

Kawartha Lakes OHT

Statement of Partnership Commitment

1. Foundational Statements

The health care providers and organizations comprising **Kawartha Lakes OHT** commit to working better together towards common goals related to improved health outcomes, patient/client/resident and provider experience, and value. As a collective we support the following vision, purpose and values

Vision:

- A seamless health system for the citizens of the City of Kawartha Lakes.

Core Purpose (Our Collective “WHY”):

- Relentless focus on supporting people to live their healthiest possible life

Values:

- Person & Family/Caregiver Centred
- Holistic Approach
- Responsive & Solution Focused
- Collaborative Team Approach
- Relationship & Trust
- Whole System Thinking
- Equity & Inclusion
- Excellence & Continuous Quality Improvement

2. Objectives

The Objectives of the Partnerships align with the provincial Ontario Health Team Initiative.

In the first year, the OHT will provide direction and support for the following deliverables:

1. The selection of a Defined Target Patient Population and geography to begin implementation of changes and improve integrated patient care and experience. This change project must include at least three healthcare sectors, with one being primary care, and establish high-volume service delivery targets that are to be met in Year 1 as agreed by the OHT Oversight Committee and the Ministry. At the end of Year 1, additional partners will be identified for inclusion and a plan will be in place to expand the range and volume of services provided.
2. The development of the OHT Communication and Engagement Strategy to ensure timely and relevant information sharing with all stakeholders, partners, the community, caregivers, patients and families. The strategy must include a plan describing distribution and alignment of key messages, target audiences, and communication type and frequency.

3. The creation of a Patient Engagement Framework with support from the First Nations communities and adherence to the French Languages Service Act as applicable. Patient leadership must be established and included in governance structure(s) and system co-design. A Patient Declaration of Values must be in place. A patient relations process and community engagement plan will be put in place.
4. The development of an Integrated Quality Improvement Plan which includes data collection, complete and accurate reporting on required indicators, and joint quality improvement activities to reduce variation and implement clinical standards and best practices. Also included is participation in a central learning collaborative.
5. The development of a Harmonized Information Plan which includes identifying gaps and having plans to address gaps and share information across partners. The plans must include digitally recording and sharing information, streamlining and integrating point of service systems, using data to support patient care and population health management, and expanding virtual care offerings and availability of digital access to health information for patients and families.
6. In collaboration with the Ministry, the development of a Strategic Plan for the OHT Leadership, Accountability, and Governance which includes a central brand, appropriate financial and management controls, and a physician and clinical engagement plan. Future development will include funding through an integrated funding envelope based on the needs of attributed patient populations.

At mature state, each Ontario Health Team will:

1. Provide a full and coordinated continuum of care for a defined population within a geographic region;
2. Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey;
3. Improve performance across a range of outcomes linked to the 'Quadruple Aim': better patient and population health outcomes; better patient, family and caregiver experience; better provider experience; and better value;
4. Be measured and reported against a standardized performance framework aligned to the Quadruple Aim;
5. Operate within a single clear accountability framework, be funded through an integrated funding envelope, and reinvest into front line care as related to Ontario Health Team initiatives; and
6. Take a digital first approach, in alignment with provincial digital health policies and standards, including the provision of digital choices for patients to access care and health information and the use of digital tools to communicate and share information among providers.

3. Partners

Definition of Partners

Partners are defined as those who have signed either the readiness assessment and/or progress report. At each stage of the Ontario Health Team process, signing of the required submissions is necessary for continued partnership.

Lead Member (“Member”)

- Oversight Committee member
- year one decision-maker
- signatory to the OHT Agreement

Associate/Affiliate Partner (“Partner”)

- input into decision-making
- may sit on committees
- may engage in specific projects
- signatory to the OHT
- not a year one decision maker

Supporter/Observer/Community (Community & Stakeholders)

- consulted, but not fully committed to process
- receive information
- invited to specific meetings or open forums to receive information and provide input

Party

- Lead Member
- Associate/Affiliate Partner

Addition of New Partners

New partners may self-identify and ask to join the OHT. Alternatively, the work of the OHT may result in existing identifying organization that the group wants to invite to join the work.

Regardless of identification methodology, the existing Members will deliberate on potential new members before deciding whether to invite them to join. All new members must review and agree to the partnership principles and any other foundational documents prior to joining the OHT.

Responsibilities of Partners:

Kawartha Lakes OHT believes in authentic partnership. Each partner commits to:



This is achieved through partner responsibilities to:

- Understand and commit to the mandate of all of **Kawartha Lakes OHT** partners as articulated in the application submission documents;
- Work across sectors and systems (to be person-centred) in our approach;
- Always consider what is best for the target population, beyond our own patients/clients/residents and services, what is best for our community;
- Have the mindset of systems beyond a member's own agency/work;
- Work across sectors and systems (to be person-centred) in our approach;
- Make clear and open communication an ongoing priority in the Partnership by striving to understand each other's needs and self-interests, and developing a common language;
- Approach discussions with an inquiring mind;
- Contribute toward the priority areas (time, expertise, financial (as agreed upon)); and
- Contribute toward collaborative work already in place and other agreed upon initiatives.

4. Consensus Based Decision-Making

Decision Making Philosophy

Kawartha Lakes OHT is an action based partnership. Implementing action requires decision-making by the partners. Once a decision is made and recorded, the partners commit to implementation of the action agreed to.

Decision Making Guidelines:

Kawartha Lakes OHT will function by consensus and will only require a recorded vote if an impasse with respect to a decision is reached and efforts have been made to create consensus (i.e. ongoing sharing of reasons for dissent and collaboration to overcome them).

Partners should discuss and define who “speaks” for a sector based on how they wish representation to occur. For example, the hospital sector may have more people at the table as resources and the partnership may not wish all of those individuals to have a “vote” as it would skew the representativeness of the decision.

- Decision can be made within the parameters of the foundational documents of the partnership.
- Partners may elect to consult with their respective Sector, Boards or leadership teams before making final decision on matters brought forward

Consensus Based Decision-Making

The simplest and most basic definition of consensus is, ‘**general agreement about something**’. (Soanes, C. and Hawker, S., ed., The Compact Oxford English Dictionary of Current English. 3rd ed. Oxford University Press, 2005)

In this approach, people are not simply for or against a decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

- Full support
- Acceptable
- Support with reservations
- I am not thrilled with it, but I can live with it and will not block it
- Need more information or more discussion
- Cannot support it and cannot accept it

If everyone is at level #4 or above (3, 2, or 1), then by definition, consensus has been reached.

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestions being discussed. If someone is at level 5, they have the obligation to explain what information or discussion they require from the group. If someone is at level 6, it is important for them to try and offer a solution that can accommodate their needs and the needs of the rest of the group. In addressing someone’s reservation, it is important to:

- ask everyone for possible solutions (the person expressing the concern and the rest of the group have the responsibility to find solutions)
- ask people to suggest improvements as alternatives that meet the objectives of the entire group.

IDENTIFYING CONSENSUS

- Consensus is a relative term. There are varying levels of agreement with decisions, as indicated in the table below. Levels 1 through 5 all constitute consensus. Only Level 6 lacks consensus.

Level	Position		Feelings and Behaviour	
1	Agree strongly	"I really like it!"	"I'll advocate for it publicly whether or not it's adopted"	"I'll actively support its implementation"
2	Agree	"I like it"	"I'll advocate for it publicly"	"I'll support its implementation"
3	Agree with some reservations	"I can live with it"	"I'll support it publicly and privately even with my reservations"	"I'll participate in its implementation"
4	Disagree, but willing to go along with majority	"I don't like it. I'm willing to go along with it, but I want my disagreement acknowledged"	"I'll support it publicly and privately when asked"	"I won't work against its implementation"
5	Disagree, and won't be involved in implementation	"I really don't like it, but I'm willing to go along with it because I don't want to stop others"	"I'll not oppose it publicly or privately"	"I will not be involved in its implementation, but won't sabotage it"
6	Opposed, and will work to block	"I hate it and will work to block it!"	"I'll advocate against it publicly if adopted"	"I'll work to sabotage it"

5. Conflict Resolution

We will promote open communication between the agencies in the partnership. We will foster a safe environment for discussion and debate and addressing differences of opinions.

Decisions will usually be made through consensus.

Conflict will be seen as healthy and a way creating better solutions. However, if conflict cannot be resolved a more formal approach can occur.

Conflict between members of any Committee will be resolved at the Committee level if possible. If we are unable to resolve the conflict at the Committee level it will proceed to the OHT Oversight Committee for advice and action.

If the Conflict is at the OHT Oversight Committee level the same steps will be taken.

The OHT Oversight Committee will consider the following options and will the share expenses:

- Seeking the support and guidance of a facilitator/mediator

The OHT Oversight Committee will have the final decision. The conflict will be addressed within 45 days or a mutually agreed upon timeline.

6. Partner Withdrawal

All parties enter into this partnership committed to and anticipating a long-term working relationship. As such, only in an extraordinary, serious circumstance would agencies consider terminating their participation.

Partners may have a variety of reasons for withdrawing. Where there is an opportunity (considering time available, and reason for withdrawal), the partnership will undertake to understand, address, mitigate and resolve issues where possible.

Signatures of participating partners:

Organization	Name	Signature