

2021-22 OHT Year-End Report

Ontario Health Team (OHT) Name:	East Toronto Health Partners
Transfer Payment Recipient (TPR) Name:	Toronto East Health Network
Reporting Period:	April 1, 2021 to March 31, 2022

The Year End Report for Fiscal Year 2021-22 consists of three parts:

- 1) Narrative and Status Update
- 2) TPA Performance Indicator Reporting
- 3) Financial Expenditure Statement

The reporting period for this report is April 1, 2021 to March 31, 2022.

The Year End Report is due to your Ministry of Health (ministry) point of contact by April 29, 2022.

PART ONE: NARRATIVE AND STATUS UPDATE

The Narrative and Status Update collects information about your OHT's progress against TPA outputs and milestones, as well as the overall advancement of the OHT model. There are no word limits to this part of the Year-End Report, but brevity is encouraged. **Please submit this part of the Report as a Microsoft Word document. Please do not submit in PDF format.**

As you complete this template, please consider and **highlight in yellow** up to three things that your team feels could be shared more broadly for other teams to adopt or learn from. These could be successes or achievements, activities, or risks and mitigations approaches.

Section A – Showcasing Successes to Date

In recognition that OHTs have been making progress on their plans since their initial approval, please answer the following questions reflecting on the period from April 1, 2021 to March 31, 2022.

To date, what accomplishments are your OHT most proud of?

ETHP continues to work across our partners to support COVID response and recovery. We worked closely with multiple partners to develop and submit our collaborative Quality Improvement Plan for ETHP, forming working groups of patients, caregivers, researchers, and care providers to identify barriers and improvement opportunities related to cancer screening, alternate level of care (ALC), and mental health and addictions. East Toronto has set a goal to become a Rapid-Learning Health System where frontline providers, patients and caregivers work side by side with experts in research and evaluation to assess and learn about care improvement in real-time. Our cQIP is an example of our Rapid-Learning Health System in practice.

In Q4 we supported a significant multi-day event at the Ontario Science Centre and Thorncliffe Park Community Hub. We provided 4th doses for many vulnerable populations (Vax the East, Feb 12-13 providing vaccine to 1,700 local residents); provided first dose vaccines at home for seniors (First Dose at Home Program); and expanded our COVID Outreach Centres to offer COVID-19 therapeutics and a wider range of health supports.

The following are links to ETHP's winter newsletters with further information about ETHP's progress and accomplishments:

[Jan 2022](#)

[Feb 2022](#)

[March 2022](#)

Are there top patient-facing successes that your OHT would like to share?

Examples may include improvements or innovations in care delivery that are making a difference to patients.

Our top patient-facing success this year was our equity-driven approach to COVID-19 testing and vaccination, particularly for children, vulnerable populations, and high-risk neighbourhoods and communities. This has included mobile vaccination clinics at schools, TTC stations, and congregate living centres. Since the beginning of the pandemic, MGH and ETHP have operated COVID Outreach Centres (COC) in East Toronto to help address the needs of local communities. These needs are changing and in response the COCs are preparing to evolve over the coming months. In addition to COVID-19 assessment and referral for therapeutics, other services these centres may offer include mental health services, preventative care, and chronic disease management. With this pivot, we aim to maintain and build on our community presence and enable local and integrated access for individuals to the comprehensive primary care resources they need.

At the end of March we officially launched our new and improved website ethp.ca with colourful branding, fresh content and tools that encourage community engagement and help people in East Toronto more easily find and get care. These features include our new service directory (services.ethp.ca), where you can search more than 1,000 health, social and community services in East Toronto. The service directory is powered by a partnership with ConnexOntario, The Healthline and 211 Ontario. These three organizations collect, validate and share health, mental health, government and community services information throughout Ontario. In addition, ETHP worked with our partners to assess strengths and weaknesses in our local patient and caregiver navigation and developed a plan to improve Navigation Supports in 2022-23.

Our Caregiver Support Initiative (CSI) provided extensive support to our community during the winter season. This includes a support fund (the Caregiver NICE fund), which was available for 11 weeks and supported 61 local unpaid caregivers with small amounts of funding for basic necessities where no other funding sources were available or had been exhausted. ETHP's Caregiver Advisory Group (composed of 10 caregivers from diverse ethno-cultural backgrounds) was engaged via co-design for the entire initiative from start to end. The group developed and promoted tools for caregivers, with communication via TV ads, TTC posters, and flyers distributed by community ambassadors. As a result of their work, caregiver resources were translated and promoted in the 8 most spoken languages in East Toronto: Greek, Bengali, Chinese (traditional & simplified), Urdu, Gujarati, Tagalog, and Spanish.

Are there top provider-oriented successes that your OHT would like to share?

Examples may include improvements or innovations that are helping to better support or engage providers, including provider well-being.

In Q4, with funding support from Ontario Health we commenced the planning work for our two Test of Change proposals. The first proposal is to develop Anticipatory Primary and Integrated Care in East Toronto, to increase access to preventative care, better predict emerging care needs, and establish a digital care platform for integrated care teams to work collaboratively in support of patient and caregiver needs. The second proposal is to design and test a Digital Front Door to improve access to care, starting with primary care, which is being led through one of our primary care practices, Magenta Health. Deliverables for the phase 1 planning will be completed for these proposals and submitted to Ontario Health in Q1 2022/23, along with an implementation plan and proposed budget for 2022/23.

Other digital health initiatives progressed during this reporting period, including virtual ED and urgent care, central waitlist management, remote care monitoring, online appointment booking, and home-based wound care.

Through the COVID pandemic, we have been experiencing a significant and growing impact to health human resources capacity across our OHT, including in primary care. The East Toronto Family Practice Network (EasT-FPN), one of the ETHP Anchor Partners, has a priority focus on primary care capacity. A number of family physician practices have closed during the COVID pandemic due to early retirements and people leaving the profession. Demand for family physicians outweighs local capacity to provide care. This is especially true in the neighbourhoods adjacent to Gerrard Street East, also known as the Gerrard Corridor. [The Coached Corridor initiative](#) sought to reshape the way we connect patients to family doctors by focusing on physician well-being and resilience. We offered family physicians the opportunity to be paired with a **professional coach** to support provider resilience and to help individuals reach personal and professional goals. The fully funded initiative was made available to 12 family physicians in East Toronto. In exchange, as part of the reflection-action-reflection cycle of learning that this program follows, participating family physicians were asked to accept a set number of new patients into their practice over a flexible 8 to 12-week period. This helps improve access to primary care for some of our most vulnerable residents.

How have the members of your OHT shared resources in support of your OHT's joint work? Has your team seen any efficiencies through this alignment?

Examples may include in kind contributions or pooling of financial resources.

In January [ETHP announced joint interim leadership positions supporting WoodGreen Community Services and Michael Garron Hospital](#)

This is the latest in a number of shared roles that we have introduced which support ETHP shared goals across two or more partner organizations.

Our Digital Steering Committee has invested in Digital Foundations work, which includes leveraging common platforms in place within multiple partners organizations (such as MS Teams) to support communications across partners. Resource constraints and redirection of resources to support our COVID response have impacted this work.

The current lack of funding for primary care leadership and coordination is proving a significant barrier to supporting the level of change that is needed for primary care. ETHP and EastT-FPN continue to advocate for base funding from the Ministry to support primary care engagement and coordination in the development of our OHT. We are developing shared resources that support both the East Toronto Health Partners OHT backbone team and the functions of the East Toronto Family Practice Network (e.g. communications, project management, etc.). However, temporary bridge funding and shared back-office support from ETHP for EastT-FPN is an unsustainable solution, longer-term funding is essential.

Where applicable, describe activities undertaken by your OHT to jointly respond to COVID-19 and any lessons learned. Where possible, please note which members of the OHT were involved, and their respective role(s)/ responsibilities.

COVID-19 Response	Key Activities or Achievements (indicate N/A or leave blank where not applicable)
COVID-19 vaccination planning and deployment (Has your team used the OHT-PHU COVID-19 Vaccine Resource Document, released on December 17, 2021, to support the planning of vaccine deployment events?)	Significant close and ongoing partnerships in place between Michael Garron Hospital and community partners to plan for vaccination events, mobile vaccination clinics, and community outreach.
Supporting long-term care homes	10 long-term care homes participate in a weekly community of practice with MGH hospital IPAC team
Supporting other congregate care settings	30 congregate living settings, 7 retirement homes, and 13 shelters in East Toronto are supported by our IPAC hub and spoke model.

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Acquiring and distributing PPE	We coordinated mask-fit testing events for N-95 masks from Dec 2021- March 2022. With additional funding from Ontario Health, we were able to provide mask-fit testing on site at partners and in local settings across East Toronto for both primary care and community front-line providers. A total of 35 partner organizations, including 10 primary care sites, participated in mask fit testing.
Infection prevention and control	MGH IPAC provided support around outbreaks and guidance for client and staff issues throughout the winter Omicron wave. ETHP hosts COVID-19 Q&A sessions 1-2 times per month with its full group of partners.
Implementation of virtual care supports	COVID@Home remote care monitoring has been provided throughout the fiscal year.
COVID-19 testing	COVID-19 testing and take-home testing has been supported at ETHP's COVID Outreach Centres, located in priority locations across East Toronto.
Supporting vulnerable populations or communities disproportionately affected by COVID-19 (e.g., through collaboration with a lead agency under the High Priority Communities Strategy)	Phase 3 of East Effort (High Priority Communities strategy) continued its work in Crescent Town/Taylor-Massey, Warden Woods, Oakridge, Thorncliffe Park, Flemingdon Park and Victoria Village, powered by community ambassadors for vaccine engagement and health promotion, supporting food security, access to PPE and Rapid Antigen Testing, and community-based programs addressing mental health and isolation.
Other	

Reflecting on the above COVID-19 related activities, please describe whether working together as an OHT has benefited or enabled these activities, or alternately, posed challenges.

Working as an OHT has been an incredible benefit within our COVID response. Partners have come together to work effectively toward shared aims.

The collaborative approach to IPAC has been a huge support (even a “lifeline” to ETHP members).

Section B: Key Activities and Achievements

Progress related to specific TPA outputs and milestones are reported in Section C; however, the achievement of these is dependent on advancements across key OHT model components (or building blocks) as described in the 2019 OHT Guidance Document and supported by eligible spending categories.

Please highlight any key activities and achievements related to the following model components, reflecting on the period from April 2021 to March 2022. Activities or achievements that occurred before this period may also be highlighted at the discretion of your OHT but should be noted as falling outside the standard reporting period.

Where no relevant activities took place during the reporting period because they were intentionally unplanned for the reporting period, please indicate 'N/A – Not Planned'. Where activities were planned but did not take place due to COVID-19 capacity constraints, please indicate 'N/A – COVID-19'.

Transforming Patient Care

Detail the activities that your OHT has undertaken to re-design care for your target population(s). Identify your OHT's key objectives for care redesign activities (e.g., improved access, transitions/coordination, communication and information sharing). Describe how/whether you have applied population health management approaches to inform care redesign. Highlight any notable achievements to date.

We have worked on design and co-design in planning for a digital care platform that addresses population health management through anticipatory primary and integrated care. A funding request for implementation through Ontario Health is pending.

We have benefited from new HSPN data sets and have been able to use these to validate and fine tune our collaborative Quality Improvement Plan approaches and plans for home care modernization.

ETHP has launched strategic co-design efforts for an integrated health and social care hub in Taylor Massey (Health Access Taylor Massey), building on the successful Health Access Thorncliffe Park model. The Health Access Taylor Massey (HATM) primary care proposal was developed and submitted to the MOH Primary Care Branch in December 2021 with the goal of expanding primary care access with additional family physician positions and access to integrated care. In Q4 we completed a recommended model for governance for the HATM initiative and will be reviewing this with partners in Q1 2022/23.

We are currently planning a second youth mental health hub to address the expected post-pandemic surge in mental health needs in our highest priority neighbourhoods, with opening planned for Q3 2022/23 in Thorncliffe Park. Planning efforts will leverage learnings gained from establishing our first hub on the Danforth.

Patient, Family, and Caregiver Partnership and Community Engagement

Highlight notable activities or achievements related to partnership, engagement and co-design with patient, family, and caregiver partners in OHT work. How have patient, family and caregiver partners been involved in OHT decision making?

If your OHT has also identified measures of success or approaches to track progress in this area, please describe them here.

Two Patient/Family/Caregiver partners are full voting members at the ETHP Leadership table. In the later part of 2021-22 we also added P/F/C partners to our Operations Team meetings and more of our steering committees and project teams.

ETHP continues to benefit from engagement with a diverse group of P/F/C partners on our Community Advisory Council (CAC). The CAC annual report was published in March 2022 - available [here](#). The CAC collaborated with ETHP's Evaluation Lead on setting goals and developing an evaluation framework for the CAC. CAC members co-designed and participated in a workshop to identify the long-term impact and mid- and short-term outcomes of the CAC work. The work on the logic model was then used to inform the development of the CAC work plan for 2022/23. Results from the evaluation will be used by the CAC to further its development.

Key achievements in Q4 include ETHP's Caregiver Support initiative, which was supported as a Community Surge project. The Caregiver Support Initiative focused on increasing caregivers' awareness of services available during winter surge season, with specific focus on reaching those from a range of ethno-cultural and diverse communities. Caregivers often lack information about the support services available. Caregivers from ethno-cultural and diverse communities, in particular, experience barriers in accessing and navigating existing services due to lack of linguistically and culturally appropriate sources of information, limited personal and professional networks in Canada, as well as financial, attitudinal and cultural barriers related to their sociodemographic status. In the project, caregivers identified solutions and developed resources, providing input into promotional materials, and reviewing the translations of the resources and the caregiver website.

ETHP has launched strategic co-design efforts for integrated health and social care systems in both Thorncliffe Park and Taylor Massey. These efforts have included recruiting community members and establishing Residents' Wellness Councils to engage in co-design, including co-chairing our efforts with local partner organizations.

ETHP has identified youth mental health as a priority for our OHT development. We have engaged a number of youth in co-designing improved services and supports. At the end of April 2022, we were notified that we have been successful in our bid to develop a second youth wellness hub in East Toronto and have been working with partners and youth in Thorncliffe Park to design and plan for the opening, slated for fall 2022.

Highlight notable activities or achievements related to engagement with local communities to inform planning and build awareness of OHT work.

If your OHT has also identified measures of success or approaches to track progress in this area, please describe them here.

ETHP engaged local residents, patients and caregivers in website design consultations and the new ethp.ca website was launched at the end of Q4. The website format is more effective in communicating the activities of ETHP and our partners. The website includes a link to the new online services directory (<https://services.ethp.ca>)

Through our ETHP initiatives, Taylor Massey has formed a vibrant Taylor Massey Resident Wellness Council. Thorncliffe Park launched its Resident Council in February 2022.

Our Primary and Community Care Response Teams in East Toronto have been active in supporting coordinated care planning for adults with unmet health or social needs, seeking to improve health outcomes by addressing social determinants of health and supporting an integrated system of care across East Toronto communities. In 2021-22 this program published a Community Engagement Plan which led to 6 community advisors being embedded in various Response Team planning groups. Further engagement is planned for 2022-23.

Highlight notable activities or achievements related to addressing the needs of underserved populations (including, but not limited to, describing engagement and inclusion efforts/activities aimed at promoting equity among Indigenous, Francophone, marginalized and racialized populations).

If your OHT has also identified measures of success or approaches to track progress in this area, please describe them here.

Phase 3 of East Effort (High Priority Communities work) continued its work in Crescent Town/Taylor-Massey, Warden Woods, Oakridge, Thorncliffe Park, Flemington Park and Victoria Village.

- Community Health Ambassador programs and resources, including vaccine engagement work
- Support program for food and essential items
- Distribution of PPE
- Community-based programs addressing mental health and isolation and access to online programs
- Providing Rapid antigen tests (RATs) for community-based distribution through another province-led high-priority community initiative.

Our Primary and Community Care Response Teams created 33 coordinated care plans in Q4, and 126 total for the 2021-22 fiscal year. The program is composed of cross-sector interdisciplinary teams including health and social service providers and volunteer community health ambassadors who share knowledge, resources and solutions. The Response Teams, supported by over 20 organizational partners, include case managers, community service providers, home care coordinators and service providers, mental health and behaviour specialists, primary care providers, supportive housing workers, and others. A total of 20 unique organizations referred clients to the Primary and Community Care Response Teams in 2021-22.

ETHP's Comprehensive Care and Integration Specialist Team brings together staff from WoodGreen Community Services, Cota, and St. Michael's Homes to support patients/clients with complex health needs to provide short term, short term intensive case management, counselling support, connection/reconnection to primary care, and improved coordination of care. In Q4, 37 referrals were submitted to the team (146 total for the year, with 25 unique care plans developed in 2021-22); 13 new Primary Care connections made.

In 2021/22, ETHP's Substance Use and Health Working Group prioritized a focus on trauma and substance use and convened a subgroup to identify initiatives to enhance trauma and substance use supports and services in East Toronto. Seeking Safety, an evidence-based counselling model to help people attain safety from trauma and/or substance use challenges, was selected as an intervention to pilot in East Toronto. Each pilot partner will provide one Seeking Safety trained staff for intake, assessment, planning, facilitation, and participant follow up by phone if needed. This staff will co-facilitate one cycle of Seeking Safety with another pilot staff member at a mutually agreeable date and time. Pilot staff will also be involved in pilot evaluation through provider interviews, debrief sessions for quality improvement and inform ETHP reporting.

In October 2021, Unity Health Toronto, MGH and Ontario Health announced the expansion of withdrawal management services (WMS) for clients who identify as women in the City of Toronto. Effective October 1, 2021, UHN's Women's Own program transitioned to Unity Health Toronto and MGH. It offers withdrawal management services, including six crisis (short-term) beds, 10 community (longer stay) beds, psychosocial and stabilization support for those experiencing a substance use-related crisis, and connections to other community resources such as housing, harm reduction services and community case management. A prescriber is onsite to manage non-complex medical withdrawal complications. Nurses are available onsite 7 days/week who provide health assessment, counselling and basic primary care. All services are BIPOC- and 2SLGBTQ+-friendly and operate from core foundations of trauma-informed, gender-transformative and anti-oppression philosophies. The new centre is scheduled to open in June 2022.

Leadership and Collaborative Decision-Making

Highlight any notable activities or achievements related to building a culture of trust, shared goals and accountabilities, and collective decision-making across OHT members and OHT leadership.

If your OHT has also identified measures of success or approaches to track progress in this area, please describe them here.

Review of our ETHP Governance and Operating Structure - In Q3, ETHP commissioned a third party review of our governance model and operating structure to provide short and long-term recommendations on the advancement of our partnership towards greater integration. In Q1 2022/23, ETHP is planning to bring all our partners and community advisors together to identify next steps in the development of our OHT.

Home Care Modernization - ETHP partnered with community partners, residents from priority neighbourhoods, and home care Service Provider organizations on a Home Care Modernization Leading Project proposal. ETHP has been notified that we have been invited to submit a more detailed proposal in May 2022.

Communications - ETHP launched its new website to communicate more effectively with partners and our community. The site includes our new service directory (services.ethp.ca), where you can search more than 1,000 health, social and community services in East Toronto. The service directory is powered by a partnership with ConnexOntario, The Healthline and 211 Ontario. These three organizations collect, validate and share health, mental health, government and community services information throughout Ontario.

COVID-19 response and recovery - ETHP continues to work with partners on a collaborative and integrated response to COVID-19, most recently with the advancement of our COVID Outreach Centres across East Toronto in which we are planning to expand services and supports for mental health, chronic disease management and improved access to cancer screening in priority neighbourhoods.

Patient, Caregiver and Community Co-Design - The ETHP Community Advisory Council (CAC) is in the process of developing a workplan and evaluation framework to assist with measuring its progress on supporting co-design efforts for the OHT.

Highlight any notable activities or achievements related to engaging primary care physicians in your OHT's work. Describe how clinical leaders are being included in the design and delivery of relevant OHT work.

If your OHT tracks primary care or physician engagement activities and/or outcomes in any way, please describe that here.

East Toronto Family Practice Network (EasT-FPN) is an incorporated entity with a Board of Directors. It is a signatory to the ETHP Joint Venture Agreement and family physician members participate as voting members of the ETHP Leadership Team, as well as on all ETHP committees. For priority workstreams, EasT-FPN has identified a Most Responsible Physician to lead work from the family practice perspective and participate in cross-organizational work groups.

SCOPE is a shared virtual interprofessional team for primary care providers (PCPs) in East Toronto regions. As a platform, SCOPE empowers collaborative work between primary care providers, hospital services, and community health partners while fostering a primary care community of practice. In the year ending March 31, 2022, SCOPE met and exceeded all the key performance indicators for the year. SCOPE expansion is underway, supported by a project manager at EasT-FPN and physician leads from EasT-FPN. Key accomplishments from 2021-22 include:

- 40 new Primary Care Providers registered for SCOPE (19 PCPs joined in Q4, Jan - Mar 2022)
- 1136 calls/ interactions with PCPs (469 calls in quarter 4, Jan - Mar 2022)
- ED diversion rate is averaging at 64% (target is above 40%)
- SCOPE ran a successful short term mental health program in March 2022 to respond to PCPs needs.
- SCOPE organized a Mix and Mingle event in March 2022, in collaboration with the Family Physician and Specialists Collaborative, that aimed at enhancing collaboration between primary care providers and specialists.
- SCOPE has planned to establish a Primary Care Providers Advisory Group and started the process in March by inviting a number of PCPs to participate in the advisory group. The PAG will start its activities and meetings in this FY.

Digital Health and Information Sharing

Highlight any notable activities or achievements related to the advancement of digital health/virtual care or advancing information sharing across the members of the OHT. Examples could include expanding access to patient-facing digital health solutions (e.g., virtual care, online appointment booking), supporting initiatives that enable access to integrated personal health information in a privacy protected manner, or other digital health or virtual care solutions which have supported integrated team-based care.

Where activities relate to projects funded by the ministry or Ontario Health (e.g., virtual urgent care, surgical transitions), please simply list the project. Further details will be provided through the relevant TPA reporting mechanism.

We have continued to generate and share Vaccine & COVID response data locally with our East Toronto Health Partners community.

ETHP has been working to advance our Digital Foundations work, via three streams of activities

- 1) Developing a SharePoint site to be a central ETHP document management tool for corporate groups, and a migration plan to shift document management to this location.
- 2) Reviewing policies and configuration of the Microsoft Tenant across anchor partners and interested partners to establish policies and best practices for communication across partners.
- 3) Program tool development for our Primary and Community Care Response Teams: focused on introducing digital program tools via Microsoft suite.

ETHP's current Digital Health initiatives funded by the Ministry or Ontario Health include:

- virtual ED and urgent care
- central waitlist management
- remote care monitoring
- home-based wound care (SWIFT)
- virtual primary care
- online appointment booking
- test of change: anticipatory primary and integrated care for East Toronto
- test of change: digital front door

Achieving the Quadruple Aim: Performance Measurement, Quality Improvement & Continuous Learning

Highlight any notable performance measurement and quality improvement activities and achievements.

ETHP submitted our collaborative Quality Improvement Plan (cQIP) in Q4. Our cQIP aims to:

- Identify improvement opportunities in collaboration with patients, caregivers and community members;
- Create shared quality goals and align quality improvement efforts across OHT partners; and,
- Support a culture of quality improvement across partners.

ETHP has worked on an evaluation of our COVID response activities which will be completed in sprint 2022.

ETHP has accessed HSPN data for the attributed population with analysis to the neighbourhood level.

As an OHT we are looking closely at home care data and planning for our evaluation of our Home Care Modernization Leading Project, with leadership from our ETHP Evaluation Lead.

Highlight any notable activities or challenges related to the collection, sharing or use of data to inform your OHT's performance measurement and quality improvement efforts.

As an OHT, we have set a goal to become a Rapid-Learning Health System in which frontline providers, patients, and caregivers work side-by-side with experts in research and evaluation to assess and learn about care improvements in real-time. Our cQIP is an example of our Rapid-Learning Health System in practice. Starting in September 2021, we established working groups with patients, caregivers and care providers to identify barriers and opportunities to access cancer screening, address alternate level of care (ALC) and improve support for mental health and substance use.

Although EHP has signed a data sharing agreement across partners, there are still policy challenges related to sharing of personal health information across our partners, even with those within a clinical circle of care.

We will need access to patient-level data on our OHT attributed population to better enact population segmentation and population health interventions, including data at a neighbourhood level.

Please highlight any supports and resources offered by the ministry, Ontario Health and/or the OHT Central Program of Supports that your team has found particularly helpful in accomplishing the key activities and achievements above. For example: Ministry Guidance, RISE PHM Coaching, ADVANCE Leadership Workshops, and/or supports events included in the OHT Supports Events Calendar (<https://www.mcmasterforum.org/rise/join-events/oht-supports-events-calendar>)

Ministry and Ontario Health webinars
cQIP Community of Practice and Office Hours
HSPN webinars
RISE story boards
RISE coaches
Regional OHT meetings & Navigation meetings

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Section C: Status on Outputs and Milestones

Status of TPA Outputs

Schedule “C” of the Transfer Payment Agreement outlines “Outputs” that the approved OHT is responsible for producing by a specified date. Identify the current status for each of required Outputs. Where status is **Yellow** or **Red** please indicate associated risks in Section D - Risk Register. Any activities that teams have undertaken towards the development of these outputs may be considered when assessing status (regardless of whether ministry-issued guidance has been released).

Output	Due Date	Status Green – progressing well Yellow – some challenges Red – at risk N/A – Not Yet Started	For completed deliverables, please identify what activities and/or strategies your team is using to ensure continued implementation and evolution of the objectives set out in these deliverables (if applicable). For outstanding deliverables, please identify what actions are being taken to complete the deliverables before the end of the funding agreement (if applicable).
Patient, Family and Caregiver Partnership and Engagement Strategy	Sept. 30, 2021	Green - (Completed)	We have committed to sustain the role of Project Manager, OHT Engagement for 2022-23 and are refreshing our Community Advisory Council membership in early 2022.
Primary Care Communication Protocol	Sept. 30, 2021	Green - (Completed)	East Toronto Family Practice Network has a robust primary care engagement and communication structure and an active pool of physician leaders.
Harmonized Information Management Plan	Sept. 30, 2021	Green - (Completed)	We successfully developed and submitted our planning document in September, but have encountered barriers in advancing our objectives in Harmonized Information Management. Recent efforts have focused on expanding our Microsoft foundations across participating partners and working on planning and use cases for a Digital Care Platform.
Patient Declaration of Values	Nov. 30, 2021	Green - (Completed)	ETHP has adopted the PDV and will be working with selected partner organizations in 2022-23 to assist them in also formally adopting the PDV.
A Collaborative Quality Improvement Plan (cQIP)	Mar. 31, 2022	Green - (Completed)	ETHP is working to establish a governance structure to oversee cQIP work in 2022-23 and will develop work plans for each of our Change Concepts. We have worked closely with our embedded Evaluation Lead in reviewing available data related to cQIP indicators.

Progress To-Date on TPA Milestones

Schedule “C” of the Transfer Payment Agreement outlines “Milestones” that the OHT is expected to have achieved progress on by June 30, 2022. Appreciating that the advancement of these Milestones will take time, categorize progress to-date for each as “**Green**”, “**Yellow**”, or “**Red**”. For Milestones with “**Green**” progress, identify key achievements. Where status is **Yellow** or **Red**, please indicate associated risks in Section D - Risk Register.

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TPA Milestone	Progress To-Date Green – progressing well Yellow – some challenges Red – at risk N/A – Not Yet Started	Upcoming Milestones & Associated Timelines Identify the next major project milestones associated with each TPA milestone and projected timing for completion.
Care has been re-designed for patients in the OHT’s priority population(s)	Green	<p>Care pathways have been redesigned for some of the highest risk patients within our priority populations, and we will continue to advance this work at a manageable pace through COVID.</p> <p>The Danforth Youth Hub has established an integrated stepped care service pathway to support youth with mental health challenges to access the service they need, when they need it. This will also be leveraged for the new Thorncliffe Park Youth hub opening in fall 2022.</p> <p>Mental Health Toronto (MHTO) has partnered with Michael Garron Hospital to develop a pathway between specialized and community-based mental health services.</p>
Every patient in the OHT’s priority population(s) experiences coordinated transitions between providers - there are no ‘cold hand-offs’	Yellow	<p>Care transitions have been redesigned for some of the highest risk patients within our priority populations, including care through our Primary and Community Care Response Teams and High Intensity Supports @ Home. We have submitted a proposal to Ontario Health to be a leading practice site for home care modernization. A key support for this work will be provincial changes in home care policy to enable the OHTs to better integrate home care services.</p>
Every patient in the OHT’s priority population(s) has access to 24/7 coordination and system navigation services.	Green	<p>ETHP launched its new website to communicate more effectively with partners and our community. The site includes our new service directory (services.ethp.ca), where you can search more than 1,000 health, social and community services in East Toronto. The service directory is powered by a partnership with ConnexOntario, The Healthline and 211 Ontario. These three organizations collect, validate and share health, mental health, government and community services information throughout Ontario.</p> <p>In addition, ETHP has submitted a test of change proposal to Ontario Health to design and implement a Digital Front Door, starting with primary care, to improve timely access to services and support self-navigation to address patient care needs.</p>

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<p>The majority of patients in the OHT's priority population(s) who receive a self-management plan understand the plan, and the majority who receive access to health literacy supports use those supports.</p>	<p>Yellow</p>	<p>Patients discharged through select units at MGH receive patient-oriented discharge summaries and transition support. Expansion to other populations is delayed.</p> <p>For COVID patients discharged to the COVID@Home program, discharge planning support may include referral to our COVID case management program to provide enhanced support for self-management.</p> <p>MGH has expanded patient self-care pathways for all surgical pre-op patients, and several post-op pathways, to support improved patient communication with the care team</p> <p>Implemented MGH-WoodGreen community health pathways to support patients in the ED and on discharge from inpatient admission.</p> <p>Our four primary and community care response teams are working with patients and caregivers to develop coordinated care plans that address the needs of patients who would benefit from a self-management plan</p>
<p>More patients in the OHT's priority population(s) are:</p> <ul style="list-style-type: none"> ● accessing care virtually ● accessing their health information digitally ● booking appointments online 	<p>Green</p>	<p>Remote Patient Monitoring is being expanded to include additional populations. MGH has implemented a virtual ED visit platform.</p> <p>Two of our primary care practices received funding from Ontario Health to advance online appointment booking.</p> <p>ETHP has submitted a test of change proposal to Ontario Health to design and implement a Digital Front Door, starting with primary care, to improve timely access to services and support self-navigation to address patient care needs.</p>
<p>More providers in the OHT are accessing provincially funded digital health solutions (e.g., provincial clinical viewers, Health Report Manager, eServices).</p> <p><i>Note: Although not a listed milestone, the commitment to adopt core provincial digital health services is a pre-condition of using implementation funding on digital health, information management, and virtual care implementation activities) per page 23 of the TPA.</i></p>	<p>Green</p>	<p>MGH initiated the OCEAN eReferral program in Q4 FY20-21. The program has been expanded since the launch to include all surgical services, medicine, diagnostic imaging, and youth mental health.</p> <p>Established a structured Primary Care – Specialist Communication roadmap, to guide expansion of Secure Messaging, SCOPE, eConsult and eReferral</p>

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Most primary care providers to the OHT's priority population(s) are members of, or partners with, the OHT.	Green	The majority of family physicians within the OHT are current members of and/or registered with the East Toronto Family Practice Network.
Information about OHT member service offerings is readily available and accessible to the public, e.g. through a website.	Green	ETHP launched its new website to communicate more effectively with partners and our community. The site includes our new service directory (services.ethp.ca), where you can search more than 1,000 health, social and community services in East Toronto. The service directory is powered by a partnership with ConnexOntario, The Healthline and 211 Ontario. These three organizations collect, validate and share health, mental health, government and community services information throughout Ontario.
Progress has been made to reduce inappropriate variation in care and implement clinical standards or best available evidence.	Green	ETHP is working with RNAO to implement best practice standards for patient and family-centered care and falls prevention.
The OHT's performance has improved on measures of access, transition, coordination of care, and integration.	Green	ETHP has an evaluation strategy and embedded evaluation researcher in partnership with the University of Toronto to evaluate our OHT performance

Section D: Risk Register

Categorize and describe any current risks or challenges to achieving outputs or milestones. General risks to the OHT's implementation plans should also be identified. Describe any mitigation strategies put in place to address the identified risks.

Risk Category	Description of Risk	Mitigation
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<p>Resource Risk</p>	<p>Continuity of funding for backbone support - The MOH has provided implementation funding for OHTs until September 2023, after that the OHTs will need to work with the MOH to establish a plan for ongoing support of the OHT development.</p> <p>Flexible use of funding – As the OHT partners contribute more effort and shared work to advance integrated care in East Toronto, we face increasing barriers in how existing funding through Ontario Health and the Ministry of Health can be used. We will need greater flexibility through Ontario Health and Ministry of Health funding sources to enable us to share resources and apply our funds to support shared work.</p> <p>Short term funding - Short term (e.g. six-month) funding envelopes are impacting long term planning. This approach forces the OHT to tackle priorities in a fragmented fashion which may not align with long-term goals and strategies.</p>	<p>With confirmed funding for the next 18 months, ETHP is investing resources in activities that will be foundational for the future development of the OHT. However, in the absence of sustainable funding beyond 2023/24, the OHT will not have sufficient funds to continue to provide the level of administrative support that is required for the OHT development and will need to slow down the pace of development.</p> <p>ETHP strives to align all work to our overall strategic plan. Where possible, ETHP identifies in-kind funding that can be available to extend the value of our time-limited initiatives with short-term funding, however such opportunities are limited.</p>
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<p>Resource Risk</p>	<p>Funding for Family Physician Engagement and Coordinated Leadership - ETHP is one of the first regions in the province to have an organized network of family physicians. This level of coordination requires resources to support it and at this time there is no ongoing funding from the Ministry to support coordination and engagement of primary care/family physicians.</p> <p>The lack of sustainable funding for primary care leadership and coordination is proving a significant barrier to address long-term planning and obligations. For example, East-FPN is interested in long-term primary care capacity planning, digital health planning, and support for family practice integration models, but is unable to make any commitments to members. This restricts our ability to support the level of change that is needed for primary care.</p>	<p>ETHP continues to use its provincial funding to provide temporary bridge funding for East-FPN. This level of funding is not sustainable and may not be sufficient for the operational needs of the East-FPN and the complex change efforts from integrated care and virtual care perspectives.</p> <p>ETHP and East-FPN continue to advocate for base funding from the Ministry to support primary care engagement and coordination in the development of our OHT.</p>
<p>Resource Risk</p>	<p>Loss of funding to support community health ambassadors – ETHP has relied heavily on the support from volunteer community outreach workers (community health ambassadors) to support our vaccine outreach and trust strategy, recruited by key partners such as Flemingdon CHC, TNO, Access Alliance and WoodGreen Community Services. The community ambassador program has been supported by funding from The City of Toronto and Ontario Health, but these funds are temporary and short term.</p>	<p>ETHP has significant concerns about the loss of support from our community members to continue our COVID response and implement our post-COVID recovery and renewal strategy, including supporting outreach for mental health, cancer screening and chronic disease management in alignment with our Community COVID Outreach Centres. ETHP and our key partners for the community health ambassador program have been supporting advocacy efforts for renewed funding for this program.</p>

<p>Resource Risk</p>	<p>Capacity funding for 2022/23 Surge Planning</p> <ul style="list-style-type: none"> ● Need for ongoing funding for joint hospital-community outreach teams to support Long Term Care Homes, Shelters and Congregate Settings – specifically reflecting the need to return Nurse -led Outreach Team (NLOT) funding to COVID-levels to prevent significant hospital admissions during the winter season, and re-align NLOT teams to the OHT geography ● Need for ongoing funding for the Atrium on Kew Beach, as part of our mitigation to the LTCH capacity lost in the East due to COVID/IPAC restrictions – specifically into FY 22/23, to make this an ongoing reactivation, respite and ALC resource in East Toronto ● Need for ongoing funding for the additional long-term vent and progressive weaning capacity – specifically to support the ongoing critical care needs in the region 	<p>ETHP works with the MGH team to make shared decisions on allocation of surge funding to support hospital and community capacity, however there are COVID-related capacity issues that require more sustained funding into 2022/23. Currently, special COVID funding will end in Q1 2022/23.</p>
<p>Other/Political Risk</p>	<p>Election cycle impact - The OHT development has been an important strategy of the current government platform, which may be impacted by the election in 2022.</p>	<p>ETHP’s commitment to create a more integrated system of health and social care pre-dates the current OHT strategy and will continue to be a focus for East Toronto. We completed a targeted outreach strategy in Q4 to share updates on our collective efforts to advance more integrated care in East Toronto. We also conducted a review of our governance structures and process to strengthen our capacity for further integration.</p>

<p>Resource Risk</p>	<p>COVID recovery, health and wellness of our community and staff - The COVID pandemic has created an overwhelming workload for front-line staff and providers. We are concerned about staff wellbeing and mental health as we care for our community, which is also experiencing issues related to mental health, burnout, and stress. In addition, we are experiencing staffing shortages as we struggle to recruit and retain staff.</p> <p>Our COVID recovery efforts and capacity challenge will impact the timing and ability to advance OHT work and take on new initiatives to address priorities for our community</p>	<p>ETHP continues to work collaboratively to share resources and support our frontline teams as best as possible, including rolling out vaccines as quickly as possible to reduce the spread of COVID-19</p> <p>The coordination of COVID recovery efforts between provincial, regional, and OHTs will be helpful. ETHP leaders are participating in planning tables for regional and provincial recovery strategies.</p>
<p>Compliance Risk</p>	<p>Home and community care Transition - ETHP is concerned about the ability of OHTs to move quickly to test new models of home care delivery through integrated teams. There continues to be ongoing reorganization of home care responsibilities through restructuring within Ontario Health and issues with clarity about how home care operations will evolve in the short and long term.</p>	<p>The ETHP leadership table includes both OH regional representation and home care SPO leadership. This leadership engagement is very helpful as we plan for improved integration of home and community care partners in East Toronto.</p> <p>ETHP is working with Ontario Health on efforts to advance plans for integrated care, including submitting a proposal for becoming a leading practice site for home care modernization.</p>

<p>Partnership Risk</p>	<p>Health Human Resources - ETHP is facing a number of issues related to Health Human Resource (HHR) capacity, including recruitment of PSWs, shortages of primary care in several neighbourhoods, and wage disparity among partners. In particular, as we create more integrated ways of working and bring together different partners, the inequity in compensation across sectors (including for similar roles such as PSWs) and organizations becomes increasingly challenging.</p>	<p>ETHP continues to advocate at a policy level for addressing HHR issues. We also have started to include more regular updates from partners on capacity issues as part of our regular touchpoints.</p>
<p>Resource Risk</p>	<p>Regional Digital Platforms – There is a need to address gaps in current data exchange capabilities provincially, including further advancing the provincial electronic health record (EHR) that will facilitate information flow for patients that are both part of multi-organizational OHTs as well those that move across future OHT boundaries</p> <p>Data standardization - data quality and the lack of standardization of systems/data captured impedes data analytics and advancing information management</p> <p>Access to provincial viewers - community partners need better access to provincial viewers and tools to enable getting the right information at the right time. User experience and access to common data sets would help not having to replicate and transfer and wait for “data” to arrive.</p>	<p>ETHP digital health leads continue to work with regional and provincial leadership to advance shared digital health priorities and bridge gaps within and across OHTs.</p> <p>We have been approved to advance planning for a test of change related to establishing a shared digital platform for exchange of patient information across integrated teams. Pending approval of our implementation plan, the digital platform will be implemented in 2022/23.</p>

Compliance Risk	Privacy legislation - changes in privacy legislation are required to enable better sharing and coordination of information across the integrated teams of OHTs.	ETHP has signed a Data Sharing Agreement to help address information sharing and privacy across our OHT partners, but further provincial policy changes are required - this includes a provincial plan for transitioning OHTs to become Health Information Custodians.
Patient Care Risk	<p>Long-Term Care Capacity – COVID-19 has exposed many long-standing challenges in long-term care. Staff have left the sector and many older seniors and families have lost trust in the care. Substantial investment in facilities and staffing will be required to meet the needs of residents. In addition, the health system will need to explore alternate models to support people longer in their homes and in assisted living and other housing options.</p> <p>There are also several LTCHs in East Toronto that have indicated that they will close in the next 3-5 years due to the high cost of redevelopment. This will result in the loss of several hundred LTC beds in our community.</p>	<p>ETHP has initiated long-term planning for alternate models of care to support care for seniors and people with complex/chronic diseases, including long-term care. Providence – Unity Health is also expanding and building a campus of care model in East Toronto.</p> <p>Additional planning with the support of the Ministry of Health and Ontario Health is needed to support funding and testing different models of care for older persons, including new models for home care, supportive housing, and assisted living.</p>

Risk Categories

<p>Patient Care Risks</p> <ul style="list-style-type: none"> ● Scope of practice/professional regulation ● Quality/patient safety ● Other 	<p>Resource Risks</p> <ul style="list-style-type: none"> ● Human resources ● Financial ● Information & technology ● Access to supports for OHT development ● Other
<p>Compliance Risks</p> <ul style="list-style-type: none"> ● Legislative (including privacy) ● Regulatory ● Other 	<p>Partnership Risks</p> <ul style="list-style-type: none"> ● Governance ● Community support ● Patient engagement ● Other

Section E: Planned Activities for Next Fiscal Quarter

Please provide a brief description of your team’s top priorities for the next quarter (Q1 2022-2023) and list key planned activities.

- Completing planning work for Population Health Management and Digital Care Platform (Test of Change project: Anticipatory Primary and Integrated Care in East Toronto) (May 2022)
- Planning for our Home Care Modernization Leading Project (May 2022: detailed proposal)
- Strategic planning event with our full group of partners (June 2022)
- Opening Women’s Withdrawal Management Service location on the Danforth (June 2022)
- Opening Crescent Town Medical Clinic space for Health Access Taylor Massey
- Launch Advanced Clinical Practice Fellowship (Falls Prevention focus) – part of our RNAO Best Practice Spotlight OHT partnership work

PART TWO: TPA PERFORMANCE INDICATOR REPORTING

Please complete and attach the ‘TPA Performance Indicator Reporting’ template to your submission.

PART THREE: FINANCIAL EXPENDITURE STATEMENT

Please complete and attach the ‘Financial Expenditure Statement’ template to your submission.