KW4 OHT Strategic Plan
Workshop #2 with Members and Invited Guests

Results Summary

January 29, 2024
5:00-8:00 p.m.
RIM Park, Manulife Financial Sportsplex Centre, Waterloo

Project Overview

KW4 OHT is developing its first strategic plan and has engaged Dr. Rebecca Sutherns of Sage Solutions to facilitate three engagement sessions with KW4 OHT members to gather input on the emerging strategy.

62 members and invited guests attended the second facilitated session (please refer to Appendix A, page 8 for a list of attendees). The purpose of this workshop was to provide an update on the work that's taken place since the December meeting, to gather input on the strategic pillars and priorities, and to refine the topics for the strategic goals.

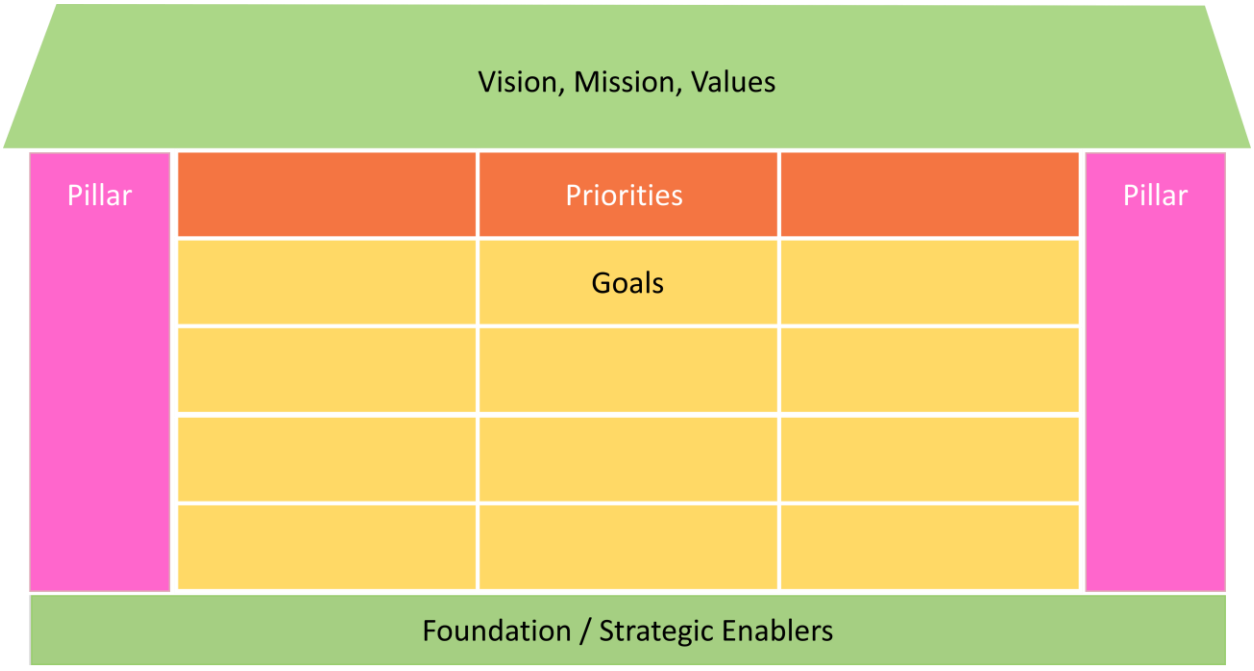
Opening presentations included a welcome and overview from Cathy Harrington, KW4 OHT Steering Committee Co-Chair, followed by Ashnoor Rahim, KW4 OHT Executive Director, who provided an update on the strategic planning process, including some key themes from the 977 engagement points conducted to date. Slides from these presentations can be found in Appendix B (pages 9-18). Ashnoor highlighted the importance of allowing local priorities to drive the strategy, while still ensuring that commitments to Ontario Health are met. Guidance from the province is still forthcoming.

"Barn Raising"

Framing the strategy

Rebecca reminded the group that strategy is useful and necessary for guiding decision-making; it will help the KW4 OHT determine what is a strong 'yes' and a defensible 'no' and where to invest its funds. The collaborative process of developing it also builds enduring buy-in to the priorities.

Rebecca presented the overall "barn" framework for the strategic plan, provided definitions for each component, and outlined which components the group would be working on (refer to slides Appendix B, pages 20-22). Each table was given a kit with the components of the barn, with the roof (Vision, Mission, Values) and foundation (strategic enablers) already established, and tasked with identifying the pillars, priorities and goals. After an extended discussion at their tables, groups completed their proposed "barn." This was followed by a brief plenary discussion. Detailed notes and photos from the exercise are captured in Appendix C (pages 27-34) and will be used to guide the next version of the strategy. Results are summarized here.



Pillars

*Our **Pillars** represent the crucial elements that are required to successfully deliver on our shared vision and overall strategy in the long-term.*

Access, **integration**, **healthy equity**, **codesign**, and **shared accountability** were the top repeated pillar themes that emerged from the nine table groups. Access was also one of the top themes identified as a priority.

Access (4)

- Non-delayed access to care (transparent pathways)
- Access to appropriate care/supports (connected)
- Access (right care, right time)
- Improving access to priority populations

Integration/Collaboration (4)

- Collaboration, integration, connection
- Integration of services
- Connected care
- No system navigation required

Health equity (3)

- Health equity (intersectionality) for all
- One other group noted this should be included in the Identity Statements
- Holistic human focus

Co-Design (3)

- Planned/developed with people with lived/living experience
- True codesign with those we serve
- Inclusion, co-creation, patient-centred

Local vs OH Focus/Shared Accountability (3)

- "OHT first"
- Shared responsibilities for outcomes
- Deliver on the wants of our funder so we can meet our local needs

Other

- Sustainability

Priorities

*Our **Priorities** are general directions that KW4 OHT will focus on over the next five years to achieve our vision. These priorities are subject to change as the environment evolves.*

Prevention/Keeping people well was the top priority, identified by eight of nine table groups. **Access** was identified as a priority by six groups, and **primary health care** and **integrated care** were both identified by two groups.

Prevention/Keeping people well (8)

- Keeping people well/Prevention
- Wellness preventative care
- Prevention and management ("Keeping People Well")
- Keep people well (prevention)
- Early start (prevention)
- Proactive vs. reactive
- Early intervention/upstream prevention
- Redistribution of funds based on prevention programs/upstream initiatives

Access/Right Care/Time/Place (6)

- People know where/how to get care. Providers know how to help patients get care
- Primary care access
- Access
- Access at right place, right time, right provider
- Move the mark on: People can access the right care at the right time and place
- Access right care, at the right time, at the right place, by the right person

Integrated care (3)

- Integrate care (financial, technological, information (PHI, care journey) etc.)
- Integration
- Wrap around services

Primary care (2)

- Primary health care
- Expanding team-based primary care

Other

- Building capacity
- Population health management (progressive ≠ standardized)
- Succession planning (e.g. HR, funding allocation)
- Quality of life
- Building a compassionate community of care
- Understand the complexities of EACH person
- Comprehensive digital health strategy

Goals

*Our **Goals** identify actionable steps and initiatives that will be undertaken over the next five years to achieve our strategic priorities. These are influenced by our capacity to deliver and therefore guide our decision-making as it relates to resource allocation.*

Groups' submissions varied widely in this section. Some goals were not lined up with specific priorities and there were fewer repeated ideas. Full details are available in Appendix C and goals that aligned with the common priorities of keeping people well and access are provided here as examples.

Keeping people well

Social/Physical Environment

- Built environment
- Increase social cohesion, sense of belonging (connected communities)
- Healthy relationships

Community (Partnerships, Capacity Building, Understanding)

- Capacity (and money) within community
- Understanding the changing demographics of our community (5-10-15 years out)
- Develop partnerships with schools, community partners etc.

Education and Health Promotion

- Growth and development and education
- Health promotion and education along continuum of care
- Promote health literacy
    - Enabling access to resources
    - Support multiple languages
- Culture based health info and education

Population Health (Prevention, Health Equity, etc.)

- Incorporate the social determinants of health in care delivery
- Social determinants of health: housing/shelter, food insecurity etc.
- Embed services within priority communities
- Preventative screening
- Education (fitness, food, mental health, facilities to enable those things)

Health/Social Services

- Home care
- Chronic disease management
- Meaningful primary care attachment
- Connected mental health and addictions supports
- Build team-based care (good ideas can come from anywhere)

Other

- Inventory of needs, resources, surpluses
- Impact analysis—prices, incentives, motivation, profiling and royalties from IP
- Patient journey mapping
- Innovation

Access

Primary Care/Attachment

- Primary care attachment (newcomer population)
- Build primary care network
- 100% attachment
- Access to primary care

Team-Based Care

- Team based care (complex care)
- Build team-based care (good ideas can come from anywhere)

Other

- Show me the money
    - Sustainable/flexible
    - Accounting
- Enhance skills of current providers
- Go where people are (physically)
- Patient journey mapping
- Home care
- Fix physician compensation to incent effective, efficient decisions
- Models of care

    - Triaging of 911 re: ambulance dispatch decisions
    - ER vs. urgent care vs. …
    - Mobile medical treatment etc.
- Identify top barriers
- Expand online bookings and services
- Develop meaningful quality indicators

Plenary Conversation

Groups shared their pillars and priorities in plenary to give participants a real-time sense of the level of repetition in the room. Some suggestions focused on approaches and how the OHT will work, while others focused on the content of its work. Some ideas were perhaps more expected than others, and the group briefly discussed how bold or creative the eventual plan might be. For example, could the plan push beyond accessing primary care to accessing the benefits that primary care delivers? Could the plan expect members to put OHT priorities first, even inside their own organizations?

Wrap-up/Next Steps

Steve Keczem, patient and family advisor on the KW4 OHT Steering Committee and member of the Strategic Planning Working Group, thanked everyone for attending and participating in the workshop and identified the next steps in the strategy development process.

The KW4 OHT Strategic Planning Working Group will refine the draft strategic plan based on the outputs of the second workshop. The draft strategy will be shared with members prior to the digital meeting scheduled for March 20. The final strategic plan will be approved in April, followed by rollout in May.

Appendix A

KW4 OHT Strategic Plan
Meeting #2 Attendees

Aaron Mathias
Amanda Nova
Anjali Kalra
Ann Bilodeau
Benjamin Hesch
Brian Swainson
Catherine Burns
Cathy Harrington
Connie MacDonald
Corey Neumeister
Diane DalBello
Elliott McMillan
Eric Philip
Dr. Hsiu-Li Wang
Ian Kaufman
James Schelgel
Janet Redman
Janine Barry
Jennifer Peckitt
John Neufeld
John Riches
Judy Nairn
Karen Redman
Kathy Markowiak
Kathy Payette
Kelly Steiss
Leanne Terry
Lee-Ann Murray
Linda Brooks
Linda Maxwell
Lori Payne
Lori Palubeski
Lynda Kohler
Maria Empringham
Mark Fam
Meredith Gardiner
Michelle Martin
Mike Hribar
Modesty Sabourin
Mohamed Alarkhia
Neil Naik
Nicole Robinson
Rhonda Nicholls
Ron Gagnon
Roy Cameron
Sophia Esmail
Steve Keczem
Tanya Verburg
Tracy Elop
Will Pace

OHT Staff: Ashnoor Rahim, Brenda Vollmer, Rebecca Petricevic, Ronke Saba, Anahita Soleymani, Dawood Amjad, Jessica Lemon, Suellen Robertson, Tianna Dip

Sage Solutions: Rebecca Sutherns, Laurie Watson

Appendix B

KW4 OHT Strategic Planning Event

January 29, 2024

Land Acknowledgement

We gather today virtually from many parts of what is now called Waterloo Region. Traditionally this area was a gathering place for many nations. I acknowledge that our meeting today is situated on the Haldimand Tract, land that was promised to the Haudenosaunee of the Six Nations of the Grand River, and is within the traditional territory of the Neutral, Anishinaabeg, and Haudenosaunee peoples. We are grateful for the opportunity to live, meet, and work on this territory. We reflect on the principles of reconciliation and strive to incorporate them into our work.

Welcoming and Opening Remarks

KW4 ONTARIO HEALTH TEAM

Today’s Agenda

- Welcome and Opening Remarks
- Context Setting
- “Barn Raising”: Frame the Strategy (Pillars and Priorities)
- Break
- Identify Strategic Goals
- Closing Remarks and Next Steps

Context Setting

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Engagement

284 Surveys

473 Conversations

149 Focus Group Participants

71 Planning Day Participants

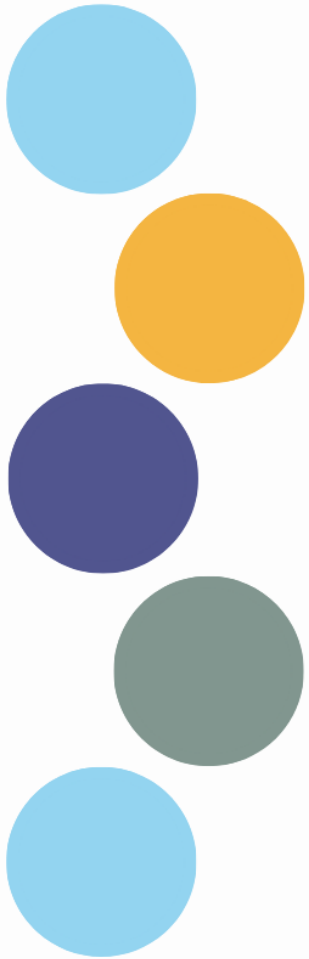
977 Engagement Points and Counting!

Key Themes From Planning Session #1

- Strong alignment of priorities with local needs and community priorities
- Expand strategy to encompass health equity and social determinants of health
- Consider capacity to deliver on the goals
- Focus on system-wide goals
- Clarify what is open to be locally influenced
- Use succinct, clear wording

Full report available at
https://www.kw4oht.com/_files/ugd/892206_86be18ef82484c4088ffaf2ac06dd4ce.pdf

Key Themes From Focus Groups



Vision – add reference health and social care and shared accountability

Mission - community vs region, health and social services, provider experience

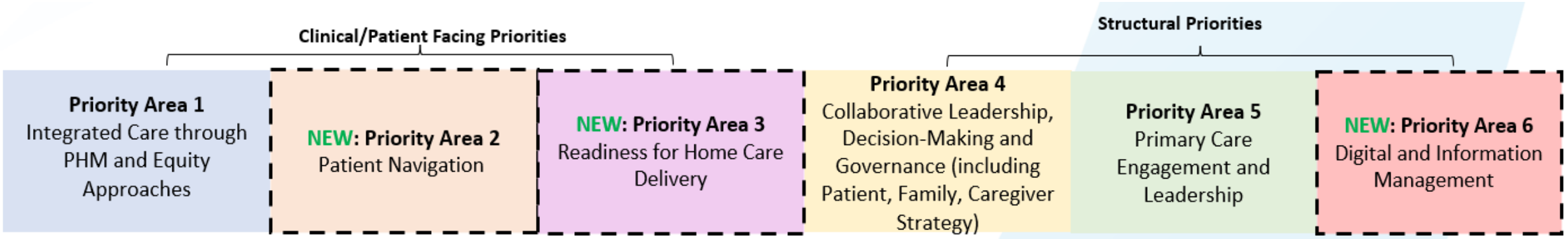
Values – single words

Priorities – greater emphasize on health equity, access, and local needs

Use clear, concise and plain language

Full report available at
https://www.kw4oht.com/_files/ugd/892206_f4e48558a975404bbad216909265b4f6.pdf

Provincial Priority Areas



Work Underway in KW4 OHT					
• 4 priority neighbourhoods • ICT/CPP initiative • LEGHO • Youth Transitional MH&A Clinic • Primary Care attachment for newcomers	• CSS-HCCSS-acute care pathways • Newcomer app	• Hospital to home	• Governance and decision-making process • back-office partner • Community Council Design Committee (CCDC)	• Primary Care Network (PCN)	• Online appointment booking (OAB) • eReferrals • eConsult • Poppybot • Partnering with other OHTs

Things to Consider

12 OHTs Accelerating

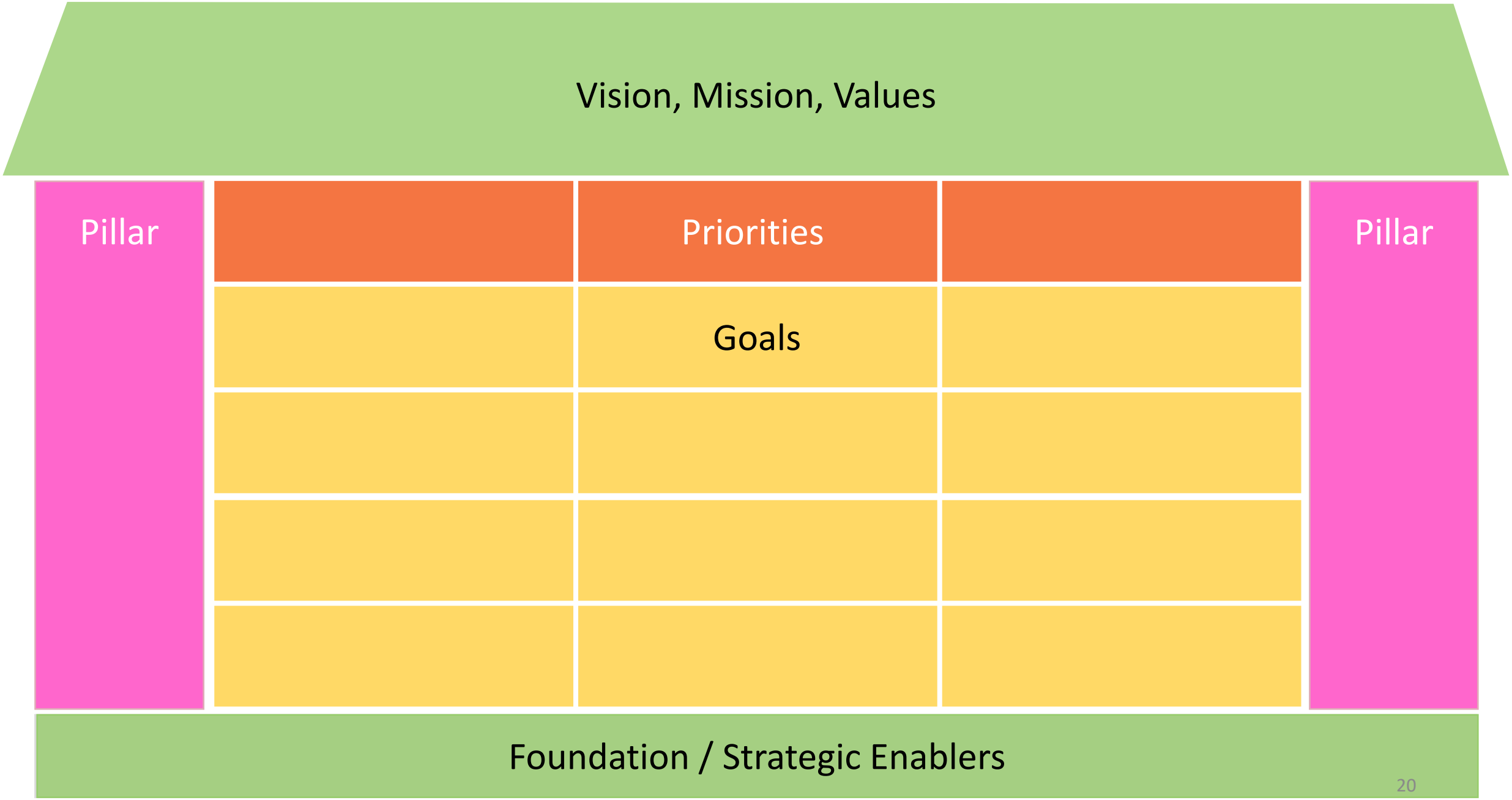
7 Leading Projects for H&CCSS

Guidance Documents

Maturity Framework

Facilitated Discussion

KW4 ONTARIO HEALTH TEAM


Vision, Mission, Values
Pillar
Priorities
Pillar
Goals
Foundation / Strategic Enablers

Definitions

Vision	Our **Vision** describes what KW4 OHT strives to become or accomplish in the future. It defines where we are heading and our long-term aspirations. It guides the decisions we make.
Mission	Our **Mission** describes KW4 OHT's purpose and reason for existing. It defines what the we will do to achieve our vision.
Values	Our **Values** are the important beliefs and principles that guide how we behave and make decisions. These values are brought to life each day through actions. They represent who we are today and who we need to be in the future to achieve our Vision.
Pillars	Our **Pillars** represent the crucial elements that are required to successfully deliver on our shared vision and overall strategy in the long-term.
Priorities	Our **Priorities** are general directions that KW4 OHT will focus on over the next 5 years to achieve our vision. These priorities are subject to change as the environment evolves.
Goals	Our **Goals** identify actionable steps and initiatives that will be undertaken over the next 5 years to achieve our strategic priorities. These are influenced by our capacity to deliver and therefore guide our decision-making as it relates to resource allocation.
Enablers	Our **Enablers** are foundational capabilities, capacities, or resources that contribute to our ability to effectively execute our strategic plan.

Our task

- Discuss and develop pillars, priorities and goals at your table. (I'll walk you through this step by step)
- Once finalized, write your content directly on the corresponding coloured paper from your kit
- Take a photo and send it to rebecca@rebeccasutherns.com
- Decide who will speak to it when your image is shared with the group

Next Steps

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Next Steps


Jan 2024
Planning Session # 2
Feb 2024
Ongoing engagement
March 2024
Planning session # 3
April 2024
Strategic Plan approval
May 2024
Launch

Strategic Planning Working Group

Name	Organization
Aaron Willmott	Traverse Independence
Ann Bilodeau	KW Habilitation
Ashnoor Rahim	KW4 OHT
Bonnie Camm	Grand River Hospital
Brenda Vollmer	KW4 OHT
Cathy Harrington (chair)	Community Care Concepts
Elliott McMillan	Grand River Hospital
Helen Fishburn	CMHA WW
Jenny Flagler-George	University of Waterloo
Kathy Payette	Community Member, CCDC
Leanne Terry	Waterloo Region Nurse Practitioner Led Clinic
Lee-Ann Murray	Home & Community Care Support Services WW
Neil Naik	Primary Care
Sarah Farwell	St. Mary's General Hospital
Steve Keczem	Patient and Family Advisory
Tara Groves Taylor	Community Healthcaring KW
Wajma Attayi	Centre for Family Medicine
Will Pace	Community Support Connections
Supports	
Suellen Robertson	KW4 OHT
Nicole Naccarato	KW4 OHT

THANK YOU!

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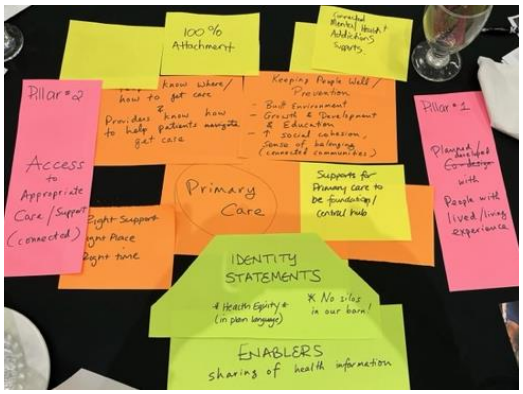
ONTARIO HEALTH TEAM

Appendix C
KW4 OHT Strategic Plan Workshop Notes

"Barn Raising" Exercise

Using a "barn" as the framework for the strategic plan, each table was given a kit with the components of the barn and definitions for each. The roof (Vision, Mission, Values) and foundation (strategic enablers) have already established. Each table was to identify the pillars, priorities and goals. Each table had a discussion about these components, then recorded their pillars, priorities and goals on the paper provided. Once the "barn" was assembled, tables submitted a photo to Rebecca. Details on each table's framework are captured in the notes and photos that follow.

Table 1



Identity Statements

- Health equity (in plain language)
- No silos in our barn!
- Note: The barn roof being at the bottom holding the whole barn up is intentional. Our group wanted it that way. :)

Pillars

1. Planned/developed with people with lived/living experience
2. Access to appropriate care/supports (connected)

Priorities & Goals

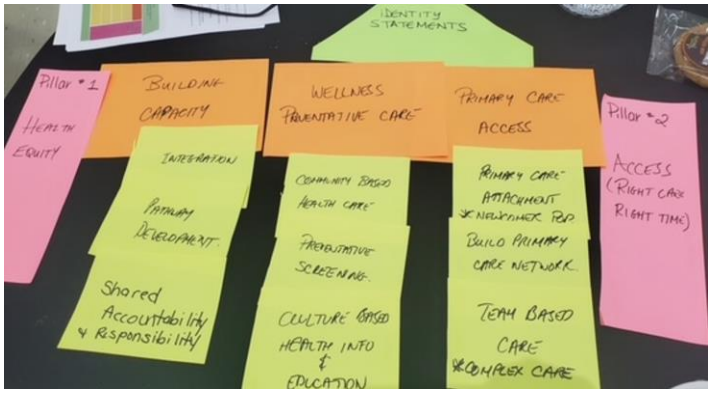
1. People know where/how to get care. Providers know how to help patients get care
    - Show me the money
        - Sustainable/flexible
        - Accounting
    - 100% attachment
2. Keeping people well/Prevention
    - Built environment
    - Growth and development and education

    - Increase social cohesion, sense of belonging (connected communities)
    - Connected mental health and addictions supports
3. Primary health care
    - Supports for primary care to be foundation/central hub
    - Connect two systems into one common record
    - Right support, right place, right time

Enablers

- Sharing of health information

Table 2



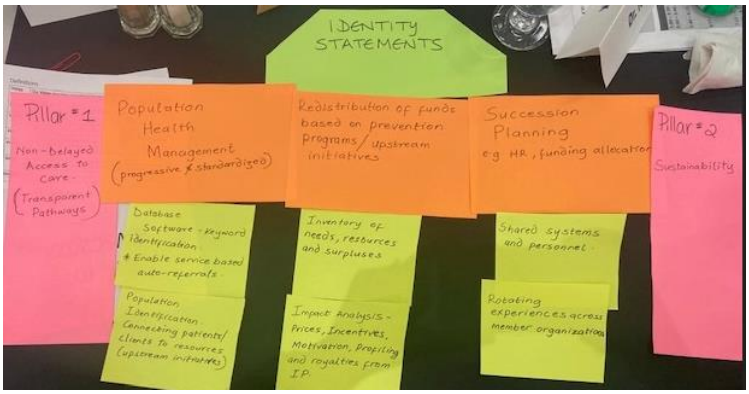
Pillars

1. Health equity
2. Access (right care, right time)

Priorities & Goals

1. Building capacity
    - Integration
    - Pathway development
    - Shared accountability and responsibility
2. Wellness, preventative care
    - Community-based health care
    - Preventative screening
    - Culture based health info and education
3. Primary care access
    - Primary care attachment (newcomer population)
    - Build primary care network
    - Team based care (complex care)

Table 3



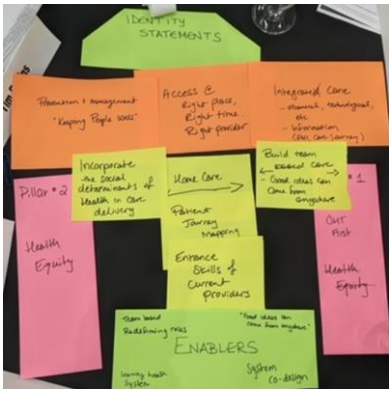
Pillars

1. Non-delayed access to care (transparent pathways)
2. Sustainability

Priorities & Goals

1. Population health management (progressive ≠ standardized)
    - Database software—keyword identification
        - Enable service-based auto-referrals
    - Population identification
        - Connecting patients/clients to resources (upstream initiatives)
2. Redistribution of funds based on prevention programs/upstream initiatives
    - Inventory of needs, resources, surpluses
    - Impact analysis—prices, incentives, motivation, profiling and royalties from IP
3. Succession planning (e.g. HR, funding allocation)
    - Shared systems and personnel
    - Rotating experiences across member organizations

Table 4/5



Pillars

1. OHT first
2. Health equity

Priorities & Goals

1. Prevention and management (“Keeping People Well”)
    - Incorporate the social determinants of health in care delivery
    - Patient journey mapping
    - Home care
    - Build team-based care (good ideas can come from anywhere)
2. Access at right place, right time, right provider

- Enhance skills of current providers
- Patient journey mapping
- Home care
- Build team-based care (good ideas can come from anywhere)

3. Integrate care (financial, technological, information (PHI, care journey) etc.)
    - Patient journey mapping
    - Home care
    - Build team-based care (good ideas can come from anywhere)

Enablers

- Team based
- Redefining roles
- Learning health system
- System co-design
- "Good ideas can come from anywhere"

Table 6

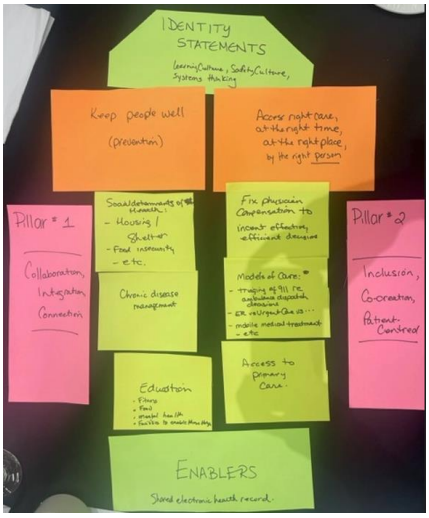
Pillars

1. True codesign with those we serve
2. Deliver on the wants of or funder so we can meet our local needs

Priorities & Goals

1. Integration
    - Integrated care related to: centralized intake for services that can be delivered in the community
2. Wrap around services
    - Go where people are (physically)
3. Move the mark on: People can access the right care at the right time and place

Table 7



Identity statements

- Learning culture
- Safety culture
- Systems thinking

Pillars

1. Collaboration, integration, connection
2. Inclusion, cocreation, patient-centred

Priorities & Goals

1. Access right care, at the right time, at the right place, by the right person
    - Fix physician compensation to incent effective, efficient decisions
    - Access to primary care
    - Models of care
        - Triaging of 911 re: ambulance dispatch decisions
        - ER vs. urgent care vs. …
        - Mobile medical treatment etc.
2. Keep people well (prevention)
    - Social determinants of health: housing/shelter, food insecurity etc.
    - Chronic disease management
    - Education (fitness, food, mental health, facilities to enable those things)

Enablers

- Shared electronic health record

Table 8

Pillars

1. Health equity (intersectionality) for all
2. Shared responsibilities for outcomes
3. No system navigation required

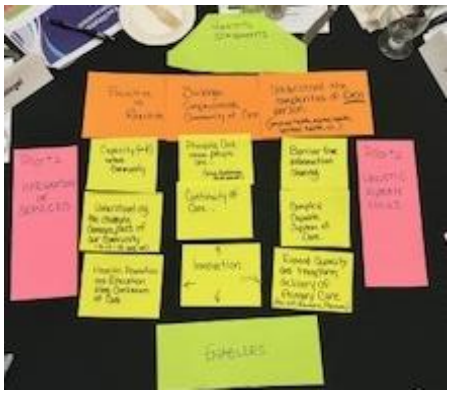
Priorities & Goals

1. Early start (prevention)
    - Healthy relationships
    - Chronic disease management

- Meaningful primary care attachment

2. Quality of life
3. Access
    - Identify top barriers
    - Expand online bookings and services
    - Develop meaningful quality indicators

Table 9



Pillars

1. Integration of services
2. Holistic human focus

Priorities & Goals

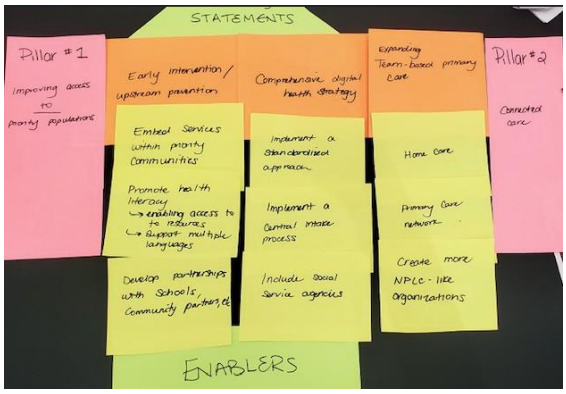
1. Proactive vs. reactive
    - Capacity (and $) within community
    - Understanding the changing demographics of our community (5-10-15 years out)
    - Health promotion and education along continuum of care
    - Innovation
2. Building a compassionate community of care
    - Providing care where people are… (think ShelterCare as an example)
    - Continuity of care…
    - Innovation
3. Understand the complexities of EACH person
    - Barrier free information sharing
    - Complex capable system of care
    - Expand capacity and transform delivery of primary care (MD, NP, paramedic, pharmacy)
    - Innovation

Table 10

Pillars

1. Improving access to priority populations
2. Connected care

Priorities & Goals



1. Early intervention/upstream prevention
    - Promote health literacy
        - Enabling access to resources
        - Support multiple languages
    - Embed services within priority communities
    - Develop partnerships with schools, community partners etc.
2. Comprehensive digital health strategy
    - Implement a central intake process
    - Implement a standardized approach
    - Include social service agencies
3. Expanding team-based primary care
    - Create more NPLC-like organizations
    - Primary care network
    - Home care

At the end of the exercise Rebecca had a brief plenary discussion with the group, to identify the emerging pillars and priorities. Highlights were captured on flip charts and in the notes below.

Pillars

- Health equity for all
- Shared responsibility for outcomes
- No system navigation required
- Sustainability of the system
- No delayed access
- Holistic human focus
- Collaboration, integration
- Inclusion, co-creation
- Deliver on wants of funders to meet local needs
- OHT first

Priorities

- Proactive

- Caring
- Understanding complexity
- Build capacity
- Wellness and prevention
- Primary care access
    - What comes with this?
    - Not an end
    - To individuals ≠ by doctors
- Population health management
    - Standardized
    - Not dependant on primary care
- Redistribution of funds based on upstream
- Succession planning
- Access
    - Right time, place, person, care
- Integrated
    - Info, tech, funding, tell story once
- Central intake

Additional comments

- Goals need shared accountability and responsibility
- ALC—measured at hospital
    - Funding goes to hospital (accountability)
    - But addressing it sits elsewhere
    - Community partners can better serve
- Engage and enable vs. "doing to people"
    - Talk about patient focus, but system still "does" to people
    - Need to engage those people to be responsible for their own journey
- Align OHT and organizational priorities and metrics in order to see change
- Boldness…
    - E.g. physician compensation incentives
    - Work beyond the confines of legislation in order to move the needle