

ADVANCE Leadership Series – OHT Roadmap on Collaborative Governance Tool

Background: The following roadmap survey tool was developed by the ADVANCE Faculty as part of the ADVANCE Leadership Series (2000-2024). All series participants/attendees were asked to complete the survey prior to the culminating session “Collaborative governance reflection and development of roadmap” as a foundation for reflection and discussion.

Objective and Use: The objective for completing the survey was to provide series participants with an opportunity for honest reflection on their OHT’s current position in relation to many of the attributes for long term, successful collaborative governance. We are sharing this survey tool as an ongoing resource for OHTs in support of their collective reflections and learning. OHTs may use this tool as a point-in-time assessment, compare results over time or adapt as needed.

Given OHT development is a multi-year process, there may be several areas where further development is required. This is not unusual or unexpected. If members of your Leadership/Collaborative Council attended the ADVANCE Leadership Series and completed this survey, you may wish to consult with them about prior answers and efforts to strengthen areas that were previously identified as needing further development.

OHT Roadmap on Collaborative Governance

FACTORS FOR COLLABORATIVE LEADERSHIP COUNCIL SUCCESS		To what extent do you agree or disagree with the following statements regarding Collaborative Governance practices/achievements for your OHT? <i>(Please circle one)</i>						
		1	2	3	4	5	6	7
		Strongly Disagree			Uncertain			Strongly Agree
SHARED VISION/STRATEGY								
1	Our partners have agreed on a shared vision for integrated care based on a common understanding of the population health needs we are addressing.	1	2	3	4	5	6	7
2	Our Collaborative Leadership Council and our individual partner/member Boards are fully committed to our population health vision, although we recognize that future plans may require significant organizational changes for some partners.	1	2	3	4	5	6	7
3	Our Collaborative Leadership Council has established specific, measurable aims for each of our priority population goals, with relevant and meaningful outcomes to assess progress on these aims.	1	2	3	4	5	6	7
4	We have discussed the need to regularly review our current partnerships and to identify new partners when needed to enable us to respond to changing population health needs/priorities and to expand OHT population coverage, ensuring there is alignment with shared goals/aims and values.	1	2	3	4	5	6	7
SHARED DECISION-MAKING/ AUTHENTIC COLLABORATION								
5	A diverse range of perspectives, which reflect the population served, are represented at decision-making tables and/or are consulted/engaged to inform good decisions.	1	2	3	4	5	6	7
6	Using a variety of strategies, we ensure that diverse perspectives at our decision-making tables are heard and valued in making decisions.	1	2	3	4	5	6	7
7	We have taken the time to discuss what each partner has to contribute and what each expects to gain from participation in the OHT.	1	2	3	4	5	6	7
8	We ensure that all partners, regardless of the size of contribution they are able to make, have equal voice/weight in our discussions/decisions.	1	2	3	4	5	6	7
9	We have established mechanisms for both timely and transparent communication, ensuring that all partners have access to the same information to inform good decision-making.	1	2	3	4	5	6	7

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		1 Strongly Disagree	2	3	4 Uncertain	5	6	7 Strongly Agree
SHARED DECISION-MAKING/ AUTHENTIC COLLABORATION (cont)								
10	Partners have agreed on principles and processes for decision-making that encourage shared commitment and ownership for decisions (<i>e.g., consensus based decision-making/the consent principle</i>) and these are embedded into partnership agreements and practices (<i>e.g., Relationship Charter, Collaboration Agreement, Joint Venture Agreement, etc.</i>) and reviewed and updated as needed.	1	2	3	4	5	6	7
11	Partners on Collaborative Leadership Council allow sufficient time to make good, proactive decisions (<i>e.g., problem and options are well-framed, thoroughly debated and decisions are made in the best interests of those we serve</i>).	1	2	3	4	5	6	7
12	We acknowledge that there are power dynamics at play within our Collaborative Leadership Council and we have identified strategies to surface and jointly navigate tensions/conflicts (<i>e.g., creating an open and transparent culture; engaging a neutral coach/facilitator, designating a separate session to work through these issues chaired by one of our partners, etc.</i>)	1	2	3	4	5	6	7
13	We have built time into our Collaborative Leadership Council processes for regular reflection on the quality of our decision-making processes and the decisions we have made, with a view to improving our future governance processes.	1	2	3	4	5	6	7
SHARED LEADERSHIP & ACCOUNTABILITY								
14	We have established participatory working and advisory groups to achieve shared accountabilities. The roles and responsibilities of each partner involved in the operational work are clear, and leadership has delegated sufficient authority to enable them to achieve results.	1	2	3	4	5	6	7
15	Our Working Groups use rigorous quality improvement methods and are collecting data for both outcome and process measures to allow our Collaborative Leadership Council to engage in generative discussion on progress and results.	1	2	3	4	5	6	7
16	We have agreed on how to align our individual organizational priorities with our OHT priorities.	1	2	3	4	5	6	7

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		1	2	3	4	5	6	7
		Strongly Disagree			Uncertain			Strongly Agree
17	We have embedded relevant OHT outcome measures into documents that are reviewed by our organization's leaders and board members to oversee all of our strategic priorities, including our commitments to the OHT.	1	2	3	4	5	6	7
18	We have established approaches to reporting that enable our Leadership Council and respective Boards to effectively monitor progress on our OHT goals.	1	2	3	4	5	6	7
BACKBONE								
19	We have acknowledged the importance of Backbone Resources and have plans in place to engage supports with the appropriate competencies required for Leadership and Decision-making (e.g., Coordination, Coaching/Facilitation, Collaborative Processes), and Operations (Project Management, Quality Improvement, Measurement).	1	2	3	4	5	6	7
20	We have discussed options and agreed upon approaches to collectively resource required Backbone supports with our Collaborative Leadership Council and respective Boards.	1	2	3	4	5	6	7
GOVERNANCE								
21	We clarify what types of decisions (e.g., Big Bet, Cross-cutting, Delegated etc.) will be made by whom (Collaborative Leadership Council/Boards; Working Groups), and who else should be engaged/consulted to inform the decisions (such as patients; broader providers/stakeholders).	1	2	3	4	5	6	7
22	Partners at our Collaborative Leadership Council have developed mechanisms for ensuring that the same information is shared with all respective Boards.	1	2	3	4	5	6	7
23	Partners in our OHT have started Board to Board discussions for information sharing and future decision-making.	1	2	3	4	5	6	7
24	Our leaders and Boards have expressed comfort with the complexity and ambiguity of OHT governance roles and accept that governance models will be evolving over time.	1	2	3	4	5	6	7