Central West
ONTARIO HEALTH TEAM

SERVING: BRAMPTON, NORTH ETOBICOKE, WEST WOODBRIDGE, & MALTON

FY 26/27 ANNUAL BUSINESS PLAN

Message from Our Leadership

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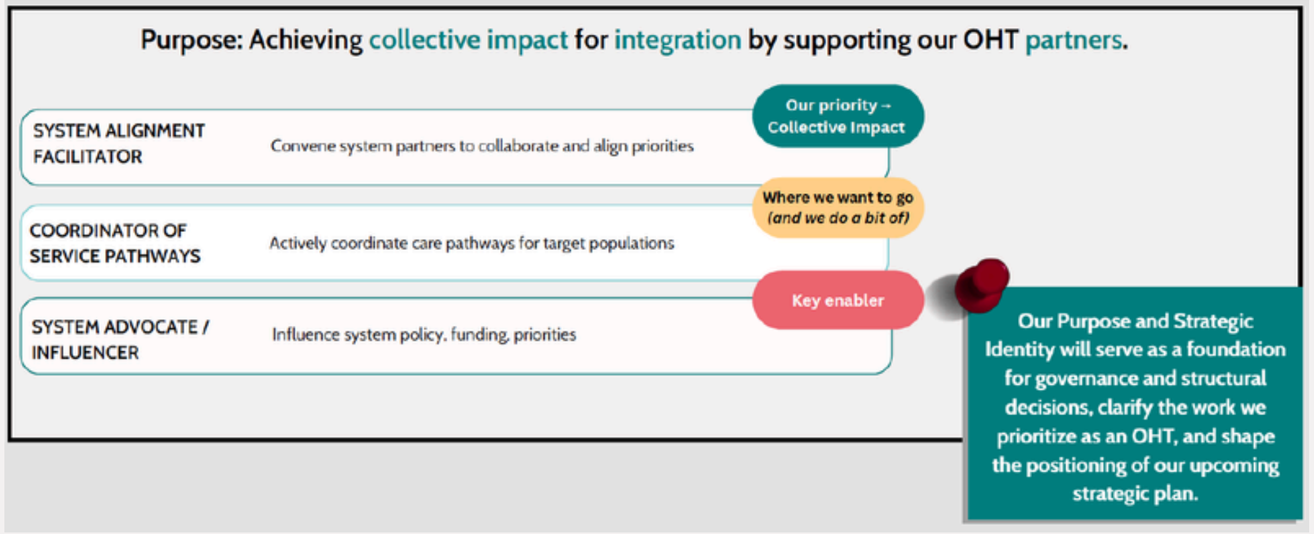
We are excited to release the FY 26/27 Annual Business Plan (ABP) and refreshed scorecard. The ABP is focused on our big three priorities for this year, in alignment with provincial direction and needs of our local community. These large-scale priorities build on and complement ongoing initiatives, including operating the SCOPE and CARE programs, improving patient engagement, and evolving how we apply an equity, diversity and inclusion lens across all the work we do. Our progress will be reported on our scorecard and in our Annual Report, released in the first quarter following the fiscal year end.

Everything we do is built on strong, sustainable partnerships, and we look forward to the continued dedication and support to improve care in our community.

As we look ahead to 2026-2027 and the last year of our CW OHT inaugural Strategic Plan, we are maintaining strong momentum to streamline our priorities to continue our focus on primary care, chronic disease prevention and management, and refining our governance structure to reflect our new Strategic Identity.

In Q4 FY25/26, the OHT Collaboration Council refreshed the CW OHT'S Purpose and Strategic Identity, which recognizes that ultimately we are serving you, our partners, to better serve our community.



FY26/27 Annual Business Plan

	GOAL 1	GOAL 2	GOAL 3
Priority Initiatives	Coordinate integrated care pathways and chronic disease prevention and management models.	Scale and spread the hub and spoke neighbourhood model that ensures every resident has access to timely, culturally appropriate, and continuous primary care.	Facilitate system partners to advance OHT sustainability through collective impact by re-framing our strategic identity as an OHT.
Objectives	1. Leverage a population health approach to coordinate multiple care pathways focused on supporting care across the continuum.	1. Improve access to family doctors and nurse practitioners (NPs). 2. Enhance supports for family doctors and NPs to reduce unnecessary administrative burden and improve overall provider experience.	1. Prioritize and implement governance recommendations to enhance OHT governance. 2. Improve partner engagement.
Strategy in Action	• Develop multi-year heart failure plan. • Expand LLP pathway. • Scale and spread existing priority population initiatives (ALC, cancer screening).	• OHT recruitment and outreach for plan for family doctors and NPs. • Scale and spread of Interprofessional Primary Care Team (IPCT) models. • Operationalize attachment and OB central intake models.	• Finalize governance changes and update the OHT CDMA. • Complete strategy refresh. • Develop OHT sustainability plan beyond FY26/27.

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YTD FY25/26 Q4 OHT Scorecard Results

Strategic Direction	Recommended Indicator	FY24/25 Result	Target	FY25/26 Result	Notes
Transform care to reduce health inequities and barriers to enhance people- centred care	# of patient interactions through OHT programs	2 ,1 83	2 ,1 83	2 ,4 78	615 SCOPE calls + 705 CARE visits + 46 LLP clinic visits + 235 chiropody visits + 521 patients screened + 356 participants in educational sessions.
	% ALC Days	1 4.4 %	1 3.7 %	10.6% (Feb)	Significant improvement in ALC relative to last year.
	a) Were you included in planning your care? (% Yes Always) b) Has the CARE program staff helped you feel more confident in managing your health? (% Very Confident)	N/A	Collecting Baseline	Involvement in Care: 100% Confidence: 100%	Based on 22 patient experience surveys collected to date for the CARE program.
	CHF 30d Revisit Rate	22.4 %	2 1.6 %	24.8 %	Worsening vs. last year, but some improvement seen in Q4. CHF planning table underway with lead identified.
Enhance partnerships to support OHT effectiveness	Total Margin (OHT Implementation)	$23k	$0M	$24k	As of year-end, there is a $24k surplus.
	OHT Partner Engagement Rate	41%	43%	42%	42% represents 17 out of 41 respondents categorized as “Engaged” based on McLean & Co methodology.
Support the CW PCN to prioritize primary care attachment	CW OHT Physician Engagement Rate	80%	80%	75%	Question & methodology for calculating ‘Engagement Rate’ changed from MC in FY24/25 to scale of 0 (Very Engaged) to 100 (Very Disengaged). 75% represents 9 out of 12 physicians selecting 0-50.
Build healthcare worker capacity and promote equitable, inclusive organizations across our OHT	% of OHT initiatives that have meaningfully engaged with equity-deserving populations	75% (annually) 44% (quarterly)	100% (annually) 50% (quarterly)	100% (annually) 58% (quarterly)	100% of eligible OHT initiatives (9/9) completed at least one strategy to meaningfully engage with equity-deserving populations in FY25/26. At least one engagement strategy in a quarter by each initiative was achieved 58% of the time (evaluates consistency).
	% of OHT membership that completed OHT EDI training	N/A	Collecting Baseline	59%	As of Q4, 23 out of 39 Secretariat, EDIAC, PFAC and PCC members have completed OHT EDI training.