KW4 ONTARIO HEALTH TEAM

Executive Director

Update

DECEMBER

Report to Steering Committee
January 10, 2023

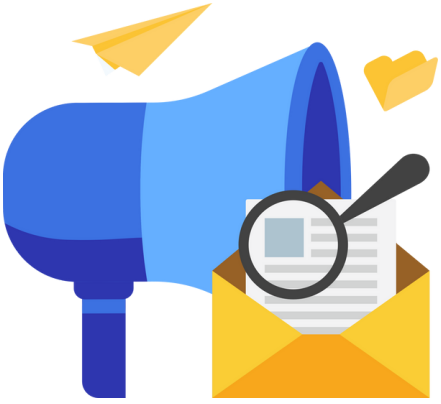
Ashnoor Rahim
Executive Director

General Updates

OUR KW4 OHT TEAM

We are excited to welcome Kayode Ajumobi to our team. Kayode holds a Bachelor of Science, Human Nutrition, a Postgraduate Diploma, Adolescent Sexual and Reproductive Health, and a Master of Public Health. Kayode is a Certified Project Management Professional (PMP) and brings a wealth of project management experience from his roles at Save the Children International, Management Sciences for Health, and Family Health International, all in Nigeria. There, he coordinated and managed health, nutrition, and social protection projects. Kayode's first day is January 9, 2023. Kayode will be supporting the Neighbourhood Integrated Care Team Project.

We are also excited to announce that Aderonke (Ronke) Saba successfully passed her Project Management Professional (PMP) exam this month. It takes years of documented project management experience and education to even qualify to write this exam, so this is indeed a major milestone. A PMP certification is granted to project managers who have proven they have the skills and knowledge to successfully manage projects and we are delighted that Ronke has chosen to showcase her talents with our team.



General Updates

COMMUNITIES AND STAKEHOLDERS WORK

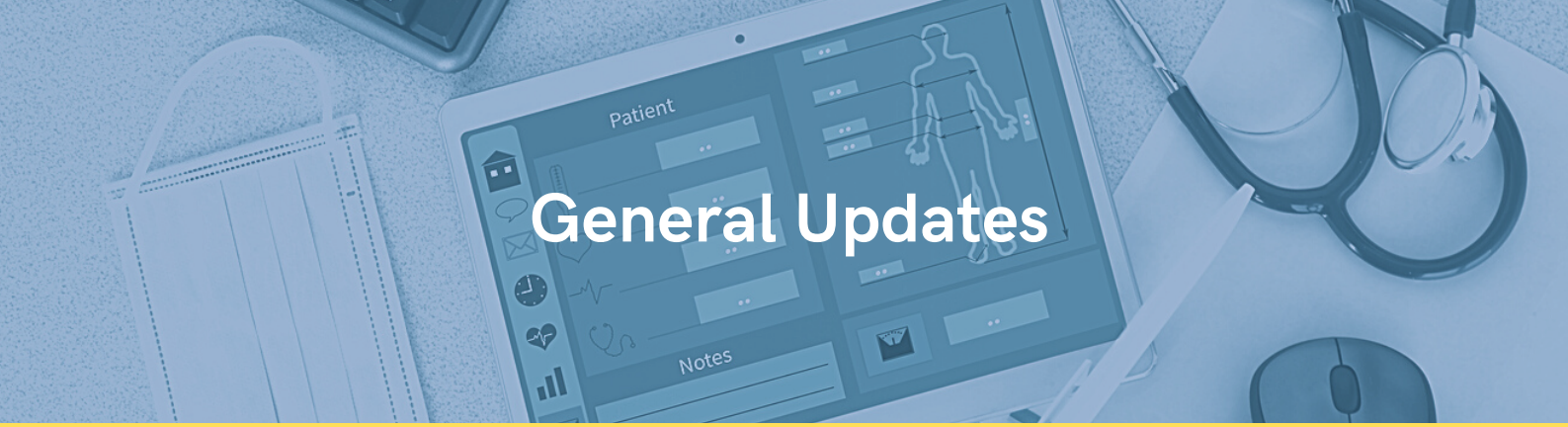
On December 7, 2022, team members met with Sanguen Health Centre to learn more about the multidisciplinary team's work in providing wrap-around support to those experiencing high degrees of marginalization as a result of their substance use, mental health, homelessness, and chronic poverty. We also had the opportunity to visit a few of their outreach locations including those served by Sanguen's Primary Care Bus and Harm Reduction Van and see first-hand the great care they provide in our community.

The Ontario Health Teams (OHT) in Ontario Health (OH) West were asked to support the creation and implementation of COVID, Cough and Flu Care Clinics with the goal of reducing emergency department visits and supporting community members trying to access assessment services during the holidays. The OHT, working with our Primary Care Lead (Dr. Neil Naik) met with Grand River Hospital COVID Clinic staff to identify primary care partners that could support outreach to high-priority neighbourhoods. We also arranged for the translation of communication material into our 5 priority languages including:

- Arabic
- Farsi
- Mandarin
- Spanish
- Tigrinya

The OHT also met with Public Health Officials and leaders from the Region of Waterloo to ensure they were aware of this work and would support access to space for possible future clinics.

The OHT was also part of OH West's Tiered Incident Management System (IMS) Reporting Structure that was intended to support hospitals, long term care homes and community agencies with support with COVID or influenza like outbreaks. The purpose of this structure, the role of the OHT in this process and the overall value of this model are yet to be determined.



General Updates

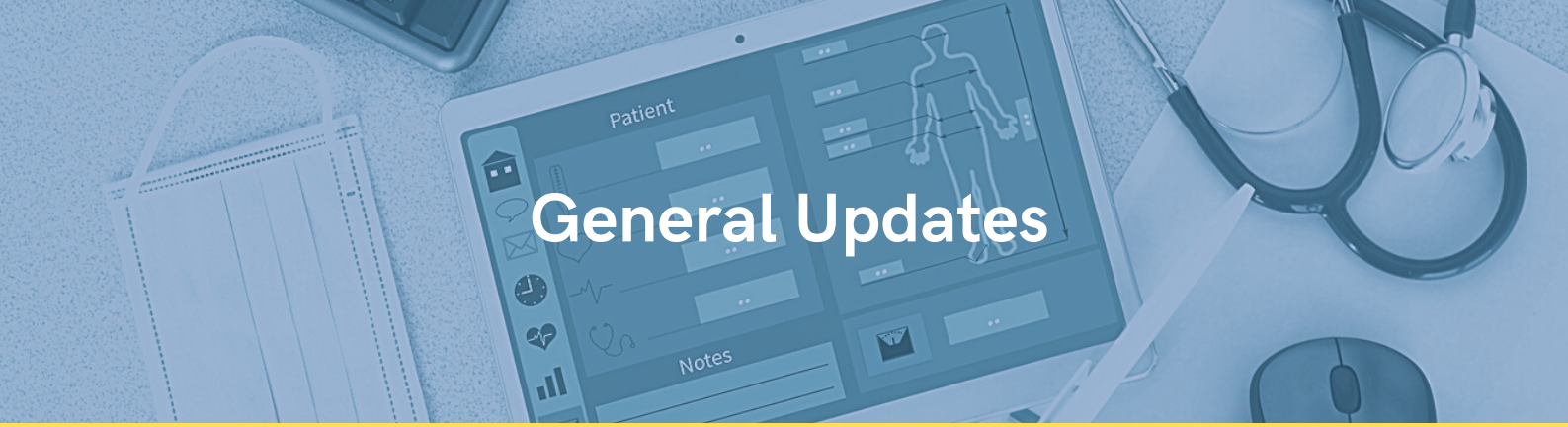
DIGITAL HEALTH UPDATE

St. Mary's General Hospital (SMGH) Heart Failure remote care monitoring program is currently monitoring 68 patients out of the original 100-patient enrollment- target (by March 31, 2023). The team worked with the technology provider to implement monthly patient experience surveys to measure progress and feedback from patients in the program. The program has been working on transitioning to a new remote care monitoring vendor, CloudDX to optimize existing contracts at the hospital, streamlining solutions and consolidating the number of vendors in use for remote care monitoring programs. The non-competitive tender has been completed for additional equipment, with the expectation of new equipment to arrive by mid-late January. The request for proposal (RFP) for a future, permanent solution is currently in development.

St. Mary's General Hospital's chronic obstructive pulmonary disease (COPD) remote care monitoring program is at 10% of the target volume since the enrollment date (began Oct 25). This is due in part to patients declining to join the program in November due to other medical issues and COVID exposures. Like the Heart Failure program, the COPD program is also utilizing the CloudDx as the remote care monitoring vendor.

This COPD program is unique in that it offers remote self-management education programs and virtual exercise for patients with COPD which reduces the need for patients to travel and attend appointments in person, increasing patient access and outreach, and preserving hospital capacity. Patients are provided individualized care plans, educational resources, and exercise prescriptions to do at home. The application records various vitals, quality of life indicators, and exercise compliance. Exercise videos and disease self-management are tasked to the patients on the application. Weekly group virtual Q&A sessions are offered with the Registered Respiratory Therapist, and group virtual exercise classes are led by the Registered Kinesiologist.

In addition, the program has set up a dedicated Ocean eReferral site for clinicians to enroll patients in the program. SMGH team has connected with referring providers within KW4, Cambridge North Dumfries (CND), and Guelph Wellington (GWOHT) to notify them of this program. The OHT has also spread awareness of this program through our various communication channels.



General Updates

DIGITAL HEALTH UPDATE (CON'T)

The patient enrollment criteria and escalation pathways have been finalized. The team is currently exploring options to use a portion of the funded volumes to enroll patients from a remote hospital site who do not have a COPD program currently, this would help establish a longer-term partnership.

We are seeing very positive feedback from patients and primary care clinic's utilizing online appointment booking (OAB) in KW4, and across Ontario Health West. Recent patient experience survey data from Ontario Health West indicates that 87% of patient respondents were satisfied or very satisfied with OAB. 89% of patient respondents found OAB to be easy to use. 80% of clinicians/admin staff said they would recommend OAB to other clinics. Lastly, 4 key areas of efficiencies were realized over the last year of implementation (12 months). These areas include; patient satisfaction, ease of use, efficiency, and access. These highlights were found from the West Region cumulative responses, where 664 patient and 128 clinician/admin responses were received.

Anecdotal feedback received in KW4 thus far identifies that "Patients love the ability to book online, no need to wait in the queue to speak with admin". We anticipate more KW4 clinicians going live with online appointment booking and more results to be shared with the remainder of this fiscal year.

Progress and Results

COLLABORATIVE QUALITY IMPROVEMENT PLAN (CQIP)

On December 14, 2002, we received an update from Ontario Health regarding 2023/24 collaborative Quality Improvement Plans (cQIP), associated program improvements, and the expectations for OHTs for the next fiscal year.

Given that our system is continuing to face significant challenges and is actively planning for a surge, and that OHT teams are evolving at different rates, OH has decided that the 2023/24 cQIP cycle will be an extension of the 2022/23 program and that the three provincial areas of focus and the five indicators as shown below will remain the same for 2023/24.

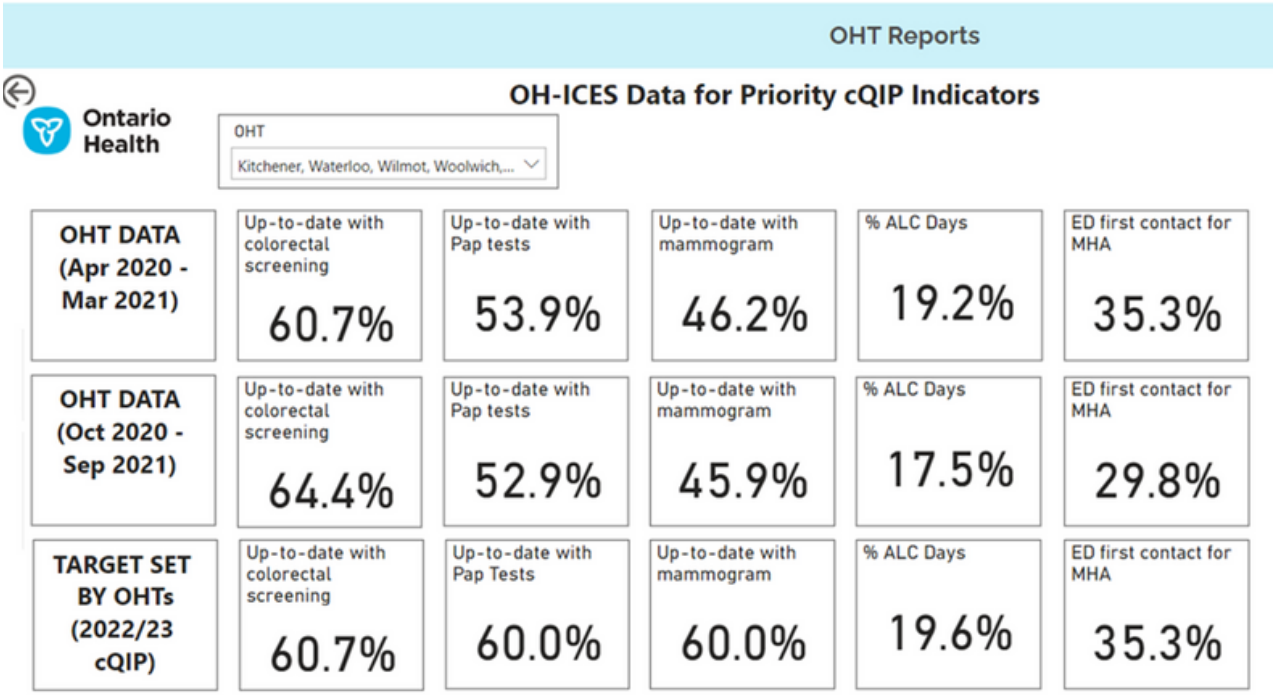
1. Improve overall access to care in the most appropriate setting.	Associated Indicator: Alternative Level of Care Days
2. Increase overall access to community mental health and addictions (MHA) services.	Associated Indicator: ED First Point of Contact for Mental Health and Addictions Care
3. Increase overall access to preventative care	Associated Indicators: Preventative Screening in Primary Care (mammogram, colorectal, pap tests)

Member organizational QIPs are complementary to the cQIPs. OHTs and OHT partner organizations submitting a QIP are being encouraged to align their submissions to best reflect their respective contributions to collaborative improvement.

Ontario Health and the Ministry are continuing to work together to provide OHTs with data and analytics supports in the most streamlined manner possible, promoting great accessibility to the data, flexibility in how data is presented, manipulated and used, and consistency across indicators and calculation methodologies, through the OHT Data Dashboard interactive reports.

COLLABORATIVE QUALITY IMPROVEMENT PLAN (CQIP) (CON'T)

The cQIP report launched on the OHT Data Dashboard in November 2022 and contains data pertaining to the five cQIP indicators. Below is a snapshot from the Dashboard:



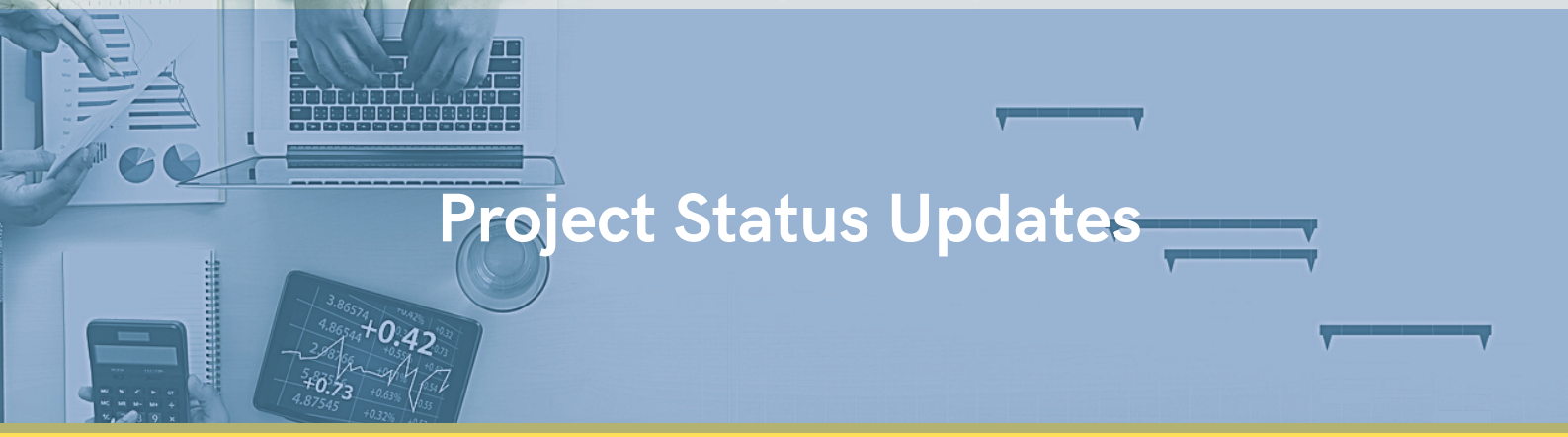
Ontario Health is hosting a 2023-24 cQIP program webinar on January 16, 2023, which some members of the KW4 OHT Ops Team will attend.

KW4 OHT will be required to have a refreshed cQIP in place by March 31, 2023. We have been encouraged to continue and build on work already started or expand our plan to reflect new or emerging improvement opportunities. Our plan is to bring the preliminary 2023/24 cQIP to Members on February 15th for review and feedback, with the final report coming to the March meeting for approval.

Progress and Results

QUARTERLY PERFORMANCE REPORT

During the December 14, 2022, Members Meeting, we shared the refreshed quarterly performance report which included a more robust data analysis along with additional insight and commentary related to contributing factors and the positive impact we hope our planned work will have on each measure. We look forward to hearing your feedback on this new format with the goal of making this a meaningful and useful tool for you.



Project Status Updates

PROJECT 1: CREATE NEIGHBOURHOOD INTEGRATED CARE TEAMS IN PRIORITY NEIGHBOURHOODS

INTRODUCTION

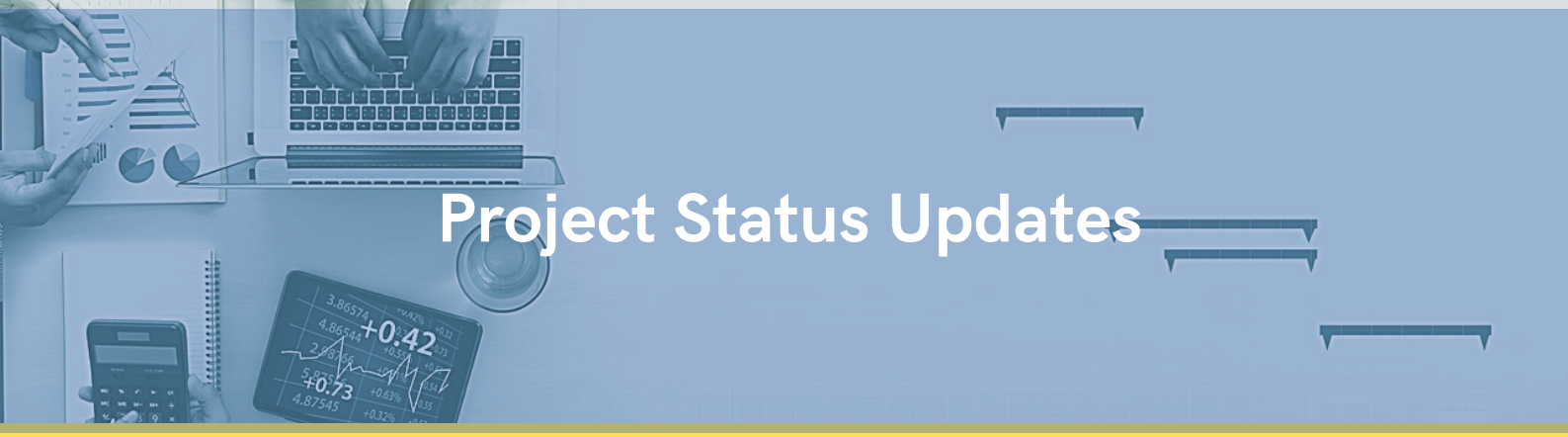
The objective of this project is to develop and implement Neighbourhood Integrated Care Teams (NICT) to address disparities that limit access to health and wellness services for residents in our four priority neighbourhoods (N2G, N2H, N2M, and N2C). Our goal is to improve overall access to community mental health & addiction services and improve overall access to care in the most appropriate setting. Through an integrated model of care, we will strive to prevent emergency department visits and hospitalizations through enhanced support.

UPDATE

On December 1, 2022, the inaugural Leadership Action Committee (LAC) for this project was held. An overview of the KW4 OHT and the NICT project was shared, and the group discussed the importance of bringing community providers and healthcare teams together to co-design an integrated model through the social determinants of health lens.

The draft Project Charter and the LAC Terms of Reference were reviewed, and feedback was provided. Working on a Memorandums of Understanding (MOU) between KW4 OHT and the project Executive Sponsor organization, House of Friendship continued.

As noted above, a Project Management was successfully recruited and the recruitment of a Community Co-Lead as well as other Community Members to sit on the Implementation Team continued.



Project Status Updates

PROJECT 2: DEVELOP A NEWCOMER APP FOR USE BY RECENT NEWCOMERS

INTRODUCTION

The objective of this project is to develop an app to improve Newcomer's ability to self-navigate local health and social services with accurate, timely, and up-to-date information. This technology will empower Newcomer's 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, all from the comfort of their own home.

UPDATE

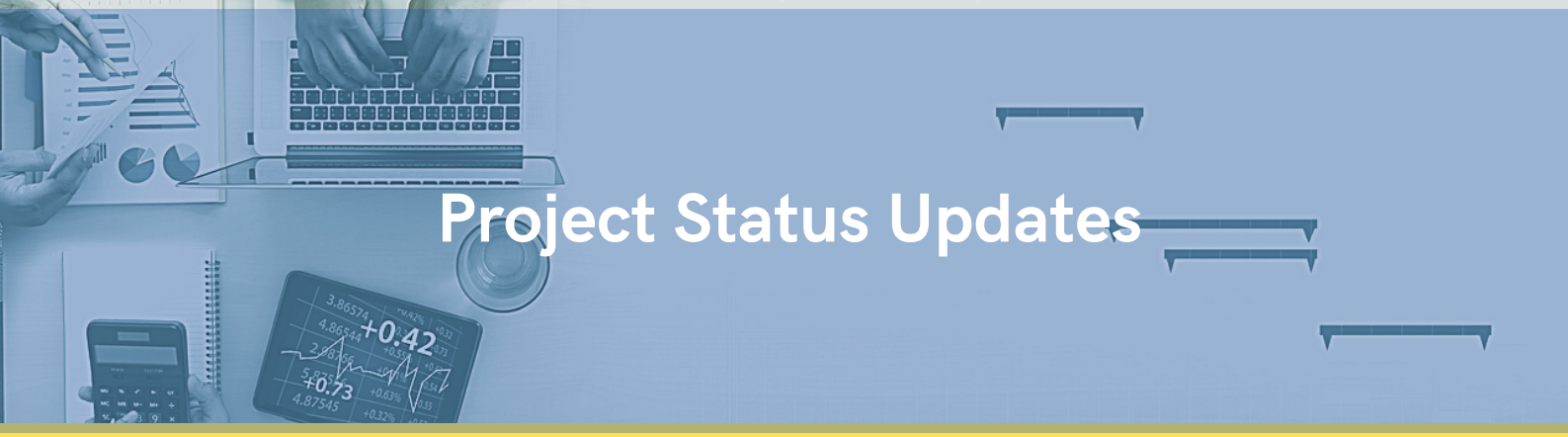
The project charter and terms of reference for the Leadership Action Committee (LAC) are still undergoing reviews and revisions. The potential LAC member list has been drafted and agencies and members of the LAC are being contacted to put forth a representative and to confirm their availability to be a part of the LAC. Positive feedback has been received from some of the people/agencies that were contacted however, we are still awaiting feedback from some others.

The first draft of the Memorandum of Understanding (MOU) has been shared with the University of Waterloo to get their input and comments before finalization.

The Graham seed fund application was successfully submitted with feedback expected before the end of the year. The application for the NSERC/Alliance grant is in progress and should be submitted in the New Year.

NEXT STEPS

In the month of January, the inaugural Leadership Action Committee meeting will be held and a list of potential members for the Implementation team will be drafted.



Project Status Updates

PROJECT 3: SUPPORT THE CREATION OF A PRIMARY CARE COUNCIL AND GOVERNANCE MODEL

INTRODUCTION

From solo physicians and family health teams to nurse practitioners to community public health organizations providing care in our priority neighbourhoods (N2G, N2H, N2M, and N2C), this project seeks to co-design a sustainable model for connection and capacity building. This project seeks to improve provider experience by increasing education and creating a workforce capacity plan. Finally, we aim to increase overall access to preventative care with a focus on reducing inequities for individuals in our priority populations.

UPDATE

The project leadership team agreed that there will be three Implementation Teams to execute the deliverables defined in the draft Project Charter. Each Implementation Team will focus on one particular stream or theme - Clinical Initiatives, Governance, and Cancer Screening.

On December 14th, 2022, the Cancer Screening Implementation Team met for the first time. This previously formed team had initially only been focused on creating a business case for a mobile Pap screening clinic but will now expand to also include the other deliverables related to cancer screening. This team consists of medical practitioners, medical students, community organizations, and individuals with lived experience. This Implementation team has begun conducting preliminary work in sourcing community partners, and locations, and drafting a public outreach plan.

NEXT STEPS

Next month the Leadership Action Committee (LAC) will meet to discuss how to integrate feedback received during the KW4xClinicians event held on November 30, 2022, into our project scope. After this, the LAC will explore possible initiatives and project ideas and evaluate them against pre-established criteria in an effort to focus our work. Next, work plans will be developed for discussion and approval.

Appendix

- KW4 OHT Virtual Town Hall Event - January 12 2023
- COVID, Cough and Flu Care Clinics Poster

KW4
ONTARIO HEALTH TEAM

Let's Talk about Improving Community Health

Health - Social Care - Support

Virtual Town Hall Meeting

1 Hour Discussion with Q&A

Free & Open to the Public

Thursday
January 12
6:00pm - 7:00pm

Scan me to register!

Speakers:

Ashnoor Rahim
Executive Director

Santiago Grande
Community Member Advisor

Steve Keczem
Community Member Advisor

For More Information: www.kw4oht.com

KW4 ONTARIO HEALTH TEAM

GRAND RIVER HOSPITAL
Advancing Exceptional Care

CAMBRIDGE NORTH DUMFRIES | OHT

REGIONAL COVID, COLD AND FLU CARE CLINIC

Are you experiencing COVID-19, Cold or Flu-like symptoms?

Book an appointment at the GRH Regional COVID, Cold and Flu Care Clinic (RCCFCC) by calling

226.806.5690

Limited same day appointments available

Open 7 days a week	Mon-Thurs: 8am-8pm Fri- Sun: 8am-4pm	50 Sportsworld Dr. Kitchener

The RCCFCC is available to all ages, including children

Visit grhosp.on.ca for more information and for holiday hours.

COVID-19 Testing
is also available for those eligible under current guidelines and no appointment is necessary for testing.