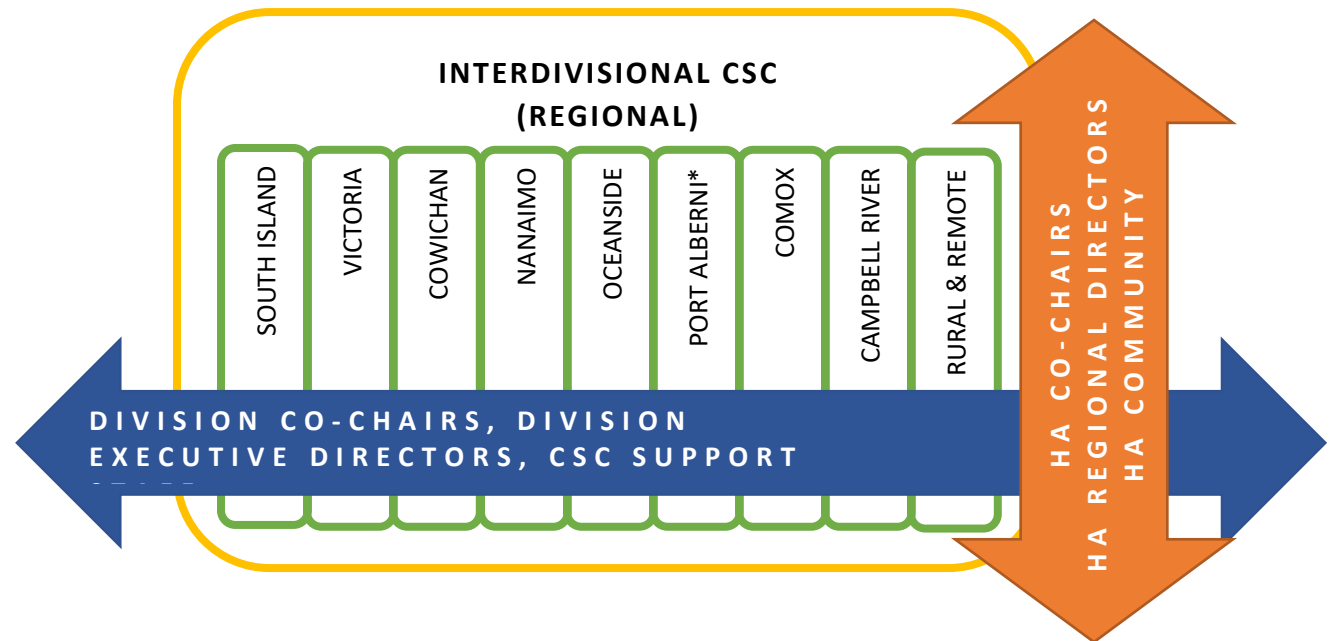
The social network analysis of information sharing by Interdivisional CSC members reflects a network model positioned to support the introduction and diffusion of innovations across all CSCs. The qualitative interviews identified structures in place to support information sharing and collaboration between Interdivisional CSC members (Refer to table one in the Executive Summary).

Interdivisional CSC MEMBER NETWORK MODEL

The social network analysis and quantitative interviews revealed key features of the Interdivisional CSC member network that contribute to the integration and spread of innovative information between Interdivisional CSC members, including:

- Division Co-chairs, Division EDS and CSC Support Staff exchange information within roles and spread information across CSCs.
- HA Co-chairs, HA Regional Directors and HA Community Directors exchange information between roles and integrate new and innovative information into CSCs.
- Interdivisional CSC members exchange information internally with their CSC and externally with other CSCs.

Figure Ten: Visual representation of Interdivisional CSC



*Port Alberni has yet to form a CSC and is in a developmental stage.

KEY LEARNINGS

For the Vancouver Island Region	For interorganizational partnerships and collaborations in other regions
<ul style="list-style-type: none"> • Holding regular within role meetings facilitates information sharing across CSCs. • Seeking information from different roles increases the integration of new and innovative information at the local level. • Selecting CSCs and Interdivisional CSC members that are highly connected facilitates the spread new and innovative information across CSCs. • The breadth and complexity of CSC membership should be considered when engaging in new shared work. • The PCN Steering Group is a source for regional PCN and/or PMH information. • Strategies to increase the number of connections for Interdivisional CSC members that are loosely connected is an opportunity to explore. 	<ul style="list-style-type: none"> • Develop supportive structures at the local, regional and provincial levels such as CSCs, Interdivisional CSC and the PCN Steering Group. • Develop and leverage a group of highly connected individuals to be a source or hub of information such as the PCN Steering Group. • Intentionally allocate human and financial resources to support collaboration such as dedicated staff to coordinate stakeholder engagement. • Participate in regular co-planning and priority setting activities (CSC and Interdivisional levels) such as shared strategic planning days with key stakeholders. • Ensure the value of membership and shared priorities for all partners by including all partners in strategic planning sessions. • Allocate time for relationships to become established and re-established after change. • Continuously tend to the partnership, especially during times of change. Consider participating in ongoing relationship building exercises.

CONCLUSIONS

Information sharing related to PCN and/or PMH between Interdivisional CSC members reflects the patterns of an effective network. The collaborative structures supporting information sharing at the regional and local levels include the Interdivisional CSC, CSCs, the PCN Steering Group, regular within role meetings, frequent communication, co-planning and collaborative strategic planning within and between roles.