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POSTER ABSTRACT

Building Adaptive and Aligned Health Systems: Organizational Ambidexterity in Ontario Health Teams

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Background: Health systems must simultaneously innovate and sustain effective practices to deliver integrated, population-focused care. This dual capacity—known as organizational ambidexterity—is essential for achieving the Quadruple Aim and advancing Learning Health Systems. Ontario Health Teams (OHTs) were created to integrate care delivery across sectors, yet little is known about the organizational conditions that enable ambidexterity within them. This study examined how contextual factors such as leadership, performance management, communication, and social context combine to foster ambidexterity in OHTs.

Approach: A cross-sectional survey was conducted across 55 OHTs as part of the Organizing for Ontario Health Teams (OOHT) leadership study (March–April 2025). 808 participants completed validated measures of organizational ambidexterity, leadership, communication, performance management, and social context. Using fuzzy-set Qualitative Comparative Analysis (fsQCA), we explored how combinations of contextual factors were associated with the presence or absence of ambidexterity at the OHT level. The study engaged senior and mid-level OHT leaders through co-design of survey domains and will inform ongoing knowledge translation with OHT partners.

Results: Two distinct configurations of conditions were associated with high ambidexterity:
1.Joint presence of strong social context, robust performance management, and effective leadership, and
2.Joint presence of social context, performance management, and high-quality communication.
OHTs demonstrating these combinations exhibited both alignment (coherence of purpose) and adaptability (capacity to innovate). Conversely, the absence of ambidexterity was linked to poor social context, or the combined absence of performance management, leadership, and communication.

These findings confirm that no single factor guarantees success—rather, equifinal pathways of interdependent conditions underpin the ability of OHTs to balance innovation with operational stability.

Implications: Developing ambidextrous capacity requires system leaders to invest not only in individual leadership development but also in the organizational cultures, communication structures, and performance systems that reinforce learning and adaptability. Findings offer actionable insights for policy makers and health system leaders seeking to strengthen integrated care governance through the cultivation of enabling conditions for learning and improvement. By identifying practical pathways to organizational ambidexterity, this study contributes new evidence to guide how Learning Health Systems can adapt and thrive amid complexity.

Stakeholder Involvement: Survey domains were co-developed with OHT leaders and policy partners (Health System Performance Network, University of Toronto; Institute for Better Health, Trillium Health Partners; Collaborating Scientists) and findings will be shared through collaborative learning forums and the Health System Performance Network.