

Western Ontario Health (WOH) Update

June 2020

Knowledge sharing: signing and collaborating partners

- Monthly updates will be provided to Coordinating Council – sector representatives will be responsible for sharing updates regularly with their sectors. (List of sector representatives attached.)
- This update covers WOH activities during June 2020. Future monthly updates will be available the first week of every month.

WOH activities in June 2020

Coordinating Council

(WOH's organizing structures and framework attached)

- Discussion re: clarity on sector commitments and authority, decision-making framework, learning from leading OHT governance models; MOUs/agreements, etc.
- Draft year one budget and funding principles
 - Members took draft principles and budget back to their sectors for input.
 - Additional discussion during June 25 meeting – members will take the clarification back to their sectors for more input.
 - Each member organization to provide a rough estimate of their contribution to the OHT budget based on the draft principles.

Working Groups

- Governance, Digital Health, Operations and Population Health working groups are resuming their work post COVID-19; developing work plans to move OHT work forward.

Coming up in July

- Meeting with Ministry in early July – discussion topics:
 - Evolution of partnerships within your team over the last few months;
 - Lessons learned for OHT implementation from COVID-19 response activities to date;
 - Capacity to continue OHT implementation over the remainder of the fiscal year, and;
 - How the ministry can best support the team along the OHT implementation journey in the coming months.
- Finalize year one budget
- Finalize job descriptions for OHT operations team

Coordinating Council	Secretariat
Linda Crossley-Hauch – Co-Chair Michael McMahon – Co-Chair	Nancy DoolKontio Janet Dang Patricia Hoffer Glen Kearns Matthew Meyer Daniel Pepe Robert Sibbald Shannon Sibbald Drina Silva Susan Vollbrecht Katey Young
Linda Sibley, Addictions Alternate: Beth Mitchell, Mental Health	
Judi Fisher, CSS Alternate: Carol Walters, CSS	
Cathy Faulds, Primary Care Gord Schacter, Primary Care	
Scott Courtice, Primary Care Organization Alternate: Gail McMahon	
Daryl Nancekivell, Home & Community Care	
Gillian Kernaghan and Paul Woods, Hospital Alternate: Todd Stepaniuk	
Neal Roberts, EMS	
Anna Foat, Patient/Caregiver TBD, Patient/Caregiver	
Steve Crawford, Long Term Care	
Chris Mackie, Public Health	
Craig Cooper, City of London	
Bill Rayburn, County of Middlesex	

Organizing Structures and Framework

Coordinating Council

A Steering body providing guidance and direction to the Operations Team. Sector Based Representation. Ultimate decisional authority.

Sector	Reps
Community Support Services	1
Home and Community Care	1
Hospital (1 Urban; 1 Rural)	2
Long Term Care	1
Mental Health / Addictions	1
Patient/Family Partners	2
Primary Care Providers	2
Primary Care Organizations	1
Municipality (City of London representative)	1
County/Municipal representative	1

Operations Team

Primarily responsible for developing and executing an implementation plan based on strategy shared by Coordinating Council. The Operations team will be composed of [STAFF...] and include one representative from each Working Group.

Working Groups

The working groups reflect the current strategic priorities of the Western Ontario Health Team.

* This work represents the current state proposal with acknowledgement that true to our proposed decision-making framework, future state may require revisions to any/all portions

Emerging Vision

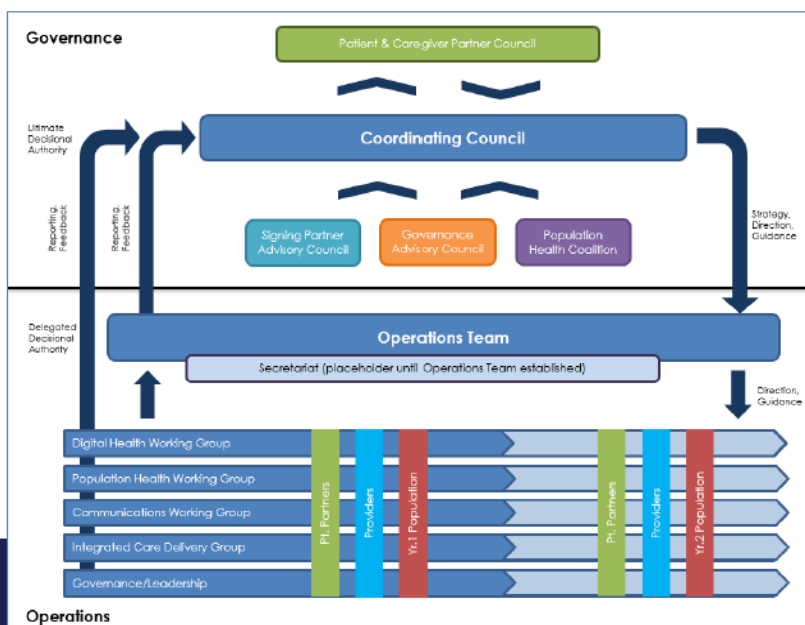


Advisory Tables

Body	Responsibility
Patient/Partner Council	More than just advisory to Coordinating Council, this will serve as active partners in developing strategy and direction.
Signing Partner Agencies Advisory Council	Receive and share feedback from Coordinating Council with other impacted staff/ Provide feedback through delegate representative.
Governance Advisory Council	Representing Governance from participating members
Population Health Coalition	Independent coalition of experts acting as stewards for the principles of population health and health equity

*Advisory Tables may be in-person or virtual depending on need of group

Emerging Structure



Decision-Making

- Consensus Model.
 - Voting members identify support level in rounds until consensus (anything between 1-4) achieved.
 - Deadline specified (failure to meet is abstention).
 - Failure to achieve consensus requires two-thirds of voting member support.
 - Decision must be based on the best interests of the whole, based on available information and discussion.
- | 1 | 2 | 3 | 4 | 5 | 6 |
|---------|--------|---------|---------|------------|-----------|
| Abstain | Assent | Support | Reserve | Abstention | Consensus |
- Anchored on Vision
 - Built on Accountability for Reasonableness Framework to ensure conditions of Relevance, Publicity, Revision, Empowerment, and Enforcement are met

Conflict Resolution Procedure
Where Operations Team does not have authority to make decisions (e.g. Strategy), or when decisions cannot be reached on Consensus Model, they will be escalated to Coordinating Council. If no consensus can be reached at Coordinating Council, Governance Council will be engaged in mediation.