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1.0 Purpose and Scope

Ontario Health Teams were created by the Ministry of Health to transform health care in the province. By building integrated care across Ontario that provide seamless, coordinated services for patients, Ontario Health Teams will achieve better outcomes for both patients and providers, improve population health, and provide better value for the province¹.

The Guelph Wellington Ontario Health Team (GW OHT) has been approved as an “Ontario Health Team” by the Ministry of Health under the Connecting Care Act, 2019. This ‘Terms of Reference / Collaborative Decision-Making Arrangement (CDMA)’ describes how partners of the GW OHT will work together to achieve the vision of providing a continuum of integrated, patient-centered services for patients and their caregiver / families. Partners of the GW OHT share a commitment to equity and inclusivity as they work to achieve the quadruple aim², towards the vision and goals of the GW OHT on behalf of its community. Partners of the GW OHT work together to fulfill Ministry of Health Transfer Payment Agreement (TPA) deliverables as a step towards maturity when partners will share a single funding envelope and be collectively accountable for the health of our population.

The Guelph Wellington Ontario Health Team Steering Committee will provide leadership and oversight and in doing so, will ensure the voices of residents and providers are included in its decision-making. Partners of the Guelph Wellington OHT are committed to the health and well-being of the entire population of Guelph and Wellington County.

The purpose of the GW OHT Steering Committee is to enable strategic decisions and support initiatives to achieve the shared objectives, work plans and the joint strategic plan (once developed). The Steering Committee has no authority to make a decision binding on a member organization. The Steering Committee will not duplicate or replace any member organization’s governance or operational decision-making.

The Guelph Wellington Ontario Health Team is comprised of a group of partners working collaboratively. As provincial direction emerges, the OHT will evolve and mature bringing clarity to its mandate and structure. This CDMA reflects the nature of the Guelph Wellington Ontario Health Team at the time of publishing and will be reviewed every 6 months, and amended, if necessary, to reflect its evolution.

2.0 Guiding Principles

Partners are committed to the GW OHT Joint Steering Committee Principles of Partnership, as developed by the GW Joint Steering Committee (See Appendix 1).

3.0 Mandate

¹ ‘Ontario Health Teams Full Application Form’ template

² The quadruple aim has 4 goals: (1) Improving the patient and caregiver experience; (2) Improving the health of populations; (3) Reducing the per capita cost of health care; and (4) Improving the work life of providers. This definition was provided by the Ontario Government, accessed online July 6, 2021.

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The Steering Committee's role is to create a forum for partners to plan, design, implement, and oversee the Guelph Wellington Ontario Health Team. The Steering Committee's roles and responsibilities include:

a. Planning and Priorities

- i. Establish an overall strategic plan³/priorities for the GW OHT (with advice from the Strategic Planning Working Group); develop and oversee (i.e., measure, monitor and track progress of) an annual work plan consistent with the common strategic plan; ensure key actions of working groups continuously align with the strategic plan; and support course correction as necessary.
- ii. Oversee the development of an evaluation framework, including outcome and process measures that will improve the health of, and delivery of care to, the population.
- iii. Identify and understand the health of the GW OHT priority populations, including health equity and social determinants of health⁴ and to oversee system change in support of enhanced care and health outcomes for those populations and all the residents of the OHT's attributed population.
- iv. Develop the name and central brand for the GW OHT.

b. Quality and Risk

- i. Provide oversight for quality and risk.
- ii. Ensure processes are in place to identify and advance evidenced-based and best/leading practices across the GW OHT.
- iii. Review, monitor and collaborate on achievement of safety and quality standards as well as performance and quality improvement for the GW OHT.
- iv. Identify risk issues and consider risk allocation, mitigation, and corrective actions for GW OHT activities.
- v. Develop a complaints and significant event process for issues that affect more than one partner.
- vi. Develop a risk management framework (e.g., risk registry) for issues that could negatively affect the GW OHT and its residents.
- vii. Review and approve standards and mitigation plans to address cyber security risk.

c. Resources and Accountability

- i. Develop guidelines for sharing of costs and resources, including funding earmarked for GW OHT, as well as human resources, capital, facilities, and costs related to supporting the work of the GW OHT.

³ Our strategic plan is a document that is used to communicate with partners and other organizations, our goals and the actions needed to achieve the goals as well as other elements developed to support the goals.

⁴ The social determinants of health are the social and economic factors that influence people's health. This includes: income, education, employment, working conditions, food security, housing, social inclusion, health services, gender, ethnicity, etc.

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- ii. Work together on financial performance of the GW OHT, resource sharing and use, best practice, and innovation.
- iii. Develop clinical and financial accountability standards.
- iv. Facilitate and oversee the development of a digital health strategy for the GW OHT.

d. Governance and Compliance

- i. Evaluate and identify opportunities for improvement as it relates to the leadership and governance function and structure of the GW OHT on an ongoing basis, including the establishment of a standardized process to include additional partners to the GW OHT, moving towards sectoral representation as appropriate.
- ii. Develop processes to facilitate dispute and conflict resolution.
- iii. Ensure compliance with all legislative and reporting requirements.

4.0 Structure: Sub-Committees and Working Groups

- a. See Appendix 2 for a description of the GW OHT Organizational Structure.
- b. The mandate, membership and processes of each working group are set out in each group's Terms of Reference.
- c. With the support of an Executive Sponsor (i.e., a member of the Steering Committee) each working group will support the functions of their group and develop a work plan to achieve the annual objectives within their respective mandate(s). In doing so, working groups will develop recommendations to the GW OHT Steering Committee, including requests for resources. In addition, they will provide updates regarding key goals achieved and bring to the Steering Committee any barriers to progress or risks to be mitigated.
- d. The Guelph Wellington OHT Strategy & Governance Council will provide oversight for the GW OHT joint strategic planning/priority-setting process and carrying through of the strategic plan/priorities. They will also make a recommendation to the Direct Core Partner Boards regarding a GW OHT governance structure that follows best practice. The composition, mandate, and processes of the GW OHT Strategy & Governance Council are set out in the Council's Terms of Reference.
- e. With Steering Committee endorsement, working group membership and work plan priorities may be updated and or changed, to address changing priorities.

5.0 Duties, Responsibilities and Commitments

- a. As an Ontario Health Team under the Connecting Care Act, 2019 the GW OHT will be the recipient of funding from the Ministry of Health and/or Ontario Health. Partners will contribute resources (e.g., funds, personnel, capital, and facilities) to the shared priorities and accountabilities of the GW OHT. Contributions will recognize varied resources and funding available.
- b. The GW OHT Steering Committee is established as the collaborative decision-making body of the GW OHT and will:

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- i. Provide executive support to the Strategy & Governance Council including:
 - development of a joint strategic priority-setting process⁵
 - implementation of the joint strategic planning/priority-setting process
 - recommendation(s) to the Strategy & Governance Council on a leadership structure for the GW OHT.
- ii. Provide support and oversight for the GW OHT work plan to achieve the deliverables.
- iii. Identify and remove barriers to progress.
- iv. Support the collection of data to identify the GW OHT attributed population and to use this data to understand and improve the health of the attributed population.
- v. Provide executive leadership and support to the GW OHT Working Groups including ensuring that the work of each working group is informed by engagements with local communities, patients, families and caregivers, physicians and other clinicians. (See 'Executive Sponsor Role Description')
- vi. Provide support, direction, and performance evaluation of employees of the GW OHT.

6.0 Conflicts of Interest⁶

- a. Each partner will, to the best of their ability eliminate or minimize any conflict between the GW OHT and its other contractual and service obligations and relationships outside of the GW OHT.
- b. If a partner becomes aware of any fact or circumstance that may harm that or another partner's ability to perform its obligations as described in this document, it will promptly notify the Steering Committee and the other partners of the nature of the fact or circumstance and its anticipated impact so that the partners, through the Steering Committee, may consider how to remedy, mitigate, or otherwise address the fact or circumstance.
- c. A formal conflict of interest policy has been developed by the GW OHT Strategy & Governance Council.

7.0 Quorum

- a. A majority of the Direct Core Partners (i.e., voting) (50% plus 1) is required for decision-making at meetings.
- b. If a member is not able to attend, the member may (but is not required to):
 - i. Provide consent to the chair in writing to the meeting proceeding in the member's absence. By doing so, the member shall be deemed to have consented to all business transacted at the meeting for which prior notice was given. If the member has a concern or objection to a planned motion, they can provide a written statement of concern.
- c. If no quorum, the members present may meet for discussion purposes only and no decisions shall be made.

⁵ The Vision and Values of the GW OHT will be developed as part of the joint strategic planning process.

⁶ A conflict of interest arises in any situation where a partner's duty to act in the best interests of the Guelph Wellington Ontario Health Team (GW OHT) is or may be compromised or impeded by any other interest, relationship, or duty. A conflict of interest also includes circumstances where the partners duties to the GW OHT are, or could be, in conflict with other duties owed by the partner, including those to his or organization, such that the partner is not able to fully discharge the duties owed to the Ontario Health Team. A perceived conflict of interest can be as much a concern as an actual conflict of interest.

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8.0 Decision Making

- a. The GW OHT Steering System Design Principles (see Appendix 3) will be used to support discussion aimed at reaching a consensus⁷.

Consensus means reaching agreement amongst all members of the group. A consensus process is committed to finding solutions that everyone actively supports - or at least can live with. This makes sure that all opinions, ideas and concerns are taken into account. Consensus is neither compromise nor unanimity. Consensus involves the following concepts:

- I. "I can live with it"
- II. No voting
- III. As a member you commit to not delaying recommendations
- IV. Flexibility
- V. Everyone cares about the work and decisions
- VI. Patients are at the centre of our transformation work
- VII. Everyone at the table is equal – bringing different experiences, resources, knowledge/strengths. Each individual has equal power and an equal voice.

For the purpose of the GW OHT, consensus means that members will come to a point where they have the least amount of disagreement possible. This does not mean that they are unanimous, and it does not mean everyone will agree. Efforts will be made to meet the concerns of everyone involved. The consensus process means that members will focus on doing the best job possible and achieving the best recommendation at the time.

- b. Members will be expected to demonstrate fairness and a commitment to matters under review and to put the interests of the persons served by the GW OHT, and the success and sustainability of the GW OHT, above the interests of their respective organization.
- c. If after thorough review and discussion, a decision still cannot be reached by consensus, the (co)-chair(s) will decide to either seek advice/direction from the Strategy and Governance Council OR put the issue to a Steering Committee vote.
- b. Each Direct Core Partner Executive member will be entitled to one vote.
- c. All decisions made by voting, after failure to reach a consensus by the steps outlined above, will be made by majority (i.e., 50% plus 1) support from voting members in attendance.

9.0 Inter- and Intra-Team Performance Discussions and Dispute Resolution

- a. All working group and Steering Committee members shall use their best efforts to address inter- and intra-team performance issues and to resolve any disputes in a collaborative manner through discussion. One approach to resolving the issue(s), is to have all partners involved in the dispute write a statement describing

⁷ Consensus means that each member is prepared to support the decision or, if applicable, recommend it to their board of directors or governing body, even if they do not agree with the decision/recommendation. Consensus means that you may not agree 100% but can live with the decision.

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the facts and events; as well as listing options for resolution. If these efforts do not lead to a resolution, any involved partner shall refer it to the Steering Committee and the developed statement could be used to present the issue.

- b. The Steering Committee shall work to resolve the dispute in an amicable and constructive manner. If the Steering Committee members have made reasonable efforts, and the dispute remains unresolved, the Steering Committee shall escalate to the Strategy & Governance Council.
- c. A formal dispute resolution policy has been developed and approved by the Strategy & Governance Council.

10.0 Privacy and Confidentiality

- a. GW OHT Steering Committee members commit to maintaining confidentiality of information presented and discussed at the Steering Committee meetings and through their interactions with other partners in their role as a member of the GW OHT Steering Committee.

11.0 Information Sharing & Transparency

- a. Partners shall communicate and disclose information to each other, and to the Steering Committee and working groups of the Steering Committee to achieve the shared objectives/strategic goals.
- b. If a partner becomes aware of an issue that might impact its, or another partner's ability to perform its obligations under this CDMA, they will promptly notify the Steering Committee of the nature of the fact or circumstance and its anticipated impact so that the partners, through the Steering Committee, may consider how to remedy, mitigate, or otherwise address the fact or circumstance.
- a. Each partner will work to eliminate, minimize, or mitigate any conflict between the GW OHT and its other contractual and service obligations and relationships outside of the GW OHT.

12.0 Financial Management

- a. The Guelph General Hospital will receive and manage funds on behalf of the GW OHT.
- b. The GW OHT Finance Working Group will support financial reporting requirements, variance analysis, and year-end reconciliation.
- c. Each partner will contribute to the GW OHT annual budget as per the methodology recommended by the Finance Working Group and approved by the GW OHT Steering Committee⁸. The Steering Committee will consider exemptions for an organization that cannot contribute the recommended amount.
- d. Each Working Group will propose resource requests to the Finance Committee (through the GW OHT Director) to support the development of the annual budget which will be presented to the GW OHT Steering Committee for consideration/approval.

⁸ Each organizations contribution to the GW OHT budget is equal to the relative proportion of the organization's Ministry of Health and Ministry of Long-Term Care funding to the total Ministry of Health and Ministry of Long Term Care funding of all partners.

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13.0 Membership

- a. The Guelph Wellington Ontario Health Team Steering Committee includes:
 - i. Direct Core Partner Executives - One executive from each direct core partner organization (Voting)
 - ii. Enabling Core Partner Executives - One executive from each enabling core partner organization (non-Voting)
 - iii. Guelph Wellington Physician Association representative /Other Physician Representation (TBD) (Voting)
 - iv. Patient/Caregiver – 2 representative(s) (Voting)
 - v. Director of Transformation (Non-voting)
 - vi. Transformation Lead (Non-voting)
 - vii. Other non-voting staff as agreed upon by the Committee.
- b. A core partner may replace its member on the Steering Committee or appoint a temporary alternative at its own discretion on reasonable notice to the other partners and to the Steering Committee Chair(s), provided the replacement or alternative has decision-making authority comparable to the member being replaced.
- c. The Steering Committee, through a consensus decision or majority vote, may require a partner, or other representative(s) on the Steering Committee, as the case may be, to replace its Steering Committee member where that member is not acting in accordance with the guiding principles and in pursuit of the shared vision of the GW OHT. The replacement member shall have authority comparable to the member being replaced.
- d. New partners who complete the "[Commitment of Partnership](#)" will contribute an executive to the Steering Committee.

14.0 Other Procedural Items

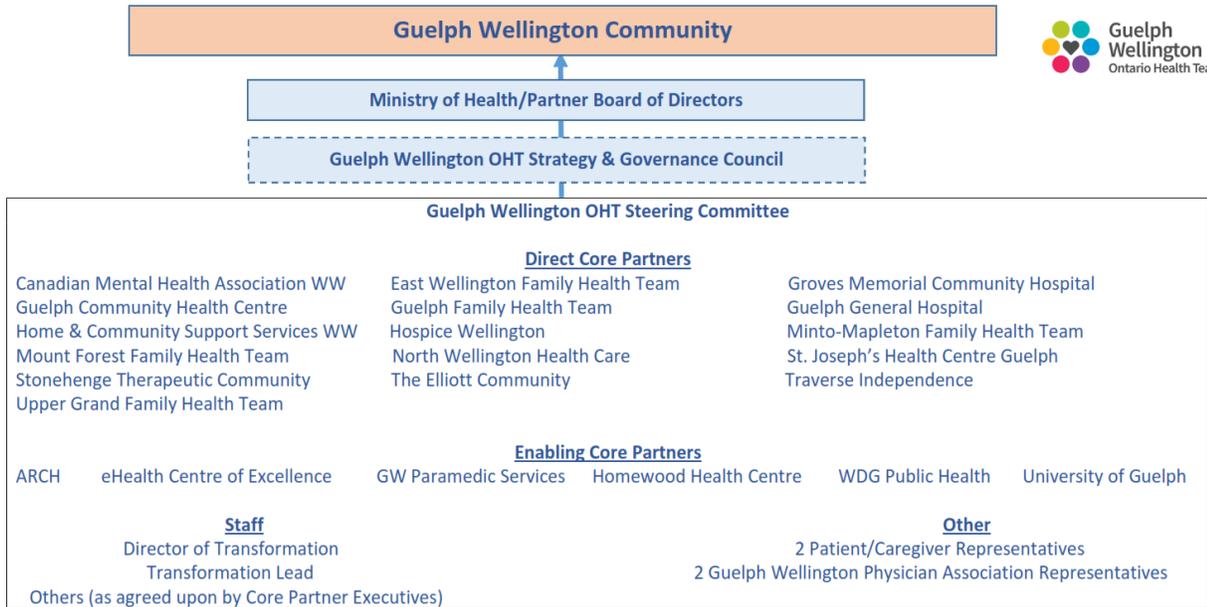
- a. The Steering Committee, through its working groups, will develop and implement a joint communication and engagement strategy to ensure timely and relevant information sharing with all stakeholders including Community Partners, Patients/Clients, Families and Caregivers, the community, and other stakeholders. The strategy will include a plan identifying a spokesperson for the OHT and describing distribution and alignment of key messages, target audiences and communication type and frequency.
- b. The Steering Committee shall meet bi-weekly or as needed.
- c. The CDMA and work plan will be reviewed every 6-12 months.

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Appendix 1 – DRAFT GW OHT Joint Steering Committee Principles of Partnership (June 2021)

1. We are patient-driven, focusing on equitably improving the health of the community.
2. We set clear boundaries & commit to transparency; we are dedicated to open conversations and meaningful dialogue.
3. We have integrity; we will do what we say we are going to do.
4. We are accountable; we will own our errors, apologize and make amends.
5. We are open; we will ask for help when needed & reciprocate.
6. We are respectful; we have positive intention.
7. We will transform to improve the health of members of the Guelph Wellington community.
8. We will celebrate successes, learn from our errors and be open to learn because we do not have all the answers.

Appendix 2 – Guelph Wellington OHT Structure (October 2021)



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|--|--------------------------------|---|--------------------|-----------------|-----------------|---------------|--|--------------------------------|--|
| System Transformation Table | Priority Populations | | | | | | | | |
| | Palliative | | | MH&A | | | 'Integrated Primary Care Teams' | | |
| | Enabling Infrastructure | | | | | | | | |
| Patient Partnership & Community Engagement | | Quality Improvement & Continuous Learning | Strategic Planning | Finance | Human Resources | Communication | Privacy & Security Working Group | | |
| Anti- Oppression Advisory Group | Patient Family Advisory Group | | | | | | Digital Health | Data & Performance Measurement | |

Note: Working Groups are tasked with developing recommendations to the Steering Committee describing solutions to system problems. In its current form, the SGC is not a decision-making body but has a role in endorsing Steering Committee decisions.

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Appendix 3 - System Design Principles

1. We prioritize people's needs and concrete experiences in our system co-design. This requires the use of data and stories.
2. We purposefully seek out the voices of those who may have been historically unheard or excluded from planning and decision-making.
3. We enable people to live their best health and receive high-quality care that is fair and appropriate, no matter where they live, what they have or who they areⁱ.
4. We are honest in our communication, sharing of information and in identifying knowledge gaps and resource limitations.
5. We are committed to quality improvement so that our systematic and continuous actions will lead to measurable improvement in health care services and the health status of patient groups.

ⁱ http://www.hqontario.ca/portals/0/documents/health-quality/health_equity_plan_report_en.pdf, pg. 7.