DECISION MAKING FRAMEWORK

March 24, 2022

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INTRODUCTION

The Middlesex London Ontario Health Team (MLOHT) decision making framework describes the MLOHT's decision making process. This includes which decisions are made at the level of the MLOHT Lead, the MLOHT Operations Team and the MLOHT Coordinating Council, and the respective decision-making process at each level.

DECISION LEVELS

The MLOHT includes four decision levels within their governance. The following table outlines type of decisions made at each decision level.

MLOHT Lead
• Quarterly Reports • Cost items that fall within approved budget lines up to $10,000
Operations Team

• Requests for MLOHT support and Decisions to submit MLOHT funding proposals
  ○ Cost estimate <$10,000 within existing budget, and
  ○ MLOHT hours of effort <100 within existing human resources, and

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○ Low impact on existing MLOHT deliverable timelines ○ Low impact across system (multiple sectors) • Decisions in line with transfer payment agreement, work plans and priorities
Coordinating Council
• Letters to Ministry on behalf of Coordinating Council • MLOHT budget • Strategic Plan • Requests for MLOHT support and Decisions to submit MLOHT funding proposals ○ Cost estimate >$10,000 within existing budget, or ○ MLOHT hours of effort >100 within existing human resources, or ○ Med-high impact on existing MLOHT deliverable timelines ○ Medium to High impact across system (multiple sectors) • Prioritization of Projects • MLOHT Policies and Governance Documents • Project Charters for Significant Change Projects
Coordinating Council – Requires consult with cluster
Decisions brought forward to Coordinating Council that have medium to high impact on respective cluster members

OPERATIONS TEAM DECISION MAKING PROCESS

The Operations Team uses a Decision Tool (Appendix A) to ensure MLOHT direction, projects and activities are in alignment with MLOHT purpose, goals and commitments.

1. Complete Section A of the Decision Tool (Appendix A), describing the opportunity.
    a. **Requests for MLOHT support**: To ensure alignment with Ontario Health Teams, provincial funding opportunities may include the requirement that the submitting party acknowledge that their OHT is supportive of their proposal. When the MLOHT is approached with such requests for support, the submitting party is asked to complete Section A of the Decision Tool.
    b. **Decisions to submit MLOHT funding proposals:** The Operations Team Members/Working Group Members seeking funding, complete Section A of the Decision Tool (Appendix A), describing the opportunity.
2. Operations Team reviews the request for alignment with MLOHT priorities, co-design themes, scalability, effort, and cost required by MLOHT, risk to MLOHT and its population and expected impact on the health equity driven quadruple aim. MLOHT Project Manager completes Section B of Decision Tool (Appendix A) and shares with Operations Team members.

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3. Operations Team discusses the request and through voting, decides on recommendation or makes decision, depending on cost, effort and impact estimates *(see step 5).* Voting results and decision is documented in Decision Log.
4. Operations Team members consults with Patient/Client Care Partner Council (PCCPC) when patients, clients and care partners are key stakeholders (can be done via email if urgent)
5. Operations Team presents recommendation to Coordinating Council for approval (include decision tool and associated documents in meeting package) when the following applies:
    a. Cost estimate >$10,000 within existing budget, or
    b. MLOHT hours of effort >100 within existing human resources, or
    c. Med-high impact on existing MLOHT deliverable timelines
    d. Med-high impact across system (multiple sectors)

Prioritization of Projects

MLOHT is committed to apply co-design and work with patients, clients, care partners and providers across the system to co-design solutions and together transform the healthcare system. It is anticipated that multiple opportunities will arise through the co-design working groups. With limited capacity and funds, order of implementation will be prioritized based on estimated impact and effort. The following process will be used to prioritize projects.

1. Co-Design Working Group lead complete Section A of the Decision Tool (Appendix A), describing the opportunity
2. Operations Team reviews the opportunity for alignment with MLOHT priorities, co-design themes, scalability, effort, and cost required by MLOHT, risk to MLOHT and its population and expected impact on the health equity driven quadruple aim. MLOHT Project Manager completes Section B of Decision Tool (Appendix A) and shares with Operations Team members.
3. Operations Team discusses each request and positions the opportunities on an impact/effort matrix in decision tool. Impact represents expected impact on the Health Equity Driven Quadruple Aim. Effort represents cost, time and HR best guess estimate, represented on a scale from low to high.
4. Operations Team compares the opportunities impact/effort and prioritizes high impact, low effort opportunities
5. Operations Team members consults with Patient/Client Care Partner Council (PCCPC) when patients, clients and care partners are key stakeholders
6. Operations Team presents project prioritization recommendation to Coordinating Council for approval (include decision tools and associated documents in meeting package)

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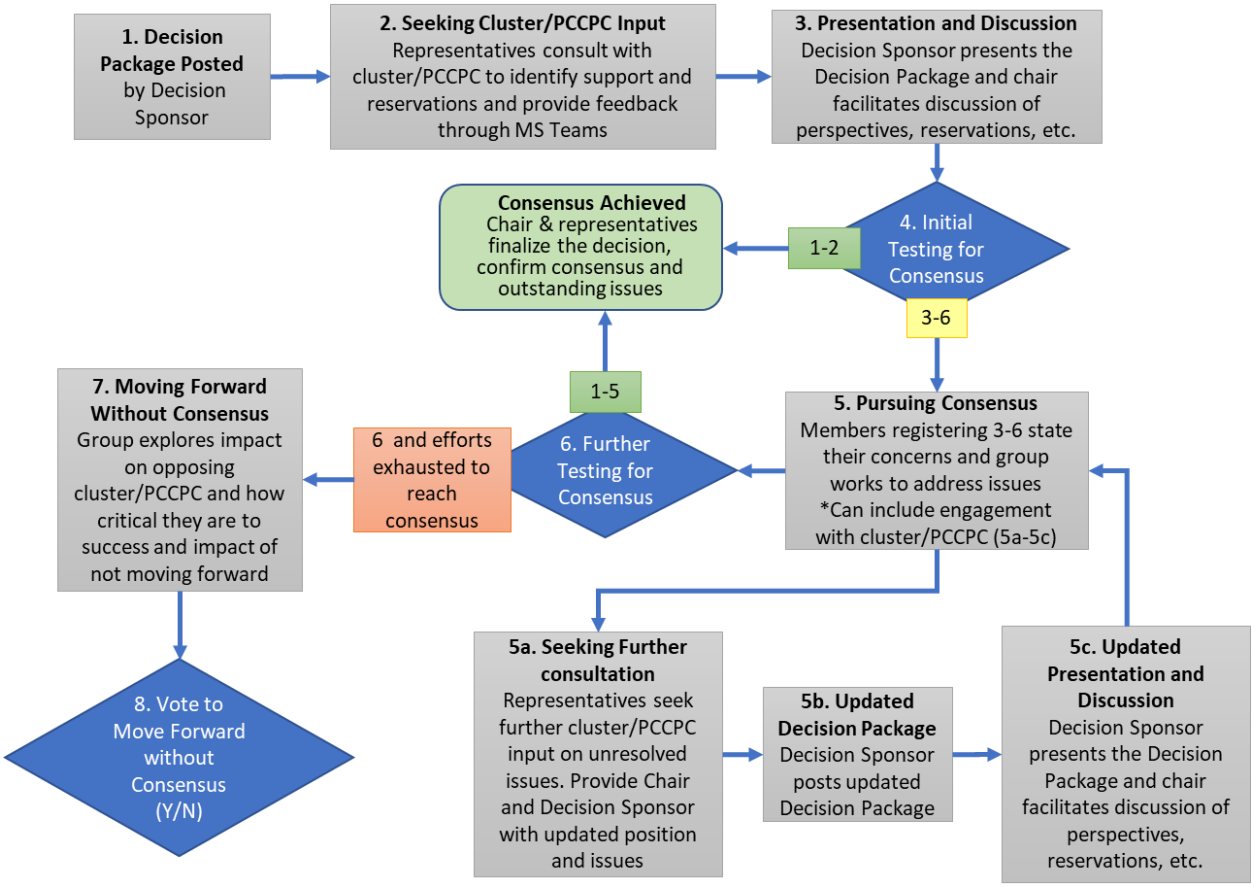
COORDINATING COUNCIL DECISION MAKING PROCESS

Coordinating Council applies a Consensus Decision Making Process
The Middlesex London Ontario Health Team has adopted a representational Consensus-Decision-Making process to provide each recognized cluster of members and the Patient, Client, Care Partner Council (PCCPC) with a voice in decision-making. Consensus-Decision-Making is a process for guiding members to reach a consensus on a decision that:

a. reflects the input of the members
b. is acceptable to those members who are likely to be impacted by a decision

Consensus Decision-Making process Flow

Figure 1: Process for Seeking Consensus



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1. Decision Package Posted

The Decision Sponsor posts a Decision Package on MS Teams, with information about the matter being presented for consensus decision-making.

The Decision Package is posted 2 weeks prior to Coordinating Council meeting and should include information that the Decision Sponsor believes will be helpful to the representatives to understand the matter to be considered and to consult with members of the cluster (or organization) they represent. It should be noted that PCCPC is not considered a cluster. However, similar to representatives consulting with their cluster members, PCCPC representatives will use the materials posted to consult with the PCCPC.

1. Seeking Cluster input on the Decision Package

Prior to the meeting, representatives are expected to review the decision package, consult with their cluster/PCCPC, formulate their position, and provide feedback on their initial position including any concerns, questions, objections, or reservations through MS Teams prior to the meeting where the matter for decision will be raised for discussion. The Sponsor monitors and addresses feedback through MS Teams whenever possible. If the feedback is substantial, a participant is encouraged to contact the Sponsor to review any question, objection, or reservation they may have.

2. Presentation and Discussion of Decision Package

At the Coordinating Council Meeting, the Sponsor of the matter to be discussed, introduces and presents the matter and recommended decision at the beginning of the discussion and assists by answering questions from members raised during the discussion.

The Chair leads the representatives in sharing their perspectives and any identified barriers to implementation, concerns, issues, objections, or reservations raised about the proposed decision. Discussion is undertaken to ensure that each representative understands the positions presented by other representatives.

4. Initial Testing for Consensus

Chair tests to see if consensus is apparent among the group.

[Level 1-2] Consensus achieved and documented. Chair & representatives finalize the decision, confirm consensus and outstanding issues.

[Level 3-6] Consensus not achieved, proceed to Step 5.

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3. Pursuing Consensus

All members registering 3 or above state their concerns. With support of the Chair, the group works together to address issues. This is likely to result in modification of the proposed decision,

This is the most important step in the decision making process. It is important to promote full discussion and disclosure among the participants and seek creative ways to address reservations / concerns raised by all participants. Consensus decision-making is a form of negotiation, when there are differences in perspectives/positions, with the focus on getting shared agreement on a decision/direction and the associated implementation.

Once the discussion has drawn to a close or available time has expired, chair determines whether further engagement with cluster/PCCPC is needed. If yes, proceed to step 5a, if no, proceed to Step 6.

5a. Seeking Further Consultation

As done in Step 2, the representatives use the updated documentation from the meeting to guide further consultations within their cluster/PCCPC, or with other representatives.

There may be situations where it is productive to promote discussions between two or more participants outside of a group meeting to help address possible misunderstandings or conflicting perspectives. It would be of value to have a “neutral” participant, the meeting’s Chair or a member of the Operations Team participate in such discussions.

By the end of the consultation period, participants provide the Chair and Decision Sponsor with any update on their position and outstanding concerns, issues, objections and/or reservations.

5b. Providing Updated Decision Package

The Decision Sponsor provides the representatives with an updated decision package that reflects the feedback received from the latest round of consultations.

5c. Updated Presentation and Discussion

At a following Coordinating Council Meeting, the Decision Sponsor presents the updated Decision Package and summaries resolution efforts. Chair facilitates discussion of perspectives, and outstanding reservations,

The process proceeds to Step 5.

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6. Testing for Consensus

The Chair tests to see if the group has achieved consensus:

[Level 1-5] If sufficient consensus has been achieved and reservations discussed/addressed. Chair & representatives finalize the decision, confirm consensus and outstanding issues, document decision and reservations. Note, if results show no/very few clusters at level 1-2 and most are at level 3-5, then it could be argued there isn't sufficient willingness to move forward with the decision.

[Level 6] If consensus has not been achieved and group determines the representatives have exhausted efforts to reach consensus on the matter under consideration, proceed to Step 9.

7. Moving Forward Without Consensus

If there is a decision not to proceed further with consensus decision-making, the meeting's Chair leads a discussion, with all or part of the group, on how and whether to move forward without consensus of the full group. This might include the following considerations:

- How does the proposed decision impact the opposing cluster/PCCPC?
- How critical is their support to the success of the proposed decision?
- How does not moving forward impact the healthcare system?
- How might some of the participants move forward to implement a decision without the support of the opposing cluster/PCCPC?
- Identify and determine how to address any issues or challenges arising out of not coming to a decision on a matter.

Once this discussion is closed (i.e., representatives have no further comments or suggestions), proceed to step 8.

8. Vote to Move Forward without Consensus

The sponsor can move to propose a vote (Yes/No) on whether to pass the motion in the absence of consensus. Quorum of 2/3 of representative membership will be required to carry a motion without consensus.

Regardless of the outcome, the final decision, positions taken, and outstanding issues are documented.

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Expedited Process for Time-Sensitive Decisions

For time sensitive decisions, steps 1-4 can be used to connect with Cluster/PCCPC representatives asynchronously and garner an electronic Test of Consensus.

The motion passes only if: 1) all cluster/PCCPC reps register their level of consensus and 2) all levels of consensus are 1-2. Otherwise, the full consensus process would be required.

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Identifying Support for a Decision

Table 1: Consensus Position Level Matrix

The levels provide a means for each decision-maker to clearly communicate the cluster/organization's/PCCPC's position on the decision that is being considered.

Level	Position	Support for Decision	Reservations about the Decision or its implications.	Likely to Participate in its Implementation
1	Strongly Agree	My cluster (organization)/PCCPC strongly agrees with this decision.	No outstanding reservations.	Cluster/PCCPC supports participation as appropriate.
2	Agree	My cluster (organization)/PCCPC agrees with this decision.	No outstanding reservations.	Cluster/PCCPC supports participation as appropriate.
3	Agree with Reservations	My cluster (organization)/PCCPC agrees with this decision with some reservations.	Have one or more reservations.	Cluster/PCCPC supports participation as appropriate.
4	Disagree, but will go along with the majority	My cluster (organization)/PCCPC disagrees with this decision, but will go along with the majority	Have one or more reservations but willing to allow the group to go ahead with decision.	Cluster/PCCPC supports participation as appropriate.
5	Disagree and won't be involved in implementation	My cluster (organization)/PCCPC disagrees with this decision, and won't be involved in implementation	There are outstanding concern(s) that need to be addressed.	Will not participate unless outstanding concern(s) are addressed, but won't work against implementation.
6	Opposed and will work to block	My cluster (organization)/PCCPC opposes this decision, and will work to block implementation	Have fundamental objections to the decision.	Will oppose and work to block implementation.
Any representative wishing to abstain from the process will be given the chance to do so and this will be recorded in the meeting minutes.				

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In an effective decision-making process, it is expected that decision-makers who originally had reservations, concerns or objections have moved to other levels because their issues have been fully considered or addressed in changes incorporated into the final decision.

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Appendix A – Decision Tool

Section A – To Be Transferred from Request Form

Date (DD-MM-YYYY):
Organization Making the Request:
Contact Person:

1. **Project/initiative Description:**
    a. *What is the challenge for patients, caregivers, and/or providers?*
    b. *What is the proposed solution?*
    c. *What alternative solutions have been explored?*
    d. *Who locally benefits from this initiative (providers, patients groups, etc.)?*
    e. *How will you evaluate your impact?*

2. **Decision Type**
    ☐ Decision to provide MLOHT support *(Letter of Support, Connections, Advisory, Project Management (hours), Funds (amount), other)*
    ☐ Decision to submit funding proposal
    ☐ Decision to prioritize project for implementation

Explain Further

Section B – To Be Completed by The Middlesex London OHT

1. What is the anticipated impact of this project/initiative on each element of the MLOHT's Health Equity-Driven Quadruple Aim goals?

	Positive Impact	Neutral Impact	Negative Impact
Improved Health Equity	☐	☐	☐
Better population and patient health outcomes	☐	☐	☐
Better patient and caregiver health system experiences	☐	☐	☐
Better provider health system experiences	☐	☐	☐
Better value for per-capita cost	☐	☐	☐

Explain Further

2. Does this project/initiative contribute to MLOHT's purpose?
Improving our healthcare experience together – where people are heard, care is connected, and whole health is possible for everyone.

☐ Yes, project/initiative brings together multiple partners
☐ Yes, project/initiative engages patients/clients/care partners and providers
☐ Yes, project/initiative improves integrated care
☐ Yes, project/initiative addresses wholistic health

Explain Further

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3. Does this project/initiative align with co-design themes, and/or support the COVID-19 response/recovery?

- ☐ Access to and Awareness of Services
- ☐ Sustained Care Relationships
- ☐ Care Partner Support
- ☐ Case Management and Coordination
- ☐ Communication Between Providers
- ☐ Early Diagnosis Process
- ☐ Promoting Self-Management
- ☐ Patient-Centred Care
- ☐ Goals of Care
- ☐ COVID-19 Response
- ☐ COVID-19 Recovery

Explain Further

4. Does this project/initiative support prioritized populations?

- ☐ Patients living with CHF
- ☐ Patients living with COPD

Explain Further

5. Is this project/initiative easily scalable to other populations?

- ☐ Yes
- ☐ No
- ☐ Unsure

Explain Further

6. Does this initiative offer an opportunity to collaborate across the following?

- ☐ Other Ontario Health Teams
- ☐ Ontario Health West
- ☐ Ontario Health

Explain Further

PROJECT/INITIATIVE THAT REQUIRES MLOHT FUNDING, SIGNIFICANT MLOHT EFFORT, OR WILL IMPACT DELIVERABLE TIMELINES IS ONLY ELIGIBLE FOR THAT SUPPORT IF IT MEETS REQUIREMENTS 2-4

Class Z estimates (best guess) are acceptable below.

MLOHT Cost Estimate within existing budget:	**MLOHT Hours of Effort Estimate within Existing Human Resources:**	**Estimated Impact on existing MLOHT deliverable timelines:**	**Estimated Impact Across System (multiple sectors):**
☐ $1 - $10,000	☐ <10 hours	☐ Low Impact	☐ Low Impact
☐ $10,000 – $50,000*	☐ 10 – 40 hours	☐ Medium Impact*	☐ Medium Impact*
☐ $50,000 - $100,000*	☐ 40 – 100 hours	☐ High Impact*	☐ High Impact*
☐ >$100,000*	☐ >100 hours*		
☐ Project/Initiative includes access to funds/resources			

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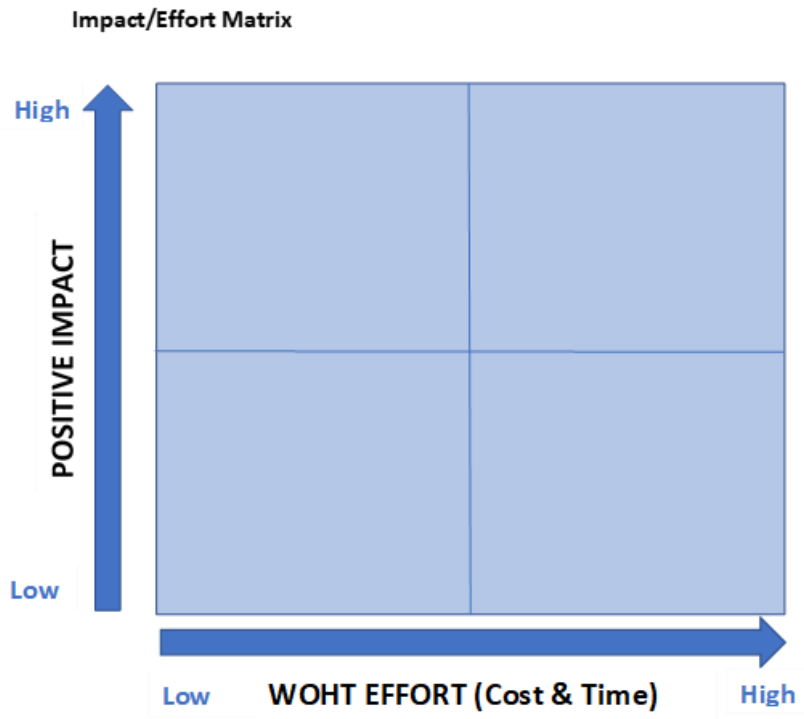
Describe Positive Impact	
Describe Risks to MLOHT and Its Attributed Population (by moving forward and not moving forward)	
Risk Category	**Risk Description**
System Alignment/Silo Creation	
MLOHT Reputation	
Ops Team & Partner Capacity	
Privacy	
HR/Staff	
Sustainability	
Patient Safety	
Policy and Legislation	
Trust and Relationships	
Access to Care	
Describe level of MLOHT Support Recommended and level of Operations Team Consensus	
☐ PCCPC has been informed/involved/has supported ☐ Approved by Coordinating Council*	



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