COMMUNITY PARTNERSHIP POLICY

Authorization & Distribution

This policy was authorized by the CEO and Vice President’s, Mount Sinai Hospital on January 26, 2009

The Partnership Policy will be distributed to:
- The Board of Directors, Mount Sinai Hospital (through relevant Board Committees)
- Community Integration Advisory Committee (CIAC)
- Hospital Staff (COEs; MNET)
- Existing Community Partners/Potential Partners
- Toronto Central LHIN (TCLHIN)

Background & Purpose

One of the strategic objectives identified in Mount Sinai’s Strategic Plan (2005-2010) is to “Broaden health community collaborations.”

A commitment was made by the CIAC to reflect on what the Hospital has learned from its experience to date with community partnerships, and to develop a community partnership policy that will support key decision-makers, clinical leaders and staff to initiate, promote and facilitate strong and effective partnerships between the Hospital and Community Partners.

When implementing the policy/criteria, Mount Sinai’s leadership will make every effort to balance the following needs and responsibilities:
- The need to advance our mission, vision and values;
- The need to continue to innovate, and make timely and responsive decisions about potential opportunities that are of benefit to our community;
- The responsibility to monitor and make strategic and informed decisions about community partnerships (and related organizational commitments/capacity) at Mount Sinai; and
- The responsibility to manage risks associated with collaborative activities and relationships and to comply with legislation and principles of good governance.

Definitions

In this policy, “Community Partnerships” are defined as an arrangement between Mount Sinai Hospital and one or more community partners, who are working together to achieve identified goals that are shared by partner agencies, and that benefit the clients/community they serve. “Community Partners” refer to groups, agencies and organizations that facilitate the clients’/communities journey pre and post the acute care system. This does not include commercial partners, donors, or the establishment of new business entities.

Partnership Types:
- Consultative/Advisory (e.g. provide input; share expertise; exchange information).
- Operational/Work-Sharing (e.g. contribute work; involved in service delivery; joint promotion of a project; shared human, financial or physical plant resources).
- Strategic/Decision-Making (e.g. participate in planning; make and implement decisions about program delivery; evaluate services).
- System Change (e.g. multi-sectoral; mandate is targeted system-wide; impact on the community-at-large).

What’s included in this policy?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>1</td>
</tr>
<tr>
<td>Mount Sinai Hospital’s Mandate</td>
<td>2</td>
</tr>
<tr>
<td>Criteria for Assessing Partnerships (Potential &amp; Existing)</td>
<td>3 &amp; 4</td>
</tr>
<tr>
<td>Partnership Procedures</td>
<td>5 &amp; 6</td>
</tr>
</tbody>
</table>

1 Future changes to the current Strategic Plan will be reflected in this policy.
### Our Vision
To deliver and model world-class health care, translating research and education into excellent patient care in the programs we offer.

### Our Mission
Mount Sinai Hospital is dedicated to discovering and delivering the best patient care with the heart and values true to our heritage.

### Our Values
Our fundamental values allow us to serve our patients effectively and distinguish Mount Sinai Hospital and the Samuel Lunenfeld Research Institute as a model health care Hospital.

These values include:

- **Excellence:** Pursuing excellence and innovation in everything we do. Our ideas and enthusiasm help us continuously improve.

- **Service:** Providing patient and family-focused care that is sensitive to our multicultural community.

- **Collaboration:** Creating dynamic partnerships both internally and externally to benefit patients and our role as a teaching hospital.

- **Respect and Diversity:** Valuing and respecting each other’s differences.

- **Leadership:** Promoting the development and growth of leaders at all levels through continuous learning and knowledge sharing.

### Strategic Objectives
- Advance role as academic health Hospital
- Strengthen focus on patient-Hospital care
- Broaden health community collaborations
**CRITERIA FOR ASSESSING PARTNERSHIPS (Potential & Existing)**

| **Qualifies as a “Community Partnership”** | “Community Partnerships” are “an arrangement between Mount Sinai Hospital and one or more community partners, who are working together to achieve identified goals that are shared by partner agencies and that benefit the clients/community they serve.”

“Community Partners” “refer to groups, agencies and organizations that facilitate the clients’/communities journey pre and post the acute care system. This does not include commercial partners, donors, or the establishment of new business entities.”

The partnership satisfies our definitions of community partnership and community partners. |
| **Fit with Vision, Mission & Values** | Partners will determine fit based on the mutual assessment of compatibility between the vision, mission, and values of the partnering agencies/organizations. Partnerships that are perceived to compromise the vision, mission & values of Mount Sinai Hospital, or the community it serves, will not be pursued.

*(NOTE: Refer to the Hospital mandate on p. 2).* |
| **Organizational Commitment to the Partnership** | Participating agencies have made an organizational commitment to the partnership, which includes:

- Endorsement from senior leaders (where applicable to the type of partnership under consideration)
- Designation of appropriate staff to represent the Hospital/Agency in the partnership, and adequate resources to support the commitment
- Mutual development of a partnership agreement (signed by partners)

In cases where the Hospital is applying to a funder, and is designated as the lead/trustee agency for the partnership, an appropriate administrative fee (e.g. 12-15%) is required to address the additional time and resources required to successfully fulfill this role. |
| **Mutual Trust and Respect Between Partners** | Preference will be given to partnerships that involve partners with whom the Hospital, and/or other community partners, have had a demonstrated history of mutual trust and respect. |
| **Sharing of Power, Decision-Making and Resources** | The partnership will collectively assess the degree to which there is an equitable sharing of power, decision-making and resources, based on the relative size and commitment of partners involved, and the intended purpose and goals of the partnership. It will be important to examine what contributions various partners are making/proposing to make. |
| **Community Need/Priority** | Partners will assess whether the partnership seeks to respond to mutually recognized community needs/priorities. Where relevant and feasible, clients/community members will participate in the identification of needs, and the endorsement of priorities. |
| **Impact/ Sustainability** | The partnership will assess impact/sustainability, giving consideration to the following questions:

- Is it necessary to sustain the partnership or project/initiative after designated funding has run out (e.g. NO, identified outcomes are short term or time limited)?
- Can community impact be sustained beyond the life of the project/program (e.g. additional funding is possible and/or programs seek to build organizational/community capacity)?
- Other questions deemed relevant by the partners. |
CRITERIA FOR ASSESSING PARTNERSHIPS (Potential & Existing)

<table>
<thead>
<tr>
<th>Common Understanding of Purpose, Goals, Risks &amp; Intended Outcomes (Supporting Structures &amp; Mechanisms for the Partnership are Established)</th>
</tr>
</thead>
</table>
| The partnership will ensure that there is a common understanding of, and commitment to the purpose, goals, and intended outcomes of the partnership. This understanding is likely to be achieved through the negotiation of a partnership agreement (for new partnerships), and through ongoing planning and evaluation processes (for existing partnerships). Partnerships will need to revisit this understanding over time as the partnership evolves, and as needs and priorities change. A partnership agreement will set out the responsibilities of each partner agency (where applicable to the type of partnership under consideration). Refer to the attached Partnership Agreement Checklist for relevant terms and conditions.

The partners will identify necessary processes, structures and/or mechanisms to:
- Reach consensus/make decisions,
- Resolve conflicts/disputes, and end and/or expand the agreement,
- Monitor and evaluate the partnership,
- Report on the progress of the partnership,
- Ensure awareness of any potential bias or conflict of interest,
- Respond to and manage legal obligations or crises that arise, and
- Establish regular and transparent communication between partner agencies (with respect to issues arising, actions taken, decisions made, and outcomes reached by the partnership). |
### PARTNERSHIP PROCEDURES

**Assessing & Approving Potential Partnerships**  
(Refer to the attached Community Partnership Agreement Worksheet)

An Assessment Worksheet is required for all potential partnerships that satisfy the definition of community partnership as set out in this policy (including consultative or advisory partnerships). Worksheets, even those that lead to the identification of partnerships that will not be pursued, should be forwarded to the Office of Community Development and Integration.

- **Consultative or Advisory**  
  • Approved based on the discretion of staff involved, in consultation with relevant Manager/Nursing Unit Administrator (based on the criteria set out in this policy).

- **Operational or Work-Sharing**  
  Approved by the relevant **Director level or higher**, based on the criteria set out in this policy and consistent with the Delegation of Financial and Signing Authority Policy VII-a-25-49 where exchange of financial resources is involved.

- **Strategic or Decision-Making & System-Change**  
  • Approved by the **Vice President** (in consultation with the Community Integration Advisory Committee), based on the criteria set out in this policy.

**NOTE:** The above procedures are subject to the Mount Sinai signing authority protocols that establish delegation and signing authority depending on the value of the contract, the risks inherent in the agreement, inter-jurisdictional issues (international), whether care will be delivered off site, relationships with government, etc. It is recommended that you consult with the Director, Community Development and Integration, to further discuss these potential exceptions.

Refer to the attached Partnership Agreement Worksheet for details.

**Partnership Agreements**  
(Refer to the attached template)

Partners will jointly develop a partnership agreement for all community partnerships that are approved by Mount Sinai Hospital, and that satisfy the definition of community partnership as set out in this policy (including consultative or advisory partnerships). The template for partnership agreements identifies various terms and conditions of an agreement that may be important to consider. The potential terms and conditions will need to be negotiated with partner agencies, and should reflect the nature and context of the partnership, and aim to mitigate potential risk/liability issues for the Hospital.

These agreements will be signed by relevant Hospital staff that have direct oversight/supervision responsibility (see above), and a copy should be forwarded to the Office of Community Development and Integration.
### Partnership Procedures

**Implementation & Assessment**  
(Community Partnership Policy & Current/Proposed Partnerships)

Mount Sinai Hospital is committed to building the organization’s capacity to initiate, nurture and sustain strong and effective partnerships, and will ensure that staff engaged in community partnerships will receive an orientation to partnership work, and to the Community Partnership Policy.

To support the implementation of the Policy, the Director, Community Development and Integration will consult internally with relevant programs/departments to ensure alignment (e.g. Access & Equity). Training workshops (introducing the Community Partnership Policy) will also be facilitated for Hospital staff, and for Community Agencies.

In alignment with Strategic Plan Development, the Director, Community Development and Integration (in consultation with the Vice President’s Group) will initiate an organizational review of community partnerships (current and proposed) to assess trends, experiences/learnings, and future directions. This evaluation process will include meetings/discussions with relevant members of the staff, and management, and (where necessary) with relevant representatives of identified partnerships. A partnership inventory will be maintained and reviewed by the Vice President’s Group on an ongoing basis. The results will be reported to the Community Integration Advisory Committee (CIAC).

In addition, the Director, Community Development and Integration (in consultation with the CIAC) will assess the implementation of this policy and guidelines, to evaluate the process and outcomes:

- Are we achieving intended results?
- What is working well?
- What do we need to modify, change or improve?

**Document Management & Storage**

- Original copies of Partnership Agreements should be maintained by the responsible program, with additional copies forwarded to the Office of Community Development and Integration, which will flag when agreements require renewal and/or need to be maintained in the Corporate Legal Office’s contracts database.

The Office of Community Development and Integration will be responsible for maintaining a partnership inventory based on the receipt of Community Partnership Agreement Worksheets, and Partnership Agreements.