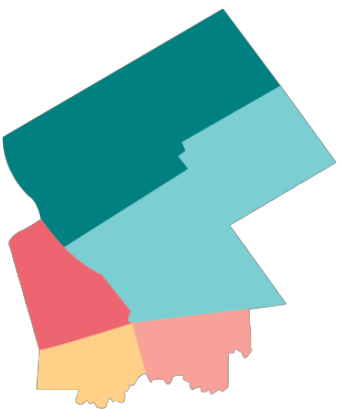


Central West Ontario Health Team (“CW OHT”) Partners Meeting Minutes

Thursday, March 3, 2022 at 6:00–7:30 PM via Zoom

Agenda Item	Summary of Discussion & Decisions	Action Items
<p>Agenda Review & Opening Remarks</p> <p><i>Dr. Brian Klar</i></p>	<p>Dr. Brian Klar, CW OHT Collaboration Council (“Council”) Co-Chair, provided opening remarks.</p> <p>Slides and minutes will be shared after the meeting.</p>	N/A
<p>CW OHT General Updates</p> <p><i>Saleem Chattergoon</i></p>	<p>Saleem Chattergoon shared some CW OHT updates in relation to the Data Sharing Agreement: ‘Level Setting’ information session, the registrations required for upcoming Partners’ meetings, and the recruitment of new members to the Patient Family Advisory Council (slide 4).</p> <p>Subsequently, Maria Lykos provided an update on the Integrated Care Hub (“ICH”) project that is recruiting members to join a working group (slide 5).</p>	N/A
<p>Collaborative Quality Improvement Plan (“cQIP”)</p> <p><i>Andreea Popescu, Emily Cichonski, & Harleen Badesha</i></p>	<p>Emily Cichonski provided a brief overview of the cQIP, its three areas of focus, and associated indicators (slides 6-8).</p> <p>Subsequently, Harleen Badesha provided a summary of the understanding of the current state and problem statement for the alternate level of care (“ALC”) indicator as well as the proposed target population and change ideas (slides 10-12).</p> <p>Similarly, Andreea Popescu provided a summary of the understanding of the current state and problem statement for the mental health and addictions (“MHA”) indicator as well as the proposed target population and change ideas (slides 13-15).</p> <p>Lastly, Emily Cichonski provided a summary of the understanding of the current state and problem statement for the cancer screening indicator as well as the proposed target population and change ideas (slides 16-18).</p> <p>Partners were then invited to cycle through three breakout rooms, facilitated by the cQIP indicator lead and a Secretariat member, to discuss the proposed change ideas.</p> <p>After all the breakout rooms, the cQIP leads reported back a summary of the discussions.</p> <p>Regarding the cancer screening indicator, Emily Cichonski reported the following:</p>	N/A

	<ul style="list-style-type: none"> - Suggestion to use learnings from the COVID pandemic in planning to enhance cancer screening rates. - Emphasis on the value of supporting patients with different needs. - Suggestion to work with faith leaders and peer support groups in the community. <p>Regarding the ALC indicator, Harleen Badesha reported the following:</p> <ul style="list-style-type: none"> - There is a need to explore the potential of the work of the priority population and the ICH projects. - There is a need to define the target population more narrowly, as this will likely influence the care pathway. <p>Regarding the MHA indicator, Andreea Popescu reported the following:</p> <ul style="list-style-type: none"> - There seems to be a consistent theme of needing to focus on prevention to shorten wait times. - Suggestion to engage with patients where they are to foster environments of comfort – e.g., targeting youth at schools. <p>The ideas that were discussed in the breakout rooms will be brought back to the respective working groups to finalize recommendations. The final recommendations will be reviewed and approved by Council before the submission deadline of March 31, 2022.</p>	
<p>Q&A</p> <p><i>All</i></p>	<p>Dr. Brian Klar offered the Partners an opportunity to raise questions on any of the content shared during the meeting or provide general comments/questions. No additional questions were raised.</p>	<p>N/A</p>
<p>Summary of Action Items</p>	<p>N/A</p>	
<p>Meeting Adjournment</p>	<p>There being no further business, the meeting was adjourned at 7:30 PM. The next meeting will be held on March 24, 2022.</p>	



Central West

ONTARIO HEALTH TEAM

SERVING BRAMPTON, NORTH ETOBICOKE, WEST WOODBRIDGE, MALTON AND BRAMALEA

Partners Meeting

March 3, 2022

Agenda

Time	Agenda Item	Description
6:00-6:05 PM	Agenda Review & Opening Remarks – <i>Dr. Brian Klar</i>	Review agenda & provide opening remarks.
6:05-6:15 PM	CW OHT General Updates – <i>Saleem Chattergoon & Emily Cichonski</i>	Provide CW OHT updates since the last meeting.
6:15-7:25 PM	Collaborative Quality Improvement Plan – <i>Emily Cichonski, Harleen Badesha, & Andreea Popescu</i> <ul style="list-style-type: none">• Improving overall access to care in the most appropriate setting• Increasing overall access to community mental health & addiction services• Increasing overall access to preventative care	Present the current state of each area of focus & discuss proposed change ideas for feedback.
7:25-7:30 PM	Q&A – All	Opportunity for partners to ask questions on any of the content shared during the meeting or provide general comments/questions.

CW OHT General Updates

Saleem Chattergoon & Emily Cichonski

General Updates



Data Sharing Agreement: 'Level Setting' Information Session

- March 24 at 6:00-7:30 PM
- Registration required
- Facilitated by legal counsel (Kate Dewhirst)
- What is expected to adequately facilitate privacy & security within an OHT environment?
- Recommend members from your organization who are responsible / knowledgeable about privacy & data sharing to attend



Registrations Required for Upcoming Partners Meetings

- Based on feedback received from you, upcoming Partners meeting will require registration
- Stay tuned for registration links in the CW OHT newsletter



Patient Family Advisory Council ("PFAC") is Recruiting New Members

- To broaden diversity across PFAC members
- To respond to the high value for patient & family engagement in key CW OHT initiatives
- Stay tuned for more details & how to apply

Integrated Care Hub

The vision for the ICH is to provide centralized 24/7 care coordination and navigation that includes:

- Warm hand-offs
- Information readily accessible to the public
- More clients accessing virtual care & digital records
- Self-management and health literacy supports

We are currently recruiting members for a working group. The objectives of the group are:

Advocate for provincial system redesign

- Integrate and align services
- Create one source of truth for directories
- Address issues in geographic borders

Guide the OHT's project approach

- Oversee partner/stakeholder engagement
- Inform project management processes

Work toward project objectives

- Develop problem statement(s)
- Co-design the Integrated Care Hub

Email Marialykos@williamoslerhs.ca if you, or a designate from your organization, would like to participate in the working group



Collaborative Quality Improvement Plan (“CQIP”)

Andreea Popescu, Emily Cichonski, & Harleen Badesha

CQIP Overview




Central West
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OHT cQIP


What is it?

- A **required improvement plan** that **aligns provincial and local health system priorities** with the Quadruple Aim and considers the populations most at risk (**areas of focus**)
- A **process** that OHTs work on throughout the year to **systematically identify and bridge gaps in care**, using quality improvement and change management principles and employing an equity lens

AREAS OF FOCUS:



Improving overall access to care in the most appropriate setting



% of alternative level of care (ALC) days



Increasing overall access to community Mental Health & Addiction services



Rate of emergency department visits as first point of contact for MHA-related care



Increasing overall access to preventative care



% of screening-eligible patients up to date with:

- Pap tests
- Mammograms
- Colorectal screening

What is required for each area of focus?

- Identify an **improvement target** at the OHT-attributed population level for each of the indicators (data to be provided by OH) and the **quality improvement initiatives** we plan to implement between **April 1, 2022 and March 31, 2023** to assist in improving performance
- Review our plans and provide feedback on throughout FY 22/23

THANK YOU!

We sincerely thank everyone who has been engaged in the cQIP development work so far for their contributions!

Groups Engaged to Date:

CW OHT PFAC

CW OHT EDIAC

CW OHT CMAC

Osler Patient Web
Panel

Osler PFAC

Osler DFCM

Alternate Level of Care WG

Lara McNeil	William Osler HS
Aruna Mitra	HCCSS
Marissa Wilson	West Park
Amy Wilkinson	Sienna LTCH
Tracy Kamino	Holland Christian Homes
Lesley Nagoda	SHIP
Zishan Chaudry	CANES

Mental Health & Addictions WG

Dr. Louella Lobo	Bramest FHO
Charlene Heyer	CMHA Peel
Nancy Bratkovic	CMHA Peel
Shereen Rampersad	SHIP
Mary Pagani	PAARC
Massina Micoli	Queen Square FHT
Anthony DiValentino	Central Brampton FHT
Stacy Attah-Poku	WellFort CHC
Faiza Khalid-Khan	William Osler HS

Preventative Cancer Screening WG

Dr. Priya Chopra	Surgeon
Dr. Lopita Banerjee	Primary Care Provider
Dr. Andrew Bellini	Specialist
Dr. Praveen Bansal	Primary Care Provider
Dr. Tanya Sehgal	Primary Care Provider
Samantha Gupta / Anthony DiValentino	Central Brampton FHT
Jose Garcia / Rory Goodman / Peter Khela	Rexdale CHC
Dr. Parneet Cheema	William Osler
Noreen Syed / Rahul Tiwari	Queen Square FHT
Carmille Fernandez	Wellfort CHS

ALC



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Alternate Level of Care: Understanding the Current State & Problem Statement

Using the feedback received to date from patients, families, primary care providers and 1:1 consultations, the following fishbone diagram has been created to better understand the factors influencing alternate level of care services in our community:

Timely Access & System Capacity

- Access to long-term care services have extensive wait times (identifying the right services needed, resources, funding)
- System not prepared due to under-resourcing to meet the needs of certain patient populations (i.e. bariatric patients, patients with responsive behaviours)
- Choice and decision-making timelines for clients is very limited (i.e. 1 day to respond & up to 5 days to move into home)
- Wait time can be months to years and sometimes patient conversations are missed

Health Inequities

- Seniors population – those that are socially isolated, exacerbated through pandemic
- Lack of recognition around cultural and religious needs and expectations
- Inequities related to health literacy and language barriers – both from describing the issue and receiving care in the same language
- Care-givers are not recognized as equal partners in care in addition to recognizing care-giver burden and the lack of support services available to them

Patient Empowerment

- Patients and families have little understanding of options for care and decision making requirements and capabilities
- Providers are not aware of all existing services or referral criteria
- Access to educational resources for decision making and options are limited
- Challenges exist around recognizing the supports available within community vs at the hospital, and this creates confusion around next steps for patients/family
- Lack of public education around regulations around LTCs (this impacts their readiness to respond and receive information)

System Integration & Information

- Lack of flexibility in accessing patients by clinicians and narrow scope of specialized services (i.e. patients with responsive behaviours, bariatric patients)
- Lack of standardized education and assessment processes across providers and systems
- Additional community supports available aren't always recognized and leveraged to full potential
- Lack of follow up from PCP once patients are out of ALC
- Lack of integration with paramedic services and options around alternate destinations that could be leveraged by EMS services

PROPOSED PROBLEM STATEMENT:

The needs of some patients requiring alternate levels of care are not being met in order to prevent inequities to accessing appropriate care and enhance patient experience.

Proposed Target Population and Change Ideas: Alternate Level of Care Indicator

Proposed Target Population:



Older adults experiencing frailty.



Patients with responsive behaviours.



Bariatric Patients.

Current State Themes:

Timely Access

Health Inequities

Patient Empowerment

System Integration

Proposed Change Ideas:



Patient Empowerment

Health Inequities

Timely Access

Create a standardized approach to education around existing community support services



System Integration

Health Inequities

Timely Access

Development of a shared care model for patients with responsive behaviours.



System Integration

Health Inequities

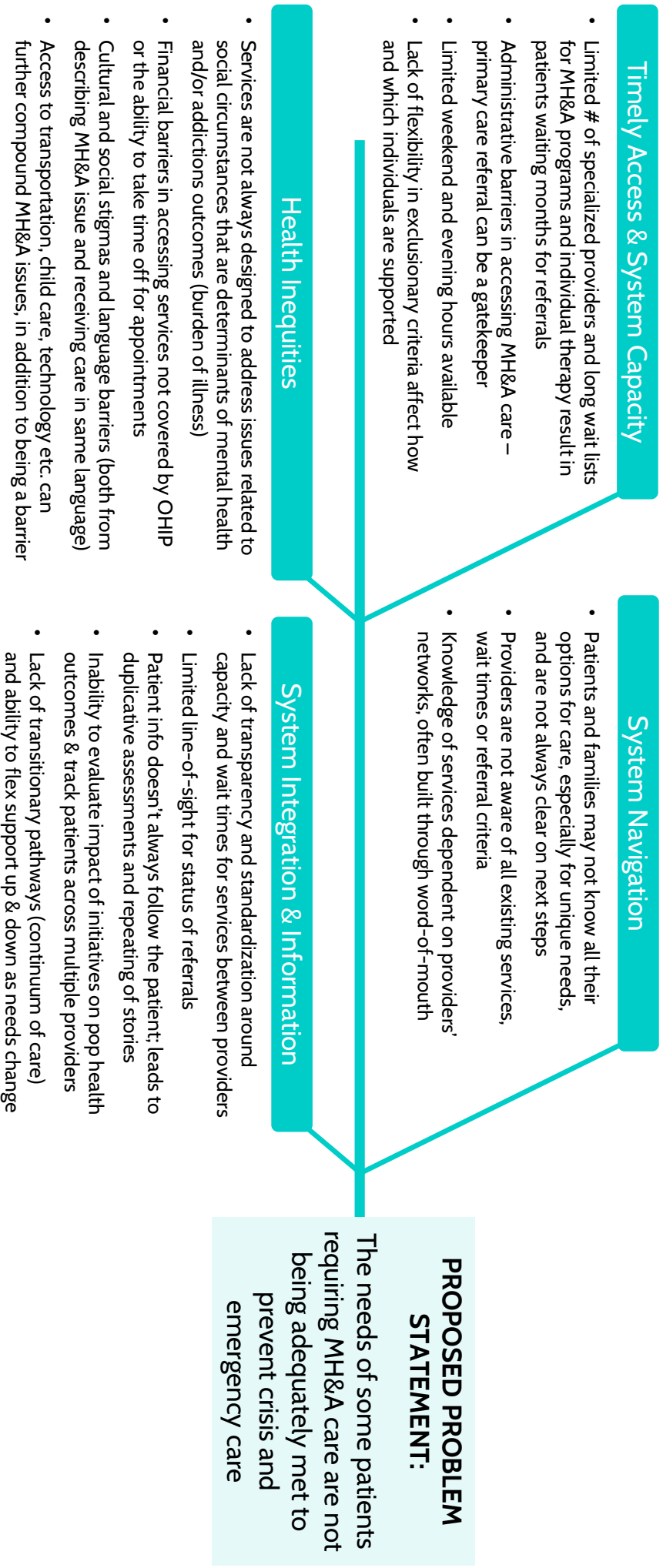
Timely Access

Development of a shared care model for bariatric patients.

Mental Health and Addictions

Mental Health & Addictions: Understanding the Current State & Problem Statement

Using the feedback received to date from patients, families, primary care providers and 1:1 consultations, the following fishbone diagram has been created for factors affecting access to mental health & addictions services in our community



PROPOSED PROBLEM STATEMENT:
The needs of some patients requiring MH&A care are not being adequately met to prevent crisis and emergency care

Proposed Target Population and Change Ideas: Access to Mental Health & Addictions Care

Potential Target Population(s):



Individuals with anxiety and trauma/stressor-related disorders



Youth with mental health & addictions disorders



Seniors with mental health & addictions disorders



At-risk individuals (e.g. precarious housing)

Current State Themes:

Timely Access & Capacity

Health Inequities

System Navigation

System Integration

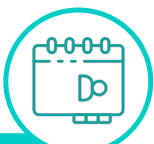
Proposed Change Ideas:



Increase line-of-sight for referrals, wait lists and current capacity

Timely Access & Capacity

System Integration



Create a compendium of MH&A services in our community, including patient criteria and program length

System Navigation

Health Inequities



Enable easier and faster access to psychiatrist consultations

Timely Access & Capacity

Health Inequities



Create a shared care model/integrated care pathway for complex patients that is transitional and focused on recovery

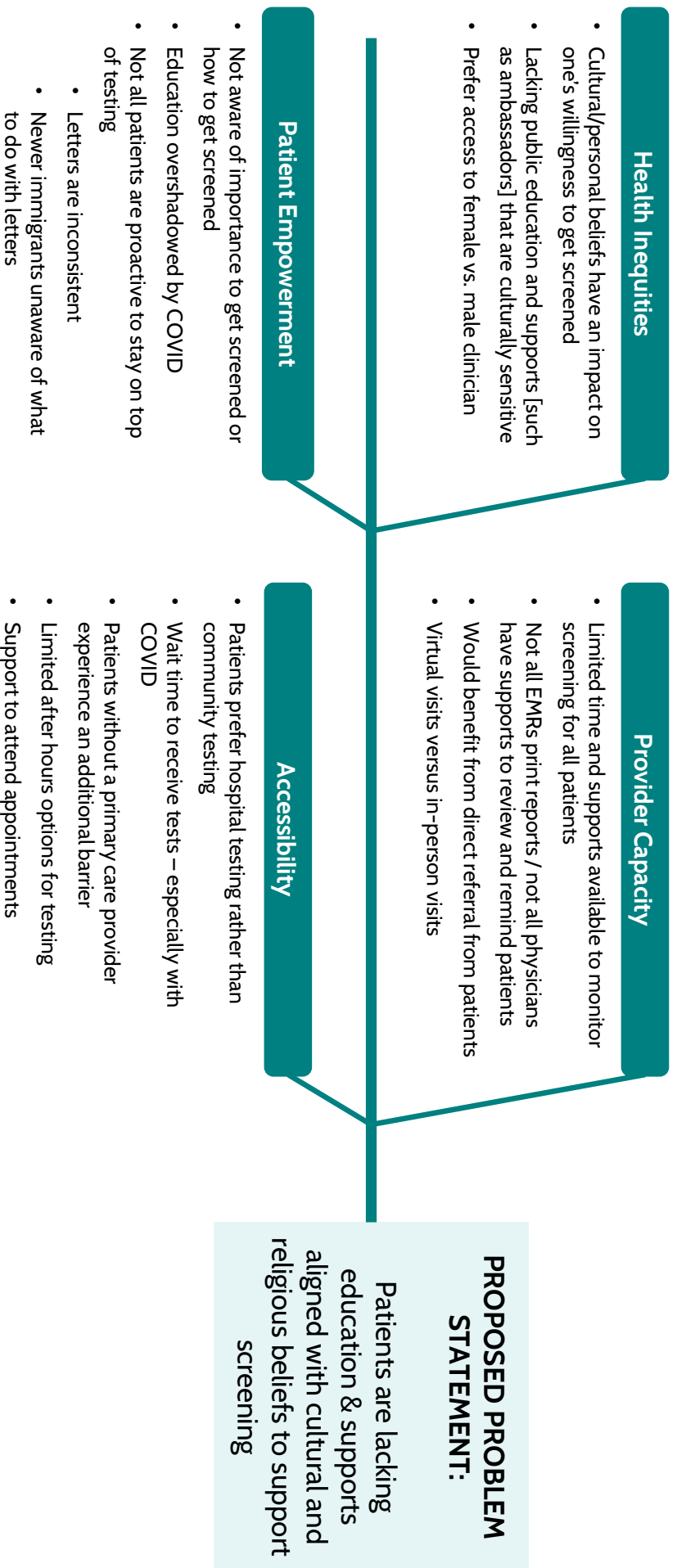
Health Inequities

System Integration

Preventative Cancer Screening

Preventative Cancer Screening: Understanding the Current State & Problem Statement

Using the feedback received to date from patients, families, primary care providers and 1:1 consultations, the following fishbone diagram has been created to better understand the factors influencing cancer screening rates in our community:



Proposed Target Population and Change Ideas: Cancer Screening Indicator

Proposed Target Population:



Women hesitant to get screened

Current State Themes:

- Accessibility
- Health Inequities
- Patient Empowerment
- Provider Capacity

Proposed Change Ideas:



Hold female-led pap clinics in areas that had the lowest pap test screening rates (Malton & North West Brampton)

Cultural Beliefs

Accessibility



Work with the Regional Cancer Program and 'hesitant' patients to tailor public education programs to address needs

Patient Empowerment

Health Inequities



Partner with primary care providers in areas with lowest screening rates to explore additional supports to educate patients with screening [technology; navigator]

Accessibility

Provider Capacity

Discussion

Instructions:

- Over the next 60 minutes, you will have an opportunity to cycle through three breakout rooms
- In each breakout room facilitated by the CQIP indicator lead, please discuss the proposed change ideas
- At the end of the 60 minutes, there will be an opportunity to report back

General Discussion Questions:

- What existing services/resources can be leveraged to support the proposed change ideas?
- Who else (organizations; individuals) can we engage to support the proposed change ideas?
- Of the change ideas shared, which ones do you think would have the most success in a year time frame?
- Are there any additional change ideas you'd like to add?

Report Back

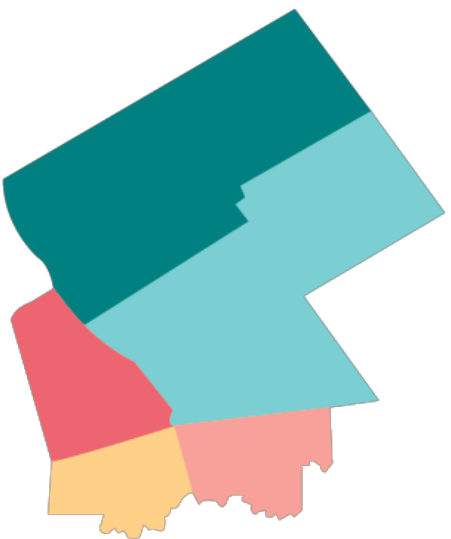


Q&A

Dr. Brian Klar



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