RRFSS PROJECT COORDINATOR

SUMMARY

Roles and Responsibilities

1. Administrative
   - Minutes / Agenda
   - Meeting Arrangement
   - Stuff no-one wants to do

2. Co-ordination / Project Management
   - Ensure stuff gets done
     - ?? policy
     - ?? communication
     - ?? documentation

3. Champion / Promote RRFSS
   - presentations

4. Secure Funding / Sustainability
   Issues:
   - To what extent “doer” or “co-ordinator”?
   - Generalist or technician?
   - Can you get all this in one person?

Skills

Linked with Roles and Responsibilities

Issues

- Do you need to do analysis or have some understanding?

Funding

1. Add fee to health unit cost

2. Seek provincial government funding

3. Seek federal government funding

4. Seek other agency support
   - HIU
   - PHRED
   - Foundation
   - Private company (drug)

Issue
Stability / continuity
Control

Housed

1. Central / preferred HIU or health unit

2. ISR

3. Ministry of Health and Long-Term Care

Reporting

Issues
Reporting orgainzational structure, new? or creative / informal arrangement?

Selected

Sub-committee of Working Group with appropriate representation (needs definition)

DETAILED

1. Key Roles, Responsibilities and Skills Required

- Coordinator – Working Group, Advisory Group, External Agencies
- Development of guidelines and procedures protocol, insuring adherence
  - new health units
- Question: who is doer? Does coordinator do the scheduling, e.g.
- Plan meetings
- role as “staff support” to working group – like an
  - full time
- Promotion role?
  - presentations, articles
- ? Do they <u>do</u> analysis and interpretation
- Strategic planning
- Secure funding
  - Research group for validation (autonomy)
- Admin - minutes, agendas, set up meetings
- Expert/technician – analysis, design
- Coordinative role between health units and agencies – facilitation, mediation, negotiation
- Managerial/technical assistanc3e to new health units – central coordinator
  - share accumulated experience knowledge
- Doing the analysis/maybe not?
- Analysis skills
- Do health units have this skill
- Other skills more important, i.e., coordination piece
- May assist in e.g. development of syntax?
- Promotion and marketing role “championing”
- Fundraising
- Explore funding options from external sources
- Explore reciprocal relations with other agencies

- Possible data sharing
- all health units
- Facilitate collaboration between health units beyond chairing Working Group
- Coordinating functions not necessarily performed by 1 person
- Coordination at the regional level? Instead of 1 coordinator
- Still need a central coordinator
- Admin chores/technical, e.g., development of a standard “line” of surveillance **products** like annual reports
- Methods expertise
  - to coordinate, not necessarily do it all, contractors, students
- Title “Project Coordinator” undervalues the nature of role
  - emphasis facilitate others to do stuff
- Is the role supposed to remove burden of Working Group representatives?
  - admin
  - coordinate
- Problem solve technical issues – “doing” module revisions, especially
- To maintain paperwork
  - contracts, MOUs
- “People skills”, diverse people, all levels
  - dynamic speaker
  - networker
  - promotion
- Fundraiser – grants
- Survey methods/computer
- University research background
- Project management
- Dissemination/writing/communication
- Experience/networks in public health **an asset**
- Coordination/administration
  - the stuff no one wants to do
  - scheduling, liaison activities
- Existing draft seems like an admin/clerical function
  - what about developing syntax files, central analysis, developing modules
- Is this same skill set as liasing, etc.
- Epidemiologist ideal?
- Skills
  - data analysis
  - survey methodology
  - data collection
- Personality
- Excellent project management
- Interpersonal/liaison/coordination
  - facilitation/communication
- Knowledge/expertise survey methods
- May need to select/rank key skills
- Development of new modules (leadership)
- Survey methodologist vs data analysis vs being able to coordinate/develop “steer”
- “Marketing” RRFSS

?? Ability to deal with “growth issues”
  ?? project manager/strategic planner)
?? How to deal with new health units coming on
?? Dealing with special requests
?? How does coordinator relate to chair?
  ?? work for Working Group
?? Must work independently

Key Issues

?? “Do” vs “coordinate”
?? Skill level (skill set)
  ?? Administration (facilitates – develops., draws in resources)
  ?? Communication
  ?? Research/interpretation
?? Do we want/need a “generalist” at this stage?
?? Updating website content
?? Coordinate process, central analysis and website reporting
?? Promote and championing in and beyond health units

Key Value

?? Continued involvement of partners
  ?? implies a generalist
  ?? not to grow ????? structure
  ?? facilitate and coordinate

2. Funded

?? 1 FTE, ½ FTE?
?? 10% fee on top of RRFSS contract
?? Why not flat fee?
?? Are there economics of scales when new health units added? (ISR fixed costs?)
?? Need long-term (stable) funding to allow for ISR planning cycle.
?? Back to staff/funding issue want to be able to offer a longer-term contract to attract/keep good staff
?? Outside funders (Ministry, Municipalities)
?? Granting agency
  ?? compromise control?
?? If there is consensus there is a **need** for a coordinator, all partners **expected** to pay.
?? Probably a FTE, currently 1 person .75 FTE
?? Secondments from health units
?? Money from partner health units
  ?? surcharge on ???? survey
?? Provincial or federal money
?? Drug/vaccine companies
?? Are all health units equal?
  ?? should there be differential based on size?
?? Central funding preferable e.g. MOHLTC instead of health units
?? Realistically, health units will have to come up with money
?? Need **stability**

- Incorporating funding into contracts with ISR
  - fee added to regular contract
- PHRED
- HIUs? May work with a regional model – may help with regional coordinators
- Feds?
  - money for development of infrastructure, David Mowatt, Health Canada Disease Surveillance
- CHIR – strategic grants for
- Issue of accountability if ISR contracts
- Everyone puts in some money
- Get the province (MOHLTC) to pay for whole thing
  - they would then reside at Ministry
- There is much support from MOHs to have a coordinator at MOHLTC?
- HIUs would be very supportive
  - space, equipment, supervision
- How much money per health unit
  - what happens if health units drop off
- Stable/ongoing key (recognizing that this is a challenge)
  - in order to attract quality person
- Would ISR hire someone, partially funded by health units?
- Need to stabilize participation of health units for ISRs conference
- If we want "objective" don't want housed at a given health unit ("arms length")
- May also apply to ISR
- To have a close constant "link" is good, however, issues around neutrality, objectivity, etc.
- Utility
- PHRED for money

Housing Coordinator

- **Central** stable site
- ISR, Durham, MOHLYC, HIUs?
- Leave worker an option to work at one of several good sites
- Is there a problem of housing at one health unit?
- What is relationship to a health unit?
  - reporting
- Advantages
  - certain infrastructure
- Will a legal identity need to be formed?
  - could it fit with Health Information units
  - PHRED link?
- Would Feds be receptive (not currently)? Health Canada?
  - possibilities through "surveillance" initiative
  - LCDC (Health Canada) has been supportive of RRFSS
- Prefer "arms length" relationship between Coordinator and Working Group
  - a different employer, e.g. Feds
- May prefer not to house at ISR
- Prefer not at one of the health units
- Perhaps a HIU good for housing, need **resources**
- ISR seems logical **arms length from any health unit**

- If Ministry pays, house there
- Depends on how funded
- Does Coordinator need to be an employee of an agency?
  - independent contractor
- Prefer **outside** of both ISR and any health unit
- Perhaps **HIUs** would be best
  - existing relationship
  - neutral from health unit perspective
  - better fit than PHRED?
  - existing admin structure, cleaner/simpler
- May not matter where money comes from with HIUs
- If Ministry pays, will they try to control? Need no/little strings attached

Reporting

- Working Group, Chair
- What is the nature of **supervisory** authority re: chair
- Need to clarify relationship between working group and chair
- Could be “Advisory Group”
- Depends on where housed
- Advisory Group/Working Group
- Chair – on project matters
- Admin of sponsor – on admin matters
- Key? If they’re housed at HIU do they report to Working Group as a “consortium” RRFSS as an organization in itself e.g,. a “community agency model”
  - an incorporated board
- Makes sense financially
- Administrative nightmare
- What are the organizational/structural model options? (concerns voiced)
  - formal consortium??
  - relationship with an HIU reporting to the Director or Chair of Working Group or
  - ISR hires and admin supports – an “understanding” with Working Group”
  - What about a centrally located health unit? Would that really compromise neutrality?

Selection Process

- Hiring committee
  - subcommittee of Working Group
  - selection
- Outside participants?
- Are there legal/administrative issues? (If not a separate organization
  - who is the employer?
- ISR prefers 1 contact instead of from each partner
- What organization/contractual structure
- Advisory group or a subcommittee
  - representative from organization that is housing
- Big province, where will the person be.
  - host, etc. will guide selection
  - Selection committee (3 or 4) from Working Group
  - Depends on funder and housing organization

?? A person reporting health unit, e.g., an MOH?
?? Hire head-hunter for “first cut”
?? Seems likely that funding for 2003 will come from health units
?? Search committee
    ?? subcommittee of Working Group
?? Allow Search committee to ???? through criteria

Key Concerns
?? Continuity (re: secondment not preferred)
?? Fee from each health unit? Depends on number of health units?
?? Some contribution of funding? Does anyone have time.
?? Will a health unit cover costs like space, administrative costs

?? Is the hiring of a Coordinator premature?
    ?? policy, procedure
    ?? memo of understanding
?? Need more groundwork?
?? Would Coordinator facilitate that?
?? The composition of the partnership (Working Group) is changing. May not be able to get “stable” in advance before hiring Coordinator
    ?? “We’ve grown so quickly”
?? Don’t know enough what person needs to do?
?? Yet the “voluntary burden” may prohibit some health units
?? If we want a Coordinator January 2003, need to start process now
?? Can in be sustained without a Coordinator? The fact it’s been done voluntarily is remarkable.
?? It is preferred
?? All the coordinating functions are important
?? An “arms length” status would be facilitative
?? Need representatives of various health units on Working and Advisory Group
?? Is there a consensus that there is a need?
?? If RRFSS stays at current level or grows
?? Possible to second someone from a health unit in the short-term or a “leave”