

# Results from the HSPN 2025 Ontario Health Team Leadership Survey

HSPN Monthly Webinar

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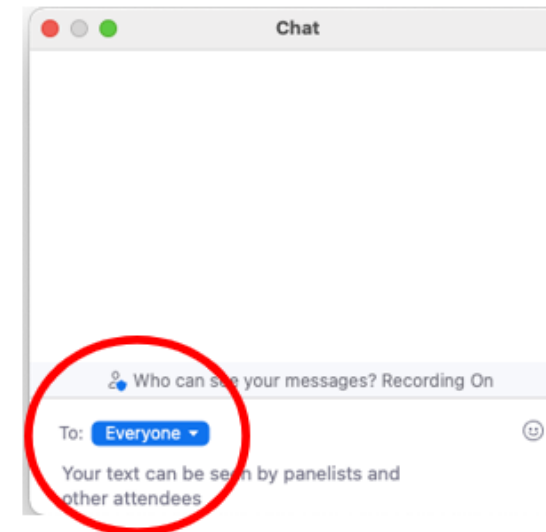
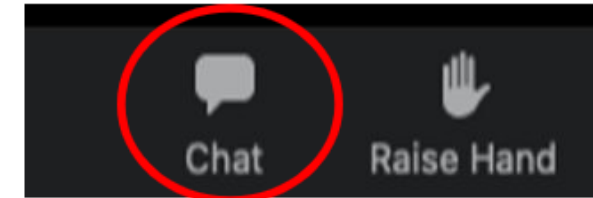
September 23, 2025

# Welcome & thank you for joining us!

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

➤ Open Chat

➤ Set response to **everyone** 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

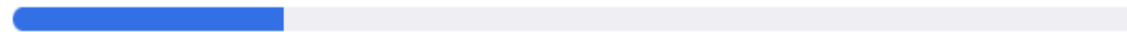
1. Have you joined us for an HSPN webinar previously?  
(Single choice) \*

59/59 (100%) answered

Yes, I have participated previously (45/59) 76%



No, This is my first event (14/59) 24%



# Today's event HSPN OHT Leadership Survey

**Presenters**



**Vijay Kunaratnam**  
Research Associate  
HSPN

**Panelists**



**Kathy Peters**  
Executive Director  
Burlington OHT



**Nadia Prescott**  
Executive Transformation Lead  
Co-Chair  
Ottawa West Four Rivers OHT



**Leigh Couture**  
Executive Director  
Western Ottawa CRC  
Co-Chair  
Ottawa West Four Rivers OHT

**Host**



**Dr. Walter Wodchis**  
Principal Investigator  
HSPN

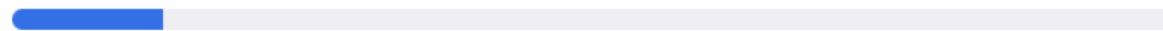
# Poll 2

1. What is your awareness of the HSPN Organizing for Ontario Health Teams Leadership Survey ?

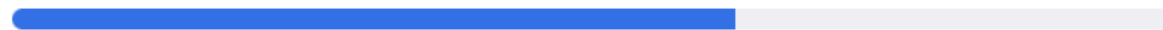
(Single choice)

69/69 (100%) answered

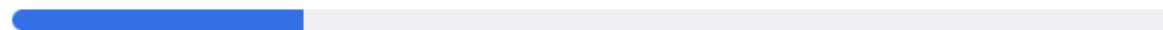
I participated in the survey (9/69) 13%



I am aware of the survey but did not participate (43/69) 62%



The survey is news to me! (17/69) 25%



# Overview

- Between February and April 2025, the HSPN led a survey of Ontario Health Team Leadership to assess progress towards key elements of Organizational Capabilities for Ontario Health Teams to advance population health and integrated care. This is the fourth implementation of the leadership survey building on past surveys in 2020, 2021, and 2022.



## Organizing for Ontario Health Teams Survey

### Introduction

Welcome to the *Organizing for Ontario Health Teams Survey*. This survey asks a variety of questions about you and your organization/practice setting and its partnership in an Ontario Health Team (OHT). Most questions have been used and reported in three prior iterations of this survey.

The purpose of the survey is to capture contextual factors important to integrating care, including partnerships, leadership, communication, resources, and organizational change. New questions have been added to probe activities undertaken by your OHT. These data will help us better understand how well members from all sectors are working together to realize the goals of each OHT.

Individual teams will be provided with aggregated results from their own team and summative responses across teams will be shared widely with an aim to strengthening the approaches to implementing OHTs.

The survey allows you to express your opinions and provide information about your experiences anonymously. Your name, demographics and role will not be attached in any way to the responses you give. The survey will take approximately **20 minutes** to complete. Please answer every question, and please check only one answer per question unless otherwise specified.

*Thank you for taking the time to complete this questionnaire.*

1. I agree to participate in the OOHT survey:
  - a. I accept
  - b. I decline. Please do not send me any further reminders

# Purpose of the survey

- Describe current state of governance, leadership and elements of organizational supports as they pertain to using data, cultivating partnerships and relationships, operationalizing changes in healthcare delivery and achieving health system improvements. All known pre-requisites for high performing organizational networks.
- HSPN aims to identify best practices in these elements (domains), share knowledge and build capacity in OHTs.



# Topics included in survey

- Governance
- Overall Effectiveness and Promise
- Shared Purpose
- Shared Responsibility
- Leadership
- Organizational Approach
- Organizational Context
- Communications and Management
- Operational Approach
- Readiness for Change

# Survey Sources

- Cramm JM, Strating MM, Nieboer AP. Development and validation of a short version of the Partnership Self-Assessment Tool (PSAT) among professionals in Dutch disease-management partnerships. BMC Research Notes. 2011;4:224.
- Gibson CB, Birkinshaw J. The Antecedents, Consequences, and Mediating Role of Organizational Ambidexterity. The Academy of Management Journal. 2004;47(2):209–26.
- Haggerty J, Denis, J-L, Champagne, MC, Breton, M, Trabut, I, Gerbier, M, et al. Development of a measure of network integration and its application to evaluate the success of mandated local health networks in Quebec. Canadian Association of Health Services and Policy Research Conference 2002.
- Hall RE, Walker K, Nessa NS, Wodchis WP. Assessing Readiness and Sustainability for Integrated Care in Ontario, Canada with the Integrated Care Leadership Survey. Int J Integrated Care. 2025;25(3):18.
- Holt DT, Armenakis AA, Feild HS, Harris SG. Readiness for Organizational Change: The Systematic Development of a Scale. The Journal of Applied Behavioral Science. 2007;43(2):232–55.
- Kapucu N, Hu Q. Network Governance: Concepts, Theories, and Applications. Taylor & Francis. 2020.
- Kivimaki M, Elovainio M. A short version of the Team Climate Inventory: Development and psychometric properties. Journal of occupational and organizational psychology. 1999;72(2):241–6.
- Provan KG, Kenis P. Modes of Network Governance: Structure, Management, and Effectiveness. Journal of Public Administration Research and Theory. 2007;18(2):229–52.

# Methodology

## Survey Population:

- All 58 OHTs invited to participate; 55/58 OHTs included
- Survey distributed to one 'most involved' individual from each *member* organization or individual in every participating OHT

Evaluation leads also provided basic information on OHT characteristics and leadership groups (e.g. size, representation).

# Methodology

## Survey Distribution:

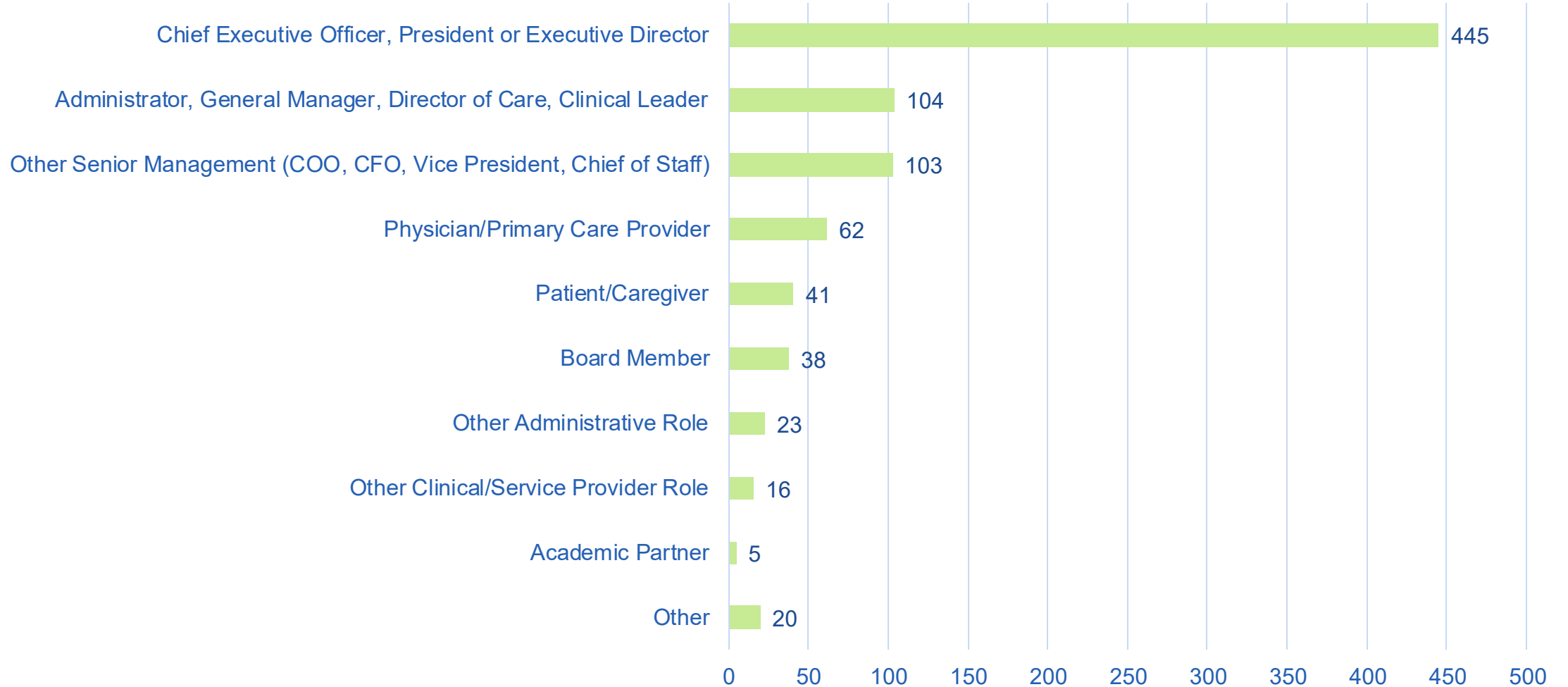
- A survey pre-announcement was distributed to 1,557 individuals on February 18<sup>th</sup>, 2025.
- A survey invitation along with an REB-approved letter of information was distributed to all 1,557 individuals on March 3, 2025.
- Bi-weekly reminders were sent to non-respondents until the survey closed on April 30, 2025.

# Results

## Response Rate:

- 857 individuals responded to the survey for a total response rate of 55%. The average response rate across OHTs was 63% (range: 17% to 90%).
- The average completion rate of all survey items across the 857 respondents was 96.4%

# Respondent Roles



# Respondent Sector Representation



\*Respondents can select more than one organization/sector .

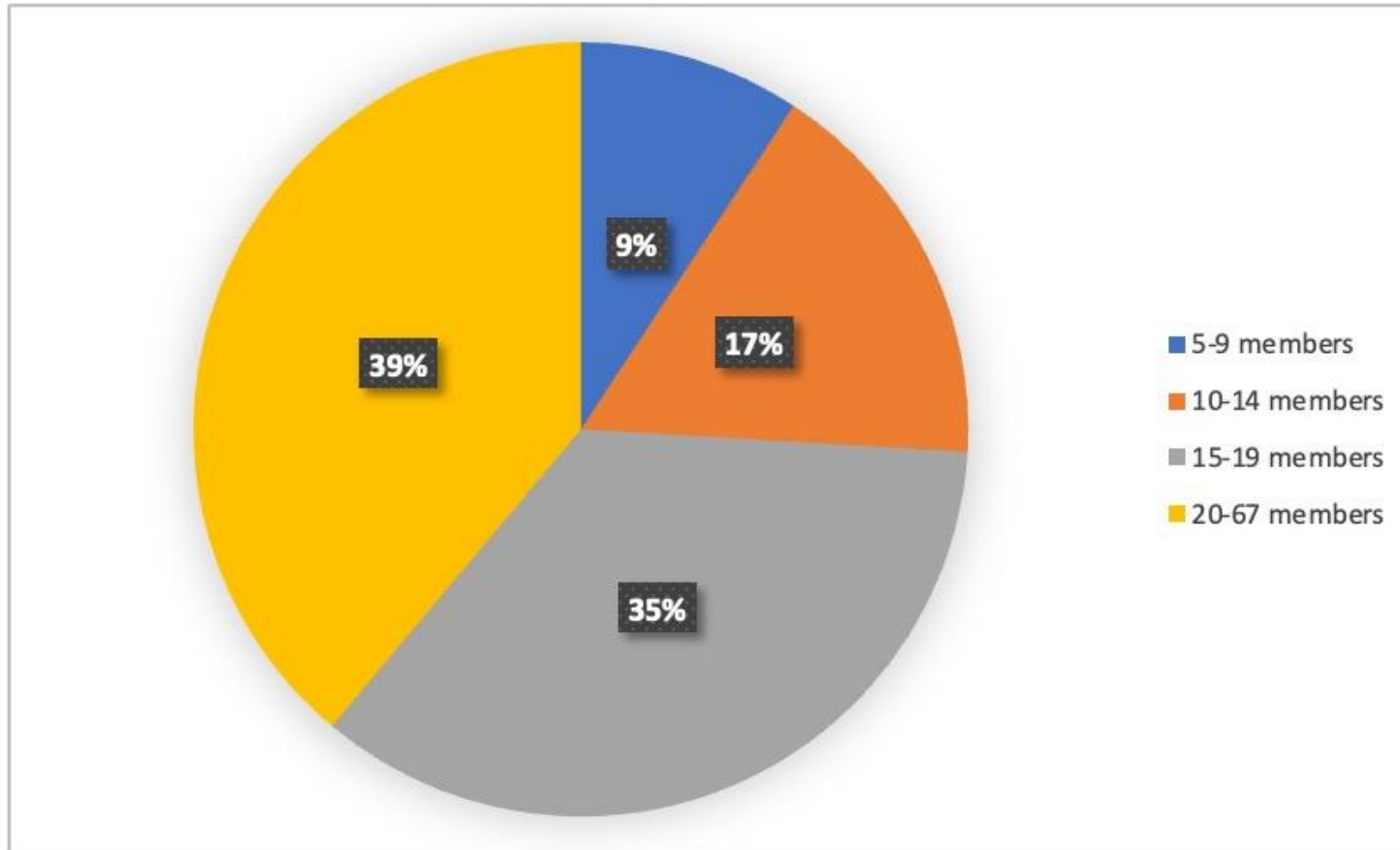
# Governance Results



# (Collaborative) Governance Results

- Collaborative governance refers to the manner in which an interorganizational network organizes itself to make collective decisions, such as resource allocation or coordinating joint decisions (Kapucu & Hu, 2020; Provan & Kenis, 2008). Governance is a key factor which influences the performance of interorganizational integrated care networks.
- We defined governance as those individuals who constitute the primary ***decision-making group*** regarding ***resources***, ***priorities*** and ***membership*** for your OHT.
- We report on factual information about the governance group (e.g. size, turnover) from one evaluation contact from each OHT; and perceptions of governance from respondents to the survey who self-identified as being part of the 'governance group' (n=465).

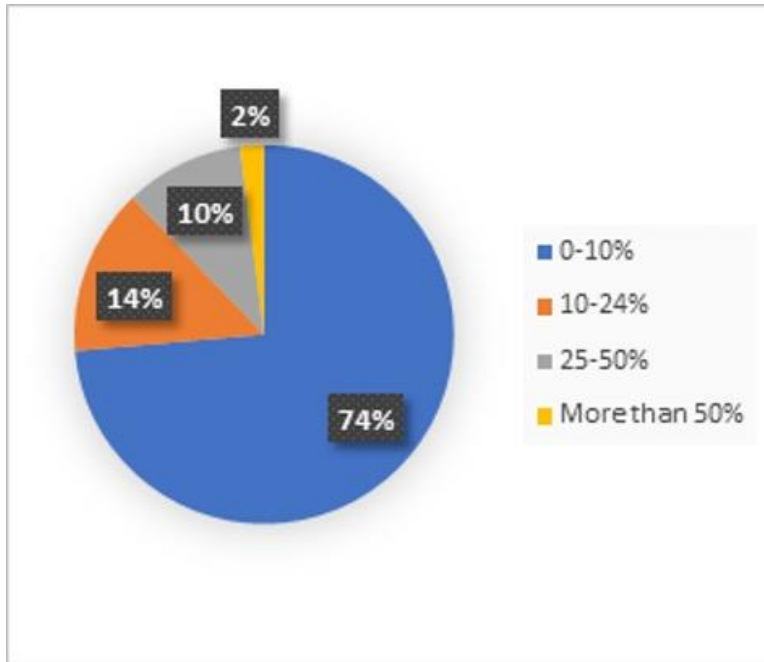
# Size of Governance Groups



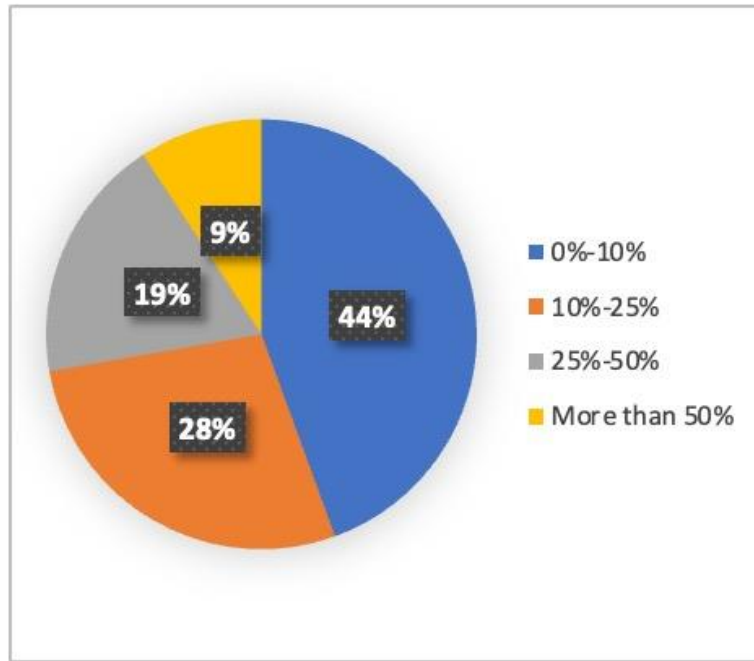
- Governance groups for OHTs are relatively large with 39% of OHTs reporting 20 or more members.
- This represents an increase in the size membership of governance since our last survey in 2022.

# Change in Governance Leadership

Change from 2020/21-2022



Change from 2022-2025



- There has been an increase in turnover amongst governance groups over time.
- 44% of OHTs have had less than 10% turnover in past 2 years.
- 28% of OHTs have had more than 25% turnover in governance groups.

# Membership Representation

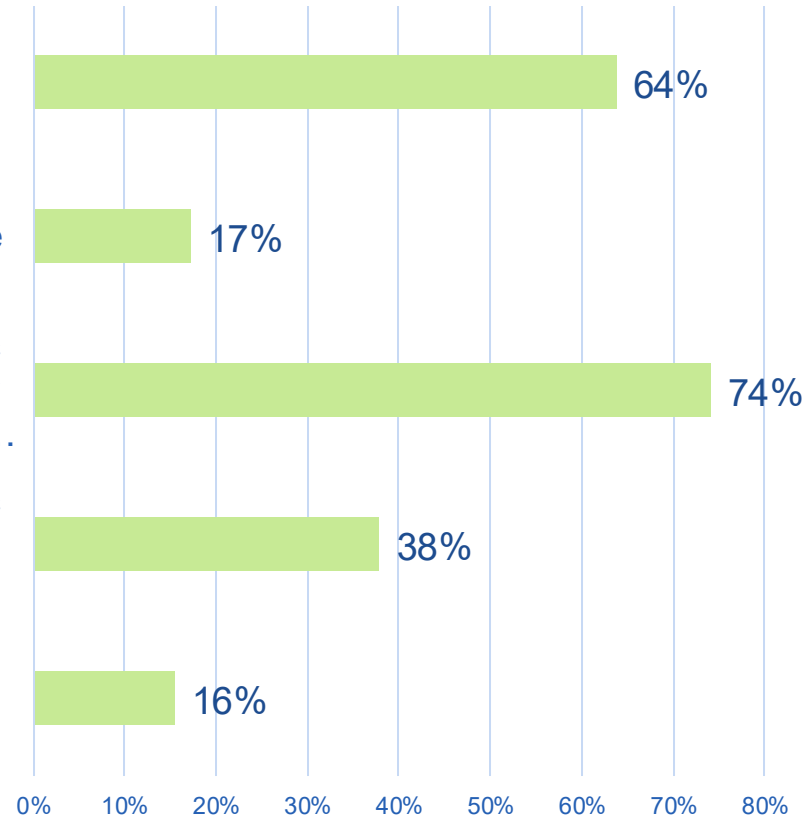
Members are chosen to represent the original signatory organizations/partners in our OHT application.

Members are chosen to represent individuals or organizations that contribute financial or in-kind resources to OHT-...

Members are chosen to represent specific health-related sectors (e.g. acute, primary care, long term care, home care, public...

Members are chosen to represent specific groups/communities (e.g. Indigenous, Francophone, Racialized, LGBTQ+,...

Members are chosen for other reasons

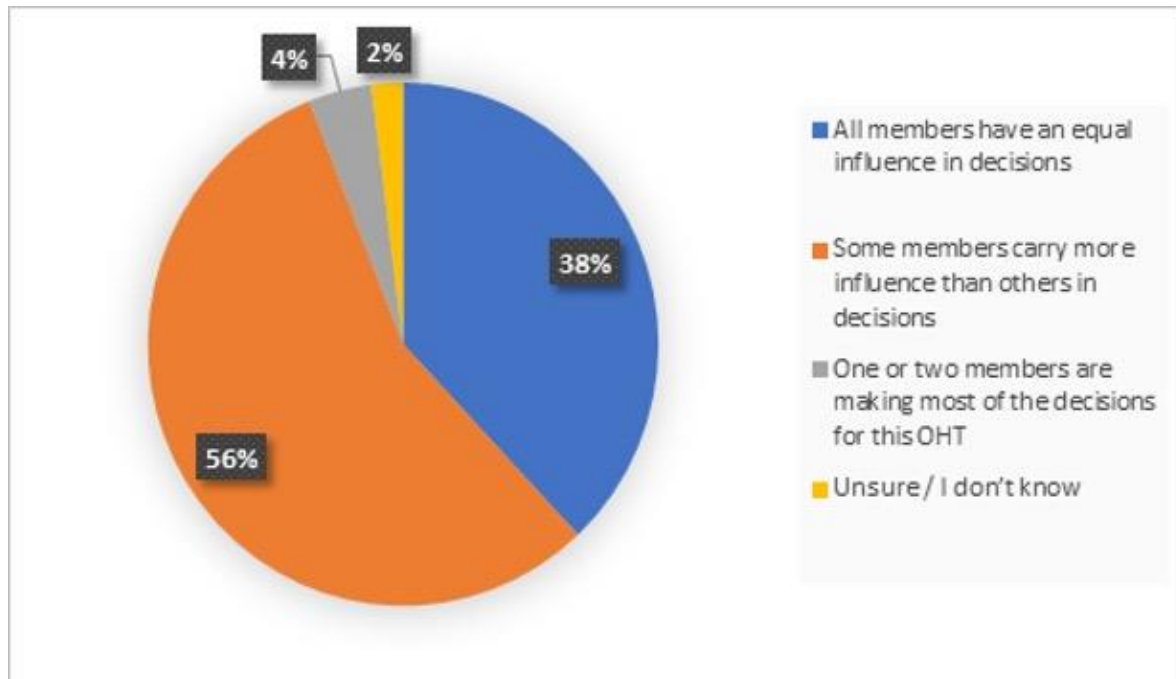


- There has been an increase in the governance membership to represent specific health-related sectors, from 53% in 2022 to 74% in 2025.

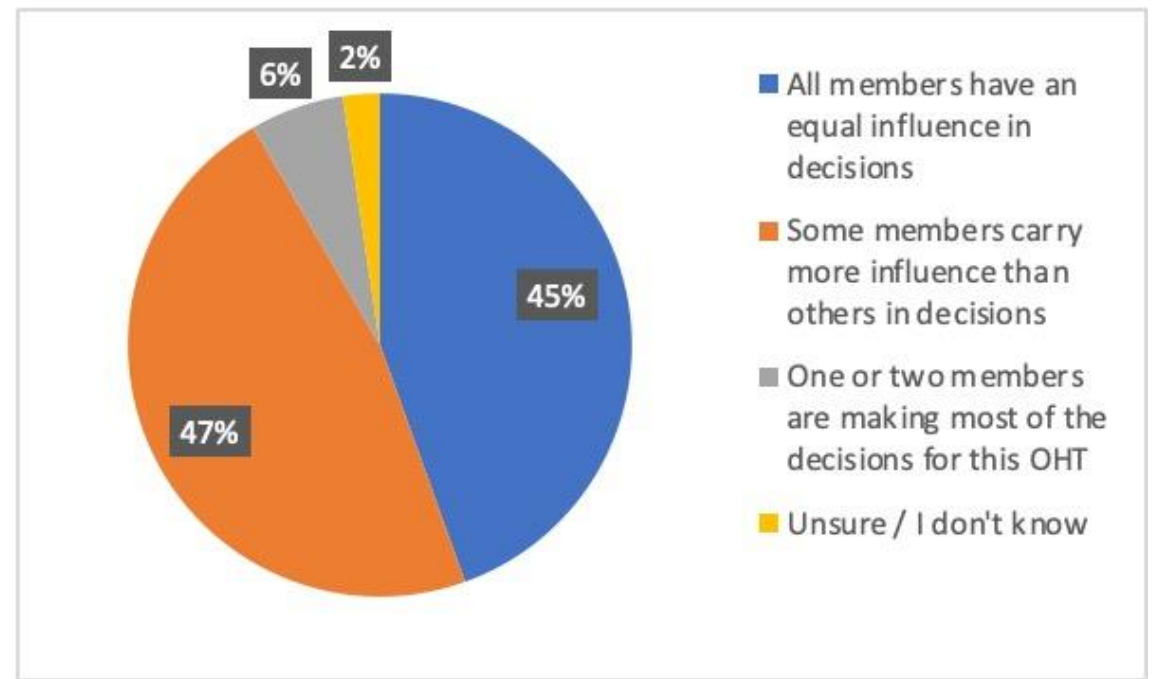
# Decision Making

- There has been an increase from 38% to 45% in the proportion of respondents reporting that all members have an equal influence.

2022



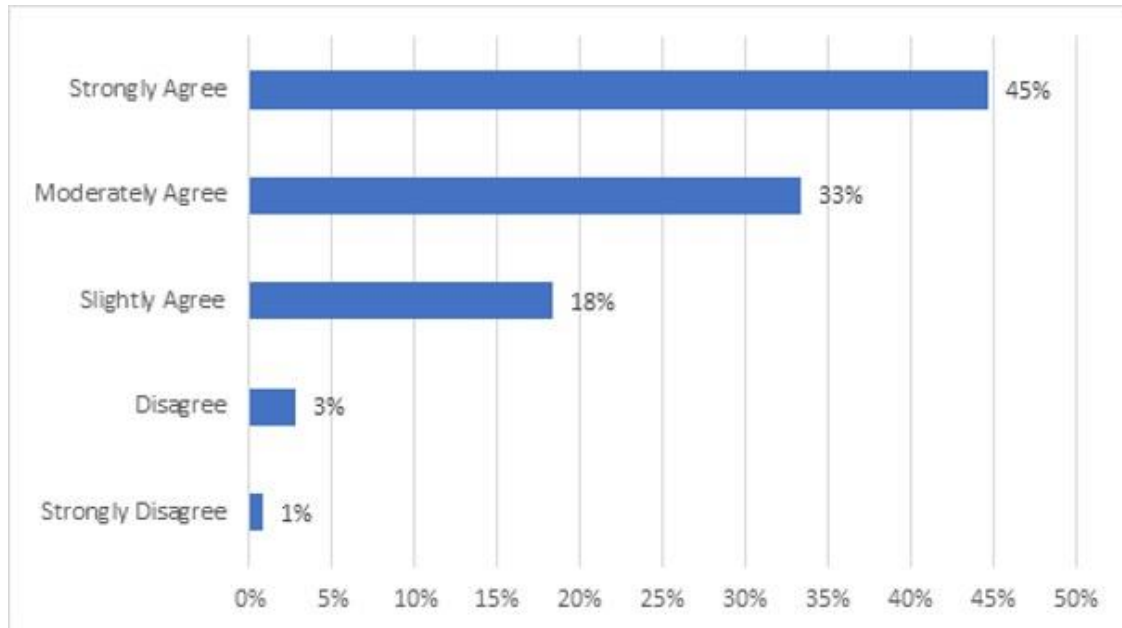
2025



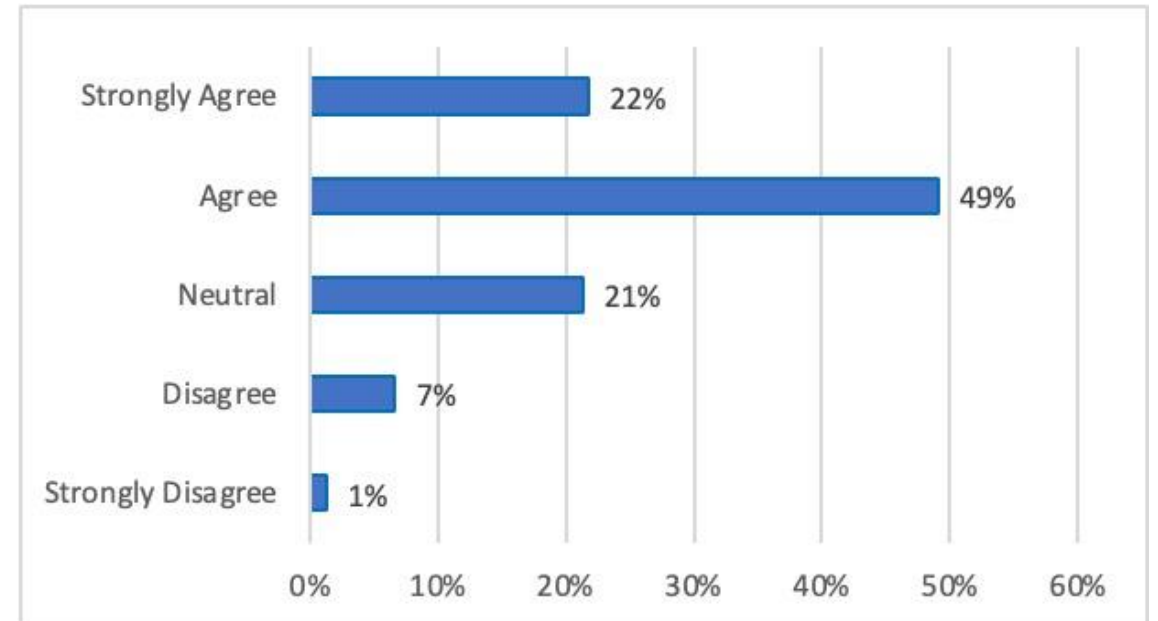
# Perceived Commitment from Other Members

- There has been a decrease from in the perceived level of commitment of \*other members\* of the OHT leadership group to the success of the OHT.

**2022**



**2025**



# Governance Considerations

- The leadership councils for OHTs are large and growing.
- Representation is primarily by sector and organization.
- Confidence in mutual commitment is declining.
- OHTs with larger leadership groups (>17) have significantly lower evaluations of mutual commitment.
- Other results (in full report) show that OHTs are mostly balancing their affinity between their own organization and the interests of the OHT.
- OHT governance might be better configured with fewer representatives and more skills/competency-based representation. They should then build trust and use shared performance measures.

# Main Survey Results



# Domains for Main Survey Results

- Overall Effectiveness and Promise
- Shared Purpose
- Shared Responsibility
- Leadership
- Organizational Approach
- Organizational Context
- Communications and Management
- Operational Approach
- Readiness for Change

# Radar Chart

- Radar charts illustrate the mean performance of various OHT groupings across nine domains.
- The spider web-style grey lines represent average levels, where points closer to the center indicate lower performance.
- Data points plotted farther from the center reflect stronger average performance relative to other OHTs or groupings.
- The shape of the polygon can indicate balance (more circular) or highlight areas of higher or lower performance (more skewed in specific regions).

# Results by Geography and Lead Organization



## Highest Scores

- Organizational Approach (mean=3.85/5.0)
- Shared Responsibility (3.74)
- Shared Purpose (3.71)
- Overall Effectiveness and Promise (3.70)

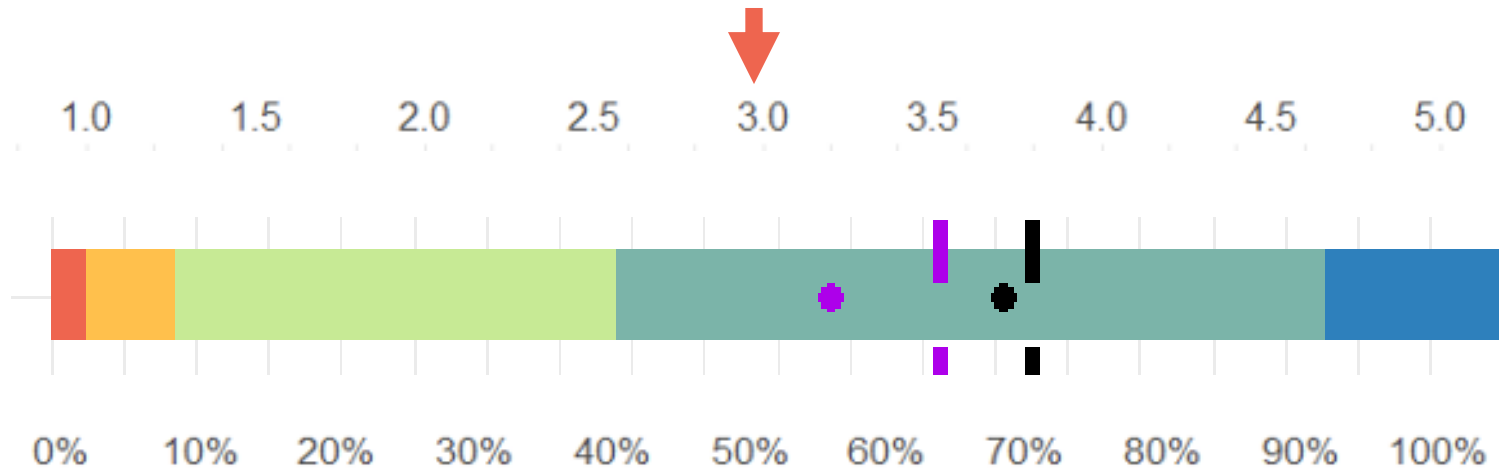
## Lowest Scores

- Organizational Context (3.11)
- Leadership (3.42)
- Readiness for change (3.48)

Non-hospital **urban** OHTs now have generally higher scores; previously non-hospital **rural** OHTs had highest scores.

# Interpreting Bargraphs

Scale for Mean Scores (2022 and 2025 OHT and provincial average)  
**Dots and Lines**



- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- 2025 OHT Mean Score
- 2022 OHT Mean Score
- 2025 Provincial Mean Score
- 2022 Provincial Mean Score

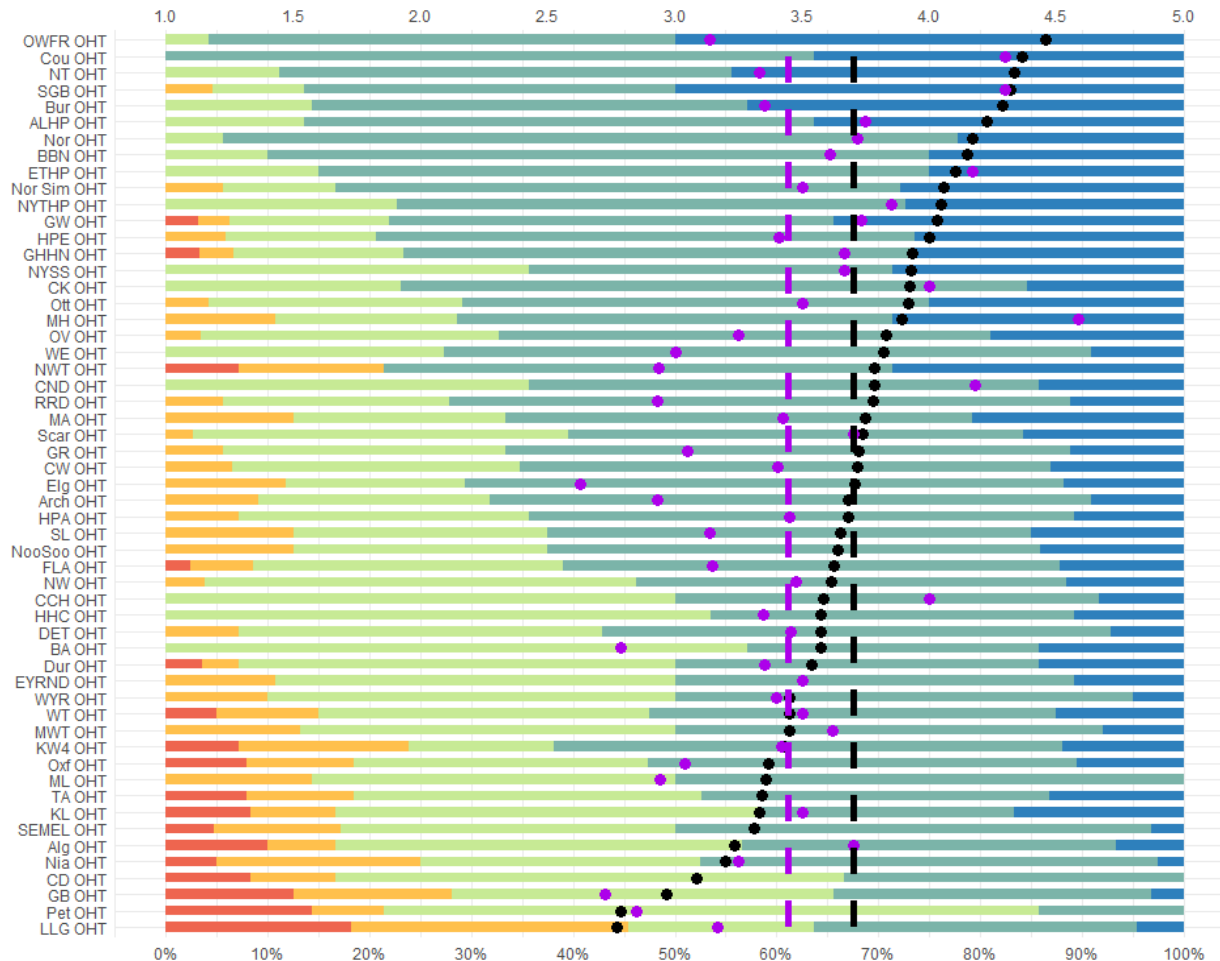
Scale for 2025 Individual OHT  
Survey Responses (bar chart)

**2025 Overall Mean Score: 3.70; 2022 Overall Mean Score: 3.45**

# Interpreting Bargraphs

- Bar graphs display the average distribution of responses across multiple survey items within a specific domain
- Each horizontal bar represents an OHT. The segments show the proportion of responses in each category. Look at the distribution across the colors to assess how favorable or unfavorable responses are (Blue/Green= Positive; Red/Orange= Negative).
- The dots represent the OHT Mean Scores (black dots represent 2025 averages, purple dots represent 2022 averages)
- The dashed line represent Provincial averages (black line represent 2025 average, purple line represent 2022 averages)

# Overall Effectiveness and Promise



**2025 Overall Mean Score: 3.70; 2022 Overall Mean Score: 3.45**

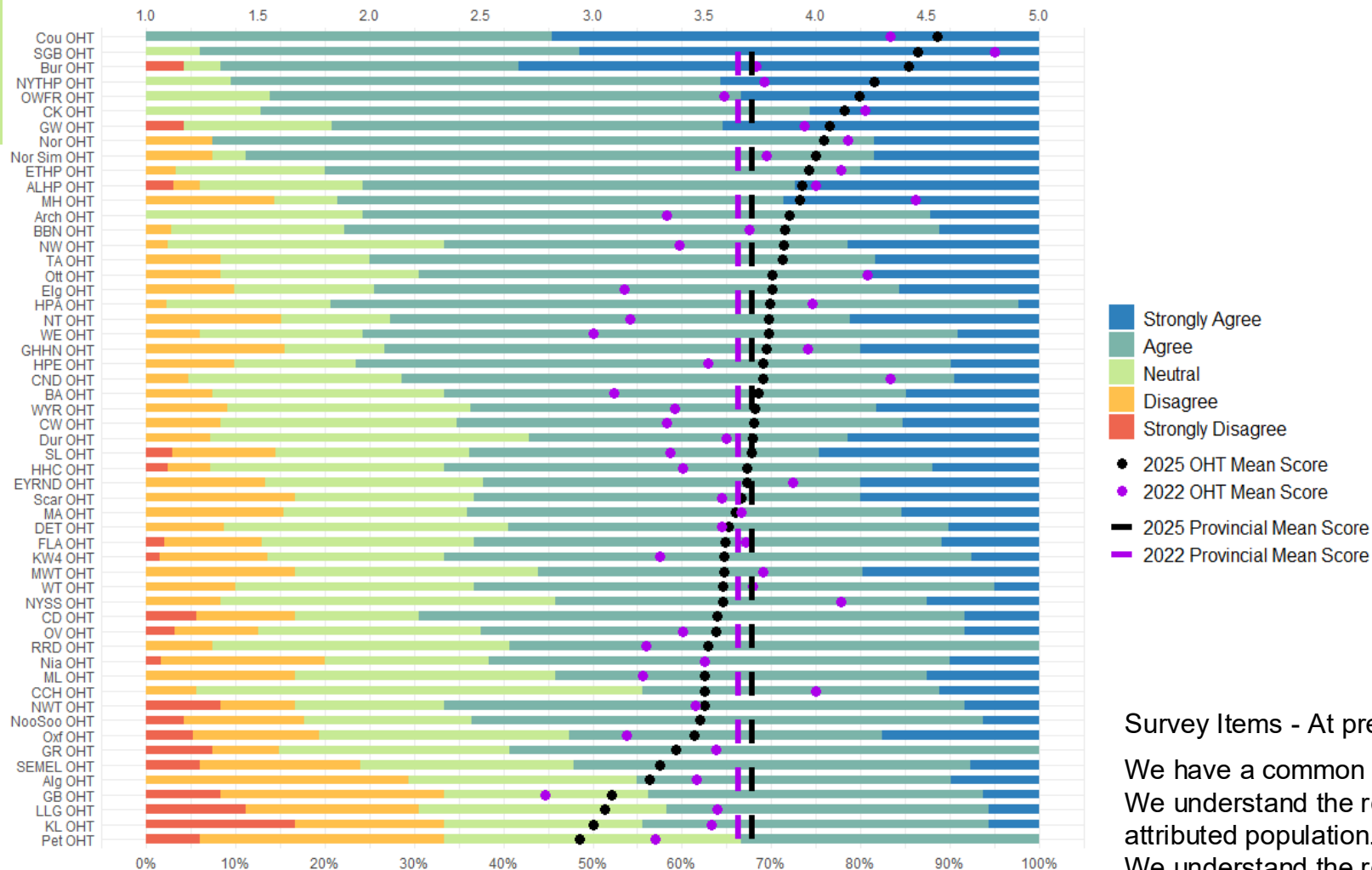
- OHT leadership respondents have **significantly increased** their **overall perception** that their OHT has **strengthened capacity** to meet health needs and that **objectives can actually be achieved**.
- There is also substantial variation across OHTs.

To what extent do you agree with these statements? Generally, in this OHT:  
The development of this OHT has strengthened shared capability to meet the health-related needs of your population.  
This OHT's objectives can actually be achieved.

# Shared Purpose

- ... is essential for health system transformation, as it reinforces interdependence and commitment to coordinated care across organizations. A shared value system allows governance to adapt to the collaborative requirements in the network.
- This scale is based on three items from the Haggerty et al. Measure of Network Integration (2002) which assesses the degree to which organizations share common goals and a collective understanding of their work together.

# Shared Purpose



**2025 Overall Mean Score: 3.71; 2022 Overall Mean Score: 3.65**

- There is substantial variation across OHTs in the degree of shared purpose.
- While many individual OHT results have changed on this measure, the overall achievement is very slightly higher.

Survey Items - At present in [OHT]:

We have a common vision of how to improve the integration of care.  
We understand the role we will play in taking responsibility for the attributed population.

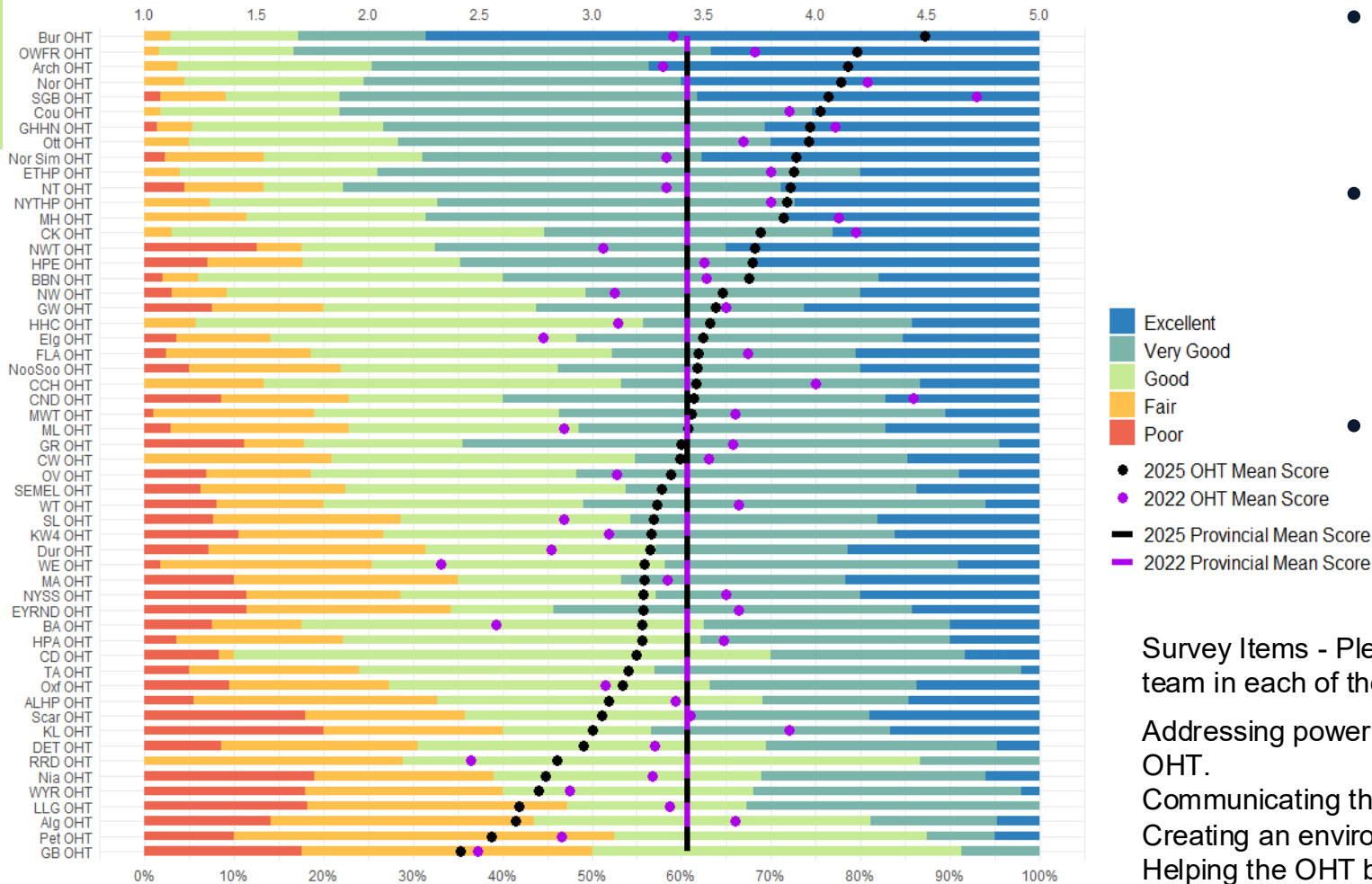
We understand the role we will play in coordinating care.



# Leadership – *Building Trust*

- ... refers to the ability of formal and informal leaders to foster a collaborative, inclusive, and forward-thinking environment. Effective leadership is essential for OHT success as it helps align diverse partners, build trust among members, and to create the conditions needed for team problem solving and innovation.
- The Leadership Approach domain is based on items adapted from the 'Leadership' subscale in the Partnership Self-Assessment Tool (PSAT; Cramm et al., 2011). Respondents were asked to rate the effectiveness of their OHT's formal and informal leadership at addressing power imbalances among OHT members, communicating the vision, creating an environment where differences of opinion can be voiced, fostering respect and trust, and promoting creativity and different perspectives.

# Leadership – *Building Trust*



**2025 Overall Mean Score: 3.42; 2022 Overall Mean Score: 3.42**

- Perceptions of leadership remained stable for the overall population of OHTs.
- 36/55 of OHTs had at least 50% selecting the top 2 boxes; 8 OHTs had  $\geq 80\%$  of respondents in top 2 boxes
- 27 OHTs improved in this measure while 24 OHTs declined.

Survey Items - Please rate the total effectiveness of your OHT's leadership team in each of the following areas:

Addressing power imbalances among people/members involved in the OHT.

Communicating the vision of the OHT.

Creating an environment where differences of opinion can be voiced.

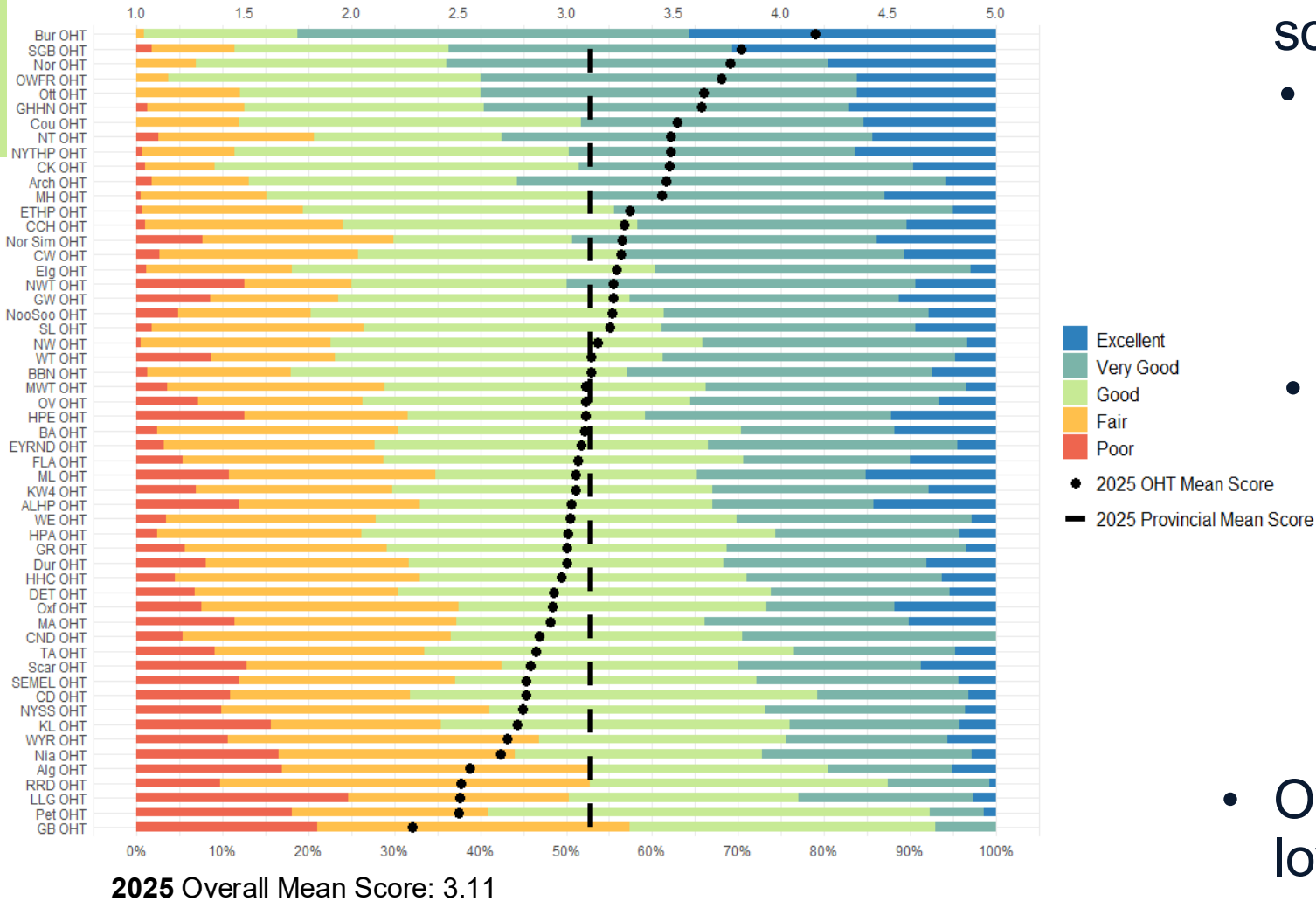
Helping the OHT be creative, look at things differently, and take risks.

Fostering respect, trust and inclusiveness amongst OHT members.

# Organizational Context

- ... describes a work ethic that induces value-oriented actions on the part of its members, furthering the interests of the organization. A strong organizational context promotes initiative, cooperation, and learning.
- This domain includes two sub-domains: performance management; and social context, using items adapted from Gibson and Birkinshaw's empirical research (2004). The **performance management** sub-domain (7 items) captures elements that promote discipline and stretch, including monitoring performance against clear expectations and accountability. The **social context** sub-domain (9 items) captures support and trust, which are key elements that foster psychological safety, collaboration, and adaptability.  
(elements of the social context are found in other OOHT domains as well).

# Organizational Context



- There were 16 items in this scale:
  - the performance management sub-domain focuses on setting clear expectations and encouraging ambition.
  - the social context sub-domain focuses on support and trust, which are key elements that foster psychological safety, collaboration, and adaptability.
- Overall, this domain had the lowest scores.

# Organizational Context Items

## **Survey Items – Please rate how well the members of your OHT are able to:**

Set challenging/aggressive goals.

Issue creative challenges to organizations within the OHT, instead of narrowly defining tasks.

Be more focused on getting their job done well than on gaining personal recognition.

Make a point of challenging their people to excel.

Reward or correct actions based on rigorous measurement of OHT performance against goals.

Hold people accountable for their performance.

Use feedback to improve performance.

Devote considerable effort to developing their teams.

Give everyone sufficient authority to do their jobs well.

Push decisions down to the lowest appropriate level.

Give ready access to information that others need.

Work hard to develop the capabilities needed to execute our overall strategy/vision.

Base decisions on facts and analysis, not politics.

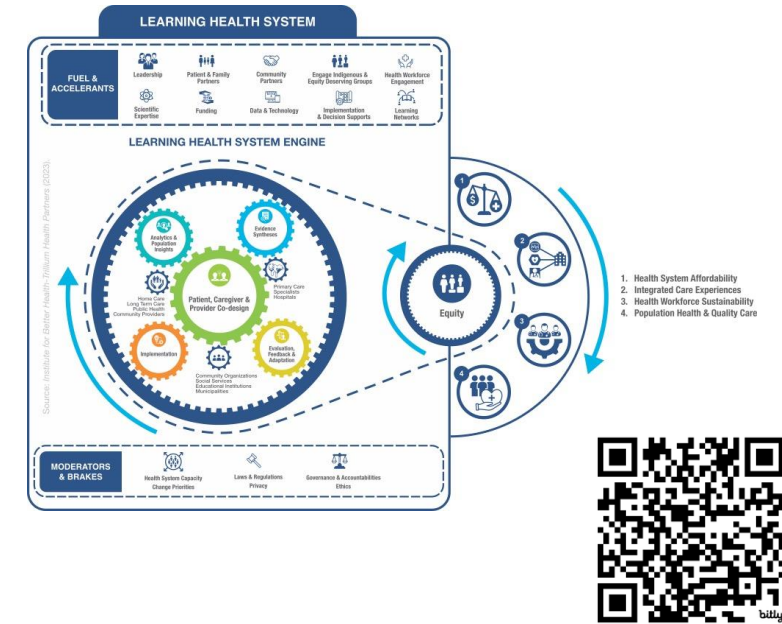
Treat failure (in good effort) as a learning opportunity, not something to be ashamed of.

Are willing and able to take prudent risks.

Set realistic goals.

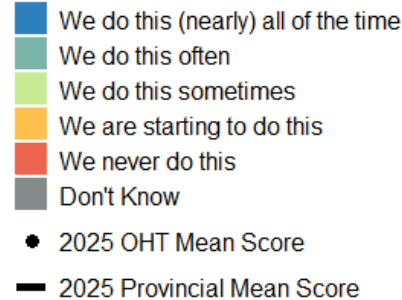
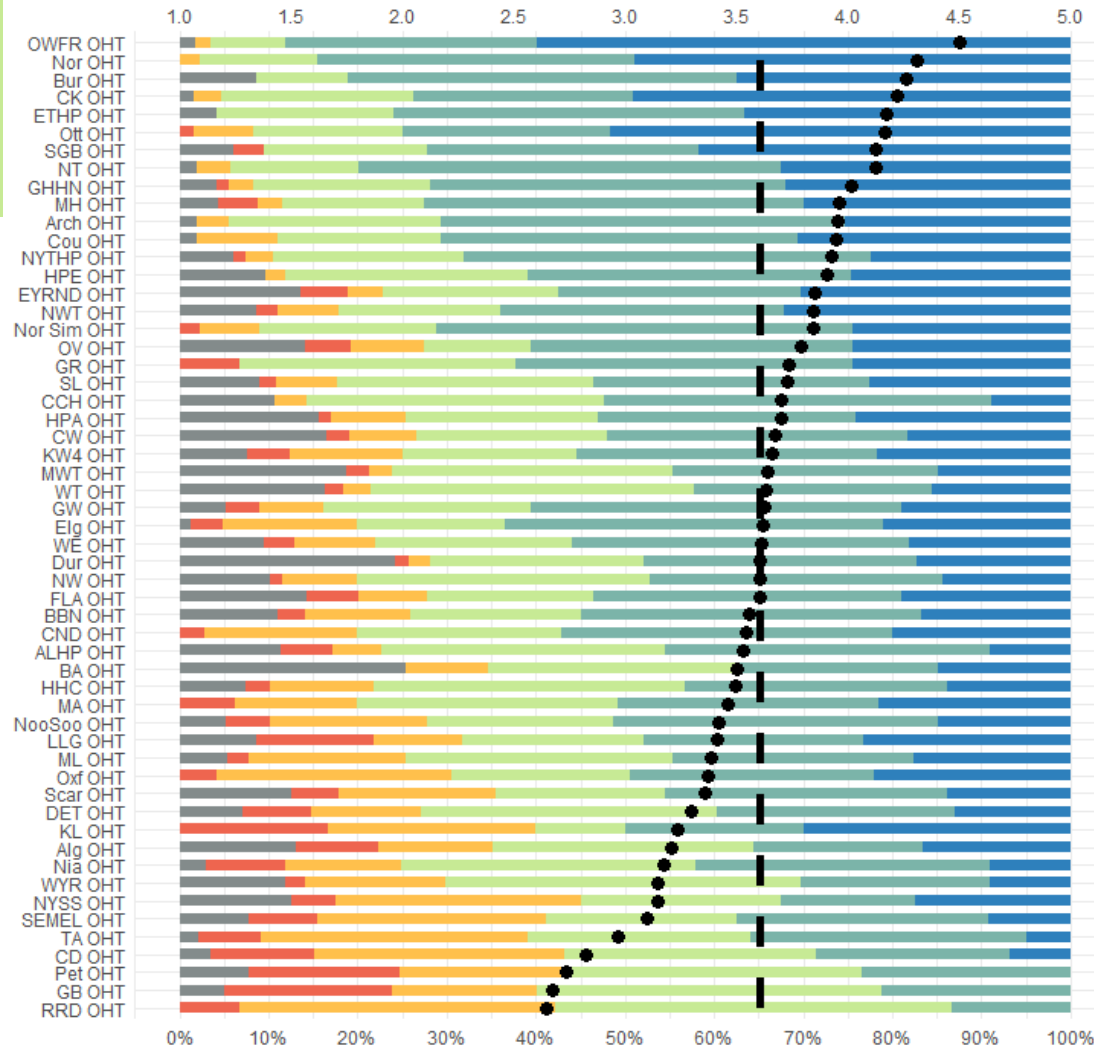
# Operational Approach

- The Operational Approach domain draws off the Learning Health Systems (LHS) concept. LHS moves beyond the traditional approach of research passively informing care delivery and towards an approach that incorporates research and evidence within care delivery.
- This measure is based on a new survey developed by HSPN to assess consists of 5 “Learning Gears” based on the LHS Action Framework by Reid et al. (2024) that represent the various types of research methods and evidence synthesis that are needed to drive continuous learning, improvement and equity across all levels of the health system.



# Operational Approach

- This measure captures the extent to which OHTs use the **5 elements of a Learning Health System** in operationalizing their activities.



Survey Items - Survey Items – At present, in [ohname]:

We use data to identify where improvements can be achieved in our attributed population.

We use external evidence and ideas to select and guide initiatives.

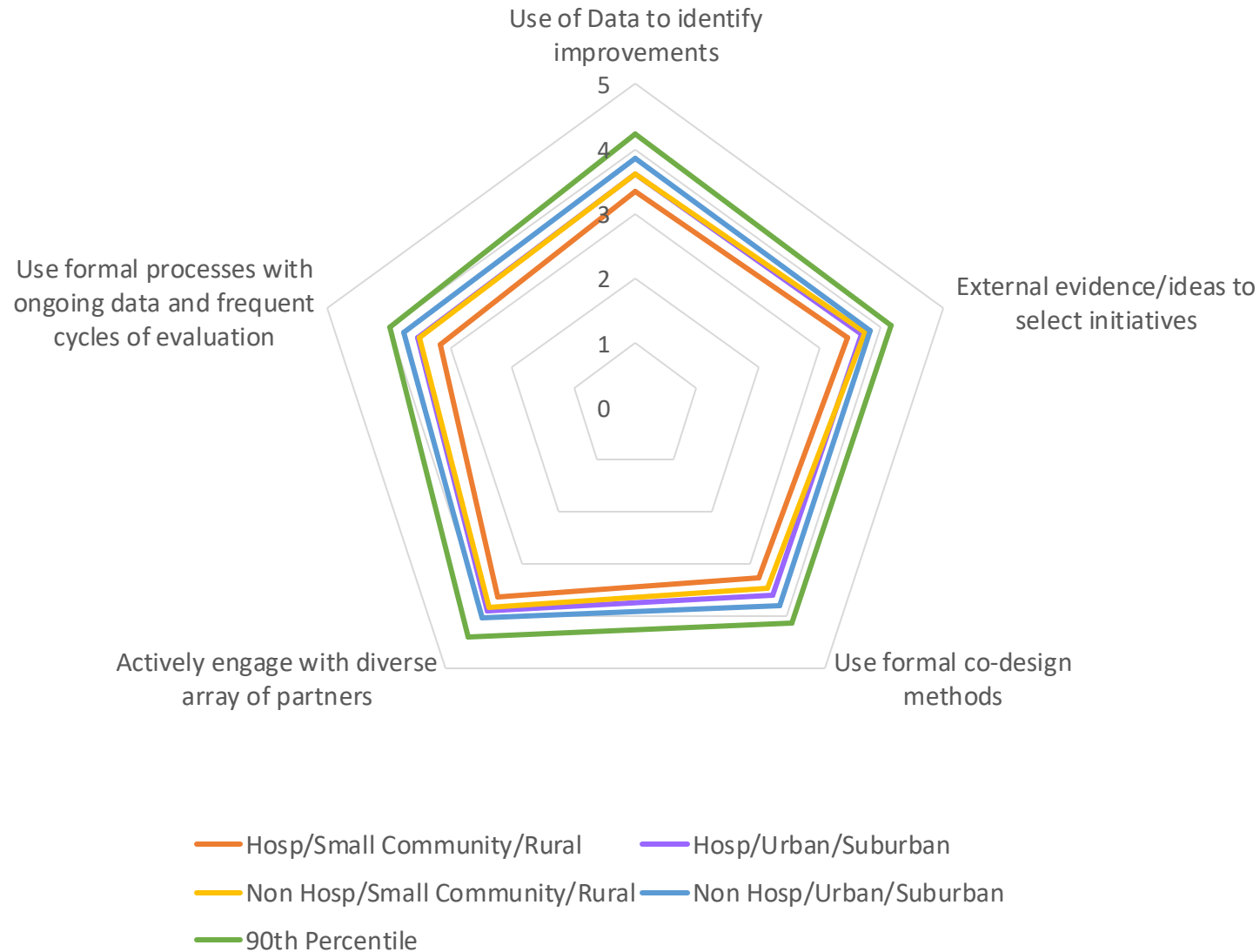
We use formal co-design methods such as structured deliberations and techniques with a diverse array of partners including patients and family and service/care providers in the co-design/co-creation of solutions.

We engage with a diverse array of partners to understand what drives behaviour and address foreseeable barriers to the implementation of programs.

We use formal processes with ongoing data and frequent cycles of evaluation and feedback to assess performance against our objectives.



# Operational Approach



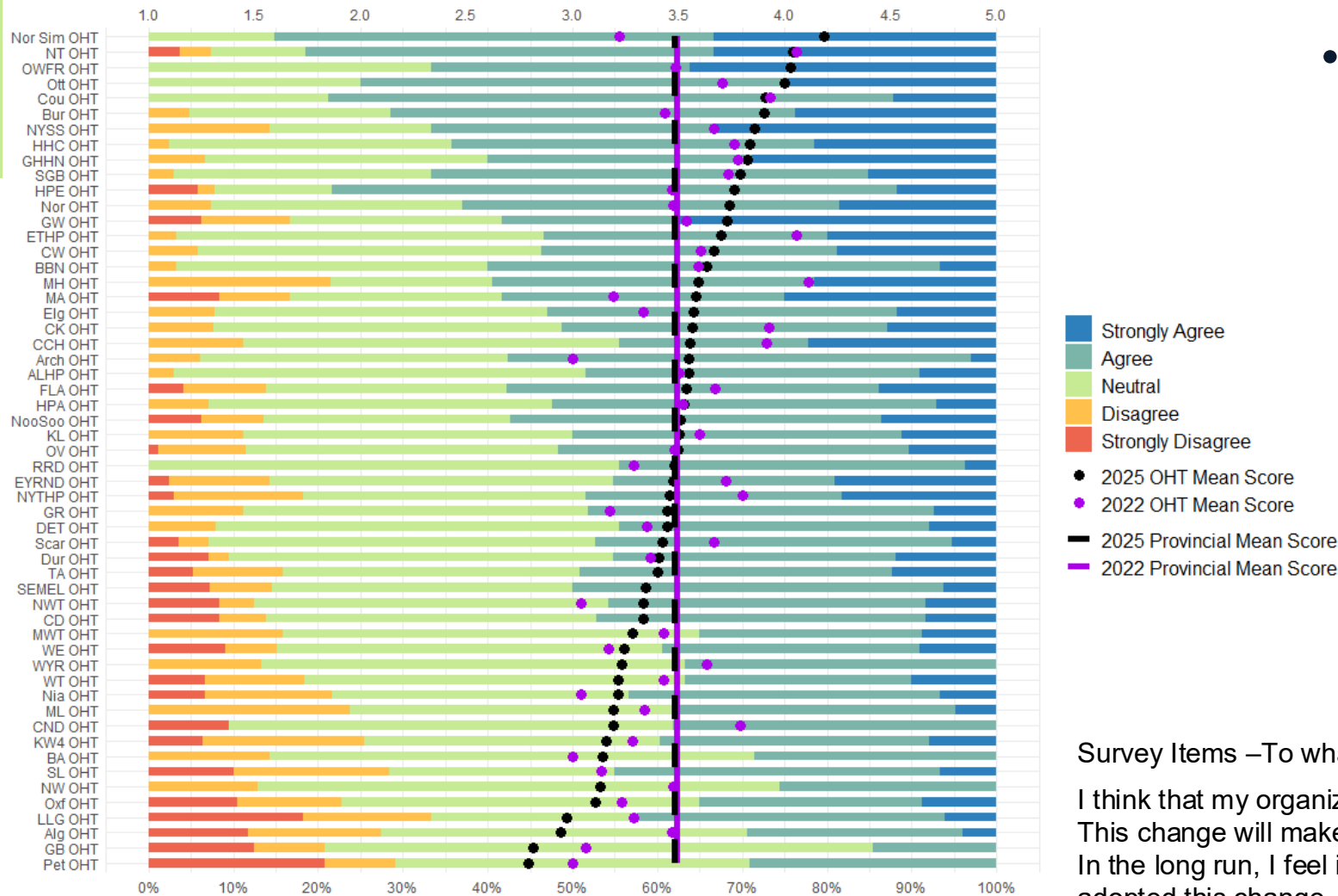
- OHTs scored strongest in actively engaging with diverse partners for implementation.
- OHTs scored lowest in the use of evaluation processes with ongoing data and frequent cycles of reporting.
- A high proportion identified using external evidence to select and guide initiatives.



# Readiness for Change

- Readiness for change is widely recognized as a key factor in gaining initial support for organizational transformation. It reflects the degree of which individuals believe that a change is needed, beneficial, and worth the effort. In the context of the healthcare system, where purposeful and system-wide change is being introduced, fostering readiness is essential.
- The Readiness for Change domain includes three items adapted from the 'appropriateness' factor in the instrument developed by Holt et al. (2007) to gauge readiness for organizational change at an individual level. It captures whether the OHT initiative is perceived to provide value-add to the individual and their [own] organization.

# Readiness for Change



**2025 Overall Mean Score: 3.48; 2022 Overall Mean Score: 3.49**

- Readiness for change had relatively little change overall and for individual OHTs since 2022. This domain was one of the highest in the original 2020/21 surveys and declines from 2020-2022 (-1.6 points) have not recovered.

Survey Items –To what extent do you agree with the following statements:

I think that my organization/practice setting will benefit from this change

This change will make my role easier

In the long run, I feel it is worthwhile for me that the organization/practice adopted this change

# Other Domains

Two other domains were relatively stable and had slightly lower variability across OHTs.

- Shared Responsibility
- Communications and Management
- The final domain was a new scale related to Organizational Approach of 'Ambidexterity' or the ability to have both a growth and a production orientation. We found that OHTs did not trade-off these potentially competing priorities, but rather performed similarly on both dimensions.

# Selected Insights

## Overall Effectiveness and Promise

- This domain based on OHT's having 'strengthened capacity' and having the likelihood of achieving objectives represents the closest approximation of an 'outcome' measure for this survey.
- The overall mean score was 3.70/5.0 which was one of the highest rated domains. It also had the third highest number of OHTs (10/51) where  $\geq 80\%$  of responses agreed or strongly agreed (4 or 5).
- This is also the one domain that showed a statistically significant increase over the prior survey in 2022.

# Selected Insights

- Among the 55 OHTs the critical success factors with the highest degree of capability were:
  - 1) **Organizational Approach** (mean=3.85/5.0), which had the highest number of OHTs (16/55) where  $\geq 80\%$  of responses moderately agreed or strongly agreed (4 or 5).
  - 2) **Shared Purpose** (mean=3.71/5.0) was the only other domain that improved from the prior survey in 2022 (3.65/5.0). It had the third highest number of OHTs (9/55) where  $\geq 80\%$  of responses moderately agreed or strongly agreed (4 or 5) with the related items.

# Selected Insights

- Areas of lower capability included:
  - 1) **Organizational Context** (mean=3.11/5.0), where only one OHT had  $\geq 80\%$  of responses moderately or strongly agreed (4 or 5) with the 16 items related to this construct.
  - 2) **Readiness for Change** (mean=3.48/5.0), where only 4 OHTs had  $\geq 80\%$  of responses moderately strongly agreed (4 or 5) with the related 3 items.

These domains also had relatively low variability across OHTs indicating that *improvements* could be best achieved *through system-wide improvement supports*.

- 3) **Leadership** (mean=3.42/5.0), which had only 2 OHTs where  $\geq 80\%$  of responses moderately agreed or strongly agreed (4 or 5).

This domain had greater variability between OHTs suggesting *opportunities* for *cross-learning*.

# Limitations

This survey and results have a number of important limitations:

- 1) While care was taken to ensure inclusion of all representatives of member organizations and to ensure appropriate identification of most involved individuals, the information is based on OHT self-reported data.
- 2) All survey respondents are voluntary participants and with little information about non-respondents, we cannot provide robust assessment of which voices were not represented in the survey respondents.
- 3) While there is clearly variability within and between OHTs, there were also some respondents who provided highly patterned responses within some scales (e.g. all one response level for all items). There was also a high correlation across scales and consistent results across OHTs leading to an impression that respondents generally provided an overall assessment of the OHT without careful consideration and rating of each individual item in the survey questionnaire (we get more a 'gestalt' than precise measurement).

# Strengths

This survey and results have a number of important strengths:

- 1) The population sampling approach and implementation of the survey followed rigorous survey protocols.
- 2) The response rate of 63% across OHTs (the level of reporting) is very good.
- 3) The completion rate of the survey items was near complete at 94.6%.
- 4) The size of the respondent population provides support for the validity and representativeness of the overall survey results.



# Insights Across OHTs

**A few OHTs have consistently high scores.** The following OHT's ranked consistently over 80th percentile for all 9 domains:

- Burlington OHT (ranked top 6/55 across all domains with an average percentile of 97%)
- Ottawa West Four Rivers OHT (ranked top 10/55 across all domains with an average per-centile of 96%)
- South Georgian Bay OHT (ranked top 10/55 across all domains with average percentile of 94%)
- Couchiching OHT (ranked top 12/55 across all domains with an average percentile of 93%).

# Learning From Exemplars

# Q&A with two leading OHTs:



Kathy Peters  
Executive Director  
Burlington OHT



Nadia Prescott  
Executive Transformation Lead  
Co-Chair  
Ottawa West Four Rivers OHT



Leigh Couture  
Executive Director  
Western Ottawa CRC  
Co-Chair  
Ottawa West Four Rivers OHT

# Qualitative Comments from the OOHT Leadership Survey

*“Is there anything you would like to add that was not covered and you feel is important to share?”*

# 5 Preliminary Themes

- Addressing Power Asymmetries
- Capacity, Resources and Competing Priorities
- System Direction and Mandate from the Ministry of Health and Ontario Health
- Primary Care Advancement
- Implementation Deficits

# Addressing Power Asymmetries

*“It can sometimes be challenging with hospitals and the power they come to the table with. The overall model helps with this but it remains a challenge that won't be changed until our provincial focus changes.”*

*“We have a planning table made up of all the organizations and family/patient members who make all the decisions using a consensus model.”*

# Capacity, Resources and Competing Priorities

*“With no continued investment in capacity building and no strategic road map for OHTs with support.....we will make progress but not enough. All the quality and improvement resources and capacity building in the system are gone...”*

# System Direction and Mandate from the Ministry of Health and Ontario Health

*“The OHT leadership team and Board know what is needed in the community to improve health outcomes - is hindered by lack of Ministry's commitment to fully mature state; is also hindered as small bits of one time funding come in that carry lots of paperwork and administrative burden - these available funding streams are not always aligned with what we would prioritize locally ...”*



# Primary Care Advancement

*“Engagement has been spotty. It's been unclear what the goals are, or how my team and the population we serve can benefit. Recent work focused on building primary care teams and PCNs is adding value.”*

*“...I feel that it is important to engage the docs first and then we can accomplish what the OHT has to do. Without engagement we can't move the OHT forward...”*

# Implementation Deficits

*“I think the OHTs have a challenging task, and that getting buy-in from all of the signatories is there in theory, but the implementation is quite the challenge and I think this is where we get skeptical.”*

*“The low rules and disorganized environment that was largely unsuccessful during the implementation of Health Links, remains unsuccessful with OHTs.”*

# OHT-Specific Comments

*“Very impressed with the leadership at the OHT at all levels. The team represents the OHT well and staff show up as positive and engaged.”*

*“I feel that our local system continues to benefit greatly from the leadership of the [name] OHT. The key in this next phase will be strong levers of integration and a clear directive for the path forward.”*

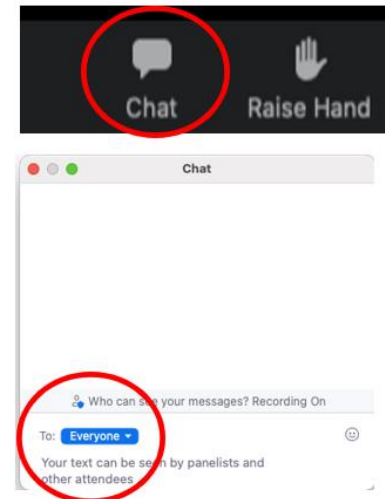
# Thoughts or reflections

*How do these topics resonate for you?*

***What else is important to highlight to inform the development of OHTs?***

***Use the chat ...***

- Open Chat
- Set response to **everyone** in the chat box



**What Now ?**

***Adopting evidence-informed actions***

# Suggestions in 3 Topic Areas

- Shared Purpose
- Performance Management
- Adaptive Leadership

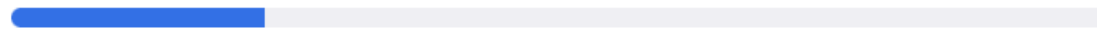
# Poll 3

1. Which topic would you like to review evidence based practices for?

[choose 1] (Single choice)

40/40 (100%) answered

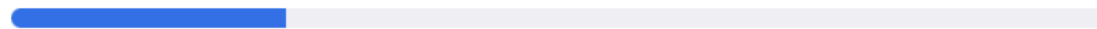
Shared Purpose (9/40) 23%



Performance Management (21/40) 53%



Adaptive Leadership (10/40) 25%



# Shared Purpose

## Some References

- Gröne O, García-Barbero M. Integrated care: a position paper of the WHO European Office for Integrated Health Care Services. International Journal of Integrated Care. 2001.
- Baxter S, et al. The effects of integrated care: a systematic review of UK and international evidence. BMC Health Services Research. 2018.
- Zonneveld N, et al. Values of integrated care: A systematic review. International Journal of Integrated Care. 2018.
- Gordon D, et al. Collaborative governance for integrated care: Insights from a policy-stakeholder dialogue. International Journal of Integrated Care. 2020.



# Shared Purpose

## Some Suggestions from the Literature

- Co-create a clear, patient-centred mission and measurable joint goals by convening stakeholders (patients, primary care, hospitals, social care, community partners) in co-design workshops to produce short shared mission and 3-5 performance goals.
- Invest in shared cross-sector learning and joint quality improvement projects. Use reflexive evaluation so teams learn together.
- Build trust and interpersonal networks by investing in relationship-building and boundary-spanning roles (both administrative: network manager and clinical: care coordinators) whose job is to translate priorities across silos.
- Encourage leadership to be distributed amongst local clinical leaders, patient leaders etc. so ownership of shared purpose is broad, resilient and not person-dependent.

# Poll 4a Shared Purpose Suggestions

What do you think about these suggestions regarding Shared Purpose?

[choose 1]

- a) these suggestions are good and we are already doing them
- b) these suggestions seem that they are applicable and we should/will try them out
- c) I'm unsure whether these are applicable or not
- d) I do not think these would be applicable in our context.

***Please put other thoughts in the chat.***

# Performance Management

## Some References

- Strandberg-Larsen, M., et al. Measurement of integrated healthcare delivery: a systematic review of methods and future research directions. International Journal of Integrated Care. 2009.
- Moisan, L., et al. The integrated performance management system: A key to service trajectory integration. International Journal of Integrated Care. 2021.

# Performance Management

## Some Suggestions from the Literature

- Co-design and adopt a shared, network-level performance framework including a compact set of 8-12 indicators that are relevant and actionable across multiple organizations.
- Create a network performance committee with delegated authority, a published scorecard, and monthly/quarterly performance review meetings that include frontline representation.
- Embed patient-reported outcomes/experience measures and equity indicators.
- Align contracting, funding and performance expectations between partner organizations
- Treat PM as adaptive: audit, iterate and make performance management systems proportionate to maturity.

# Poll 4b Performance Management Suggestions

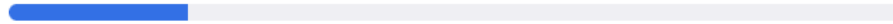
1. What do you think about these suggestions regarding Performance Management?

[choose 1]

(Single choice)

25/25 (100%) answered

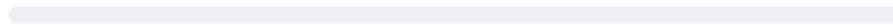
these suggestions are good and we are already doing them (5/25) 20%



these suggestions seem that they are applicable and we should/will try them out (18/25) 72%



I'm unsure whether these are applicable or not (0/25) 0%



I do not think these would be applicable in our context. (2/25) 8%



# Adaptive Leadership

## Some References

- Belrhiti, Z., Tchouaket, É., D'Amour, D., et al. Complex Leadership in Healthcare: A Scoping Review. BMC Health Services Research. 2018
- Pype, P., Mertens, F., De Regge, M., et al. Healthcare teams as complex adaptive systems. BMC Health Services Research. 2018.
- Fagerdal, B., et al. Exploring the role of leaders in enabling adaptive capacity in hospital teams. BMC Health Services Research. 2022.
- Kuluski, K., Ho, J., Kiss, A., et al. Applying the principles of adaptive leadership to person-centred care for people with complex care needs: Considerations for care providers, patients, caregivers and organizations. 2020.
- (Foundational theory) Heifetz, R., Linsky, M., & Grashow, A. The Practice of Adaptive Leadership. Harvard Business Review Press, 2009.

# Adaptive Leadership

## Some Suggestions from the Literature

- Train leadership and managers to classify challenges (technical → protocols; adaptive → values/relationships) and deploy different interventions.
- Create regular structures for leaders to step back, scan systemwide patterns, and surface adaptive (not just technical) problems.
- Build adaptive capacity through relational practices including team debriefs, reflective learning sessions, coaching and peer support; leaders should model curiosity and vulnerability to enhance psychological safety.
- Run small pilots with rapid feedback, in “safe-to-fail” spaces where staff can try changes without punitive repercussions or social desirability to hide gaps.

# Poll 4c Adaptive Leadership Suggestions

What do you think about these suggestions regarding Adaptive Leadership?

[choose 1]

- a) these suggestions are good and we are already doing them
- b) these suggestions seem that they are applicable and we should/will try them out
- c) I'm unsure whether these are applicable or not
- d) I do not think these would be applicable in our context.

***Please put other thoughts in the chat.***



# Adaptive Leadership. Ross Baker, June 2025 HSPN webinar



**Adaptive Leadership Requires Balance**

Exercising leadership to do adaptive work means disappointing people's expectations that things will remain the same at a rate they can tolerate, without them ignoring you, trying to silence you, or resisting you in infinitely creative ways.

Ross Baker

<https://www.youtube.com/watch?v=fKoMrkE7gxg>

# Up Next

- HSPN webinar series
  - 4<sup>th</sup> Tuesday of the Month: 12:00 – 1:30 pm
  - October 28<sup>th</sup>, 2025: Equity Measurement
  - November 25<sup>th</sup>, 2025: Formative Study of OHT Use of HSPN Performance Reports

# THANK YOU!



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The Health System Performance Network



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