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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.

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 (GW OHT) has been approved as an “Ontario Health Team” by the Ministry of Health under the Connecting Care Act in 2019. This Collaborative Decision-Making Arrangement (CDMA) describes how partners of the GW OHT will work together to achieve the vision of **“improving the health and well-being of the entire population of Guelph and Wellington County”**. Partners of the GW OHT share a commitment to equity² and inclusivity as they work to achieve the quadruple aim³, towards the vision and goals of the GW OHT on behalf of its community.

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 annually, and amended, if necessary, to reflect its evolution.

2.0 GW OHT System Design Guiding Principles

The following principles have been developed GW OHT system partners to guide their work to collaboratively design the Guelph Wellington health system:

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 are.
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.

3.0 Partner Duties, Responsibilities and Commitments

- a. Partnership to the GW OHT remains open to more patients, services, and providers.

¹ ‘Ontario Health Teams Full Application Form’ template

² http://www.hqontario.ca/portals/0/documents/health-quality/health_equality_plan_report_en.pdf, pg. 7.

³ 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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- b. Partnership levels are described [here](#) including Community Partners, Direct Core Partners and Enabling Core Partners.
- c. New partners will complete the “Commitment of Partnership” (click [here](#)) according to their desired level of partnership. New core partnership will be endorsed by the Steering Committee and approved by the Governance Council.
- d. Existing partners will renew their commitment of partnership annually.

4.0 Decision Making

I. Structure

The GW OHT Governance Council has adopted an Organizational Alliance governance model which will be the model within which it operates during the transitions to an incorporated not-for-profit agency (as directed by the Ministry on November 30 2022) The ‘GW OHT Decision Making Framework’ (click [here](#)) describes the role of each group (Governance Council, Steering Committee, Director of Transformation, Working Groups) within the current GW OHT Decision Making Structure.

In support of the GW OHT’s current Organizational Alliance model, a tiered decision-making structure has been adopted to support the desired “bottom-up” approach. See the ‘GW OHT Decision Making Structure’ [here](#). Specifically,

- a. GW OHT Working Groups, as the GW OHT subject matter experts, identify the root cause(s) of issues within GW OHT strategic goals and collaboratively design solutions to make system –level operational / process improvements to address the identified issues/improve the health of the GW OHT population.
- b. Working groups will regularly engage the ‘Key Advising Groups’ regarding emerging directions.
- c. Collaboration between working groups will be encouraged and supported by working group leads, the Transformation Table, Executive Leads and GW OHT staff.
- d. If the solution identified by the working group(s) has resource, financial or other implications to the operations of one or more partner, endorsement / approval from the Steering Committee and/or Governance Council will be sought. The working group will draft recommendations to seek Steering Committee and / or Governance Council endorsement/approval with input/advise and support from the ‘Key Advising Groups’.
- e. The mandate, membership and processes of each Council, Committee and working group within the ‘GW OHT Decision Making Structure’ are set out in each group’s terms of reference.
- f. Each GW OHT Core Director Partner sends a Governor to the Governance Council. Each representative to the Governance Council is delegated by their home board to make decisions without the need to obtain further approval of the board of directors of each participant organization within the defined scope.

II. Process

The GW OHT System Design Guiding Principles (see Section 2.0 Guiding Principles) will be used to support discussion aimed at reaching a consensus⁴.

⁴ 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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- a. 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.
- c. 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.
- d. 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.

5.0 Conflicts of Interest⁵

- 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 'Conflict of Interest Policy' has been developed for the GW OHT by the GW OHT Governance Council (click [here](#)).

6.0 Dispute Resolution

- a. GW OHT partners 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 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.

⁵ 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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- b. GW OHT partners shall work to resolve the dispute in an amicable and constructive manner. If, despite reasonable efforts, the dispute remains unresolved, the issue shall be escalated to the Steering Committee (if issue is at the working group level) or the Governance Council (if the issue is at the Steering Committee).
- c. A 'GW OHT Dispute Resolution Policy' has been developed for the GW OHT by the Governance Council (click [here](#)).

7.0 Information Sharing & Transparency

- a. Partners shall communicate and disclose information to each other, and to the appropriate GW OHT Council/Committee/Working Group 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 Chair of the Steering Committee of the nature of the fact or circumstance and its anticipated impact so that, through the Steering Committee, a strategy to remedy, mitigate, or otherwise address the fact or circumstance can be developed
- c. 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.
- d. Partner Organizations shall support the name and central brand for the GW OHT, including the GW OHT Branding Standard (click [here](#))

8.0 Resource Allocation

- a. See Section A. of the GW OHT Decision Making Framework (click [here](#))

9.0 Financial Management

- 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), as required, to the shared priorities and accountabilities of the GW OHT. Contributions will recognize varied resources and available funding.
- b. 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 Committee⁶.
- c. Direct Core Partner contributions to the budget will be calculated via the approved "Partner Contribution Budget Methodology" (click [here](#)).
- d. Direct Core Partners commit to the GW OHT Fund Holder Agreement (click not available yet)
- e. The Steering Committee will consider exemptions for an organization that cannot contribute the recommended amount.
- f. The Guelph General Hospital will receive and manage funds on behalf of the GW OHT. The GW OHT Finance Working Group will support financial reporting requirements, variance analysis, and year-end reconciliation.

This CDMA will be reviewed at least every 12 months.