KW4 ONTARIO HEALTH TEAM

Executive Director

Update

JUNE

Report to Steering Committee
July 11, 2023

Ashnoor Rahim
Executive Director

General Updates

OUR KW4 OHT TEAM

On June 12th we joined Kitchener Downtown Community Health Centre and Sanctuary Refugee Health on celebrating the official launch of their new organization Community Healthcaring Kitchener-Waterloo at The Museum in Kitchener. At the event we hear from government representatives/members, mayors, and chairs. The Community Healthcaring Kitchener-Waterloo supports community health and wellness and by working in unity with partners to provide the community with caring and integrated services. Offering evidence-informed, innovative healthcaring for anyone facing barriers to health services, including people who are newcomers, refugees, experiencing homelessness or precarious housing and who are challenged by other social influences of health in Kitchener-Waterloo. Congratulations to Community Healthcaring Kitchener-Waterloo!

The OHT team members visited Thresholds Homes and Support on June 14, 2023. We toured 3 of their facilities and this visit gave us an opportunity to learn more about the Crisis Respite Residential Program which provides 24/7 short-term, voluntary, non-medical residential beds for up to six individuals in crisis or in need of respite at any one time, the Extraordinary Needs Program and other services provided by Threshold to support clients through empowerment and best practice frameworks such as harm reduction and housing first.

We shared various opportunities for collaboration with other organizations within the KW4 OHT and agreed that there are prospects for further engagement.

General Updates

COMMUNITY ENGAGEMENT

SENIOR FAIR WITH THE CITY OF WATERLOO

On June 20th the Seniors' Health Fair was hosted in a joint initiative between City of Waterloo and KW4 Ontario Health Team. The aim of the event was to provide opportunity to both seniors and caregivers to learn more about various community programs, social service and health agencies in the Waterloo community that help older adults remain healthy, active and connected.

There were 46 registrations made, and in addition to drop-ins, the event had close to 70 people in attendance.

The event began with an address from Executive Director of KW4 OHT, Ashnoor Rahim, and Director of Community Services at City of Waterloo, Jim Bowman., welcoming attendees. Followed by a series of presentations from different community groups that educated on issues effecting seniors and resources that can assist. After the presentations attendees had the opportunity to network and visit the booths of local organizations that curate senior services.

We thank the City of Waterloo for collaborating with us on this event!

General Updates

MULTICULTURAL FESTIVAL

On Saturday, June 24th and Sunday, June 25th, the KW4 OHT hosted a booth at the KW Multicultural Festival to raise awareness for preventative cancer screening and to encourage newcomer participation in the development of the Newcomer App. It was also an opportunity to raise awareness of the OHT as well as build new partnerships and strengthen existing ones.

The festival was well attended with over 40,000 people. There were 14 food booths and over 250 community and info booths.

Over the two days, KW4 OHT had over 300 conversations with community members. Over 120 people signed up for the ballot to be a part of the draw for one of two $50 gift cards and eight people subscribed to the KW4 OHT newsletter.

Going forward, we will continue to increase knowledge for preventative cancer screening and recruit participants for the Newcomer App project.

General Updates

PRIMARY CARE EXPRESSION OF INTEREST (EOI)

This month, KW4 OHT supported responses to Ontario Health's Primary Care Funding Opportunities: Expanding and Enhancing Interprofessional Primary Care Teams Expression of Interests.

The proposal development process was led by our network of primary care providers with engagement from our Community Council and included providers from across all sectors and primary care models to ensure the development of wholistic and scalable solutions. The collaborative process undertaken demonstrated a commitment to providing a comprehensive health approach focused on health equity and increasing access for unattached and marginalized populations.

In total, this group submitted five proposals to Ontario Health totaling approximately $8M. If approved, these organizations have agreed to work collaboratively to leverage new and existing resources and skills to increase access to primary care services for our communities.

This incredible process created new connections between primary care providers and will no doubt strengthen our community and help us achieve our goal of a more integrated health system.

We expect to hear from Ontario Health regarding potential funding in the fall.

General Updates

PRIMARY CARE NETWORK (PCN) - PRIMARY CARE ENGAGMENT

In Ontario, the government, in its Your Health - A Plan for Connected and Convenient Care document, identified that Primary care and family physicians are the foundation of our health care system in Ontario. As we move forward, every Ontario Health Team will include a group of primary care providers organized in a network to be part of decision-making and to improve access to care for patients.

KW4 OHT engaged LBCG Consulting for Impact to codesign a strategy and roadmap for supporting collaboration and engagement with our primary care providers through the creation of a primary care network.

Overall, there has been strong support for a PCN in KW4. There were three prevailing elements to that support:

- A desire to have a strong unified or a single voice that speaks on behalf of and advocates for primary care.
- The importance of primary care having an effective voice at the table for KW4 decision-making in health care.
- An opportunity to address the inequities that exist in the distribution of resources in terms of access to team-based resources in primary care.

A draft of the report detailing the great work completed over the past few months, the findings from the many discussions, and a set of recommendations has been developed. The Primary Care Integration and Governance Leadership Action Committee will review this report and plan the next steps for a PCN in the KW4 region based on the recommendations contained in the report.

We are excited to share the report with you in the months ahead as it is finalized.

General Updates

PATIENT PERSONA, JOURNEY MAP AND INTEGRATED ARE PATHWAY DEVELOPMENT WORKSHOP UPDATE

Over the past months, KW4 OHT has been working closely with Optimus SBR to develop Integrated Care Pathways.

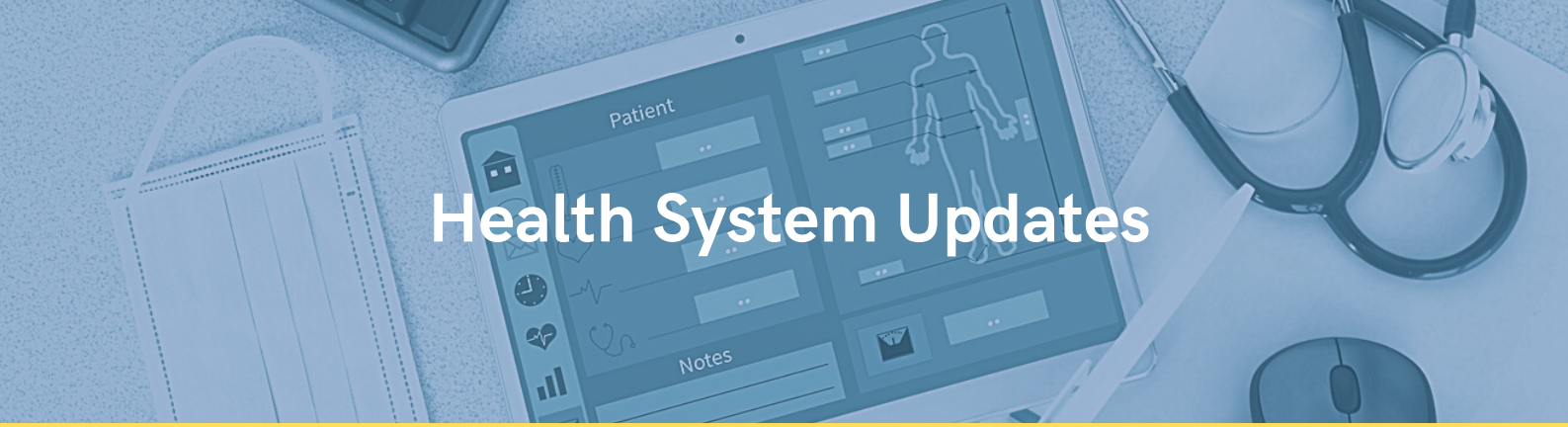
Four workshops were facilitated through a co-design process in collaboration with community members, primary care and various health and social service organizations with the last two sessions held on May 31st and June 15th.

The last two sessions were focused on the development and validation of the pathways inclusive of intake, triage, assessment, care planning and care delivery. The three pathways include:

- Seniors with congestive heart failure
- Youth transitioning to adult mental health services
- Newcomers accessing diabetes education and care

These pathways were developed with input from representatives from over 30 organizations in KW4. The updated pathways have been circulated to all 64 participants for final feedback. This feedback will be incorporated and then shared with the Neighbourhood integrated Care Team Leadership Action Committee for direction on areas of focus for implementation.

The final report will be available in July 2023.



Health System Updates

DIGITAL HEALTH

ONTARIO HEALTH WEST VIRTUAL CARE UPDATE

Episodic Access to Virtual Care (EAVC) through a Nurse Practitioner (NP) Model will be available July 1, 2023, to all residents of the West Region. The consistent front end for virtual care across the province will be through the Health811 service. The Health811 Nurse will triage the call and if a virtual visit with an NP is required the appointment with one of the hubs will be set up. The West Region will have one Adult Hub, with services provided by St. Joseph's Healthcare Hamilton, and one Pediatric Hub, services provided by London Health Sciences Centre, Children's Hospital. Further planning will take place to determine how warm handoffs from the EAVC NP to the OHT will look like if further services are needed for the patient. This planning will include how unattached or un-rostered patients receive follow-up.

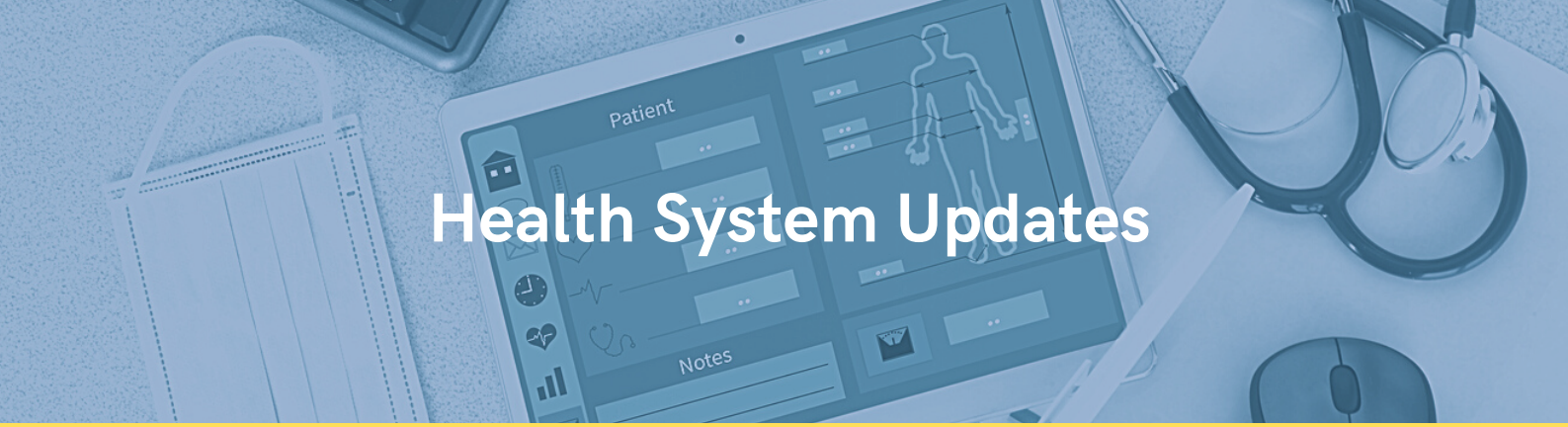
PROVINCIAL DIGITAL HEALTH FUNDING UPDATES

Both the St. Mary's General Hospital Heart Failure Remote Care Monitoring proposal and the KW4 OHT Online Appointment Booking proposal have received endorsement from Ontario Health West. These proposals have now been submitted to the provincial Ontario Health team for review and approval.

The focus for the SMGH's Heart Failure RCM program this year will include:

- Expanding the program (e.g. larger geographic reach, patient enrollment through PCP office),
- Working with other programs to further efficiencies that impact the patient experience,
- Ensuring the social determinants of health (SDoH) are being realized with the Institute for Healthcare Improvement (IHI) model of quality
- Further metric analysis (such as patient experience, delivery clinical excellence)

The KW4 OHT OAB proposal includes 22 primary care sites across the OHT, representing 104 licenses (online schedules) from last fiscal year that requested funding to support the ongoing use of online appointment booking and 40 net new licenses that will allow providers to offer their schedule online for patients to book appointments. The continued implementation of OAB will further the KW4 OHT's goals in system navigation by making more health services accessible online and enabling patients to plan their access to participating health services at their convenience, 24/7.

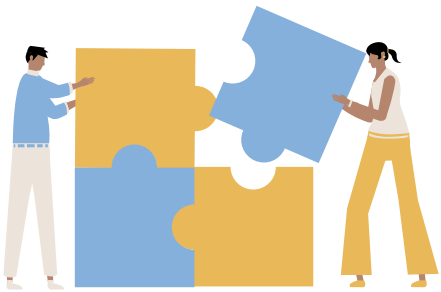


Health System Updates

WATERLOO REGION DIGITAL HEALTH ALIGNMENT

Over the last few months, KW4 has been meeting with the digital leads of Cambridge North Dumfries OHT, Cambridge Memorial Hospital, Grand River Hospital, and St. Mary's General Hospital to identify digital health alignment opportunities across the Waterloo region. We are working on identifying synergies and collaboration opportunities between the hospitals and OHTs to improve provider and patient experience by leveraging digital solutions that enable seamless transitions in care in our region.

One key digital health collaboration initiative identified for the region is secure provider-to-provider messaging. Secure provider-to-provider messaging solutions enable providers to communicate timely patient information with one another, in a PHIPA-compliant manner. The regional group is looking to understand the current state of provider-to-provider messaging across the sectors in both OHTs, identify the needs of various groups, and what solution(s) could meet the needs of our providers.



Performance and Results

PERFORMANCE REPORT

As part of KW4's September 2020 application to become an OHT, we were required to describe how our team will measure and monitor our success. Members endorsed the measures shown in the snapshot of our performance below, which we now report on quarterly.

We have seen an improvement in two of our performance measures since the last quarterly report (hospitalization for ambulatory care sensitive conditions and frequent ER visits for MH&A), one measure has stayed relatively the same (caregiver distress) and one measure has seen a decline in performance (ALC)

The full report can be found here. Here you will find additional analysis on each measure along with some commentary on contributing factors and work underway.

Indicator	Unit of Measure	Reporting Period	Proposed Target	Current Performance	Status	Change since last report
Caregiver distress among home care clients	%	Mar 2023	<= 56%	52.3%		Slight slippage from 52.2%
Hospitalization rate for conditions that can be managed outside hospital (asthma, diabetes, chronic obstructive pulmonary disease, heart failure, hypertension, angina and epilepsy)	Rate per 100,000 population	Feb 2023	<= 20.4 monthly (61.2 quarterly) (244.8 annually)	21.0		Improvement from 22.7
Total ALC (Acute and Non-Acute)	%	Mar 2023	<=16.7%	20.4%		Slippage from 18.0%
Frequent Emergency Room Visits for Help With Mental Health and/or Addictions	%	Mar 2023	<=10.0%	12.8%		Improvement from 16.9%

Newcomer App Project Status Report

The objective of the Newcomer App project is to develop an app to improve Newcomer's ability to self-navigate local health and social services with accurate, up to date information. Our goal is to empower Newcomers to better participate in their own health and wellness journey and help guide them to the most appropriate care and support for their given circumstance, 24 hours a day, 7 days a week, in the language of their choice.

Executive Sponsor: Dr. Charmaine Dean, University of Waterloo
Project Lead: Dr. Catherine Burns, University of Waterloo
Project Manager: Aderonke Saba
Report Due Date: June 30, 2023

Overall Status		
	Status	**Comments (Comments required for a Yellow or Red Status)**
Scope		
Schedule		
Budget		
Quality		
Legend	On Track	At Risk	Serious Concerns

Milestones	**Legend**	**On Track**	**At Risk**	**Overdue**	**Complete** ✓

#	Project Milestone	Status	Target Due Date (yyyy/mm/dd)	Revised Date (yyyy/mm/dd)	% Complete	Comment
1	Approval of Project Charter	✓	2023/05/18	2023/06/30	100%	Completed. Phase 1 of the Project Charter was approved at the Leadership Action Committee meeting of June 22,2023.
2	Project Kickoff	✓	2023/01/23	NA	100%	Completed.
3	Project Agreement/ signed MOU by KW4 OHT and University of Waterloo	✓	2023/03/01	NA	100%	Completed.
4	Ethics Approval	✓	2023/05/03	NA	100%	Completed. Ethics Amendment form was submitted to increase the number of newcomers interviewed from 25 to 200 to capture a wider range of perspectives. Approval for the Amendment was received on 16th June,2023.
5	Interview data findings/ outcomes		2023/10/31	NA	30%	Recruitment posters and screening questionnaires have been translated to 7 languages. Recruitment of participants is underway. 2 organizations that provide services to newcomers have been interviewed and others are being scheduled.
6	Co-design findings/ Design document		2023/12/30	NA	0%	
7	Initial Prototype design		2024/01/31	NA	0%	
8	Prototype Evaluation report		2024/04/30	NA	0%	
9	Revised Prototype design		2024/05/31	NA	0%	
10	Hire Software development company/Programmer		TBD	NA	0%	
11	App Development		TBD	NA	0%	
12	Quality Assurance and Testing		TBD	NA	0%	
13	Deployment and Support		TBD	NA	0%	
14	Field Evaluation of App		TBD	NA	0%	
15	Project Closeout		TBD	NA	0%	

Neighborhood Integrated Care Team Project Status Report

The Neighborhood Integrated Care Team (NICT) project seeks to develop and implement a NICT model to improve access to health services and proactively support community members thereby preventing unnecessary emergency department visits and potential hospitalizations. The main objectives of the project are:

- Determine use of resources in the communities we serve to improve health outcomes
- Develop and implement NICT model to improve access to health services and support high-risk seniors and adults
- Improve overall access to community Mental Health & Addiction services

Executive Sponsor: John Neufeld, House of Friendship
Project Lead: Dauda Raji, House of Friendship
Project Manager: Aderonke Saba
Report Due Date: June 30, 2023

Overall Status		
	Status	**Comments (Comments required for a Yellow or Red Status)**
Scope		
Schedule		
Budget		
Quality		
Legend	On Track	At Risk / Serious Concerns

Milestones	**Legend**	**On Track**	**At Risk**	**Overdue**	**Complete** ✓

#	Project Milestone	Status	Target Due Date (yyyy/mm/dd)	Revised Date (yyyy/mm/dd)	% Complete	Comment
1	Approval of Project Charter.		2023/05/31	NA	50%	Pending finalization of budget and benefits measures.
2	Formalize memorandum of Agreement between KW4 and project sponsor, House of Friendship.	✓	2023/02/01	NA	100%	Completed.
3	Establish project Leadership Advisory Committee (LAC)	✓	2022/12/01	NA	100%	Completed.
4	Develop Patient Personas, Journey Maps, and Integrated Care Pathways (ICPs).		2023/06/20	2023/07/14	95%	4 workshops for 3 Integrated Care Pathways completed. Work is ongoing to finalize the pathways. Final report/ pathways is due on July 7, 2023.
5	Develop a Neighborhood Integrated Care Team Model for Newcomers and Residents in priority neighborhoods		2023/12/31	NA	20%	Further work dependent on completion of ICPs.
6	Develop Social Prescribing model for the project.		2023/12/31	NA	40%	Social Prescribing model to be incorporated into the 3 Integrated Care Pathways developed.
7	Deployment of digital enablers for use by service providers to efficiently and effectively coordinate patient care on the project.		2023/12/31	NA	50%	Progress with this milestone dependent on formation of project implementation teams.
8	Establish project implement team(s).		2023/06/23	NA	0%	Dependent on completion of ICPs
9	Complete detailed implementation plan		2023/07/07	NA	10%	Dependent on Completion of ICPs.
10	Complete project logic framework including indicator matrix and performance measures.		2023/07/07	NA	90%	Final draft developed. Awaiting validation and approval.
11	Develop a communication strategy for the project.		2023/08/28	NA	10%	Project summary and achievements currently summarized in one page flyers.
12	Conclude evaluation of effectiveness and efficiency of the NICT model.		2024/03/08	NA	0%	
13	Initiate formal closeout processes.		2024/02/05	NA	0%	

Primary Care Integration and Governance Project Status Report

The Primary Care Integration and Governance Project aims to support primary care providers to better lead, participate and co-design health system integration activities with a patient-first focus. This project also aims to increase overall access to preventative care with a focus on reducing inequities for individuals in our priority populations.

Executive Sponsor: Dr. Sarah Gimbel, New Vision Family Health Team
Project Lead: Dr. Neil Naik, Regional Primary Care Lead
Project Manager: Rebecca Petricevic
Report Due Date: June 30, 2023

Overall Status		
	Status	**Comments (Comments required for a Yellow or Red Status)**
Scope		
Schedule		Schedule is in development.
Budget		
Quality		
Legend	On Track	At Risk / Serious Concerns

Milestones — **Legend**: On Track | At Risk | Overdue | Complete (✓)

#	Project Milestone	Status	Target Due Date (yyyy/mm/dd)	Revised Date (yyyy/mm/dd)	% Complete	Comment
1	Approval of Project Charter		2023/03/07	2023/07/30	75%	The final version will include evaluation metrics and will be circulated for final feedback in July.
2	Project Agreement/MOU signed by KW4 OHT and New Vision FHT.	✓	2023/01/10	NA	100%	Completed.
3	Project Planning and Project Kick-off		2023/04/30	NA	75%	The Project Schedule is currently awaiting approval of the Project Scope by the LAC.
4	Environmental Scan Complete		2023/04/30	NA	75%	Ongoing.
5	Primary Care Network Development/ Governance Consulting report complete		2023/04/30	2023/07/30	75%	JMcKinley Consulting has completed a draft summary report and this report will be circulated to the LAC in July.
6	Preventative Cancer Screening initiatives implemented		2024/01/31	NA	35%	Initial public outreach initiatives conducted. Initial volunteer support program planning has begun. Examination of viability of a Poppy Bot pilot conducted.
7	Clinician Engagement initiatives implemented		2024/01/31	NA	25%	The second Clinician Summit event was held. Attendees included primary care providers, specialists, midwives, and hospital leadership.
8	Care pathways initiatives implemented		2024/01/31	NA	15%	Planning and location scouting for community support service navigation continued.
9	Interim Evaluation Report complete		2024/02/29	NA	0%	
10	Sustainability Plan developed		2024/02/29	NA	0%	
11	Identify opportunities to scale and spread to other providers and to other neighbourhoods		2024/02/29	NA	0%	
12	Project Closure/Lessons Learned		2024/03/31	NA	0%	
13	Final Evaluation Report complete		2024/04/30	NA	0%	