



Relationship Charter

Central West LHIN Sub-Region Collaborative

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1.0 Background

The Central West Local Health Integration Network (CW LHIN) is responsible for creating an integrated service delivery network that includes primary care providers, inter-professional health care teams, hospitals, public health, mental health and addictions, community support services, and home and community care to ensure a more seamless patient experience. The Central West LHIN recognizes that health and cross-sector stakeholders are important partners of the LHIN and integral to achieving integrated health service networks. Therefore, it is critical to ensure that healthy, productive relationships are maintained amongst us which translates into better quality care.

According to the Patients First Act, a sub-region is a smaller geographic planning region within each LHIN to help LHINs and service providers to better understand and address patient needs at the local level. By looking at care patterns through a smaller lens, system planners will be able to better identify and respond to community needs and be able to ensure that patients across the entire LHIN will have access to the care they need, when and where they need it. This approach will not restrict Ontarians as they make their health care decisions. Sub-regions will:

- ✓ Enable a more focused approach to assessing the distinct health needs and service capacity of local communities.
- ✓ Help to better identify health disparities across the province as well as determining whether health care services are meeting the needs of the population.
- ✓ Help identify local factors that prevent our health system from improving.
- ✓ Allow the community and providers to engage in a way that is focused on local circumstances and issues.

Per the Mandate in the Terms of Reference for the Sub-Region Collaboratives, the group will work towards creating innovative solutions to the unique challenges faced by their local population. Solutions will be driven through formal collaboration, active participation and integration of services with the goal of improving the overall care experience and health outcomes for the patients, clients and their families in their assigned regions.

The functions of the collaborative will include identification of their sub-region's needs and priorities in partnership with the local key stakeholders and outlining a local action plan that aims to increase access to health care services and/or improve health related and performance outcomes.

2.0 Purpose of the Charter

The Relationship Charter (RC) is a statement of our intent to work collaboratively to improve health outcomes for Central West LHIN residents and reflects how we will work together to be successful. The RC sets out jointly agreed upon expectations, values and behaviours of the LHIN and sub-region stakeholders. Collaboration and partnership are integral elements of the relationship. Sub-region stakeholders are viewed as partners of the Central West LHIN and together we have the ability to achieve improvements in the patient experience. The RC is a visible statement of commitment to the goals and success of this collaboration. It complements, but does not replace the spirit and intent of the LHIN's contractual agreements with health service providers (HSP). It clarifies expectations and the shared process for achieving quality care.

Specifically, the benefits to establishing a Relationship Charter for sub-region collaborative stakeholders include:

- ✓ Improved **quality of care** for patients, based on agreed upon mutual expectations
- ✓ More effective **strategic alignment** to address health gaps, and improve patient experience and outcomes

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- ✓ **Transparency of expectations**
 - ✓ Increased **understanding** of the environment in which each stakeholder operates
 - ✓ **Proactive planning** (through enhanced communication) in terms of initiatives required to improve patient experience.

The four cornerstones of partnering in this relationship charter are:

1. The development of **agreed** and easily understood **mutual objectives**.
2. The adoption of a **collaborative**, 'win-win' approach to **problem solving**.
3. A commitment to frequent, open and honest **communication**.
4. A commitment towards continuous, **measured** quality improvement.

“Improving local connections between primary care providers, inter-professional health care teams, hospitals, public health and home and community care to ensure a smoother patient experience and transitions.”

- *Patients First*

3.0 Relationship Overview

As we work towards transforming the health care experience for patients it is important to define our collaborative relationship including the key elements which will support our success. Our shared vision articulates the achievable future and embodies our genuine commitment to our patients. Our shared objectives describe what our Sub-Region Collaborative plans to achieve and how we are going to achieve them collectively. Collaboration is integral to the achievement of shared objectives and will ultimately lead to improved health outcomes for our patients. Our strategies will be aligned to create additional synergies and transparency of expectations. This will lead to greater stakeholder satisfaction and ultimately to initiatives and actions that are more integrated and responsive to local needs.

The complexity that faces us as health leaders to find better and more efficient ways to patient care across the continuum, is exciting but challenging work. The Relationship Charter (RC) is a tool to support these complexities and guide stakeholder interactions. In addition to outlining commitment and goals, the RC contains provisions for a clear problem resolution process in order to cultivate healthy conflict and debate; increase transparency and foster a culture of no surprises. Together we will evaluate the value of this charter and the achievement of our shared objectives. This charter will be fluid and will adapt to evolving conditions and continuous quality improvement opportunities.

3.1 Shared Objectives

Our shared objectives, derived from Patients First, describe what we want to accomplish together. It depicts what our aspired future state looks like for the local population and how we will achieve it. The proposed shared objectives are:

Access	Improve access; provide faster access to the right care.
Connect	Connect services; deliver better coordinated and integrated care in the community, closer to home.
Inform	Support people and patients; provide the education, information and transparency needed to make the right decisions about their health.
Protect	Protect our universal public health care system; make decisions based on value and quality, to sustain the system for generations to come.

The Sub-region Collaborative will achieve these objectives by:

- ✓ Creating a culture and process for continuous quality improvement and innovation.
- ✓ Working as an integrated service delivery network for the residents living in the sub-region communities of the Central West LHIN.
- ✓ Building strong, positive working relationships based on trust, respect and open communication.

Partnering

A form of collaboration that is characterized by openness, communication, mutual trust and sharing information. Its success is dependent on the people and relationship aspects. The management of a partnering arrangement is usually proactive rather than reactive, and all parties work together to identify optimum solutions and to anticipate and resolve problems in a constructive, collaborative way.

3.2 Relationship Expectations and Guiding Principles

Relationship Expectations reflect how we will work together to achieve our shared objectives within the collaborative and any associated working groups. Guiding principles underlie how issues or problems that arise during the course of the relationship will be resolved. Both the CW LHIN and sub-region stakeholders commit to the following to enable the achievement of the above shared objectives:

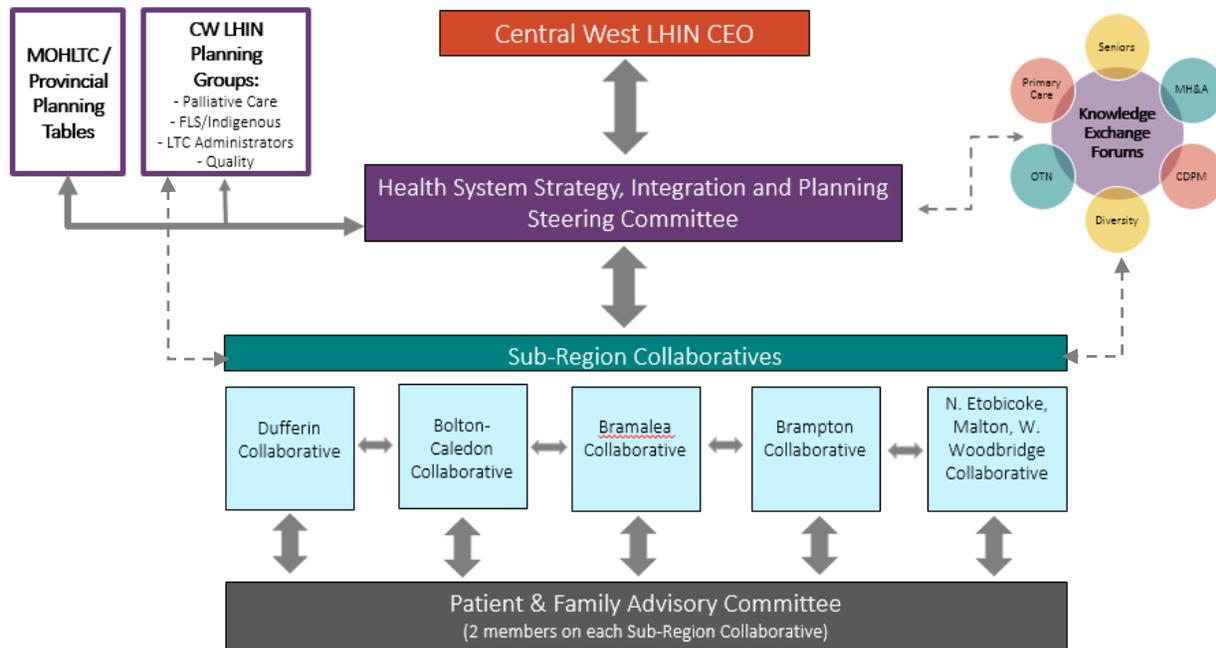
Relationship Expectations	Description and Guiding Principles
Constructive and transparent communication	<ul style="list-style-type: none"> ▪ We will communicate frequently, openly and honestly with each other. ▪ We will provide a forum for discussion and be open to each other's operating environment. ▪ We will communicate in advance of changes, updates (i.e., "no surprises"). ▪ We will project a united front and will not discuss sensitive issues with individuals outside of the relationship. ▪ We will ensure that as members, our respective organizations will be kept up to date on sub region discussions, decisions and action items.

	<ul style="list-style-type: none"> ▪ We will respect the diversity of cross-cultural communication styles so a safe space is enabled for free generative thinking.
Commitment and Responsibility	<ul style="list-style-type: none"> ▪ We will ensure that the leaders, executive staff or an assigned delegate with decision making power is in attendance of meetings. ▪ We are committed to consistent participation with a minimum of 75% attendance in a given year. ▪ We will take responsibility to proactively review materials for upcoming meetings and meetings that have been missed. ▪ We will not allow current funding agreements to be a barrier to actively working together on innovative solutions.
Highly cooperative and collaborative	<ul style="list-style-type: none"> ▪ We will jointly identify initiatives and assume responsibility for action. ▪ We will ensure that system and patient interests are prioritized over organizational commitments. ▪ We will look for win-win situations. ▪ We will work together to solve problems. ▪ We will incorporate and strengthen inclusiveness and equity in collaborative discussions.
Healthy Conflict Resolution	<ul style="list-style-type: none"> ▪ We recognize conflict as natural and will focus on solving the problem collaboratively whenever possible, not apportioning blame. ▪ We will approach problem resolution with mutual understanding, empathy and respect, recognizing expertise and consulting appropriately. ▪ We will share risk and responsibility while acting in ways that are best for the patient. ▪ We will resolve conflict by following the defined resolution process within the sub-region structure (see section 5).
Continuous improvement and innovation in driving quality patient care	<ul style="list-style-type: none"> ▪ We will focus on improving population health outcomes with a systems based approach that ensures the interests and perspectives of the patient are integrated into solutions. ▪ We will use evidence-informed decision making and leverage leading practices as a collaborative and as a system to drive innovation and continuous improvement in the quality of patient care. ▪ With input from patients, caregivers and partners, we will assess local population health needs, patient access and wait times and the capacity of health providers to serve the community. ▪ We will build a culture of openness where we are encouraged to speak up and offer a forum for new ideas and generative thinking.
Seek efficiency without compromising quality	<ul style="list-style-type: none"> ▪ We will strive to build capacity whenever possible without sacrificing patient outcomes. ▪ We are committed to using health care resources in a sustainable, effective, and efficient way that demonstrates quality and value to the community.

4.0 Sub-Region Structure and Governance

For the purposes of this Relationship Charter, the engagement of sub-region stakeholders will be to work together to achieve the local strategic objectives and implementation of agreed upon initiatives. Governance in this case is the process that we will undertake to steward, lead and manage this relationship for continuous improvement leading to better health outcomes for our patients. The following structure outlines how the sub-region collaboratives fit within

the local health system. The associated Terms of Reference for each collaborative further defines the scope and role of stakeholders.



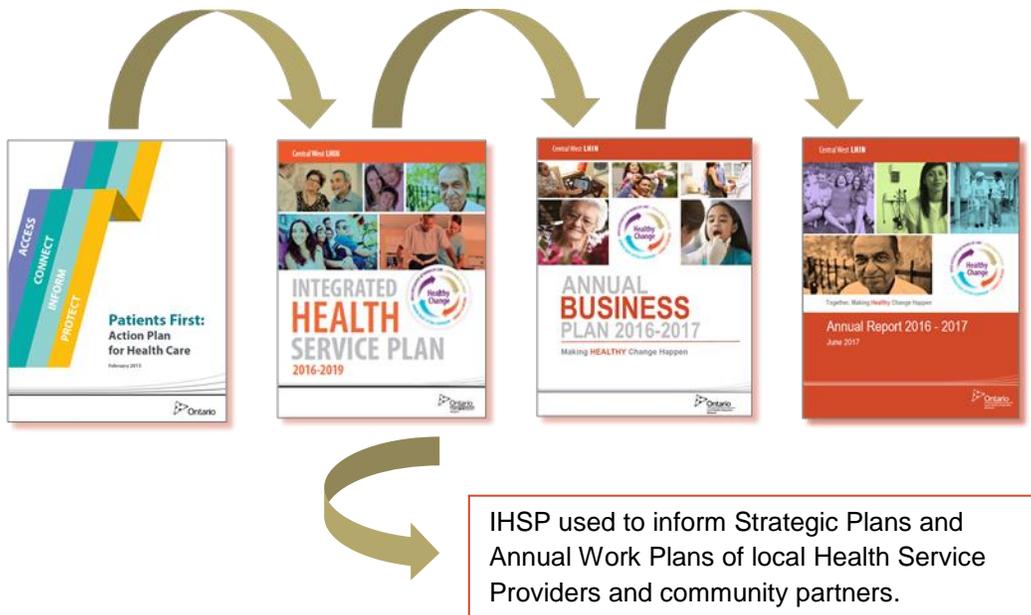
In alignment with the Central West LHIN's sub-region structure, stakeholders will actively engage within their respective collaborative. Knowledge translation and exchange will happen through this defined communication structure that will enable a fair escalation of ideas, initiatives and local needs.

5.0 Strategic Alignment

In order to work together effectively, the strategic priorities of the LHIN, sub-regions and local stakeholders must be mutually understood. Understanding these priorities and the rationale will allow health care providers and cross-sector stakeholders to identify areas of convergence and areas of divergence. This recognition upfront will allow for a proactive approach to a mutually beneficial working relationship.

The Central West LHIN's Integrated Health Services Plan (IHSP) outlines strategic directions and initiatives that the LHIN will pursue in order to improve equitable access to needed health care services for local residents. A review and alignment of the objectives for the collaborative and respective stakeholders will identify where synergies exist and how we can work together. Part of this alignment process will recognize other provincial transformation agendas and strategies for consideration.

In addition to the LHIN's IHSP, every year the Ministry of Health and Long-Term Care outlines the LHIN's Mandate with priority areas of focus. These areas of focus are to be considered and accommodated as the Sub-Region Collaboratives identify local priorities and subsequent areas of focus and collaborative action. Please refer to the LHIN's Mandate Letter when formulating and finalizing Sub-Region Priorities.



6.0 Relationship Resolution Process

In order to be as transparent as possible, a relationship resolution process has been established. It is based on principles and levels of engagement. It includes methods of notification that may apply in certain situations, given the complexity. The relationship resolution process is designed to promote engagement and communication with the aim to resolve problems quickly and easily i.e. problems that are a barrier for the Sub-Region Collaborative to address its priorities. If matters cannot be collectively resolved then elevation must occur. The intention of the Relationship Resolution Process is to achieve improved quality and client care through collaborative problem solving and ongoing process improvements. Also imperative to a healthy and successful relationship is sharing good news stories and giving praise or compliments when appropriate.

The following principles will guide the relationship resolution process: inform, consult, involve, elevate, escalate, mutual understanding, and respect.

For more details, please see Appendix A.

7.0 Relationship Evaluation

In order to gauge the quality of relationships within the Sub-Region Collaborative, stakeholders will complete an assessment every two years at a minimum. The evaluation will be based on the Expectations and Guiding Principles as listed in section 2.2. The results of the assessment will be reviewed and discussed at the Sub-Region Steering Committee level and also at each Sub-Region Collaborative.

Appendix B details how this assessment will be conducted.

8.0 Commitment

Organization representatives are requested to sign the Relationship Charter as a demonstration of commitment to the Sub-Region Collaborative and its participants. It reflects a commitment to improve the value and quality of care for our patients, their families and the health care system. A separate authorization page is provided and requests the information as shown below. For this page, please contact the LHIN Director for the Sub-Region as listed on the LHIN's website at www.centralwestlhin.on.ca.

Name	
Position Title	
Organization	
Signature	
Date	

Appendix A

6.0 Relationship Resolution Process

The following principles will guide the relationship resolution process:

- ✓ **Inform** – we will keep each other informed in a timely manner about anything that has any sort of an impact on our relationship and the day to day operations of our organizations
- ✓ **Consult** – we will consult each other when appropriate and will listen to and acknowledge the issue or concern being raised and the resolution being brought forward
- ✓ **Involve** – we will involve the other partner directly when input is required to ensure that an informed decision is made and both parties are part of the resolution to the concern or issue regarding the relationship
- ✓ **Elevate** – we will involve and obtain input from senior leadership of relevant parties when resolution on something has not been formulated from the other principles
- ✓ **Escalate** – we will escalate the matter to the senior staff of the relevant parties and the LHIN when a final decision has to be made if prior satisfactory resolution has not been possible
- ✓ **Mutual Understanding** – we will try to understand and share feelings on an issue in order to find resolution as early as possible
- ✓ **Respect** – we will respect each other throughout the resolution process and work towards a common goal and mutual satisfaction in every respect

As it relates to Elevate and Escalate, the following outlines the parties involved in the standardized steps resolution.

Elevate		Escalate	
Step 1	Step 2	Step 3	Step 4
Collaborative Stakeholder and Co-chairs	Co-chairs and the Steering Committee	Collaborative stakeholder and senior staff, Collaborative Co-chair(s), and LHIN VP(s)	LHIN VP(s) and CEO

The matrix on the following page depicts the engagement, communication and resolution process in the context of increasing complexity of a problem. It is meant to act as a guideline only in terms of notification methods and timelines and at the process steps of inform, consult, and involve. The parties involved in the resolution process steps Elevate and Escalate are as prescribed above. At all steps, mutual understanding and respect are integral to successful resolution.

Increasing Complexity of Problem ➔					
LOW	MEDIUM				HIGH
Levels of Complexity	INFORM each other	CONSULT each other	INVOLVE each other	ELEVATE to others	ESCALATE for decision making
Description	<ul style="list-style-type: none"> • Keep you informed • Let you know about the solution 	<ul style="list-style-type: none"> • Keep you informed • Will listen to and acknowledge concerns 	<ul style="list-style-type: none"> • Will work directly with each other to ensure input from 	<ul style="list-style-type: none"> • Need to obtain additional input from other levels 	<ul style="list-style-type: none"> • Need a higher authority to weigh in and/or

		<ul style="list-style-type: none"> • Will provide feedback 	everyone is part of the resolution	within the sub-region structure	make the final decision
<i>Methods of notification</i>	<ul style="list-style-type: none"> • Phone • Email 	<ul style="list-style-type: none"> • Phone • Face to face • In writing (email or letter) 	<ul style="list-style-type: none"> • Face to face meeting 	<ul style="list-style-type: none"> • Face to face meeting 	<ul style="list-style-type: none"> • CEO to Sub-Region collaborative
<i>Timeline to resolution</i>	<ul style="list-style-type: none"> • Within 1 week 	<ul style="list-style-type: none"> • Within 2 weeks 	<ul style="list-style-type: none"> • Within 1 month 	<ul style="list-style-type: none"> • Escalation to this level immediately if no prior resolution 	<ul style="list-style-type: none"> • Immediate escalation and resolution by LHIN CEO
<i>Examples</i>	<ul style="list-style-type: none"> • Need more information regarding the situation 	<ul style="list-style-type: none"> • Misunderstanding re: expectations or scope of operations 	<ul style="list-style-type: none"> • Policy or procedure does not enable independent or collective action as required 	<ul style="list-style-type: none"> • Resolution requires broader input, affects precedence 	<ul style="list-style-type: none"> • LHIN authority required for HSP to adjust its SAA obligations

Appendix B

7.0 Relationship Evaluation

Process for Conducting the Evaluation

- Sub-Region Collaborative stakeholders will complete an assessment every two years.
- Each individual question will be given a score based on the scale below.
- Average scores for each relationship expectation and guiding principle will then be calculated and trended.
- Each stakeholder will provide insight into the strengths, improvements deemed desirable and some proposed strategies for the collaborative to consider.
- Scoring will be done according to perceptions of the stakeholders based on a 5-point Likert Scale:

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Evaluation Criteria

The following relationship expectations and guiding principles, as outlined in section 2.0, will form the basis for measuring the health of the relationship amongst stakeholders within the collaborative and associated working groups.

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Central West **LHIN**

199, County Court Blvd.
Brampton, ON L6W 4P3
Tel: 905-796-0040
Toll Free: 1-888-733-1177
www.centralwestlhin.on.ca