KW4 ONTARIO HEALTH TEAM

Executive Director

Update

MARCH

Report to Steering
April 4, 2023

Ashnoor Rahim
Executive Director

General Updates

OUR KW4 OHT TEAM

It has been another busy month for the team. Between establishing the foundations with the two vendors, Optimus sbr and McKinley Consultants, we are strategically positioned to carry through with the events, focus groups, and workshops for April and May.

COMMUNICATIONS HIGHLIGHTS

Over the weeks, we have been working on updating the website to enhance the Member page through the resources and research on the Members' home webpage. We thank those who have submitted their logo consent form, and encourage those who are outstanding, to send them.

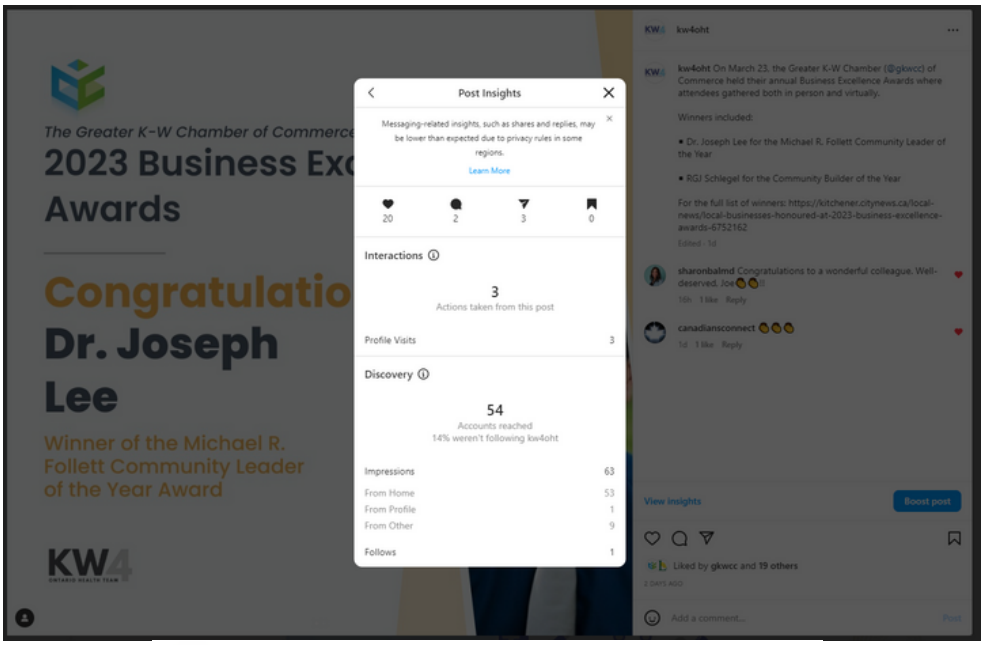
- Overview
- Descriptions
- Example with map

The project pages have been updated with all Leadership Action Council (LAC) members.

- Project Overview
- Example with LAC

The KW4 Ontario Health Team (OHT) has achieved great success in building a strong social media presence. The team's social media platforms have played a critical role in increasing awareness about its programs, services, and events. Updates are shared regularly about Members' services; share success stories, and provide valuable health-related information to their followers on Twitter, LinkedIn, and Instagram. The social media content is engaging, informative, and relevant to the community served. One of the most significant benefits of the KW4 OHT's social media presence is the increased engagement with the community, including retweets and shared posts.

General Updates



Lutherwood
@Lutherwood

We're happy to be part of the @Kw4Oht team! Learn more on their website here: kw4oht.com

#MentalHealth #WaterlooRegion

KW4 OHT @Kw4Oht · Mar 23

Currently KW4 OHT collaborates with 41 different health & wellness organizations. Today we will be highlighting one!

@Lutherwood is a progressive, not-for-profit health & social service organization that provides mental health, employment, & housing services.

11:18 AM · Mar 27, 2023 · **88** Views

General Updates

COMMUNITIES ENGAGEMENT

CBB CONFERENCE: USING TECHNOLOGY FOR ACCESSIBLE CARE

On March 8th, the Centre for Bioengineering and Biotechnology (CBB) at the University of Waterloo hosted a two-day hybrid conference titled "Waterloo for Health, Technology and Society". The conference aimed to explore the use of technology for safe and accessible healthcare, examining the status of virtual delivery of care, enabling emerging technologies, and ensuring ethical and safe interventions for the betterment of society and improved public health outcomes. The conference featured speakers who were health researchers, clinicians, front-line workers, policymakers, technology officers from the industry, and visionaries that have implemented innovative models for supporting virtual care. The conference targeted a general audience.

The event began with opening remarks from Dr. Vivek Goel, President and Vice-Chancellor of the University of Waterloo. The keynote speaker was Dr. David Marsh, Associate Dean of Research Innovation and International Relations at the Northern Ontario School of Medicine. Dr. Marsh spoke about virtual care in Ontario before and during the COVID-19 pandemic. The conference then held a panel discussion on assistive technology in the real world, moderated by Warren Dodd, Assistant Professor at the School of Public Health Science at the University of Waterloo. The panelists included Kerstin Dautenhahn, Canada 150 Research Chair in Intelligent Robotics at the University of Waterloo, Alfred Yu, Professor and NSERC Steacie Fellow at the University of Waterloo, and Dr. Scott Adams, Attending Radiologist at the Saskatchewan Health Authority in Canada.

General Updates

The conference concluded with mini-talks on elements of accessible care locally and provincially. The speakers included Honourable Sylvia Jones, Deputy Premier and Minister of Health in Ontario, and Ashnoor Rahim, Executive Director of KW4 OHT. Ashnoor discussed the creation of Ontario Health Teams (OHTs) and their aim to improve health outcomes, patient and provider experience, and value.

Overall, the event provided an opportunity for attendees to discuss the use of technology in providing safe and accessible healthcare, with a particular emphasis on virtual care delivery, emerging technologies, and ethical considerations. To watch the replay of the conference on YouTube, link. KW4 OHT presentation is at 1:58:52 – 2:31:05 .

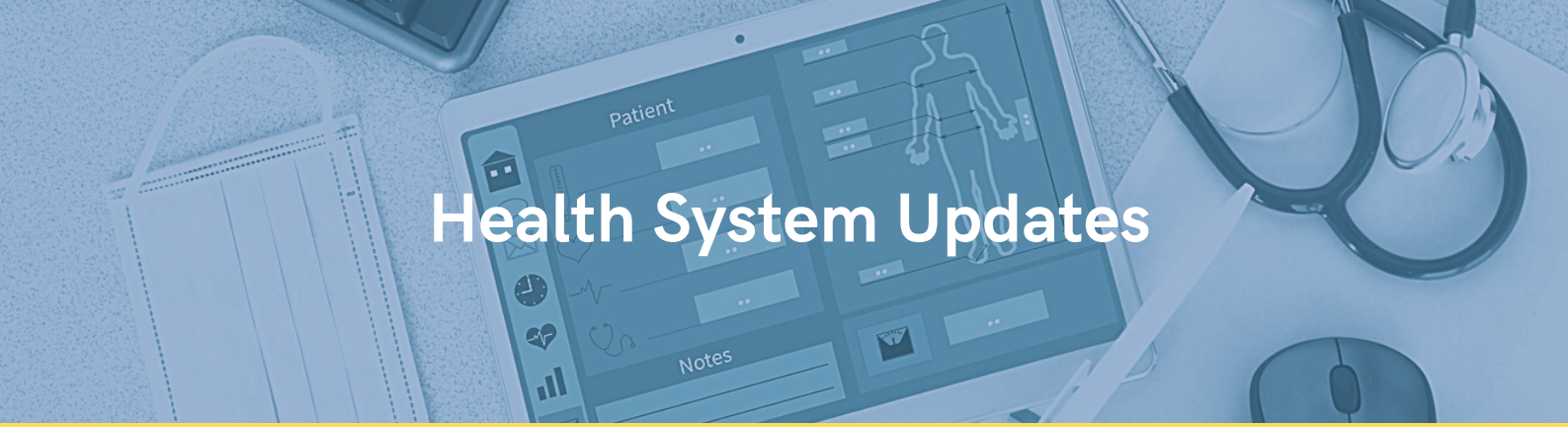
General Updates

COMMUNITIES ENGAGEMENT

EMERGENCY MANAGEMENT ONTARIO: NORTHERN FIRST NATIONS COMMUNITIES

On March 30th, the KW4 OHT was invited to attend the Emergency Management Ontario presentation for Northern First Nations communities on being a possible host city for the need for an evacuation to relocate First Nations. This is a vital step towards ensuring that these communities are prepared for emergency situations. In the event of an evacuation, it is essential to have a plan in place to ensure that First Nations communities are safely and effectively relocated.

The presentation provides an opportunity for potential hosting cities to learn about best practices and strategies for evacuating First Nations communities, including cultural sensitivities and unique community needs. It was important to understand roles and responsibilities during an emergency and can facilitate the development of effective emergency response plans. It was identified that the KW4 OHT involvement would be on the coordination of services onsite. This was one of many conversations that will take place with community organizations at varying levels.



Health System Updates

DIGITAL HEALTH

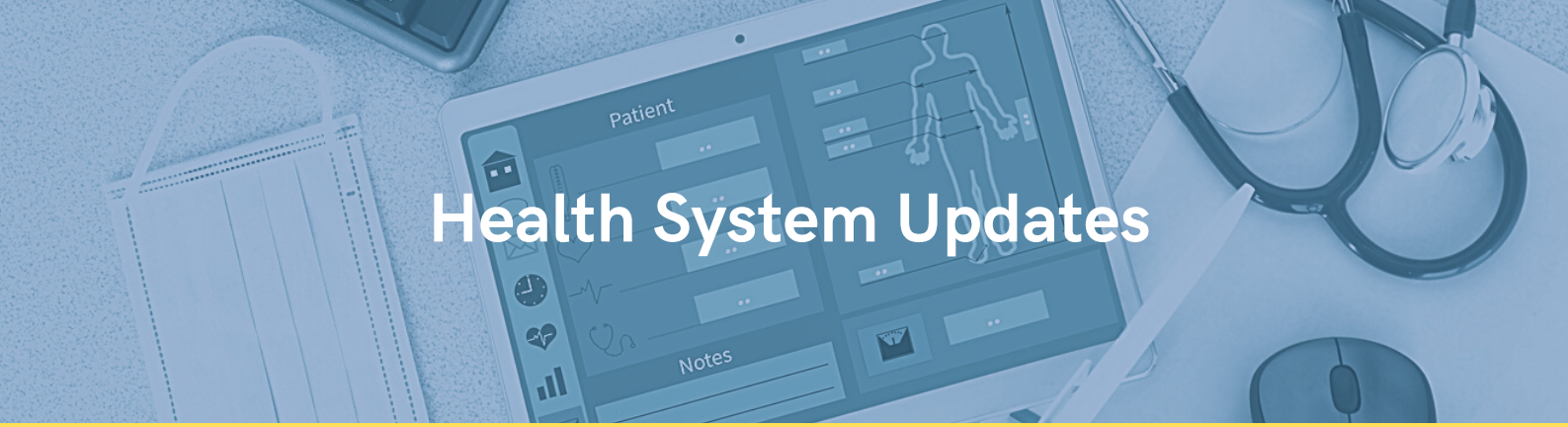
ONLINE APPOINTMENT BOOKING

We're seeing great progress in KW4 with the implementation of online appointment booking in primary care and specialists' clinics. As of March 21st, there are 96 provider schedules available online in KW4. This increase in the number of provider schedules is directly reflected in the significant number of patients using the technology to schedule visits. In February 2022, we had 5 patient visits completed that were booked through online appointment booking. By February 2023, approximately 5,500 patient appointments were completed, all of which were booked by patients using the convenience of an online booking solution. Online appointment booking has transformed access to primary care for patients, and physicians and administrative staff have realized time-saving benefits, fewer no-show rates, and improved workflow efficiencies within their practices.

The newly implemented KW4 specialists are utilizing online appointment booking in ways that are expected to increase workflow efficiency and improve admin and patient experience. One specialist is using OAB to support new patient intake, integrating multiple digital solutions to empower the patient and support administration.

- An Ocean eReferral is received and accepted, and the office administrator sends the online booking link to the patient, allowing the patient to book their first appointment directly with the specialist.
  - If the referral is received by fax or phone, the clinic can still connect patients to the online schedule for booking.

- Once the appointment is booked, an appointment confirmation email is sent to the patient a few days leading up to the visit, which helps reduce no-shows.
  - The patient's confirmation is automatically reflected in the specialist's electronic schedule ensuring continuity in scheduling.



Health System Updates

- Attached to the appointment confirmation email are intake forms that the patient can complete on their own time.
  - Once completed by the patient, the form results or demographic changes are pushed into the chart without staff intervention.

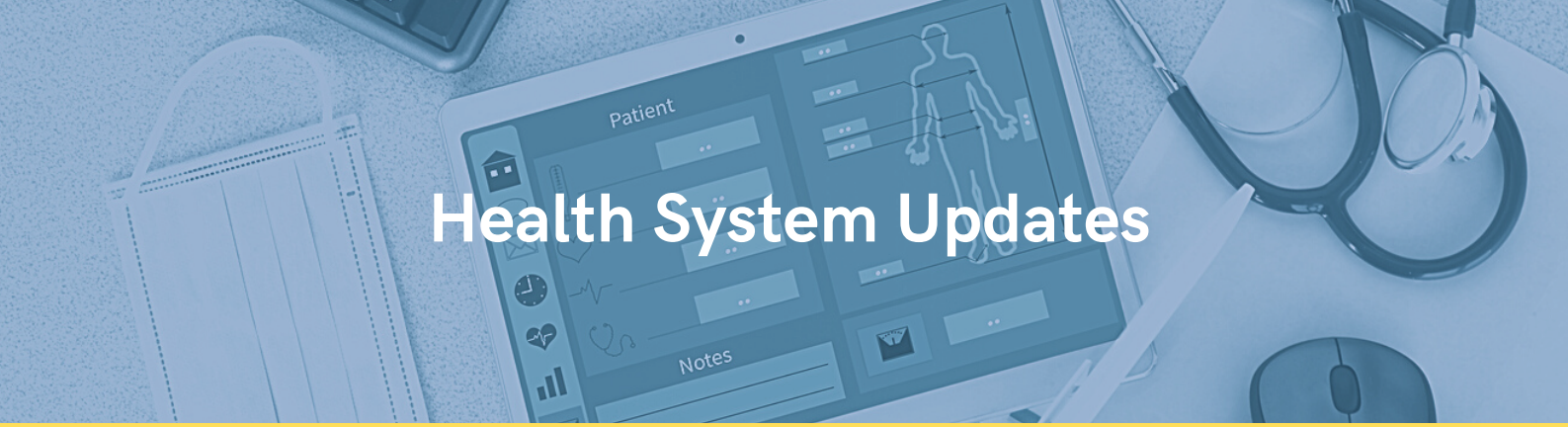
The second specialist's uses online booking to better manage follow-up appointments. Once the initial consult is completed, the office administrator emails the online booking link to the patient, allowing the patient to book their own follow-up appointments based on their schedule.
Both workflows allow patients to book appointments that meet their availability, reduces phone tag, and keeps the patient more informed of upcoming appointments with the use of automated appointment confirmation and reminder emails. Additionally, allowing patients to complete assessments or forms outside of a visit helps prepare the patient for the appointment, while freeing up valuable appointment time between the provider and the patient. Since this information is all securely exchanged digitally and integrated with the electronic medical record, it is easier for the clinic to maintain the patient's record and share any relevant information with the patient's primary care provider or team of providers to keep everyone informed.

EVIDENCE 2 PRACTICE

In partnership with the Centre for Effective Practice and North York General Hospital, the eHealth Centre of Excellence is co-leading Evidence2Practice Ontario, a newly established provincial program that is supporting the delivery of care in Ontario.

Evidence2Practice is working with clinicians, topic experts, and other system partners to develop a suite of evidence-based tools that will integrate seamlessly into frontline systems, enabling acute and primary care clinicians to access the information they need easily and quickly at the point of care. The tools will also streamline the patient journey by including connections to community resources and patient self-management resources.

In KW4 OHT, there are 5 sites, representing 93 clinicians within the region that have access to the EMR-integrated heart failure tool from E2P. Heart failure has been identified as a clinical priority pathway for Ontario Health Teams as per the Ministry of Health direction. The implementation and use of the heart failure tool will better support KW4 OHT clinicians address patients at risk and manage those with worsening conditions as identified below.



Health System Updates

Features include:

Increased support for investigations into heart failure diagnosis

Evidence-based guidance to assist clinicians with identifying, tracking, and supporting at-risk patients

Increased support for medication plan management

Easy access to information for clinicians to reference, with picklists to facilitate appropriate medication selection, built-in notification flags to have medication changed if the patient's condition is worsening, and more

A modular approach that supports adaptive workflows

Users can fill out certain parts of the tool to gather information during the patient visit instead of opening an entire form to fill out a specific part

In addition to the heart failure tool, two new EMR-integrated tools will be available for clinicians over the coming months supporting the priority pathways of diabetes and mental health and addictions.

Anxiety Disorders & Major Depression

Launching March 2023 in OSCAR & Accuro QHR

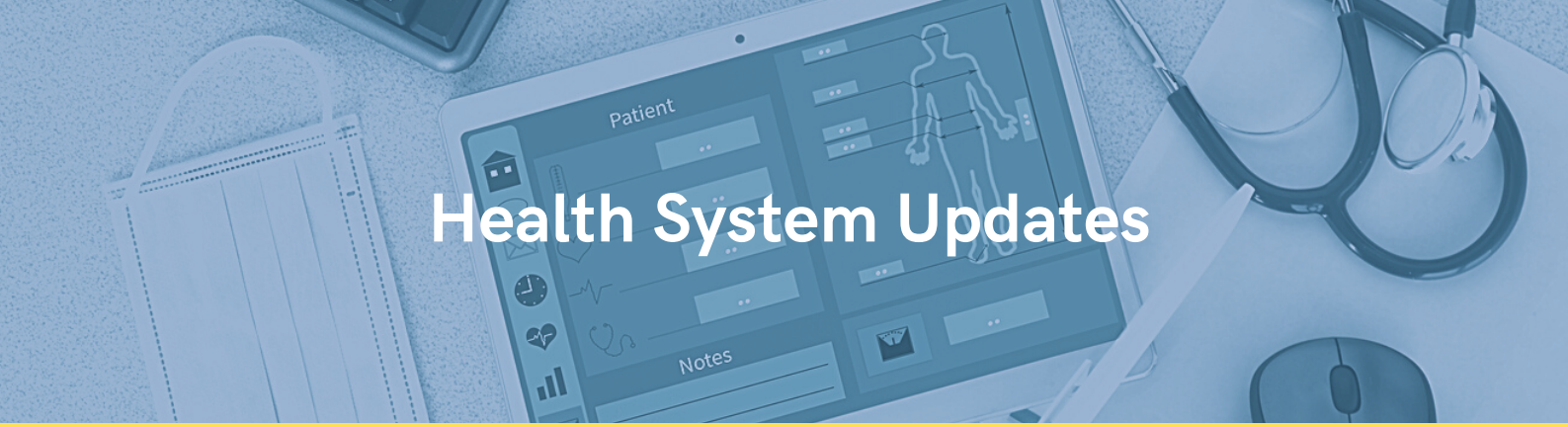
- ✓ *12 of 12 anxiety disorder quality statements*
- ✓ *11 of 12 major depression quality statements*

Features include

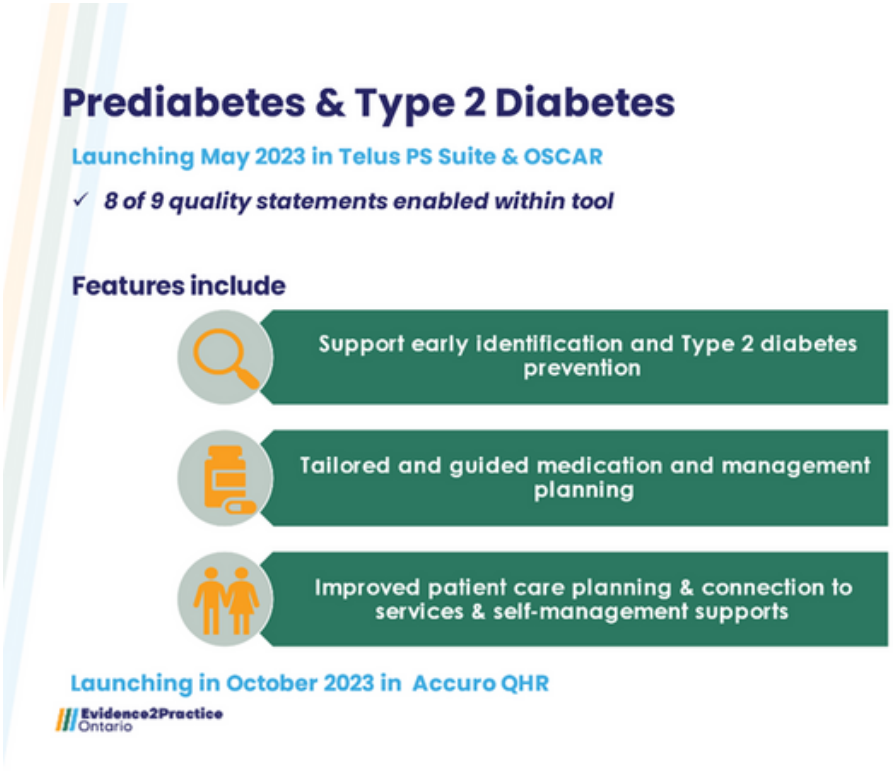
- Support identification and comprehensive assessment
- Tailored and guided treatment planning
- Improved patient care planning & connection to self-management supports

Launching in October 2023 in Telus PS Suite

Evidence2Practice Ontario



Health System Updates



For more information, please visit the Evidence2Practice Ontario website.

Progress and Results

COLLABORATIVE QUALITY IMPROVEMENT PLAN (CQIP)

Work on the preparation of our 2023/24 cQIP submission continued this month culminating in the submission to Ontario Health on March 31, 2023.

The cQIP is a formal commitment to quality improvement that aligns both provincial and local health system priorities with the quintuple aim of reducing costs, improving population health, improving patient experience, improving provider experience, and improving health equity through the consideration of populations most at risk.

We are thrilled that X (need to update with final count) Members have indicated that they would like to be Collaborators on these quality improvement initiatives. This includes: (list those organizations who have indicated that they want to be collaborators).

The KW4 OHT cQIP includes a set of improvement targets and quality improvement initiatives planned for the upcoming year. Our indicators and targets are shown in the table below. The full cQIP can be found on our website.

Target Recommendations

#	Indicator	Target
1	Alternate level of acute care days (ALC)	21.60
2	ED visits as first point of contact for MH&A–related care	22.60
3	% up to date with cervical screening (Pap tests)	56.50
4	% up to date with breast cancer screening (Mammography)	58.70
5	% up to date with colorectal cancer screening	64.50

Progress and Results

QUARTERLY PERFORMANCE REPORT

KW4 OHT's latest quarterly performance report was shared with Members during the March meeting. This is the second quarter using this new format which included additional insight and commentary related to contributing factors and a look forward into how this is aligned with the work we are doing.

The following is a summary snapshot of our latest performance with the full report can be found on our website.

#	Indicator	Unit of Measure	Reporting Period	Proposed Target	Current Performance	Status	Change since last report
1	Caregiver distress among home care clients	%	Dec 2022	<= 56%	52.2%	🟢	🙂 Improvement from 57.6%
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	Nov 2022	<= 20.4 monthly (61.2 quarterly) (244.8 annually)	22.7	🔴	☹ Slippage from 15.4
3	Total ALC (Acute and Non-Acute)	%	Dec 2022	<=16.7%	18.0%	🟡	🙂 Improvement from 20.1%
4	Frequent Emergency Room Visits for Help With Mental Health and/or Addictions	%	Oct 2022	-	16.9%		☹ Slippage from 15.8%
5(a)	Total Expense / HPG Population for Palliative	$	FY 2019/20	<=$115.4M plus inflation	--		
5(b)	Total Expense / HPG Population for Dementia	$	FY	<=$78.8M plus inflation	--		

Performance Corridors: 🔴 Greater than 10% of Target 🟡 Within 10% of Target 🟢 Meets Target

Work on the development of a balanced portfolio of metrics that is aligned to the Quadruple Aim will continue into Q1 of 2023/24. During development, we will consider how best to capture/report on our progress towards our strategic plan and the mandatory cQIP indicators and how we can best utilize the OH OHT Dashboard to support this work.

Appendix

- Project Update Status Reports
  - PCIG Project Status Report Feb 27-Mar 24
  - Newcomer App Project Status Report Feb 27-Mar 24
  - NICT Project Status Report Feb 27-Mar 24

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.

Project: Primary Care Integration and Governance
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: March 27, 2023

Overall Status		
	Status	**Comments (Comments required for a Yellow or Red Status)**
Scope		
Schedule		Schedule to be finalized once Scope is finalized.
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	2023/04/30	**75%**	Project scope needs to be finalized prior to the Project Charter being approved.
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	50%	Project Schedule awaiting approval of the Project Scope. The Engagement Strategy has been delayed. A project Communication Strategy has been drafted and included in the Project Charter. A Change Management strategy has been drafted and reviewed with the Executive Sponsor and Project Co-Lead.
4	Environmental Scan Complete		2023/04/30	NA	75%	
5	Primary Care Network Development/ Governance Consulting report complete		2023/04/30	NA	15%	
6	Preventative Cancer Screening initiatives implemented		2024/01/31	NA	15%	
7	Clinician Engagement initiatives implemented		2024/01/31	NA	10%	
8	Care pathways initiatives implemented		2024/01/31	NA	5%	
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%	

KW4 ONTARIO HEALTH TEAM

Project Status Report

Planned Activity For This Reporting Period (Feb 27 to Mar 24, 2023)				
#	**Activity**	**Start Date** (yyyy/mm/dd)	**Due Date** (yyyy/mm/dd)	**Comments/ Successes/ Challenges/ Lessons Learned**
	Clinician Engagement - Governance			
1	JMcKinley Consulting engaged to facilitate the development of a model and process to enable primary care providers to have a collective voice in OHT activities and leadership tables. Scheduled and held initial discovery meetings with consultant, primary care physicians and nurse practitioners.	2023/03/01	2023/03/24	JMcKinley Consulting engaged stakeholders in the following sessions: • KW4 OHT Steering Committee – March 7th • Leadership Action Committee and additional guests – March 7th • KW4 OHT Members – March 15th • Primary Care Governance Meeting # 1 - March 17th • Primary Care Governance Meeting # 2 - March 24th Engagement at these meetings has been great and feedback positive.
	Clinician Engagement – Community Building			
2	Curated and published a newsletter for a Specialist provider audience.	2023/03/01	2023/03/15	Success: Volunteer specialist editors collaborated with the KW4 OHT Communications team to create and publish the first newsletter.
	Care Pathways – Community Support Service Navigation			
3	Convened a small, initial working group to discuss a pilot project to support patients and providers with community service navigation in KW4.	2023/03/01	2023/03/01	Success: This group consists of KW4 OHT Member organizations (KDCHC, CCFM FHT, ACCKWA, and Community Care Concepts) and primary care physician.
4	Met with Cynthia Voisin (Managing Partner with Voisin Properties), and Dr. John Sehl from The Boardwalk to discuss the pilot project and identify needs of the primary care physicians located at The Boardwalk Medical Centre.	2023/03/03	2023/03/03	Success: Having a primary care provider located at the proposed site involved in the conversations led to unique insights that will help shape the program implementation and promotion.
5	Explored digital solution and supports available with the KW4 OHT Digital Lead Jessica Lemon to understand options.	2023/03/08	2023/03/14	
6	Secured agreement with The Boardwalk to provide physical space for the pilot project free of charge.	2023/03/14	2023/03/14	
7	Toured and determined a physical location for the pilot.	2023/03/15	2023/03/15	
8	Discussed lessons learned from the implementation of the SCOPE Nurse Navigator project with Kim Marshal.	2023/03/14	2023/03/14	
	Cancer Screening			
9	Completed patient perspective/cancer screening flow for all 3 screening tests including barriers during the pre- screening, during screening, and post-screening stages.	2023/02/01	2023/03/01	
10	Completed and circulated a qualitative survey to current preventative screening providers with the goal of understanding their experience and challenges.	2023/02/01	2023/03/22	Success: Having primary care providers as well as medical students leading the creation and dissemination of this survey led to nuanced, relevant questions and a widespread reach through many avenues – email, WhatsApp, Signal, etc. Lesson learned: Have digital supports determined and prepped for Implementation team use in the future. E.g. Survey software.
11	Completed reach out and discovery of other OHTs cQIP initiatives and results.	2023/03/01	2023/03/15	

KW4 ONTARIO HEALTH TEAM

Project Status Report

12	Identified potential community partners relevant to our work and/or to our priority neighbourhoods.	2023/02/01	2023/03/01	Success: a wide variety of potential partners were identified and discussions around a partner engagement strategy begun.
13	Identified and collated existing public outreach and communications materials	2023/02/01	2023/03/15	Success: Having representatives from WW CCO was very helpful in reviewing all existing public facing and provider facing materials currently available and languages in which they are available.
14	Created a brief Current State analysis and environmental snapshot using the information gathered during the discovery phase to inform solution discussions.	2023/03/01	2023/03/15	
15	Recruited community member, Muna Alnidawi, to join in the co-design of the preventative cancer screening solutions.	2023/03/17	NA	Success: Support from KW4 OHT Member/Project LAC Member Rosslyn Bentley to engage with community members allowed us to respond quickly to changes in Implementation team membership. Muna brings a wealth of lived experience as professional experience with our priority populations and neighbourhoods.
16	Attended the Ontario Health Spotlight on Innovative Models of Care webinar	2023/03/23	2023/03/23	Gained insight into East Toronto Health Partners (ETHP) successful test of change pilot related to using Poppy Bot to automate processes in the EMR to identify patients due or overdue for cancer screening, stratify patients into priority groups and initiate patient follow-up actions to encourage patients to complete the cancer screening.

Planned Activity For Next Reporting Period – (Mar 27 to Apr 21, 2023)

#	Activity	Start Date (yyyy/mm/dd)	Due Date (yyyy/mm/dd)	Comments
1	Draft and send communication regarding the Project Scope	2023/03/30	2023/04/14	
2	Confirm consensus and confirm Project Scope	2023/04/17	2023/04/17	
	Clinician Engagement - Governance			
3	Complete 2 final discovery meetings.	2023/03/28	2023/04/30	
4	Complete additional governance activities to be determined by the discovery meetings.	2023/03/28	2023/04/30	Activities suggested in the Roadmap include holding a virtual townhall, survey, in-person townhall, and other suggestions TBD.
	Care Pathways – Community Support Service Navigation			
5	Identified initiative critical path and drafted initial workplan.	2023/03/27	2023/03/28	
6	Draft MOU begun between Community Support Services and The Boardwalk with regards to use of the office space.	2023/03/27	2023/03/31	
7	Meet with the Working Group to review a draft workplan to present to the LAC for approval.	2023/03/28	2023/04/11	Timeline includes extra room for holidays and revisions.
8	Submit draft workplan to the LAC for approval and receive feedback/approval.	2023/04/11	2023/04/14	
9	Begin initial phase of workplan.	2023/04/17	2023/04/28	
	Clinician Engagement – Community Building			
10	Secure venue for next KW4xClinician event.	2023/04/03	2023/04/28	
11	Include promotion for next KW4xClinician event in the next Primary Care newsletter.	2023/04/12	2023/04/12	
12	Curate and publish Primary Care newsletter	2023/04/03	2023/04/12	

Project Status Report

	Cancer Screening			
13	Review and analyze results from the clinician experience survey.	2023/03/28	2023/03/31	
14	Identify areas of focus, common barriers faced by providers and patients.	2023/03/28	2023/03/31	
15	Analyze solutions for areas of focus based on project scope criteria and generate options.	2023/03/28	2023/04/06	Project Scope Consideration criteria are: the solution has a measureable benefit to our region and priority populations, the solution is time limited, and the solution is not already being addressed by Ministry of Health or Ontario Health. This criteria was agreed to by the LAC in January 2023.
16	Review options with Implementation team and reach consensus.	2023/04/06	2023/04/12	
17	Create workplan for Implementation team and LAC review and approval.	2023/04/12	2023/04/21	
18	Begin first steps of workplan	2023/04/24	2023/04/30	

Key Risks/ Opportunities

Legend | Risk Increasing | Risk Decreasing | Risk Unchanged | No longer at risk

#	Risk/Opportunity	Impact on the project	Trend	Risk Strategy & Response Plan
1	Scope creep: There are many great ideas that stakeholders suggest but there is limited time and resources to execute.	If not managed accordingly, project timelines and resources could be negatively impacted.		Mitigate: Ensure that discussions around consideration criteria is clear. Mitigate: Ensure that the Project Scope is understood and defined by the LAC ASAP. Mitigate/Accept: Ensure that the implications of proposed changes to a confirmed Project Scope are understood and documented.
2	Overextending Clinicians: The clinicians within the KW4 OHT are being asked to provide insight, and contribute to, many different projects and initiatives over the next 4-6 weeks.	The number of clinicians available to participate may be lower than anticipated.		Exploit/Share: When possible, breakdown the work into manageable pieces and engage with interested clinicians who are not currently actively involved. This strategy could help spread out the requests for input/feedback as well as increase clinician engagement with the KW4 OHT and future Primary Care governance structure. Mitigate: provide various options for involvements (i.e. if a clinician is unable to attend in person provide an alternate mechanism for them to provide input.
3	Stakeholder Disengagement: Lack of clarity regarding financial compensation for clinician involvement.	Stakeholders could become disengaged and impact the ability to successfully execute on project deliverables.		Mitigate: Review the KW4 OHT Clinician Compensation/Stipend Policy with the LAC and relevant stakeholders to determine path forward. Mitigate: Continue to advocate for standardized provincial policy.

High Impact Issues

#	Issue	Impact on Project	Response Plan	Status
1	Not Applicable			

Budget

Approved Funding	Actual Spent to Date	Estimated Cost at Completion	Funding Source & Amount	Comments
$100,000	$0	TBD	KW4 OHT - $100,000	Budget to be agreed upon after/in conjunction with Project Scope approval.

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.

Project: Newcomer App
Executive Sponsor: Dr. Charmaine Dean, University of Waterloo
Project Lead: Dr. Catherine Burns, University of Waterloo
Project Manager: Aderonke Saba
Report Due Date: March 27, 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	NA	75%	
2	Project Kickoff	✓	2023/01/23	NA	100%	
3	Project Agreement/ signed MOU by KW4 OHT and University of Waterloo	✓	2023/03/01	NA	100%	
4	Ethics Approval		2023/05/03	NA	30%	
5	Interview data findings/ outcomes		2023/10/31	NA	5%	
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%	

KW4 ONTARIO HEALTH TEAM

Project Status Report

Planned Activity For This Reporting Period (Feb 27- Mar 24, 2023)

#	Activity	Start Date (yyyy/mm/dd)	Due Date (yyyy/mm/dd)	Comments/ Successes/ Challenges/ Lessons Learned
1	Worked with the Principal Investigator (PI) at UW to develop the submission package for the administrative review required by GRH research team.	2023/02/09	2023/02/27	
2	A briefing note to describe the study was developed and updates were made to the documents after initial feedback received from the GRH research team.	2023/03/02	2023/03/08	Administrative Approval received from GRH
3	The research package was submitted to Tri-Hospital Research Ethics Board (THREB) and UW Ethics after receiving Administrative approval from GRH	2023/03/15	2023/03/15	
4	Connection with Dr. Paul Stolee at University of Waterloo and team to discuss the possibility of collaboration on developing key performance indicators for the field evaluation of the Newcomer App.	2023/03/09	2023/03/09	
5	Network with community service organizations to be a part of the Implementation team: Connected with Debbie Engel (Carizon), Lynne Griffiths-Fulton (Reception House) and Wajma Attayi (CFFM), all Refugee Health working group co-leads to be a part of the Implementation team as their experience working on the Refugee Health Integrated Care Team (ICT) program, the Newcomer Journey Map initiative in Year 1 and their various organizations will be instrumental in executing the work. Also connected with Marika Chandler (YMCA) and Mayada Abou Warda (KDCHC/Sanctuary) to inform them about the work we are doing, glean from their experience working with Newcomers at the settlement agencies and invite them to the Implementation team.	2023/02/27	2023/03/17	<u>Phase 1 Implementation team members</u> Debbie Engel (Carizon) Dr. Edith Law (University of Waterloo) Lynne Griffiths-Fulton (Reception House) Marika Chandler (YMCA) Mayada Abou Warda (KDCHC/ Sanctuary) Sophia Esmail (Community member) Wajma Attayi (CFFM) Aderonke Saba (KW4 OHT)
6	Established Implementation team: Working with the team to settle on an appropriate date and time to have our biweekly meetings.	2023/03/17	2023/03/17	Phase 1 Implementation team established.
7	Researched the top languages spoken by newcomers to KW4 to determine the languages to translate recruitment materials by collating data from the different settlement agencies and census data.	2023/02/27	2023/03/01	
8	Connected with Kitchener- Waterloo Multicultural Centre (KWMC) to obtain initial quotes for translation of research documents to different languages	2023/03/01	2023/03/09	Initial quote for the translation of documents received.
9	Connected with a community member; Sophia Esmail to be a part of the Implementation team; Sophia has experience in volunteering with organizations that provide services to newcomers and has graciously accepted and would be a great addition to the Implementation team.	2023/03/01	2023/03/17	We have a community member on the Phase 1 Implementation team to bring the community perspective into the work we are doing.
10	Connected with the Smart Waterloo Region and had discussions about the work they are currently doing with the “Chat bot” and the possibility of collaboration on the Newcomer App down the line.	2023/02/27	2023/02/27	
11	Collaborated with the research team to determine the work/ process flow for the focus group/ interviews.	2023/02/28	2023/02/28	
12	Collaboration with Dr. Edith Law (Principal Investigator) to develop the NSERC Alliance proposal to secure more funding for the project is currently ongoing.	2023/02/28	2023/03/23	
13	Content development for University of Waterloo (UW) website showcasing the collaboration between KW4 OHT and UW.	2023/02/27	Ongoing	

Project Status Report

Planned Activity For Next Reporting Period (Mar 27- Apr 21, 2023)

#	Activity	Start Date (yyyy/mm/dd)	Due Date (yyyy/mm/dd)	Comments
1	2nd Leadership Action Committee (LAC) meeting	2023/03/24	2023/03/24	
2	Implementation team meetings	2023/03/30	2023/04/27	
3	Update/ Modification of research documents from feedback of Ethics review	2023/04/05	2023/05/03	
4	Focus groups/ interview session planning including determining study dates, locations, room bookings, and resource availability.	2023/03/30	2023/04/27	
5	Training of settlement workers for focus groups facilitation.	2023/04/06	2023/04/28	
6	Research and connect with social service organizations that provide services to newcomers.	2023/03/27	2023/04/21	
7	Creation of Capability cards that will be used to facilitate the focus group/ interview sessions.	2023/04/03	2023/04/24	

Key Risks/ Opportunities

Legend | Risk Increasing | Risk Decreasing | Risk Unchanged | No longer at risk

#	Risk/Opportunity	Impact on the project	Trend	Risk Strategy & Response Plan
1	Delay in obtaining Ethics approval	Project timelines will be impacted		Mitigate: • Follow up and provide responses to feedback from coordinated review in a timely manner.
2	Insufficient settlement workers to facilitate focus groups in participant's language of choice	Project scope and quality will be impacted		Mitigate: • Consider KWMC/ Voyce as backup for transcription and translation
3	Insufficient participants for focus groups and interviews	Project quality will be impacted		Mitigate: • Ensure robust engagement with community members to define requirements. • Connect with settlement and grassroots agencies for participant recruitment.
4.	Project not selected for the NSERC Alliance grant.	Project budget will be impacted		Mitigate: • Continue to explore other sources of funding.

High Impact Issues

#	Issue	Impact on Project	Response Plan	Status
1	Not Applicable			

Budget

Approved Funding	Actual Spent to Date	Estimated Cost at Completion	Funding Source & Amount	Comments
$100,000	$0	TBD	KW4 OHT – $100,000	

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

Project: Neighbourhood Integrated Care Team (NICT)
Executive Sponsor: John Neufeld, House of Friendship
Project Lead: Dauda Raji, House of Friendship
Project Manager: Kayode Ajumobi
Report Due Date: March 27, 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%	
2	Formalize memorandum of Agreement between KW4 and project sponsor, House of Friendship.	✓	2023/02/01	NA	100%	
3	Formation of project Leadership Advisory Committee (LAC)	✓	2022/12/01	NA	100%	
4	Development of Patient Personas, Journey Maps, and Integrated Care Pathways for mental health, seniors and newcomers		2023/06/20	NA	5%	
5	Development of a Neighborhood Integrated Care Team Model for Newcomers and Residents in priority neighborhoods.		2023/12/31	NA	5%	
6	Development of a Social Prescribing model for the project.		2023/12/31	NA	10%	
7	Deployment of a digital enabler for use by service providers to efficiently and effectively coordinate patient care on the project.		2023/12/31	NA	50%	
8	Formation of project implement team		2023/06/23	NA	0%	
9	Completion of detailed implementation plan		2023/07/07	NA	10%	
10	Completion of project logic model including indicator matrix and performance measures.		2023/07/07	NA	20%	
11	Develop project information, education & communication materials		2023/08/28	NA	10%	
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%	

Project Status Report

Planned Activity For This Reporting Period (Feb 27- Mar 24, 2023)				
#	**Activity**	**Start Date** (yyyy/mm/dd)	**Due Date** (yyyy/mm/dd)	**Comments/ Successes/ Challenges/ Lessons Learned**
	Development of a Social Prescribing Model			
1	In furtherance of efforts to develop a social prescribing model for the project, the NICT project participated in a webinar organized jointly by the Alliance for Healthier Communities, the United Ways British Columbia and the Canadian Social Prescribing Student Collective, to commemorate the 2023 International Day for Social Prescribing.	2023/03/18	NA	This was a forum to learn of emerging opportunities in social prescribing across Canada and internationally. The insights and learnings will be instrumental in helping the project forge cross-sectoral collaboration among all relevant stakeholders within KW4 as its efforts towards designing an appropriate social prescribing model gathers momentum.
2	The project continued collaborating with the School of Planning, University of Waterloo to develop a social prescribing model that can be successfully implemented in the project's priority neighborhoods. The collaboration entails assigning teams of 4th year students to each of the priority neighborhoods to undertake research into social prescribing and subsequently develop proposals on how they will spend $ 10,000 to address the health and wellness needs of residents and newcomers in the priority neighborhoods.	2023/02/17	2023/04/06	Students will synthesizing evidence on the particular program they propose (i.e., best practices), along with how this fits within a broader framework of social prescribing. The OHT will receive proposals/reports from each of the Teams which will be instrumental in helping the project fashion out its planned social prescribing model. The students assignments are due at the end of March and pitch presentations from the teams will be taking place on the 6th of April.
	Development of Patient Personas, Journey Maps and Integrated Care Pathways			
3	The project continued to work with Optimus to inform current state and the development of a pre-read package for upcoming workshops	2023/02/27	2023/03/29	
4	The project continues to work with Optimus to plan and organize workshops to establish the current paths newcomers and residents in KW4's priority neighborhoods follow in a bid to access care as well as the related pathways for the conditions for which they seek care. These workshops will culminate in the development of integrated care pathways.	2023/03/31	2023/05/30	These workshops are scheduled to take place over the next 6 weeks beginning in April. Participants at the workshops will include service providers, community members with lived experiences, care givers, seniors and newcomers.
	Development of a Neighborhood Integrated Care Team Model			
5	To further position the project to achieve its goals and objectives, project resources continued to attend Ontario Ministry of Health's Rapid Improvement Support and Exchange (RISE) organized learning events.	NA	NA	These learning events provide opportunities to deepen knowledge on a population health management approach for the OHT's priority populations.
6	The project continued to explore opportunities to forge and strengthen partnerships with all relevant stakeholders. To this end, the project met differently with various year 1 partners including the Mental health and addictions, Frail Elderly working group and digital health working groups.	NA	NA	These meetings provided appropriate forum to share information and seek inputs into key aspects of the project design.
7	To ensure the active participation of residents and community members on the project, the project connected with five community members who indicated their interest during previously held monthly town hall meetings.	NA	NA	
	Deployment of a digital enabler for use by service providers to efficiently and effectively coordinate patient care on the project.			
8	In preparation for the commencement of project activities, the project finalized a Master Services Agreement with Hypercare for 50 user licenses for a one year period beginning on the 1st of April 2023.	2023/02/27	NA	With this agreement, health care teams (service providers on the NICT project) will connect seamlessly with each other thus, ensuring improvements in patient care and management. The Hypercare contract is held by House of Friendship on behalf of the OHT.

Project Status Report

Planned Activity For Next Reporting Period (Mar 27- Apr 21, 2023)				
#	**Activity**	**Start Date** (yyyy/mm/dd)	**Due Date** (yyyy/mm/dd)	**Comments**
1	NICT LAC Meeting	2023/04/12	2023/04/12	
	Development of Patient Personas, Journey Maps and Integrated Care Pathways			
2	Continue to work with Optimus to plan and organize workshops, distribute pre-read material, and recruit community members and agencies to participate in these sessions.	2023/03/27	2023/04/20	
3	Participate in Patient Personas and Journey Mapping Development Workshops	2023/04/21	2023/05/05	
4	Participate in Integrated Care Pathway development workshops	2023/05/18	2023/05/31	
	Development of a Neighborhood Integrated Care Team Model			
5	Meet with our RISE Coach to learn more about a potential Call and Check pilot with Canada Post, where postal workers would check in on isolated seniors when they deliver mail, to determine if this would align with our NICT work.	2023/03/27	2023/03/27	
6	Attend an Ontario Health webinar – "Safer Together – Improving Patient Safety in Care Transitions" knowledge sharing session to gain an understanding of some of the root causes and issues affecting transitions in care in hospital and primary care settings, as well as best practices to incorporate into clinical settings to improve transitions of care for patients and their care partners.	2023/03/28	2023/03/28	
7	Meet with Burlington Ontario Health Team to discuss learnings from their implementation of Integrated Care Teams	2023/03/29	2023/03/29	
8	Meet with Durham Ontario Health Team to discuss learnings from their implementation of Integrated Care Teams	2023/04/03	2023/04/03	
9	Continue to explore opportunities to forge and strengthen partnerships with grassroots/community based organizations in the project's priority neighborhoods including connecting with: • African Family Revival Organization • Somali Canadian Association Of Waterloo Region (SCAWR) • The Levant Community • Women Crisis Services of Waterloo Region • Social Development Centre Waterloo Region • Muslim Social Services • Coalition of Muslim Women KW • Victoria Hills Neighbourhood Association • Canadian Arab Women's Association • Rohingya Centre of Canada • Nigerians In Waterloo Region • African Women's Alliance of Waterloo Region			
10	Hold a brainstorming session(s) with the Project Lead and other key stakeholders to identify high level activities required to successfully develop an integrated care model.	2023/03/27	2023/04/21	
	Development of a Social Prescribing Model			
11	Attend the UW student presentation	2023/04/06	2023/04/06	
12	Connect with the City of Kitchener (LoriAnn Palubeski) to learn about their social prescribing model which was launched in early February.	TBD	TBD	
13	Connect with KDCHC (Virginia Greene) to learn about their social prescribing model for Primary Care Practitioners.	TBD	TBD	
14	Connect with Abby Richter, Registered Dietitian and Lead for Fresh Food Prescription Program, Guelph Community Health Centre & The SEED to learn about their fresh food prescribing program.	TBD	TBD	
	Deployment of a digital enabler for use by service providers to efficiently and effectively coordinate patient care on the project			
15	Consult with the Digital health Reference Group on digital tools we could potentially utilize when it comes to tools for identifying and prioritizing high risk patients or e-referrals or clinical documentation.	TBD	TBD	

KW4 ONTARIO HEALTH TEAM

Project Status Report

Key Risks/ Opportunities	Legend	Risk Increasing		Risk Decreasing		Risk Unchanged		No longer at risk	

#	Risk/Opportunity	Impact on the project	Trend	Risk Strategy & Response Plan
1	Risk - Delayed completion of the patient personas and ICPs beyond the current completion date of 31st of May.	Prolonged completion of the personas and ICPs will delay project kick off. Should the project kickoff be delayed beyond July, a change request to the project's scope or end date may be required.		Mitigate: • Explore possibility of reducing the number of planned workshops. • Reduce the number of days between workshops so as to ensure workshop is completed earlier than planned.
2	Risk - Poor budget performance due to delayed start of project activities.	Delayed start of project activities increases the likelihood of the project being underspent by the end of March 2024.		Mitigate: • Revise project scope and limit initiatives to those that are within the project's sphere of influence.
3	Risk - Delayed formation of project implementation team	Delayed start of key activities may negatively impact team member's interest and commitment to the project.		Mitigate • Continue to strengthen relationships, engage and consult with potential individuals and organizations that will be on the implementation team.
4	Opportunity - The project has generally been well received by stakeholders (residents, grassroots organizations, service providers and partner organizations) that have been consulted and informed.	There is a high possibility of the project being able to put together a committed and resourceful implementation team that would ensure project deliverables are met within the time remaining on the project.	NA	NA

High Impact Issues

#	Issue	Impact on Project	Response Plan	Status
1				
2				

Budget

Approved Funding	Actual Spent to Date	Estimated Cost at Completion	Funding Source & Amount	Comments
$100,000	$20,170	TBD	KW4 OHT - $100,000	