KW4 ONTARIO HEALTH TEAM

Report to Steering Committee

EXECUTIVE DIRECTOR

FEBRUARY 2024

Ashnoor Rahim
Executive
Director

GOVERNANCE

STRATEGIC PLANNING

One of the guiding principles for the development the KW4 OHT Strategic Plan is a commitment to a robust and informed process, one that includes engaging with a range of patients, families, caregivers, health and wellness service providers, partners, and members of our community.

We deeply appreciate that everyone has a stake in the future of health and wellness in our community. To ensure that stakeholder voices are heard, KW4 OHT has and is continuing to engage with a wide array of contributors to provide input into the plan.
Thanks to the amazing work of the KW4 OHT Strategic Planning Working Group we have been able to connect with so many people. As of the middle of January we have:

- heard from 284 people through surveys
- had conversations with 473 people at various community events
- obtained feedback from 149 people at 23 different focus groups
- received valuable input from 71 participants at our December planning session
- for a total of 977 engagement points so far.

Reports on the input we have received can be found on the KW4 OHT website under Stakeholder Engagement.

Since then, engagements have continued, with the most recent being our Strategic Planning event held on January 29, 2024, at RIM Park in Waterloo. Over 70 people registered for the event including Leaders and Board Representatives from Member organizations, Partner organizations, Ontario Health, and community members.
Engagements will continue throughout the strategic planning process and in March, the penultimate strategic plan will be shared for feedback and in April we will seek approval of the final plan.

STRATEGIC PLANNING SESSION #2

GOVERNANCE

PRIMARY CARE NETWORK (PCN) DEVELOPMENT

The Primary Care Network Development Committee, a group of 12 primary care providers with practices in KW4, has made exceptional progress. Building on the work conducted in Spring 2023 that culminated in the Primary Care Report, the Committee has learned from other PCNs in Ontario, and has been working on defining the future of primary care in our OHT.

In January, the Committee drafted the first Mission, Vision, and Values that will guide the Board of Directors. The Committee is also creating recommendations that will shape membership, participation, and the first Board structure for the PCN.

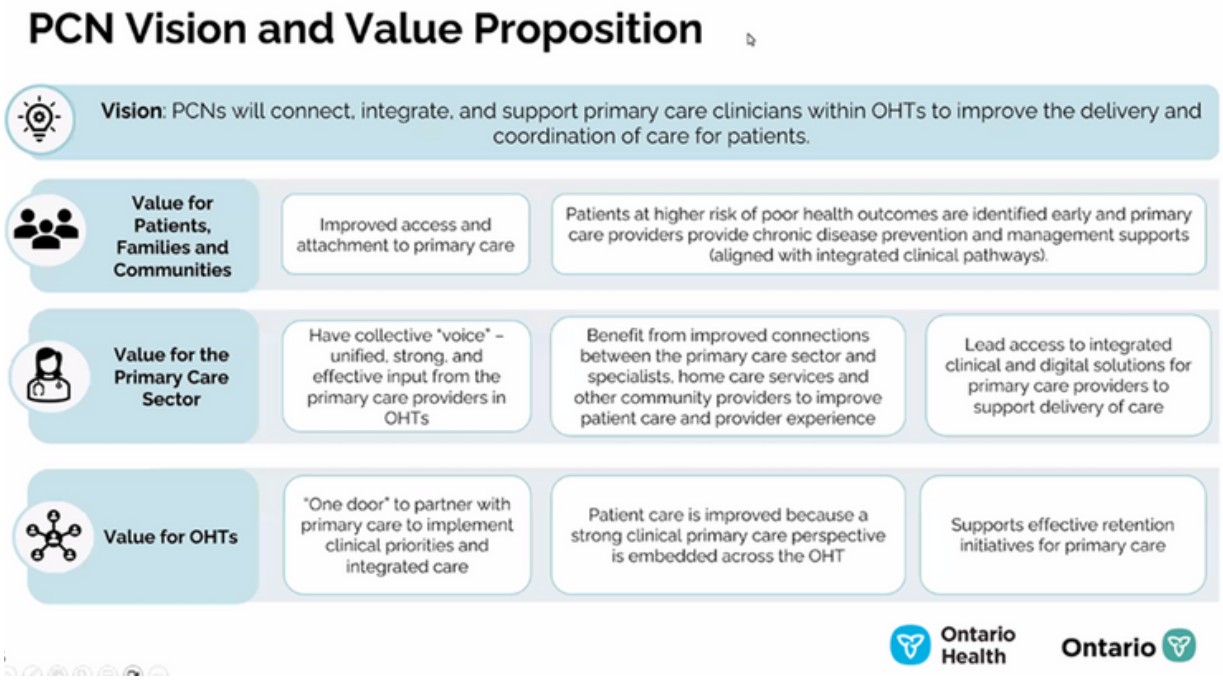
In February, the Development Committee aims to build a formal connection between the PCN and the KW4 OHT Steering Committee. They also aim to engage legal counsel to begin the incorporation process and begin early membership recruitment efforts.

Ontario Health held a webinar on Wednesday, January 24th to provide further guidance on the role of Primary Care Networks within OHTs. They reiterated that the PCN would be primary care's "seat at the table" for decision making on health care within communities.

The webinar outlined the PCN Vision and Value Proposition for patients, families, communities, primary care providers, and OHTs. The objectives and functions a Primary Care Network should pursue were also provided.

GOVERNANCE

PRIMARY CARE NETWORK (PCN) DEVELOPMENT



Further details regarding the latest guidance from Ontario Health can be accessed here: Primary Care Network Guidance.

COMMUNICATIONS HIGHLIGHTS

Empowering Newcomers in KW4

The Newcomer App Project, a collaboration between the KW4 OHT and the University of Waterloo was featured in a Research Canada (RC) article and as featured content in the RC Update Newsletter to Parliamentarians. The article highlights the collaboration with community partners in improving outcomes related to the social determinants of health through the App thereby enhancing the overall population health and wellness of newcomers. The Newcomer App is designed to empower newcomers to successfully navigate health and social services on their own terms in their language of choice.

We hope you will read and share the article with your organization and others.

Public Outreach and Cancer Screening Awareness

The Cancer Screening Implementation Team continues to work on avenues to address patient awareness of preventative cancer screening options. In January, the team secured an advertising campaign through Grand River Transit. Our ads will appear at 3 bus stop locations and 2 ION stop locations in our priority neighbourhoods, as well as in buses over the seats. While the ads are in English, all have a QR code linked to the Waterloo Wellington Regional Cancer Centre's website that is enabled with Google Translate so patients can access the information in their preferred language.

The campaign aims to encourage patient knowledge and awareness of their options whether or not they have a primary care provider and is scheduled to run from the end of January until April 2024.

Building the Future of Care Together

On January 16, 2024, KW4 OHT in partnership with Grand River Hospital and St. Mary's General hospital was delighted to host hundreds of community members gathered virtually and in-person at the Kitchener Public Library for the first Building the Future of Care Together Town Hall.

The event provided information about:

- The vision for the new shared hospital
- Information on why a new hospital is needed in Waterloo Region and why the hospitals are partnering on this project
- The status of the project, including the work underway to identify a site for the new, shared hospital
- A commitment to continue to engage the community on planning moving forward

It also featured a great question and answer panel with live and submitted questions from community members.

We invite you to take time to watch the event replay on the Building the Future of Care Together YouTube channel. For more information on the project, visit https://futureofcaretogether.ca/.

COMMUNITIES AND STAKEHOLDERS WORK

New Referral Program Means Faster Treatment for Cervical Cancer Patients

KW4 OHT and our partners at eHealth Centre of Excellence, Waterloo Wellington Cancer Program, Grand River Hospital, St. Mary's General Hospital, and the SCOPE Program were excited to be featured in an article this month highlighting a new pilot program for cervical cancer patients.
We are proud to be leading the way by being the first multi-site central intake pilot. The centralized referral program will make transferring patient's information between primary care providers and specialists easier, while also decreasing wait times.

Rapid Access Primary Care Clinic (RAP) Pilot

The Rapid Access Primary Care Clinic (RAP), proudly sponsored by KW4 OHT, introduces a vital service for individuals without a primary care provider who frequently seek routine care at the Emergency Department. RAP collaborates with key referral sources, including Regional EMS, Working Centre Outreach, Sanguen Outreach – Mobile Bus, ABI on the Streets, Reception House, and Neighborhood Nursing Team – Region of Waterloo Public Health. With a focus on eligibility, RAP serves unattached patients in priority FSAs (N2H, N2G, N2C, N2M) experiencing multiple ED visits (3+ in 90 days) and medical complexity defined by two or more issues/chronicity. Appointments are available by referral only.

The Rapid Access Primary Care Clinic (RAP) pilot will be launching on Monday, February 5, 2024. We hope to run this clinic for up to 3 months in order to demonstrate the primary care need in our community, as well as emergency department diversion.

Community Palliative Care Teams

To strengthen the delivery of palliative care in the community, Ontario Health encouraged organizations who were interested in adding a Clinical Coach role to existing palliative care teams to submit an expression of readiness. The role of the Clinical Coach would be to guide the implementation of the Palliative Care Health Services Delivery Framework in the Community, and to teach, coach, mentor and support community care providers in gaining comfort and skills in primary-level palliative care.

Under the leadership of Hospice of Waterloo Region, a proposal was submitted for our region in partnership with KW4 OHT, CND OHT, Region of Waterloo Public Health & Paramedic Services, Home and Community Care Support Services Waterloo Wellington, Grand River Hospital, St. Mary's General Hospital, Westside Family Health Centre, and Dr. Stephen Kelleher, Family Physician Practicing in Palliative Care and Lead Physician, Kitchener Waterloo and Area Hospice Palliative Care Associate.

Implementation in each Ontario Health region will be accomplished in a phased manner, with one cohort of organizations starting each year and continuing for several years. Within three years, Ontario Health hopes to illicit positive change within many community organizations across the province.

We will be happy to share the results of our submission once we know.

DIGITAL HEALTH UPDATES

System Navigation – Front-Line Navigator Community of Practice (CoP)

KW4 and Cambridge North Dumfries OHT jointly hosted our first Waterloo Region Front Line Navigator Community of Practice in January.

We had attendees from across sectors, organizations, and the OHTs. This included:
- Centre for Family Medicine
- City of Waterloo
- Community Care Concepts
- Community Healthcaring KW
- Community Support Connections
- Home & Community Care
- Hospice Waterloo
- House of Friendship
- Independent Living Waterloo
- KW Seniors Program
- Langs CHC
- Region of Waterloo Community Paramedicine
- Region of Waterloo Public Health
- SMGH (SCOPE)
- Sunbeam
- Thresholds Homes and Supports
- Woolwich CHC

At our inaugural meeting, we confirmed the purpose and vision of the CoP, discussed the meeting structure and networking preferences of the navigators, and shared the top 3 topics of interest (per attendee pre-meeting survey results). We discussed the common barriers and gaps that navigators and their patients/clients are facing, best practices when navigating complex patients, and areas of opportunity.

System Navigation – Front-Line Navigator Community of Practice (CoP) (cont'd)

Some of the common themes that were identified and discussed include:

- Duplication of services
- Challenges with access to systems and patient information
- Lack of translation and interpretation services
- Developing trust in system partners and identifying key contacts and/or subject matter experts

This initial meeting was the first step in bridging gaps and creating connections within our region of navigators. We received positive feedback and a great desire from the attendees of the Community of Practice to further develop these relationships and build out stronger communication between the navigators. We are looking forward to our next meeting where we will take a deeper dive into these common barriers to collectively identify potential solutions and highlight wins and opportunities throughout our community.

Please contact Jessica Lemon if a navigator at your organization is interested in joining the Community of Practice.

Secure Provider to Provider Messaging

In January, KW4 OHT, KW4 hospitals, and primary care advisors met with secure provider to provider messaging vendors to watch a live demo of their solutions, review core functionalities and address questions about their products. with the goal of these meetings is to identify a single solution that can be scaled and spread across KW4 and integrate with provider workflows and support hospital provider communications, hospital to primary care and community, a primary care and community communications The plan is to take a phased approach to ensure sustainably implement a solution that works for most providers. Future steps include evaluating the functionalities of the solutions demonstrated, identifying funding sources, and selecting a solution to implement.

Online Appointment Booking

The online appointment booking quarter 3 (Q3) metrics (Oct 1, 2023 – Dec 31, 2023) from participating primary care sites were submitted to Ontario Health in January. Some highlights of these Q3 metrics include:

- A total of 2,460* new patients used online appointment booking for the first time between October – December.
- A total of 8,431* hours of providers schedules were made available for patients to self-schedule their own appointment between October – December
- A total of 7,257* appointments were held, all self-scheduled by the patient using the OAB solution between October – December

The benefits of online appointment booking for patients include:

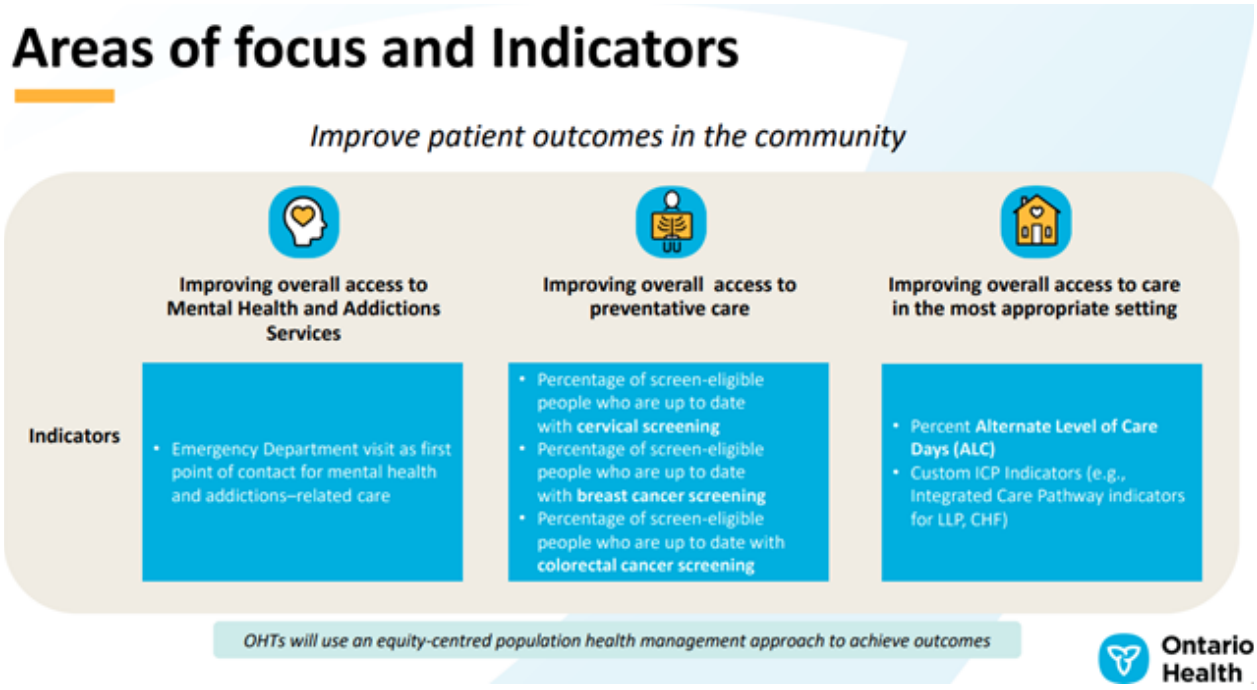
- enhanced accessibility to care by allowing patients to schedule appointments remotely
- Overcoming geographic barriers
- Able to book appointments when convenient to patients and not just providers
- Able to see all available time slots allowing more choice for patients

*Data represents Ontario Health-OAB funded sites only, and those participating sites that submitted data

PROGRESS AND RESULTS

Collaborative Quality Improvement Plan (cQIP)

On January 18, 2024, Ontario Health hosted a webinar to launch the 2024/25 cQIP process. The cQIP program is designed to support population health outcomes by coordinating quality improvement efforts among partners in improving care in our communities, with an emphasis on equity-deserving populations, to reduce health disparities.



Organization-level Quality Improvement Plans (QIPs) are distinct from, but complementary to, cQIPs. Organizations that submit a QIP may also consider highlighting collaborative work, with other health service organizations or within their OHT, by including custom indicators in their QIP workplan.

Collaborative Quality Improvement Plan (cQIP) (cont'd)

KW4 OHT is required to submit a refreshed cQIP by April 1, 2024. This submission consists of 3 components:

- A progress report, in which OHTs reflect on their change initiatives over the past year, including successes, challenges, and lessons learned.
- A narrative, in which OHTs can highlight the quality improvement work of which they are most proud. The narrative is also the place to capture and analyze emerging quality issues.
- A workplan, in which OHTs will set improvement targets for the quality indicators (points of measure that reflect issues of importance to people in Ontario) and describe their planned quality improvement initiatives to achieve these targets.

The KW4 OHT will share a draft of the documents with Members and seek approval in March 2024.

Improvement Indicator Report

This month the Health System Performance Network (HSPN) shared updated improvement indicator reports with OHTs across the province.
The KW4 OHT-specific contains two main sections:

1. The first section provides KW4 OHT's ranking on 15 improvement indicators
2. The second section provides KW4 OHTs results for 12 indicators stratified by 4 sub-groupings (material deprivation, primary care model, CIHI Pop Health Grouper and BC Health System Matrix)

In this month's Executive Director Report, we are sharing 4 spider diagrams. These diagrams illustrate KW4 OHTs annual rank amongst all OHTs for 2021/22 and 2022/23.For additional information, please refer to the report.

KW4 OHT will be considering this data as we develop our improvement plans and prioritize our work for the next fiscal year. HSPN will be posting all OHT reports on their website for public viewing on February 15, 2024.

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: January 26, 2024

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.
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.
5	Interview data findings/ outcomes	✓	2023/10/31	NA	100%	Completed.
6	Co-design findings/ Design document	✓	2023/12/30	NA	100%	Completed. The design document that will guide the development of the Proof of Concept has been completed.
7	Initial Prototype design	✓	2024/01/31	NA	100%	Completed. The initial prototype design (wireframe) has been completed.
8	Prototype Evaluation report		2024/04/30	NA	10%	Prototype evaluation is scheduled to start on February 3rd. The prototype evaluation will be done in a cadence format.
9	Revised Prototype design		2024/05/31	NA	0%	
10	Hire Software development company/Programmer	✓	2024/01/01	NA	100%	Three Co-op students from the University of Waterloo have been recruited from January to April, 2024 to build a Proof of Concept for the App.
11	App Development		2024/04/30	NA	10%	Work has started on the development of the backend of the Proof of Concept. User stories and sketches have been created.
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: January 26, 2024

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	2023/11/30	100%	Completed.
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	100%	Completed.
5	Develop a Neighborhood Integrated Care Team Model for Newcomers and Residents in priority neighborhoods		2023/12/31	2024/03/31	70%	The first session of the Diabetes Fit program for the priority neighborhoods has commenced.
6	Develop Social Prescribing model for the project.		2023/12/31	2024/03/31	70%	Diabetes Pathway- Incorporation of diet education and exercise for clients with Pre-diabetes and Type 2 diabetes.
7	Deployment of digital enablers for service providers to efficiently and effectively coordinate patient care on the project.	✓	2023/12/31	NA	100%	Hypercare licenses have been transferred to another project within the OHT as none of the initiatives piloted through the project require the licenses.
8	Establish project implementation team(s).	✓	2023/06/23	2023/12/31	100%	Completed. Implementation teams have been developed for initiatives piloted through the project.
9	Complete detailed implementation plan	✓	2023/07/07	2024/02/31	100%	Completed. A work plan for the initiatives piloted through the project has been developed.
10	Complete project logic framework including indicator matrix and performance measures.	✓	2023/07/07	NA	100%	Completed.
11	Develop a communication strategy for the project.	✓	2023/08/28	2023/12/31	100%	Completed.
12	Conclude evaluation of effectiveness and efficiency of the NICT model.		2024/03/31	NA	50%	Key Performance Indicators are being measured and tracked through the detailed project status report.
13	Initiate formal closeout processes.		2024/02/05	NA	20%	The first draft of the sustainability plan for the project has been developed.

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: January 26, 2023

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Overall Status	
Status	**Comments (Comments required for a Yellow or Red Status)**
Scope	
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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	✓	2023/04/30	2023/09/19	100%	
2	Project Agreement/MOU signed by KW4 OHT and New Vision FHT.	✓	2023/01/10	NA	100%	
3	Project Planning and Project Kick-off	✓	2023/04/30	NA	100%	
4	Environmental Scan Complete	✓	2023/04/30	NA	100%	
5	Primary Care Network Development/ Governance Consulting report complete	✓	2023/04/30	2023/07/30	100%	
6	Preventative Cancer Screening initiatives implemented		2024/01/31	2024/03/29	70%	Advertising campaign with Grand River Transit and the Waterloo Wellington Regional Cancer Centre developed and launched. The first implementation of Poppy Bot has begun.
7	Clinician Engagement initiatives implemented		2024/01/31	2024/03/29	70%	Specialist newsletter published and opportunities to expand the reach with the intended audience. Clinician Summit report published.
8	Primary Care Network developed		2024/03/31	2024/03/29	35%	Draft Mission, Vision, and Values approved by Committee. Early recommendations for Membership and Governance drafted for Committee review and discussion.
9	Care pathways initiatives implemented	✓	2024/01/31	NA	100%	Congestive Heart Failure care pathway and clinical pathways developed and operational. Iron Deficiency Anemia clinical pathways developed and operational.

Primary Care Integration and Governance Project Status Report

						Additional activities have included support for SCOPE.
10	Community Support Service Navigation		2024/03/31	2024/08/31	35%	Referral pathways trial completed. Areas for improvement identified and implemented. Translation support sourced. Next phase of implementation planned for launch in February.
11	Interim Evaluation Report complete		2024/02/29	NA	25%	
12	Sustainability Plan developed		2024/02/29	NA	5%	
13	Identify opportunities to scale and spread to other providers and to other neighbourhoods		2024/02/29	NA	0%	
14	Project Closure/Lessons Learned		2024/03/31	2024/04/30	0%	