Greater Hamilton Health Network

Collaborative Decision-Making Framework

Passed by Partnership Council

September 2020

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1. Introduction & Background

In July 2020, the Ministry of Health requested Ontario Health Teams to attest that they had developed a Collective Decision-Making Agreement (CDMA) by September 30. The request for a CDMA builds on governance and decision-making material that was included in the Full Application and associated Terms of Reference. The signed Attestation Form is a prerequisite for Implementation Funding for OHT's.

In the Greater Hamilton Health Network, there has been a great deal of effort to put in place functional, thoughtful, and equitable processes for decision-making throughout the Readiness Assessment, Full Application, and Approved OHT time periods. The bulk of that material is included in the Full Application, but we have also developed separate policies for several issue areas (e.g. Procurement).

The development of these policies and processes are the result of the in-depth consultation strategy held to develop the GHHN's approaches. It included large and small group sessions with local communities, patients, families, caregivers, and physicians. It also resulted in the development of the Project Charter, which includes a commitment to achieving the Quadruple Aim, a vision and a set of goals, and a plan for working together to fulfill MOH expectations for Year 1.

This current document will draw from these sources in order to consolidate our GHHN's decision-making frameworks into one place.

We have appended the CDMA checklist to this document.

2. Vision and Goals for the Greater Hamilton Health Network (Project Charter, Summer 2019)

Vision: A healthier Hamilton that provides an equitable and seamless continuum of care that is actively improving population health and meets the individual needs of community members.

We envision:

a population that is:

- Healthier, with lower rates of chronic illness
- Activated, informed, and empowered to navigate the system
- Treated equitably.

System innovation and integration that delivers:

- The right care at the right time in the right place
- A focus on population health
- On-demand technology and digital solutions
- Improved care coordination across a full spectrum of health and social services
- The most effective use and uptake of system resources
- Maximized capacity of the system
- Smooth transitions and warm handoffs
- Reduced disparities in outcomes for different populations

Effective partnerships that:

- Are aligned on one core philosophy
- Have a holistic view of the population and focus on addressing the key issues they face
- Build collaborative relationships between medical and social care
- Address social determinants of health for all
- Are able to demonstrate benefits
- Are inclusive to patients, families, caregivers and care providers

Organizational design that:

- Creates shared space for partners to work together
- Optimizes every dollar spent to drive outcomes
- Enables joint accountability for moving the system forwards.

Principles to shape the design of the Greater Hamilton Health Network

Patient-centric care: Co-design system with patients, families and caregivers; ensure system equity and inclusiveness of marginalized communities; inform and empower patients; alignment with the Patient Declaration of Values for Ontario.

Value Driven: Leverage current assets, resources and existing strengths to maximize value creation for our community.

Shaped by the community: Act as an engine to change Hamilton; balance the needs of patient care and population health; engage the community in the right way

Embedded continuous improvement and innovation: Embed rapid and continuous learning at all levels, make evidence-based decisions; design for flexibility to adjust for learnings; design for sustainability and scalability; enable and operationalize accountability for the system by every partner.

We will be **respectful** of our work together recognizing that we may not always agree and will need to have some difficult conversations.

We will be **transparent** in sharing information and data.

We will be **accountable** for our decisions and actions.

3.0 Overall Governance Structure & Decision-Making (Edited, from Full Application)

In the GHHN, there are four distinct groups:

1) **The Executive Council** is made up of a smaller number of Partnership Council members, charged with responsibility to ensure that timely decisions can be made on issues of resourcing the work of the GHHN, responding to member issues, monitoring performance and communicating the work of the GHHN;
2) **The Partnership Council** which is the full group of member organizations that will drive the overall Vision and direction of the GHHN, approve new members of the GHHN, act as ambassadors for the GHHN, and continue to encourage collaboration and outreach to all those providing health and social services in our community;
3) **The Oversight and Coordination Secretariat** that will provide staffing resources and oversee the redesign of health service delivery by Working Groups in Year 1;
4) **The Secretariats** that are responsible for developing work plans that will see the GHHN deliver on its Year 1 goals, including development of redesigned care for older adults with multiple chronic conditions and individuals with mental health and addictions conditions. The Secretariats will also develop the necessary protocols, contracts and agreements necessary for the work to be successful, and for approval by the Executive Council.

All levels of the GHHN governance structure will continue to include 1) health system leaders, 2) physicians and clinician leaders; and 3) patient advisors and/or caregivers who will provide input, advice, and potentially leadership as each team makes decisions. As our team evolves, our governance and leadership structures will evolve to address the needs of our GHHN, member organizations, and community.

The GHHN will also be supported by staff – both full and part-time – who will be responsible for the day-to-day activities that will ensure we can fully implement our work plans.

3.1 Executive Council:

Composition: Seven (7) senior leaders selected from the Partnership Council to serve as members of the Executive Council and two patient participants. Members must be the senior decision makers of the organizations or the part of the organization represented at the Partnership Council (Department/Divisions/local branches etc.). Membership will reflect the core sectors of an OHT. The Chair of the Executive Council will be selected from the members. Patient participants will be selected from Patient and Family Advisory Councils (PFAC) or the volunteer base of GHHN member organizations. Patient participants will have received appropriate patient advisory training through their respective organization and/or the Ministry prior to being selected to serve on the Executive Council.

Role:

- Direct overall oversight and implementation of the GHHN work plan
- Identify resources as required to advance the work of the GHHN
- Coordinate processes for hiring staff required to advance the work of the GHHN and its various Working Groups
- Actively participate as members of the Partnership Council

- Recommend to the Partnership Council the addition/removal of GHHN members
- Approve and monitor actions of the Working Groups
- Approve GHHN communication plan
- Develop criteria for GHHN membership
- Arbitrating body for any Partnership issues
- Ensure compliance with applicable laws, agreed upon principles and strategy.

Decision-Making:

- Authority to hire staff as needed to support the work of the GHHN and Working Groups
- Authority to approve the work plans and any agreements that support the implementation at the work group level, including Master Agreement.
- Authority to approve expenditure of any net new funds, in accordance with workplans and agreements.
- Recommendations to the Partnership Council on issues of membership in the GHHN.

- For all Executive Council decisions, consensus will be sought. When consensus cannot be achieved, a majority vote of the Executive Council members will carry the decision. Each Executive Council organization will have one vote, and Patient Advisors will have one vote each. Where voting is required, all Executive Council members must participate and be recorded on the decision (this may include by email or virtual contact). For decisions that will have substantial impact on the Partnership Council, the Executive Council will seek feedback and input from the Partnership Council before making such decisions.

3.2 Partnership Council

Composition: The Partnership Council consists of senior leadership from each of the GHHN member organizations. When representing an organization, members must be the senior decision makers of their organization or the part of the organization represented at the Partnership Council (e.g. Department/Divisions/local branches etc.). The Chair of the Partnership Council will be selected from the members. Members of the Partnership Council will be signatories to a Master Agreement outlining the roles, responsibilities and expectations of GHHN member organizations. Two patient participants will also serve as full members of the Partnership Council and will be selected from PFACs or volunteer base already established at their respective member organizations.

Role:

- Ensure positive and collaborative working relationships among all member organizations in the GHHN in accordance with the Project Charter and Vision
- Enter into a Master Agreement that clearly lays out roles, responsibilities, expectations, and overall deliverables for all member organizations, including how GHHN member organizations will engage their governing bodies
- Review and approve membership in the GHHN
- Act as ambassadors for the Vision of the GHHN within the broader community
- Promote collaboration with providers of service in support of the outcomes desired by the GHHN
- Review the performance of the GHHN
- Review and provide input on Working Groups' work and expenditure plans for Year 1 and maturity;

- Identify staff and resources to support Working Groups and implementation of work plans.

Decision-Making:
- Approve any changes to the Vision and Charter of the GHHN
- Approve members of the GHHN
- Select the members for the Executive Council.

Year 1 Transition:
- Develop criteria for membership of GHHN, recruit to fill identified gaps
- Develop Conflict of Interest Policy, Procurement Policy and Information Sharing Agreement for members
- Identify patient participants to serve on Partnership Council and Executive Council.

3.3 Oversight and Coordination Secretariat

Composition: The Oversight and Coordination Secretariat (OCS) will consist of senior staff from GHHN member organizations and patient participants. Membership will reflect the core sectors of an Ontario Health Team.

Role:
- Provide overall coordination to the development of the GHHN health service delivery plans of each Secretariats, within the terms of the GHHN's Project Charter
- Provide resources as necessary to develop and implement care/service delivery plans for each Working Group in the interim while GHHN hires additional staff
- Develop GHHN strategic plan and central brand in Year 1 for review and approval by Partnership Council and Executive Council
- Provide support to decision-making processes of the Partnership Council, as needed.

3.4 Secretariats

Composition: A group of GHHN member organizations, contracted service providers who currently provide services to focus populations (including front-line staff, clinicians, physicians), and patient participants will come together to form each Secretariat.

The seven Secretariats for Year 1 are:

(1) Older Adults with Multiple Chronic Conditions
(2) Mental Health and Addictions – Adults
(3) Mental Health and Addictions – Child and Youth
(4) Home and Community Care
(5) Digital Health
(6) Governance
(7) Primary Care.

Role:
- Define and describe each Secretariat's work plan;
- The planned model of care/service delivery (this may be as specific as a care/service plan by day, month, quarter, or year);
- The anticipated outcomes for patients/clients, family, caregivers, providers, and health system;

- The process for monitoring care/service delivery progress and patient, client, family, caregiver, and provider satisfaction
- Identification of additional GHHN members, collaborators, providers to ensure full continuum of care and ability to meet demand for services
- Identification of barriers at both a local and provincial level.

Decision-Making for Secretariats: The Working Groups will come to written Project Collaboration Agreements with respect to:

- The anticipated resources to be contributed by each member organization in response to the care/service delivery plan for the targeted populations;
- The plan for additional resources to be contributed given the risks associated with the new care/service delivery model (pain share/gain share)
- The process for performance monitoring, reporting and evaluation, and the process for program adjustments as required.

3.5 Greater Hamilton Health Network Staff and Project Management Office:

- Will support the work of the Executive Council, Partnership Council, OCS, and Working Groups during the development of the Full Application through to implementation in Year 1 and beyond.
- The GHHN Director reports to the Executive Council.

4.0 Specific Information for the CDMA

4.1 Resource Allocations (including any of the Implementation Funding).

Resource allocation decisions will be made by the Executive Council as above in Section 3.1. For major resource allocation decisions (e.g. Implementation Funding), the Executive Council will seek input and feedback from the Partnership Council.

4.2 Information Sharing

The Executive Council will develop and implement a communication and engagement strategy to ensure timely and relevant information sharing with all stakeholders including the Partnership Council, Team Members, Patients/Clients, Families and Caregivers and the members of the general public.

The Executive Council is collectively responsible for seeking input from and relaying information to all Team Members.

4.3 Financial Management

The Executive Council is responsible for the oversight of the financial management of the GHHN, and can approve, by majority vote, Transfer Payment Agencies as well as Sponsoring Organizations to collect, manage, and disburse funds on behalf of the GHHN. An annual budget and quarterly financial updates will be provided to the Executive Council by the Project Management Office. Partnership Council members will receive semi-annual financial updates at least (more frequent when required). Any Partnership Council member can request financial updates through the Chair, Executive Council.

4.4 Inter-team Performance Discussions

Continuous quality improvement is a major focus of the GHHN, and all Project Collaboration Agreements will have formalized expectations, and will have evaluation mechanisms built into the process for periodic review. If there is a dispute about performance that cannot be resolved at the Secretariat level, it can be brought, in writing, to the Chair of the Executive Council for a resolution. All members of the Partnership Council agree to be clear with the Executive Council about any financial issues, obligations, or processes that may affect their ability to participate in the Greater Hamilton Health Network.

4.5 Dispute resolution

We expect all partners of the GHHN to work to resolve conflicts before escalation is necessary. If such conflicts cannot be resolved, the conflict should be brought to the attention of the governance level above it (Secretariats to the Oversight and Coordination Secretariat, OCS to the Executive Council). These conflicts will be addressed within 30 days with a focus on mediation and maintaining the partnership. In cases where the Executive Council is unable to resolve the conflict, they may approve a mediator (costs to be shared by the parties in the dispute). In extreme cases, an organization may choose to withdraw from the Partnership Council if the dispute cannot be resolved.

4.6 Conflicts of interest

Any representative of the Greater Hamilton Health Network shall not have, or be perceived to have, a pecuniary interest, either directly or indirectly, in any contract for the supply of goods and/or services for which the Greater Hamilton Health Network pays unless such interest has been declared in advance and deemed harmless.

In accordance with the above, any such representative of the Greater Hamilton Health Network is required to declare any such conflict of interest to the Executive Committee indicating the specific nature of the conflict, and this declaration will be recorded. The Executive Council will make a determination about the appropriate course of action to eliminate the conflict.

4.7 Transparency

Minutes of the Executive Council meetings will be kept and will be available, upon request, from members of the Partnership Council. Similarly, minutes of Partnership Council meetings will be kept and made available to members of the Partnership Council. Any concerns about transparency or a lack of transparency should be brought to the attention of the Co-Chairs, Partnership Council, or the Chair, Executive Council.

Members of the GHHN agree to be transparent in their collaborative work and share information to benefit patient well-being within the limits of the organization's Data Sharing Agreements and Privacy policies.

4.8 Identifying and measuring impacts on priority populations

The Secretariats will develop outcome measures and monitoring strategies as part of their workplans for Year 1 populations.

4.9 Quality monitoring and improvement

Each Secretariats will include in their workplans a Quality Monitoring and Improvement plan. The Oversight and Coordination Secretariat will be responsible for supporting regular quality improvement reviews. The Executive Council will receive regular updates on quality monitoring and improvement issues.

4.10 Expansion to more patients, services, and providers

The Greater Hamilton Health Network's road to maturity will include expanding our collective services to increasing numbers of patients, services, and providers. Due to Covid, the GHHN has had to undertake a review of its year 1 priority populations and workplans. Any changes to our priority populations will be done in consultation with the Partnership Council, the Secretariats, and approved by the Executive Council. Major changes will additionally be communicated to the Ministry of Health.

4.11 Collaborative Procurement

Any member organization issuing solicitations on behalf of the Greater Hamilton Health Network shall follow its approved procurement policies or by-laws for the particular good or service, including but not limited to the award of the resulting contract, contract management, and

supplier performance. This shall be the case for open competitive procurement processes, non-competitive procurements, emergency procurements and procurement of Consulting Services.

Contracts issued by a third-party organization may be utilized by the Greater Hamilton Health Network where its solicitation includes provisions to extend the award to other organizations.

The Executive Council has sole authority to approve any procurement associated with the Greater Hamilton Health Network.

5.0 Identification of a Transfer Payment Agency for MOH Implementation Funding

The Executive Council has identified that the Hamilton Family Health Team will serve as the TPA for Implementation Funding.

APPENDIX

Checklist for Ontario Health Team Collaborative Decision-Making Arrangements

Each OHT's collaborative decision-making arrangement (CDMA) must:

- ☐ Be formalized in writing
- ☐ Be informed in its development by engagements with:
  - ☐ local communities;
  - ☐ patients, families, and caregivers; and
  - ☐ physicians and other clinicians
- ☐ Include a shared commitment to:
  - ☐ achieving the quadruple aim
  - ☐ a vision and goals for the OHT
  - ☐ working together to fulfill MOH expectations for year 1 and beyond
- ☐ Provide for direct participation in OHT decision-making by:
  - ☐ patients, families, and caregivers
  - ☐ physicians and other clinicians
- ☐ Address:
  - ☐ resource allocations (including of any implementation funds)
  - ☐ information sharing
  - ☐ financial management
  - ☐ inter-team performance discussions
  - ☐ dispute resolution
  - ☐ conflicts of interest
  - ☐ transparency
  - ☐ identifying and measuring impacts on priority populations
  - ☐ quality monitoring and improvement
  - ☐ expansion to more patients, services, and providers
- ☐ Identify a qualified entity who members agree would receive and manage any one-time implementation funds on behalf of the OHT.