

Ontario Health Teams Stories from the field – Part 2

Examples from
North York Toronto,
Chatham Kent & Greater Hamilton

HSPN OHT Webinar

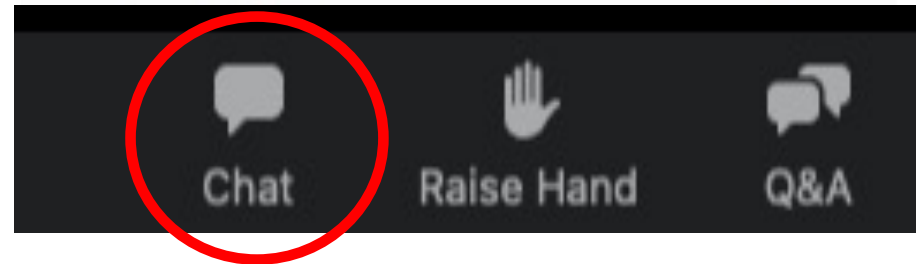
November 23, 2021

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

Accessing the Chat in a Webinar from a Mobile Device

1. While in a meeting, tap the screen to make the controls appear.



set response to all panelists and attendees
in the chat box

Land acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit.

Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

Poll 1

First time ?

Poll ended | 1 question | 138 of 172 (80%) participated

1. Have you joined us for an HSPN webinar previously ? (Single Choice)

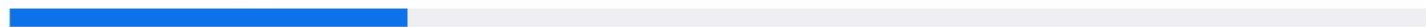
*

138/138 (100%) answered

Yes (99/138) 72%



No, this is my first event (39/138) 28%



Today's event

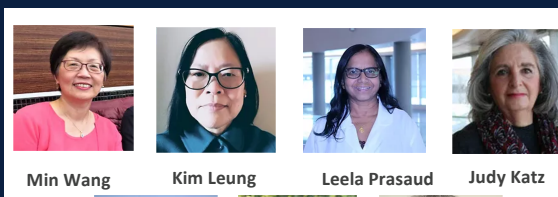
Stories from the Field – Part 2

Host



Dr. Walter Wodchis
Principal Investigator
HSPN

Presenters



Min Wang Kim Leung Leela Prasad Judy Katz



Wendy Wu Ron Beleno Rifka Eisenstat

Emily Doxtator
Project Coordinator
Strategic Initiatives
NTYHP

Ivy Wong
Senior Lead
Strategic Initiatives
NYTHP

Patient & Family Health Council
NYTHP



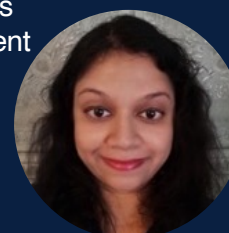
Jeff Wingard
Partnerships
& Development
GHIN



Melissa McCallum
Director
GHIN



Melissa Sharpe-Harrigan
Executive
Transformation Lead
CKOHT



Gaya Embuldeniya
HSPN



Kaileah McKellar
HSPN

OVERVIEW OF HSPN DEVELOPMENTAL EVALUATION

Developmental Evaluation

- Developmental Evaluation involves real time feedback about what is emerging in complex dynamic systems as innovators seek to bring about systems change.
- Observing and providing feedback on dimensions of OHT development that may include:
 - Resources, Governance & Leadership, Communication, Digital Health, Population Health Management, Clinician engagement, Patient and family involvement, Vision/Values, Team climate/culture, Partnering, Care coordination, Performance Measurement ... etc.

Where are we working?

North/Remote/Indigenous: All Nations Health Partners

Sub/Urban/Rural: Eastern York Region and North Durham OHT

Rural: Chatham Kent & Couchiching Ontario Health Teams

Urban (Toronto) : North York Toronto Health Partners

Urban (Other): Greater Hamilton Health Network

Selection: Consideration of diversity of settings, focus populations, other characteristics (From applications and Organizing for Ontario Health Teams Survey) + Willingness to participate

HSPN Developmental Evaluation Team

Team Members



Dr. Gaya
Embuldeniya



Dr. Kaileah
McKellar



Jennifer
Gutberg



Elana
Commisso



Dr. Ruth
Hall



Dr. Walter
Wodchis




NORTH YORK TORONTO HEALTH PARTNERS

PATIENT AND FAMILY HEALTH COUNCIL

IAP2'S PUBLIC PARTICIPATION SPECTRUM



The IAP2 Federation has developed the Spectrum to help groups define the public's role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.

INCREASING IMPACT ON THE DECISION 					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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Patient & Caregiver Health Council (PCHC)

November 23, 2021



Welcome to

NORTH YORK

TORONTO, CANADA



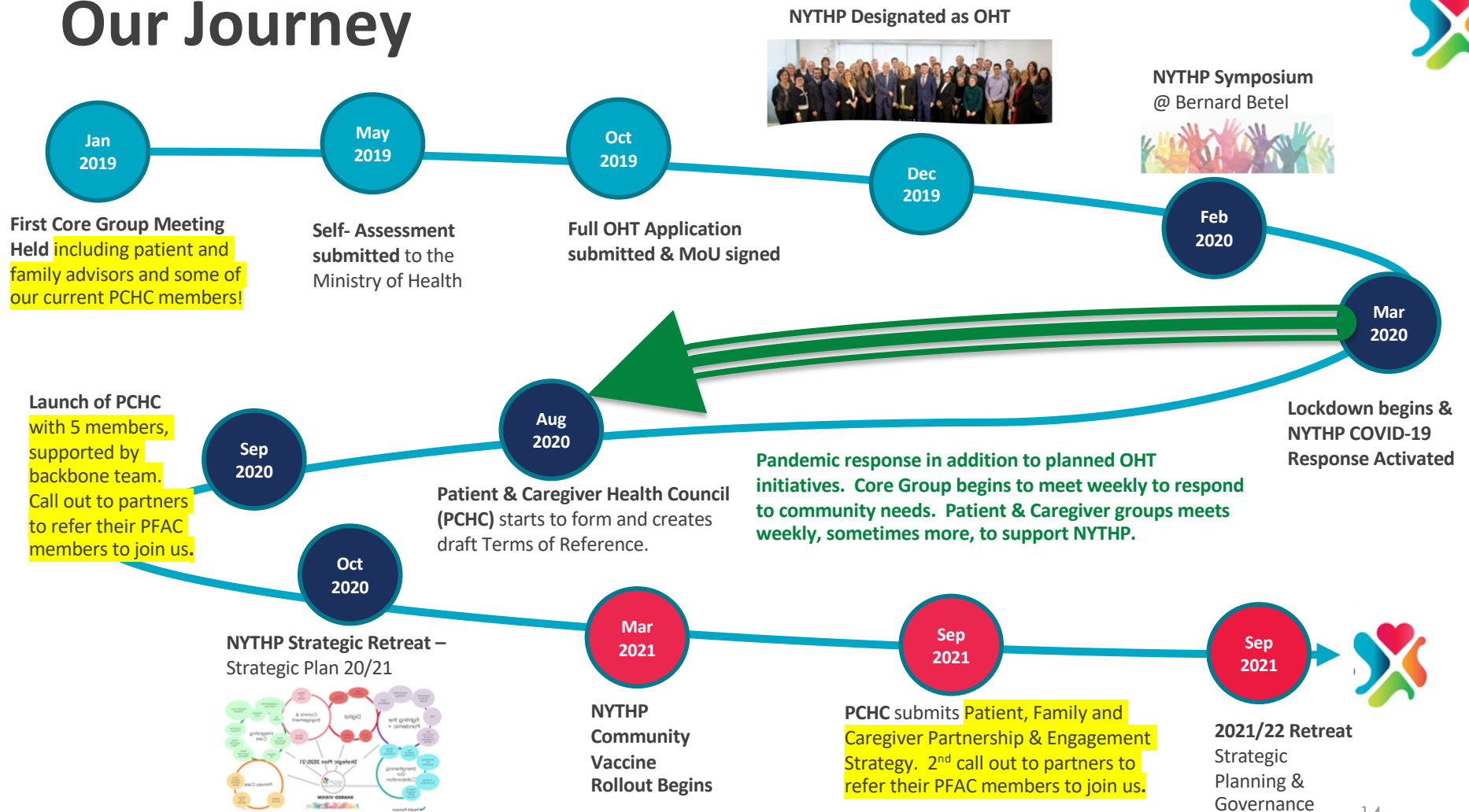
NYTHP at a glance:

- 21 Core Partners
- 30+ Alliance Partners
- Primary Care Association (200+ PCPs)
- Patient & Caregiver Health Council
- ~ 500k population
- Collective Impact Model and Backbone team





Our Journey





Patient & Caregiver Health Council (PCHC)



Wendy Wu



Ron Beleno



Rifka Eisenstat



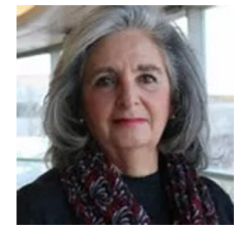
Min Wang



Kim Leung



Leela Prasaud



Judy Katz



Membership on Hold

- Phyllis Ryall
- Claudia Lai
- Susan Doyle

NYTHP Backbone Support

- Ivy Wong (Senior Lead)
- Emily Doxtator (Project Coordinator)
- Yinka Macaulay (Health Equity Lead)

Partner Resources

- Shana Haberman (Patient and Family Centered Care Consultant, NYGH)



PCHC - “Stand By Me”

- Shared goals, passion and commitment
- We operate as a team with respect and trust as our foundation for transparency, partnership and friendship
- Feel safe to express conflicting viewpoints
- Share knowledge and build on each others’ ideas to learn from discussions
- Committed to broadening our engagement and ‘Stand By’ our community and each other



NYTHP – Key Initiatives



	Core Team Meetings	PCHC Meetings	Primary Care Advisory Council	Governance	Strategic Planning	COVID-19 Vaccination and Community Engagement	Communications	Health Equity	North York CARES	Staff Resilience	Caregiver Campaign	Compassionate North York	Privacy	Digital Workstreams	Performance
	Active Members														
Judy Katz	X	X		X	X	X		X				X	X	X	X
Leela Prasaud		X	X	X	X			X				X			
Min Wang		X				X								X	
Rifka Eisenstat		X					X		X		X				
Ron Beleno		X												X	
Kim Leung	X	X				X			X		X			X	
Wendy Wu	X	X		X	X	X	X							X	X
	Membership on Hold - due to other priorities														
Phyllis Ryall		X							X						
Claudia Lai		X				X		X							
Susan Doyle		X						X							



How we work together

- Frequency: Every 2 weeks
- Length: 90 minutes
- Agenda: planned 2-3 months ahead and finalized version distributed to members 3-4 days prior to meeting
- Structure of meeting: Check ins, Stewardship Council Update, Work Items or Presentations, Summary of Actions/ Next Meeting
- Minutes/Action Items: Distributed 2-3 days after the meeting
- Guests: Use a standardized template to provide updates on OHT initiatives

Structure of PCHC meetings		
Time	Standard Agenda Structure	Lead by
2:00 – 2:20	Check-ins & Key updates - each member do a quick check in and inform the council If the initiative involved hits a milestone or need council's attention for action	Co-Chair
	Stewardship table Updates - detailed meeting minutes is distributed to the team. Only provide key updates that have major impact to PCHC or need council's attention	Ivy/Emily
2:20 - 2:35	60 minutes working are devided into 4 '15 minutes' slots or 3 '20 minutes' slots. We will allocate time to do the following: - work on PCHC open items together - get in-depth update from OHT initiatives - external presenters for traning or specific topics	Varies by topic
2:35 - 2:50		
2:50 - 3:05		
3:05 - 3:20		
3:20 - 3:30	Upcoming Meeting Agenda & Summary of Action Items	Co-Chair



PCHC – What we did well

Responsive to the needs of our community

- We care and are “hands-on”
- Support for COVID-19 response provided through:
 - Planning webinars
 - Translating promotional materials
 - Reaching out to community groups
 - Volunteering at vaccination clinics



Pictured: Wendy Wu (PCHC Co-Chair) and Emily Doxtator (NYTHP Backbone) at Edithvale Community Centre Vaccination Clinic

PCHC – What we did well

(cont'd)



Patient, Family and Caregiver Partnership and Engagement Strategy

- Utilized PCHC meeting time to work on the strategy together
- Invited NYTHP partners from across sectors to participate and co-design the content
- Presented progress to our core partners for feedback
- Incorporated feedback to finalize the strategy
- Final version endorsed by core partners and submitted to the Ministry of Health

PCHC – What we did well

(cont'd)



- We support all of the key NYTHP initiatives.
- Actively participate in other forums - RISE, HSPN, Toronto Region Table, OCO, IFIC, NACIC21, etc.
- Co-design learning and training



NYTHP Challenges

Fallout from focus on success of COVID-19 response

- Governance structure still under development
- No clear decision-making or prioritization for NYTHP projects
- Impact on PCHC, resources and projects



PCHC Challenges

PCHC Sustainability

- Membership changes – personal/caregiver commitments
- Recruitment - reflect Diversity of our community, including youth
 - lack of dedicated resource to recruit and manage the relationship with the participants
- Training
 - to enable members to effectively contribute given the power differential



PCHC Challenges

- **Lack of Capacity**
 - PCHC/backbone/partners
 - Do not have resources to match priorities
 - “Opportunistic” approach to new projects
- **Ongoing Impact of COVID-19** and vaccination on commitments
 - How to maintain momentum/motivation?
 - Transparent communication



Our Next Steps

- Flexibility
- Implement Engagement Strategy
- Embody Patient, Family and Caregiver Declaration of Values
- Transparency through communications and governance
- Recruitment campaign



Our Next Steps

If you or someone you know has lived experience with the health care system in North York – we want to hear from you!

Please contact us by email:
NYTHP@nygh.on.ca



Thank You

Poll 2

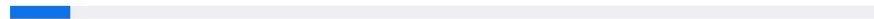
Patient Involvement

Poll ended | 1 question | 95 of 214 (44%) participated

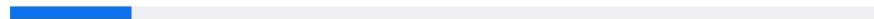
1. How would you describe the degree of patient and family involvement in your OHT? (Single Choice) *

95/95 (100%) answered

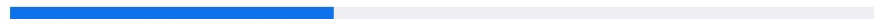
We keep patients and family representatives/groups fully i... (7/95) 7%



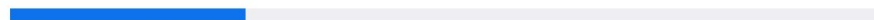
We regularly consult with patients/family (13/95) 14%



We involve patients/family in our OHT planning (35/95) 37%



We collaborate with patients/family in the development... (26/95) 27%



We empower patients/family and follow their advice (14/95) 15%



Discussion and Q & A:

What resonates most with you about this council's work ?

Questions ? Ideas ? Reflections?

Use the chat to all panelists and attendees to respond to this and ask questions

GREATER HAMILTON HEALTH NETWORK

HSPN Webinar

Greater Hamilton Health Network



Building Community Health Together

November 23, 2021



The Greater Hamilton Health Network

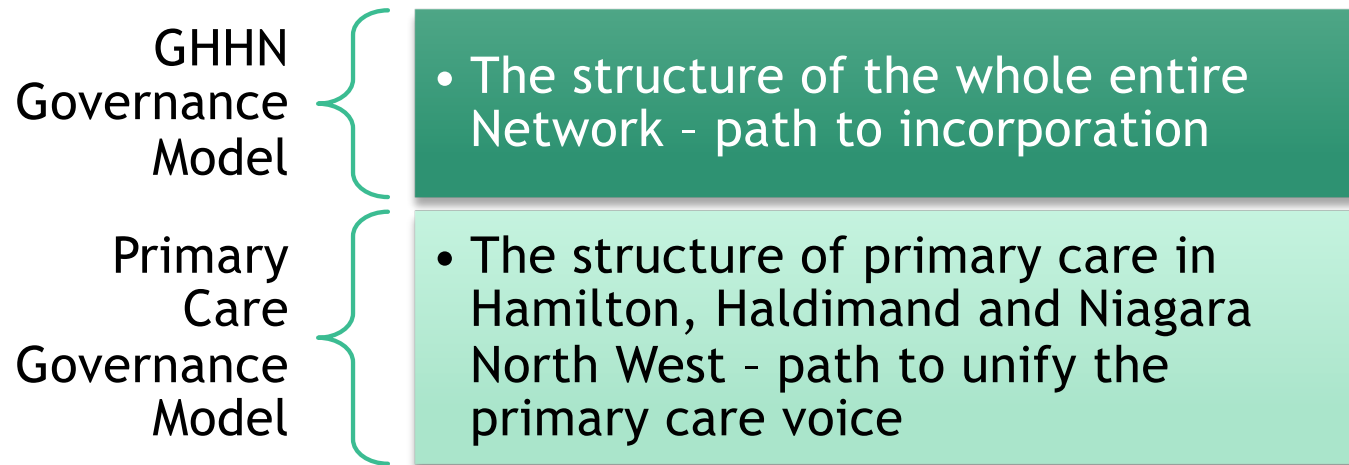
- ▶ Diverse group of over 30 stakeholders to start as the “Hamilton Health Team”
- ▶ 2 acute care hospitals, municipality, public health, primary care, community providers, home and community care
- ▶ Approved during first round of OHT approvals in November 2019
- ▶ Advised in 2021 to incorporate full attributed population which includes the neighboring communities of Haldimand and Niagara North West
- ▶ Approximate attributed population of 600,000
- ▶ Name change in June 2021 to reflect full geography: Greater Hamilton Health Network



Governance



Governance: dual action plan



Primary Care



Primary Care landscape in the GHHN

- ▶ Hamilton: 2 very large FHTs that cover 60% of the population
- ▶ Haldimand: 1 large multisite FHT
- ▶ Niagara North West: 3 FHT, 2 FHO, no solo physicians

Primary Care Governance: Purpose

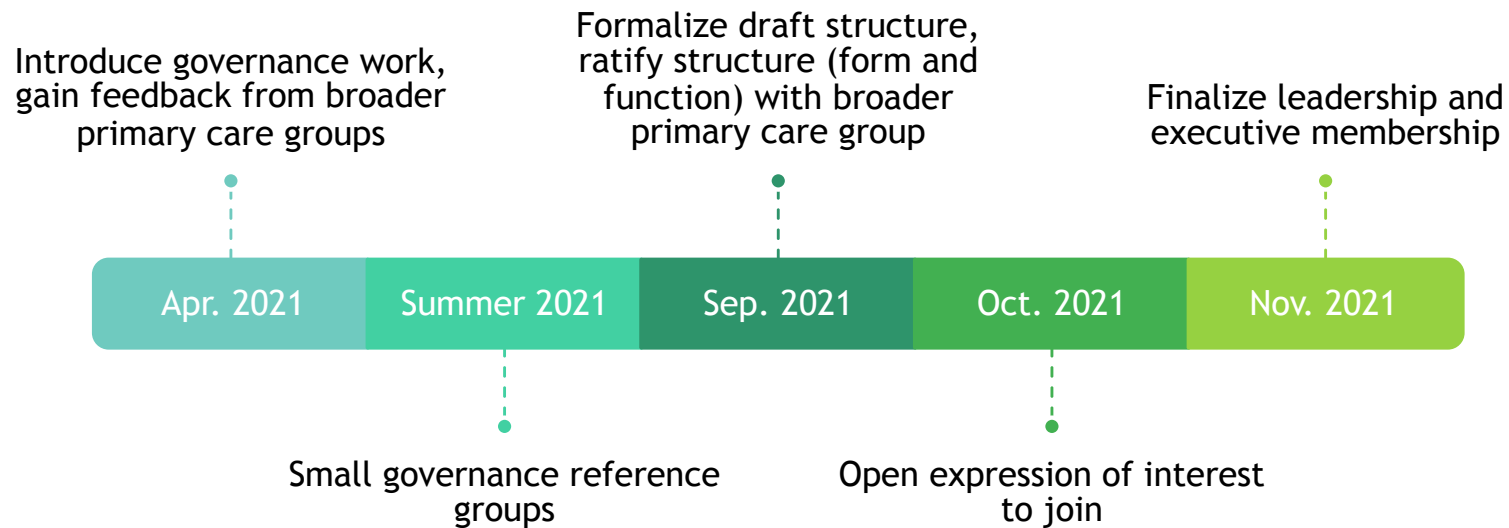
To promote improved and more seamless care for patients in the GHN attributed population

Foster the development of a population health approach to care

To encourage innovation in primary care practice

To create a forum where the “voice” of primary care is active and involved in health system planning and design

Primary Care Governance Timeline



Primary Care Governance: Form

Leadership Group:

- Open Expression of Interest from primary care
- 10-12 members
- Will serve as “reference group” when necessary
- Less time commitment

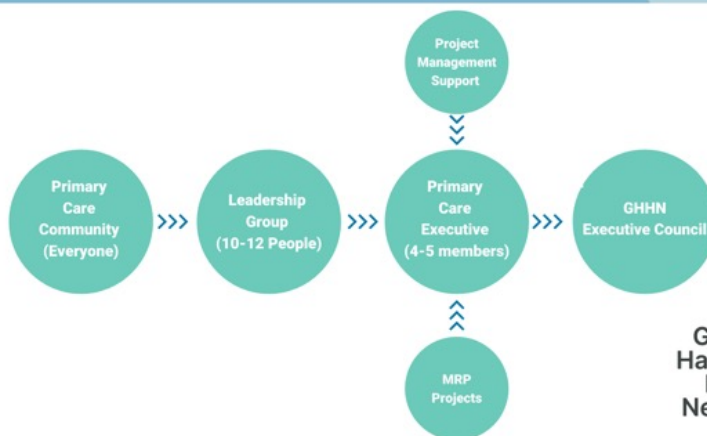
Executive:

- 4-5 members of leadership group
- Significant time commitment
- Lead responses to external requests, must have networks and influence
- Refer issues to Leadership Group as necessary

Senior-level project support

- Provide logistical and policy support
- Link to provincial/national primary care groups.

Primary Care GOVERNANCE STRUCTURE



Greater
Hamilton
Health
Network



An aerial photograph of a group of people standing on a light-colored, square-tiled floor. The people are connected by thin, dark lines, forming a network. The image is overlaid with geometric shapes: a large white triangle on the left and a large teal triangle on the right, both pointing towards the center. The text 'Governance of the entire network' is centered in the white triangle.

Governance of the entire network

GHHN Governance

- ▶ Why did we move towards incorporation?
 - ▶ More structure and accountability
 - ▶ Autonomy in operations (procurement, hiring, service delivery)
 - ▶ Management of shared risk
- ▶ The governance work is an accumulation of:
 - ▶ Consultant work started over one year ago
 - ▶ Health equity consultation report
 - ▶ Partner consultations throughout the summer
- ▶ Small governance working group worked in collaboration with corporate lawyer to finalize articles, by-laws and board manual

Governance of the Network: Critical Path

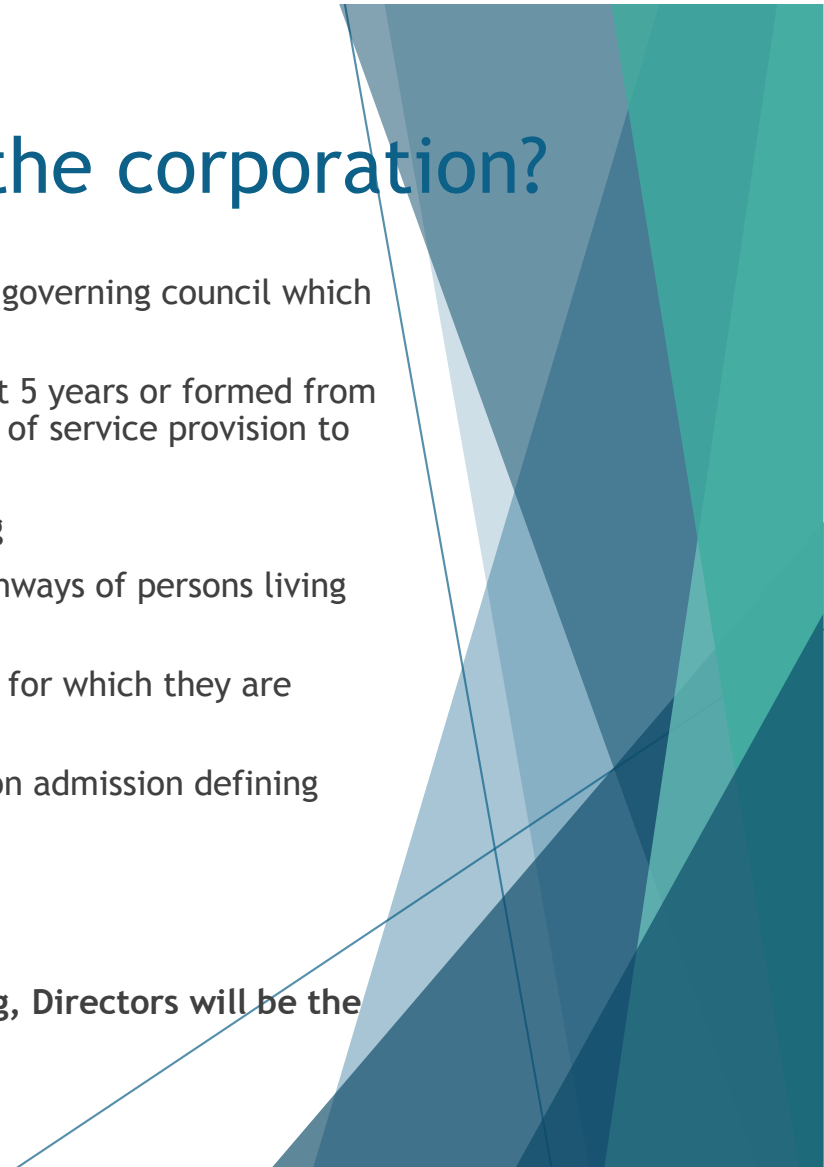
January	Receive final Ernst & Young report, decide to explore legal corporation
April-May	Engagement and initial discussions with Osler Law
June	Receive Equity, Inclusion, and Anti-Racism Framework and Action Plan
July 15	Begin incorporation of EI & AR Framework into governance documents
July 15	Finalize consultation dates for Articles, By-Laws and Board Structure
August	Consultation Session #1 and #2
September	Consultation Session #3
Mid-September	Revised Articles, By-Laws, Governance Manual
September	All incorporation materials compiled
Oct 19, Oct 26	Presentation and review of material: Executive Council & Partnership Council
Nov - Dec	Incorporation and implementation begins



Who can be a member of the corporation?

- ▶ Incorporated entity with a board of directors/governing council which meets regularly
- ▶ Organization has been in existence for at least 5 years or formed from legacy organizations with proven track record of service provision to the GHHN catchment
- ▶ Ability to demonstrate good financial standing
- ▶ Offer services that contribute to the care pathways of persons living in the GHHN catchment area
- ▶ Must declare the Sector of GHHN membership for which they are applying
- ▶ Board must sign a membership agreement upon admission defining their rights and responsibilities as members

**** Note: members of the corporation are non-voting, Directors will be the only voting members of the corporation.**



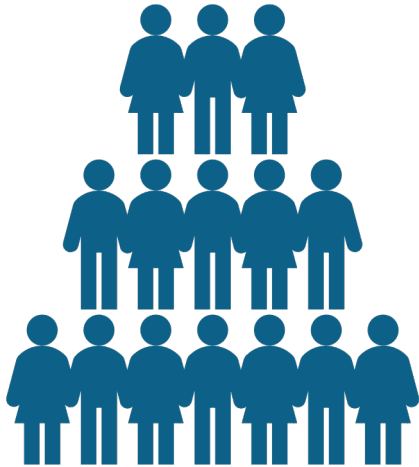
Qualifiers & Clarifications

Individuals will not be members, but will be part of stakeholder councils and working groups as part of the GHHN

Any organization can be part of integrated working groups without having to be an incorporated member

This structure will take time to mature

Board of Directors: Representational/Hybrid Model



Eighteen (18) seats:

- ▶ 15 Directors are nominated by membership class or stakeholder councils
- ▶ 3 “independent” directors to fill out skills and competencies
- ▶ “Diversity and skills matrix” to address health equity across directors


Composition of Board

Board Seats	Number of Seats
Primary Care Council	2
Patient Family and Care Partner Leadership Council	2
Health Equity Council	1
Home Care Sector	1
Hospital Sector	2
Community Organization (general)	1
Congregate Setting/LTCH	1
Community MHA	1
City of Hamilton	1
Haldimand Sector	1
Indigenous Sector	1
Francophone Sector	1
Independent Seats	3



Stakeholder Councils

Four Stakeholder Councils (Non-members): Nominate Directors, and operational activities/planning

- **Primary Care Council (2):** individual primary care physicians and practitioners who provide service to GHHN catchment area
 - **Patient Family and Care Partner Leadership Council (2):** individual patient, client, and family advisors
 - **Health Equity Council (1):** stakeholder experts in health equity
 - **Haldimand Health Council (1):** Haldimand organizations & stakeholders
- 

The background of the slide is a collage of blue and teal geometric shapes. On the left, there is a pattern of hand-drawn lightbulbs and question marks. In the center, a faint image of a woven basket overflowing with lightbulbs is visible. On the right, a profile of a woman wearing glasses and a patterned top is partially shown, looking towards the left.

Questions/Comments/Closing



Discussion and Q & A:

What resonates most with you about the GHHN approach ?

Questions ? Ideas ? Reflections?

Use the chat to all panelists and attendees to respond to this and ask questions



CHATHAM KENT HEALTH ALLIANCE

DEVELOPING A STRATEGIC PLAN FOR YOUR OHT

LESSONS FROM CHATHAM-KENT

ACHIEVING THE BEST HEALTH AND WELL-BEING
TOGETHER



Agenda



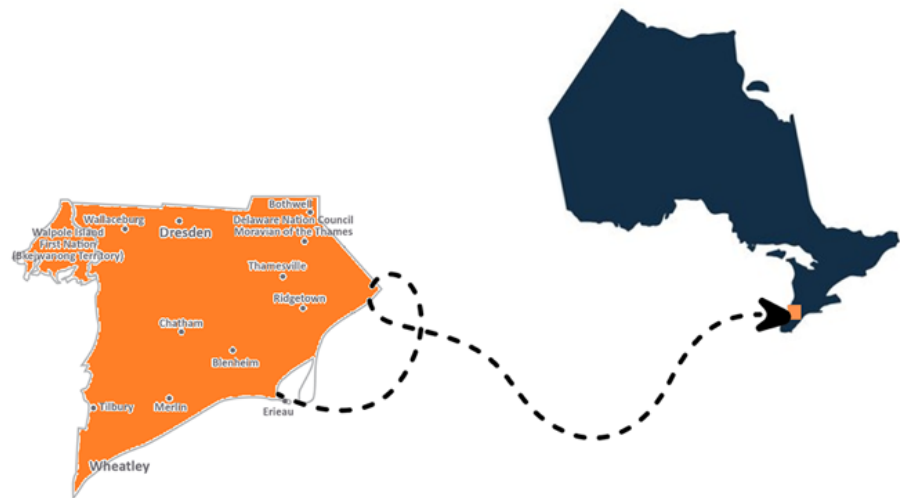
- Welcome to CK!
- Establishing the CKOHT Strategic Plan
- Embracing the Strategic Plan
- Growing through the Strategic Plan

Welcome to Chatham-Kent!



Who is the CKOHT?

We are a partnership led by 15 signatory partners which make up the Collaborative Steering Committee. Over 100 individual partners participate on one of the three Advisory Councils, five Working Groups, and many Sub-Working Groups.



Chatham-Kent is a 'community of communities', composed of many small towns and villages in the heart of southwestern Ontario. It is a safe and vibrant community - yet many overall health indicators are poor in comparison to Ontario. The rural landscape also presents challenges for health equity and accessibility.

About our Community



- Consumes fewer fruits and vegetables
- Higher rates of smokers than average
- Lower activity levels and higher amount of overweight people



- Higher rates of unemployment and lower than average income levels
- More people accessing social assistance



- Over 20% of adults with less than a high school education



- Higher rates of chronic disease, specifically: arthritis, diabetes, asthma, hypertension, mood disorders and COPD



- Young and growing Indigenous population



- Higher use of ED and admissions to hospital
- Among highest use of prescription opioids in Ontario

Establishing the Plan



Plan & Understand

February 2021

Process approved at Steering Committee

March 2021

Environmental Scan launched

April 2021

Environmental Scan Completed



Engage

April 2021

Council of the Chairs Engaged

April/May 2021

Internal CKOHT Engagement

May/June

External OHT Engagement



Knowledge to Action

June 2021

Goals and Objectives Approved

June/July 2021

Goals, Objectives Reviewed, Actions Confirmed at Working Groups

August 2021

CKOHT Strategic Plan approved

Establishing the Plan



Let's Talk Health

[Home](#) » [Let's Talk Health, CK!](#)

Let's Talk Health, CK!

Chatham-Kent Ontario Health Team Strategic Plan (2021-2024)

Thank you to everyone that participated, we appreciate you taking the time to fill out a survey. We learned so much from you. This information helped to shape the directions of CKOHT Strategic Plan and what the CKOHT partnership will work on together to make improvements to the health care system over the next 3 years.

Watch our short video which explains what we aim to achieve over the next 3 years. [Click to watch the video.](#)

Société Alzheimer Society
CHATHAM-KENT



Erie St. Clair Behavioural Supports Ontario

TTransform
TRANSFORM SERVICE ORGANIZATION



Chatham-Kent
Community Health Centres
Centres de santé communautaire
de Chatham-Kent



CHATHAM-KENT
FAMILY HEALTH TEAM



MARCH OF DIMES
CANADA



LA MARCHÉ
DES DIX SOUS
DU CANADA

Tilbury District
FAMILY HEALTH TEAM

Thamesview
FAMILY HEALTH TEAM



CHATHAM-KENT
Health Alliance



Let's Talk Health, CK! CKOHT Strategic Plan Engagement Session

JOIN THE CONVERSATION:

What are the top health care priorities in CK?
What should the CKOHT focus on?

ATTEND ONE SESSION ONLY:
JUNE 3, 2021: 12 P.M. - 1 P.M.
OR
JUNE 4, 2021: 12 P.M. - 1 P.M.
***A FORMAL MEETING INVITATION
WILL FOLLOW***



Let's Talk Health, CK! We want to hear from you!

ENTER TO WIN A GIFT CARD!



If you would like
to participate in
the survey over
the phone or in
French, call
619-368-3365

Survey website
[www.letstalk-
chatham-
kent.ca/let-s-
talk-health](http://www.letstalk-
chatham-
kent.ca/let-s-
talk-health)

1. Open your phone camera
2. Scan the QR code above
3. Survey will open
4. Complete survey



Establishing the Plan



STRATEGIC PLAN
ENGAGEMENT

91 hours

Cumulative Focus Groups

1762

Survey Respondents

6880

Online Thoughts Rated



CKOHT Strategic Goals and Objectives 2021-



Population Health and Well-being

We will transform the health care journey for the CKOHT population.

Transform the health system experiences and outcomes for the CKOHT priority population.

Establish a plan to address mental health and addictions in Chatham-Kent as an expanded priority population of the CKOHT.

Coordinate a COVID-19 recovery strategy for the health system.



Health Equity

We will achieve a health system that is safe and equitable for everyone.

Support First Nations, Inuit and Métis Peoples and communities in improving Indigenous health

Increase the number of patients able to access primary care.

Eradicate all experiences of racism, oppression, inequity and stigma in CK.



CKOHT Maturity

We will deepen and grow our partnerships to accelerate maturity.

Expand the involvement CKOHT partners, particularly in the social, community, and support services sectors.

Establish a Health Human Resource Working Group for the CKOHT.

Mature the CKOHT governance model



Community

We will always remember our purpose and be ready to tell our story.

Increase knowledge and awareness of the CKOHT.

Ensure person centered care in all aspects of our work.

Share best practices between partners within and beyond the CKOHT.



Performance

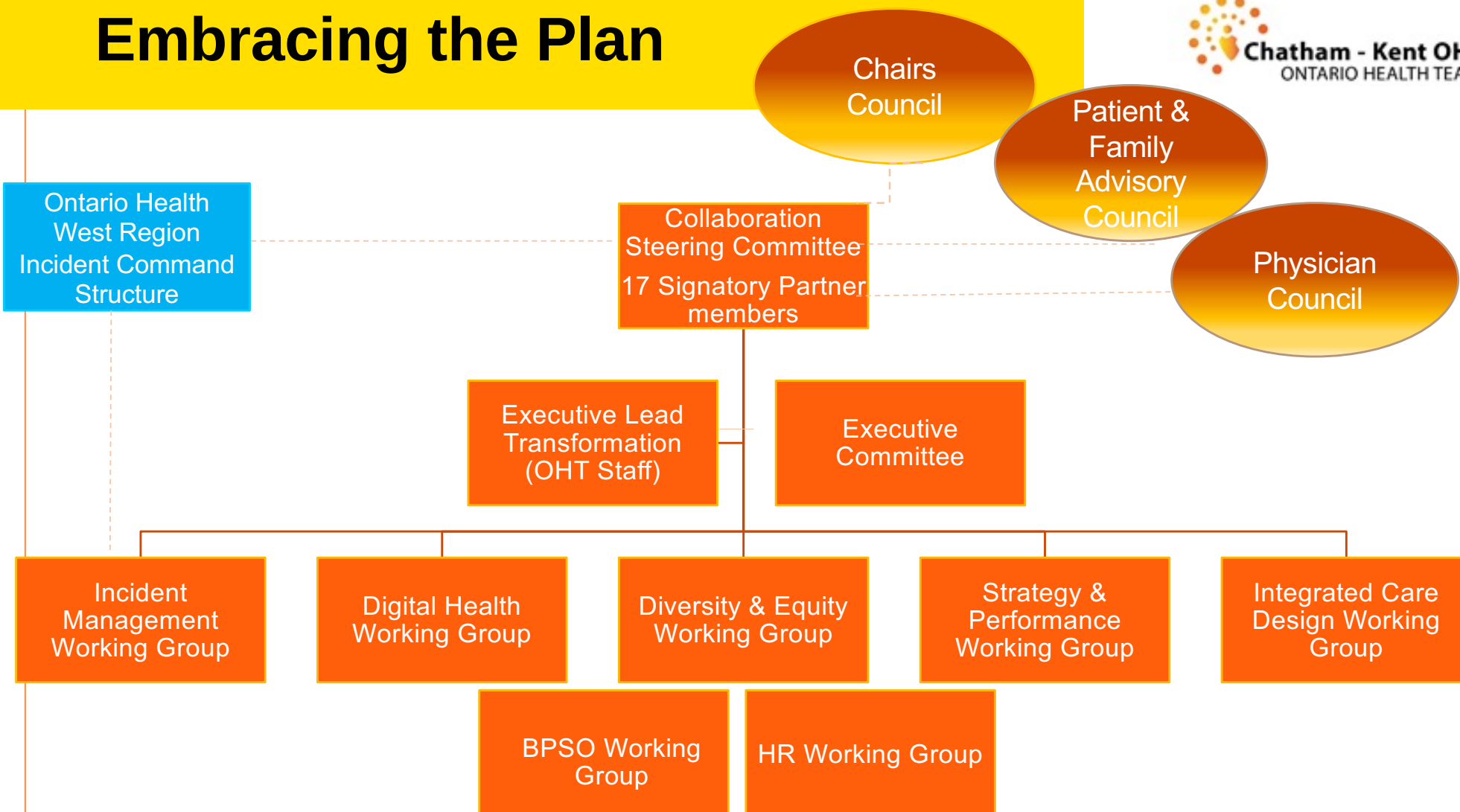
We will be innovative and accountable in achieving system performance.

Deepen our shared accountability framework.

Become a leader of OHTs in implementing evidence-based practices.

Approve and Implement the Digital Health Road Map.

Embracing the Plan



Embracing the Plan

September CK OHT Dashboard with Master Monitor - Excel

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do... Share

Clipboard Font Alignment Number Styles Cells Editing

SECURITY WARNING Automatic update of links has been disabled Enable Content

B37

	A	B	C	D	E	F	G	H
21	24.0	Create an inventory of CKOHT partner services that will highlight gaps, duplications, and future opportunities.		CK OHT Maturity	May-21	Aug-21	Complete	100
22	24.1	Develop and review inventory of all services offered by CKOHT partners to identify duplication, gaps and unique services and begin identifying opportunities and strategies to develop for alignment, integration and standardization		Improve Transitions of Care			Complete	100
23	24.2	Design navigation criteria, centralized referral hub & pathways		Improve Transitions of Care			Not Started	
24	24.3	Ensure healthline.ca and 211 information is accurate					On Track	80
25	24.4	Identification and validation of availability services for Y1P					Not Reported	
26	26.0	Increase communications and joint partnership opportunities with neighbouring communities (i.e. Windsor-Essex, Sarnia-Lambton, and London).		CK OHT Maturity				
27	42.0	Successfully progress towards BPSO OHT designation.		Performance	Apr-21	Dec-24	On Track	
28	42.1	Act as the BPSO OHT sub-committee, with transitions being a priority for BPSO OHT			Sep-21	Jan-25	On Track	
	42.2	Primary Care Communication Protocol		TPA Deliverable		Q2 2021 - 2022	On Track	50

CK OHT Master Dashboard Master Strat Plan Status Digital Health Integrated Care Diversity & Equity Strategy & Performance

Growing through the Plan



- Strategic Plans are more than an OHT expansion plan.
- Looking at Strengths based approaches to achieving our plan collectively
- Establishing agendas, project intake forms, and evaluative frameworks (scorecard) in alignment with our Strategic Plan
- Leverage the plan to achieve the states of maturity outlined by the Ministry



For more information, please visit:

www.ckoht.ca



Poll 4

Strategic Planning

Poll ended | 1 question | 56 of 141 (39%) participated

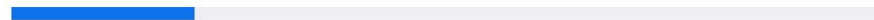
1. Where is your OHT at in strategic planning? (Single Choice) *

56/56 (100%) answered

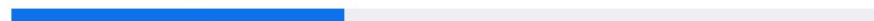
We work from the original plan from our OHT applicati... (16/56) 29%



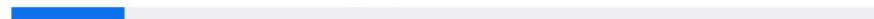
We work from a revised strategic plan since our OHT ap... (12/56) 21%



We are in the process/about to review/revise our strate... (21/56) 38%



We aim to review our strategic plan in the future. (7/56) 13%



Discussion and Q & A:

What resonates most with you about the CKOHT approach ?

Questions ? Ideas ? Reflections?

Use the chat to all panelists and attendees to respond to this and ask questions

Discussion and Q & A:

**What is the focus for your OHT
in the coming year?**

(Governance? Clinical design? eHealth? Strategy?
Patient Involvement?)

Do you have other questions of our panel today ?

*Use the chat **to** all panelists and attendees to
respond to this and ask questions*

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The beginnings of health system transformation: How Ontario Health Teams are implementing change in the context of uncertainty

Gayathri Embuldeniya ^a , Jennifer Gutberg ^{a, b} , Shannon S. Sibbald ^c , Walter P. Wodchis ^{a, d, e}

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Leading in The Future

Healthcare Quarterly 24(3) October 2021 : 60-67.doi:10.12927/hcq.2021.26617

Foundations, Functions and Current State of Collaborative Leadership: A Case of Newly Developing Integrated Care in Ontario

Shannon L. Sibbald, Ruth E. Hall, Gayathri Embuldeniya, Jennifer Gutberg and Walter P. Wodchis



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ABSTRACT

In 2019, the Government of Ontario announced a health system transformation to end hallway healthcare by implementing integrated care systems known as Ontario Health Teams (OHTs). Establishing an integrated care system is a monumental task requiring collaborative and participatory leadership structures. Based on a survey of 480 OHT signatory members and 125 in-depth interviews with leaders from 12 OHTs, we describe how developing OHTs conceptualized and executed leadership. While collaborative leadership is common, the approaches are varied and the leadership structure is informed by contextual differences. We provide suggestions on how to support the success of collaborative leadership for decision and policy makers, leaders and anyone working toward integrated care.

Healthcare Quarterly [24\(3\) October 2021](#) : 60-67. doi:10.12927/hcq.2021.26617

Up Next:

HSPN Webinar Series

- 4th Tuesday of the Month: 12:00 – 1:30pm

Upcoming Topics for 2022

- ***Population Health Management***
 - *Population Segmentation*
 - *cQIP indicators*
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