East Toronto Health Partners

2023/24 Q1, Q2, & Q3 Operational Report

Primary and Community Care Response Teams (PCCRTs)

Q1: April 1, 2023 – June 30, 2023
Q2: July 1, 2023 – Sept 30, 2023
Q3: Oct 1, 2023 – Dec 31, 2023

Prepared by Lori Sutton

Key Highlights from Operational Report

Operational Report (PCCRT)

Planning & Implementation (Operations)

- Maintaining referral volumes - stable compared to last fiscal year
- Service connections have decreased – may in part be due to data entry and/or extraction error which has a high degree of risk for error in the current Google system (this will be fixed in the new ETHP Collaborate system)
- Implementing program redesign recommendations (from 2022/23 report)
  - Team restructuring from four to two teams in Q1 (see program webpage for details)
  - Planning group restructured from 5 to 3 in Q1 (see governance structure for details)
  - New partnership agreement created in Q3 (signing to be completed in early Q4)
- Creating new digital solution for PCCRT operations (ETHP Collaborate)
  - Development in Q1, Q2, and Q3 (to be completed in early Q4 and launched in mid/late Q4)

Engagement

- Supporting integration of PCCRT with ETHP Integrated Care Initiatives (i.e. Home Care Leading Projects and MGH2Home)
- Developing new partnerships with MGH Emergency Department, and Home Instead
- Clarifying and strengthening existing partnerships as part of new partnership agreement implementation process

Reporting/Evaluation & QI

- 2022/24 Two-Year Evaluation Report scheduled for completion in early 2024/25
- Provider experience survey tool/process to be modified to align with evaluation needs of program redesign and ETHP Collaborate
- 2024/25 Evaluation Plan in progress (to be finalized in Q4; to include metrics from ETHP Collaborate)

Key Project Links: Website, Governance Structure, Evaluation Plan, Work Plan, Glossary

East Toronto Health Partners

For additional data and program information contact Lori Sutton, Project Facilitator, lsutton@srchc.com

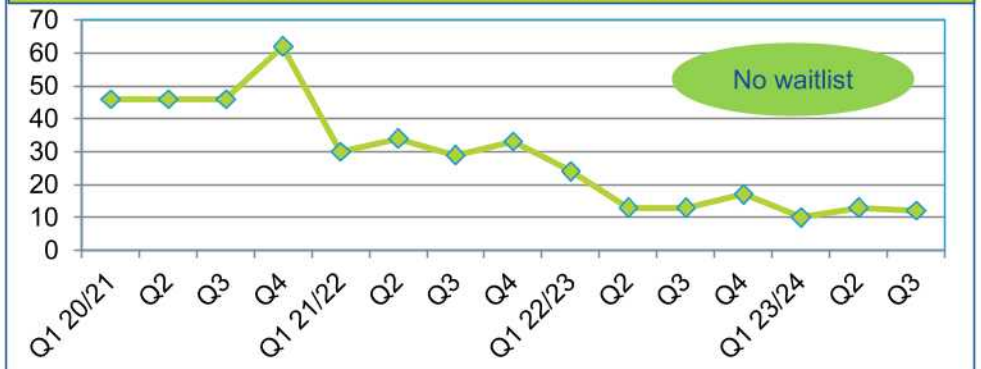
Improving Access to Integrated Care (PCCRT - Part 1)

36 YTD Referrals This Fiscal (Q1=10, Q2=13, Q3=13)

97% (35) resulted in a care plan
Reason referral cancelled: needs already met [1]

Referral Pattern Over Time

of completed referrals submitted per quarter



Distribution of Referrals

% (#) of completed referral to each PCCRT*

PCCRT	Q1	Q2	Q3	Q4	YTD
All	10	13	12	---	**35**
PCCRT1 (West ETHP)	70%(7)	54%(7)	33%(4)	---	**51%(18)**
PCCRT2 (East ETHP)	30%(3)	46%(6)	67%(8)	---	**49%(17)**

*PCCRT rounding table reduced from 4 to 2 at the beginning of April 2023.
See map on program webpage

Who is Being Referred

%(#) of completed referrals by client demographic profile

Category	Demographic	Q1	Q2	Q3	Q4	YTD
Total completed referrals		10	13	12	---	**35**
Age	**Over 65**	70%(7)	85%(11)	83%(10)	---	**80%(28)**
	Over 85	---	38%(5)	8%(1)	---	**17%(6)**
Gender	**Female**	40%(4)	77%(10)	58%(7)	---	**60%(21)**
	Male	50%(5)	23%(3)	42%(5)	---	**37%(13)**
	Gender queer	---	---	---	---	**---**
Living Situation	**Lives alone**	50%(5)	69%(9)	50%(6)	---	**57%(20)**
Caregiver	**Has caregiver support** Of those, caregiver living with them Of those, caregiver is a family member	40%(4) 33%(1) 75%(3)	54%(7) 57%(4) 100%(7)	25%(3) 100%(3) 67%(2)	---	**40%(14)** **57%(8)** **86%(12)**
Primary Care Attachment	**Has primary care provider (PCP)** Of those, PCP does home visits Of those, PCP is retiring soon	50%(5) 50%(2) ---	69%(9) 44%(4) 11%(1)	25%(3) 67%(2) ---	---	**49%(17)** **47%(8)** **6%(1)**

*See Glossary / Data Source: PCCRT Referral & Care Plan Data

Improving Access to Integrated Care (PCCRT - Part 2)

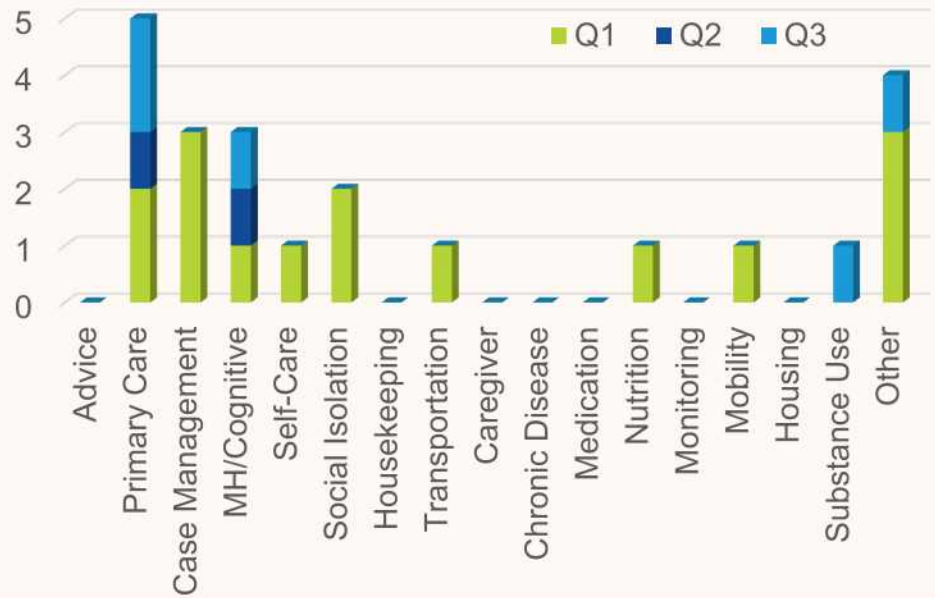
22 (YTD) Service Connections Facilitated

(Q1=15, Q2=2, Q3=5)

Top 3 supports: primary care (5), case management (3), mental health supports (3)

Types of Supports/Service Connections

of connections by type of support



Other includes: hearing support(1), rapid response nursing(1), MGH2Home(1), other-unclear(1)

Unique Care Plans Worked On

Care Plan Description	Q1	Q2	Q3	Q4	YTD
Care Plans Worked On	20	19	34	---	**73**
Newly Created	10	12	12	---	**34**
Open (end of quarter)	16	22	10	---	n/a

Care Planning Discussions

Description	Q1	Q2	Q3	Q4	YTD
Total Discussions	27	27	44	---	**98**
Initial	10	12	14	---	**36**
Follow-up	17	15	30	---	**62**
Range	1-3	1-3	1-2	---	**1-3**
Average	1.4	1.4	1.5	---	**1.4**
Senior Mental Health Collaborative Consultations	4	2	4	---	**10**
Number of Clients and/or Caregivers Participating	0	2	0	---	**2**

Rounds Meeting Cancellations

PCCRT Rounding Group (rounding frequency)	Q1	Q2	Q3	Q4
PCCRT 1 (2 per month / 6 per quarter)	1 (May) No discussions	2 (1 July, 1 Aug) No discussions	1 (Dec) Holidays	---
PCCRT 2 (2 per month / 6 per quarter)	2 (1 May, 1 June) No discussions	2 (1 July, 1 Aug) No discussions	1 (Dec) Holidays	---
SMHC (Senior Mental Health Collaborative) (1 per month / 3 per quarter)	none	1 (Aug) Facilitator unavailable	1 (Nov) Facilitator unavailable	---

*See Glossary / Data Source: PCCRT Referral & Care Plan Data

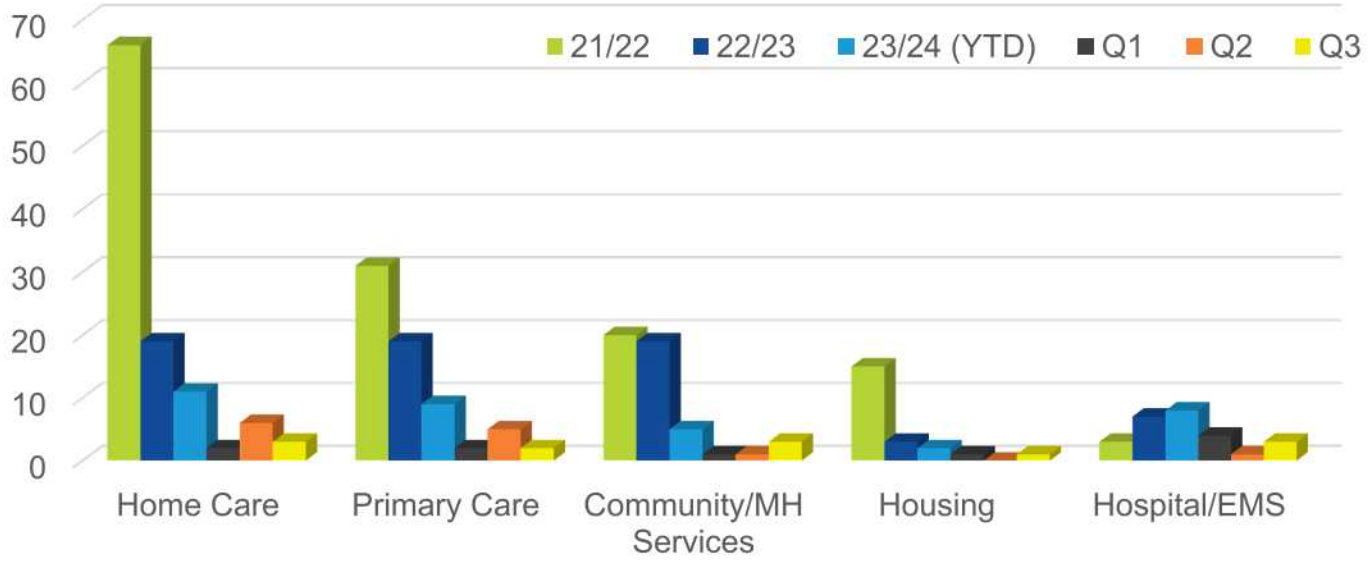
Enhancing Partnerships and Integrations (PCCRT)

31 Unique Organizations Have Referred (Since 2021)
14 (4 new) referring this fiscal (YTD)
New Referral Sources: Q1-MGH*, Q2-MGH2Home, Q3-Home Instead, Providence Healthcare
Unique Individuals Referring this fiscal: 27 (YTD)
Referrals Through OCEAN* Healthmap this fiscal: 6 (YTD)

24 ↔ Unique Partner Organization2 (See webpage)
57↓ (due to restructuring) **Unique Members2**

Sectors Referring3

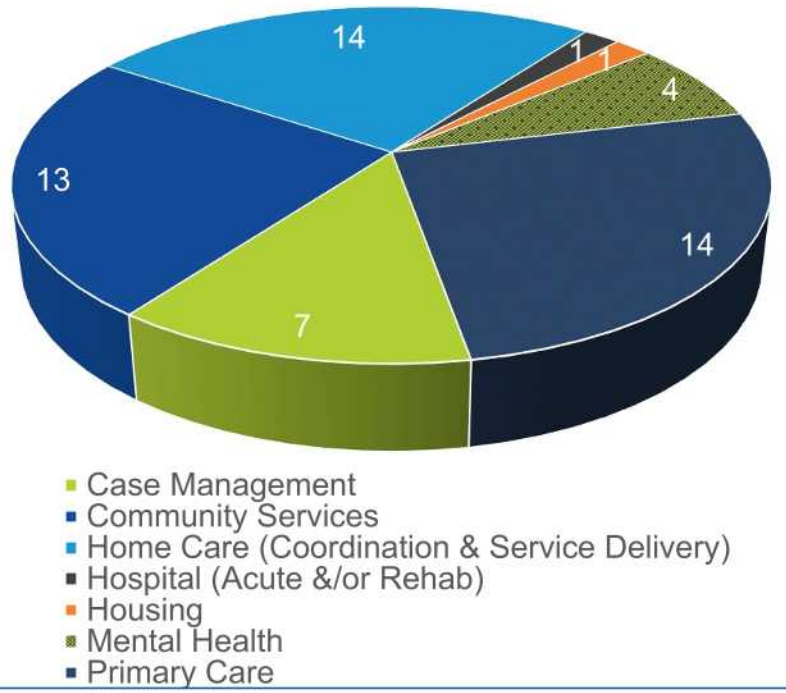
# of total referrals by sector/referral source category



 # completed referrals submitted in 2023/24: Home Care: HCCSS*(5), Home Instead(1), MGH2Home(5), VHA(0); **Primary Care:** AMC*(0), Bridgepoint FHT*(1), EECHC*(0), FHC*(0), HATP*(2), Mount Forest FHT(0), SAFHT*(2), SETFHT*(0), SRCHC(4)*; **Community/MH Services:** Baycrest(0), COTA (0), Fontbonne Ministries(0), TNG*(3), TNO*(0), WoodGreen(2), Youth Link(0); **Housing:** Fred Victor(0), Habitat Services(0), HOTT*(0), Houselink/Mainstay*(0), TSHC*(2); **Hospitals & EMS:** MGH(5), Mount Sinai*(0), Providence Healthcare(1), Sunnybrook*(0), Toronto Community Paramedics(1), UHN/incl. TIP(1)

Perspectives within PCCRT

# of unique members per perspective



Focus of Engagement/Alignment Work this Fiscal:
PCCRT Partner Organizations, MGH Emergency Department, ETHP Initiatives (Health Access Models [HATM, HATP], Homecare Leading Projects, MGH2Home)

PCCRT* Webpage Access4
1,182 webpage views this fiscal (Q1=420, Q2=394, Q3=368), **49** seconds is average time spent on page this fiscal (Q1=67, Q2=41, Q3=38)

*See Glossary / Data Sources: [1]PCCRT Work Plan, [2]PCCRT Contact List/Resource Toolkit, [3]PCCRT Referral & Care Plan Data, [4]ETHP Communications

Improving Client/Caregiver Experience (PCCRT)

Community Involvement in PCCRT					
Type of involvement	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
# Client/caregivers participating in PCCRT rounds[3]	0	2	0		**2**
# of Community members on PCCRT planning groups[5] Target=4 (2 on Steering Committee, 2 on Operations Committee)	4	4	4		**n/a**

Community advisor involvement in ETHP Collaborate development:

- Participated in co-design as members of ETHP Collaborate test/consultation team and PCCRT Operations Committee
- Provided functional oversight to development as members of PCCRT Steering Committee

***Improving Provider Experience (PCCRT)

- Over 40 front-line providers and service managers participated in co-designing the ETHP Collaborate (to be launched in Q4)
- 2022/23 PCCRT provider experience survey analyzed. 91% of responders are satisfied with PCCRT. Full results to be included in 2022/24 2 Year Evaluation Report. Planning for next experience survey underway.
- Education sessions for PCCRT providers offered through partnership with Ontario Regional Geriatric Program (ETHP collaborative quality improvement plan initiative)

*See Glossary / Data Sources: [3]PCCRT Referral & Care Plan Data, [5]PCCRT Planning Group Membership

Supporting System Level Infrastructure, Accountability & Reporting (PCCRT)

Digital Infrastructure:
Digital solution for PCCRT Operations (ETHP Collaborate):

- Co-designed with test/consultation group made up of front-line providers, service managers and community advisors
- Finalization of tool underway
- PCCRT clients and operations will be transferred in Q4 (late Feb/early March 2024)

Evaluation & Quality
Program redesign recommendations implemented (see Redesign report):

- Program restructured – number of rounding tables and planning tables were reduced (see goverance structure for details)
- Partnership Agreement (Collaborative Schedule of ETHP Joint Venture Agreement) developed (signing in Q4)

Program Sustainability
PCCRT leadership has been working with ETHP leadership to develop a human resource and funding plan to support sustainable PCCRT operations in 2024/25 and beyond

System Level Barriers Identified Through PCCRT Care Planning in 2022/23

None identified on client care plans this quarter

*See Glossary / Data Source: PCCRT Referral & Care Plan Data

Appendix 1: Focus of PCCRT Work

Supporting System-Level Infrastructure, Accountability & Reporting

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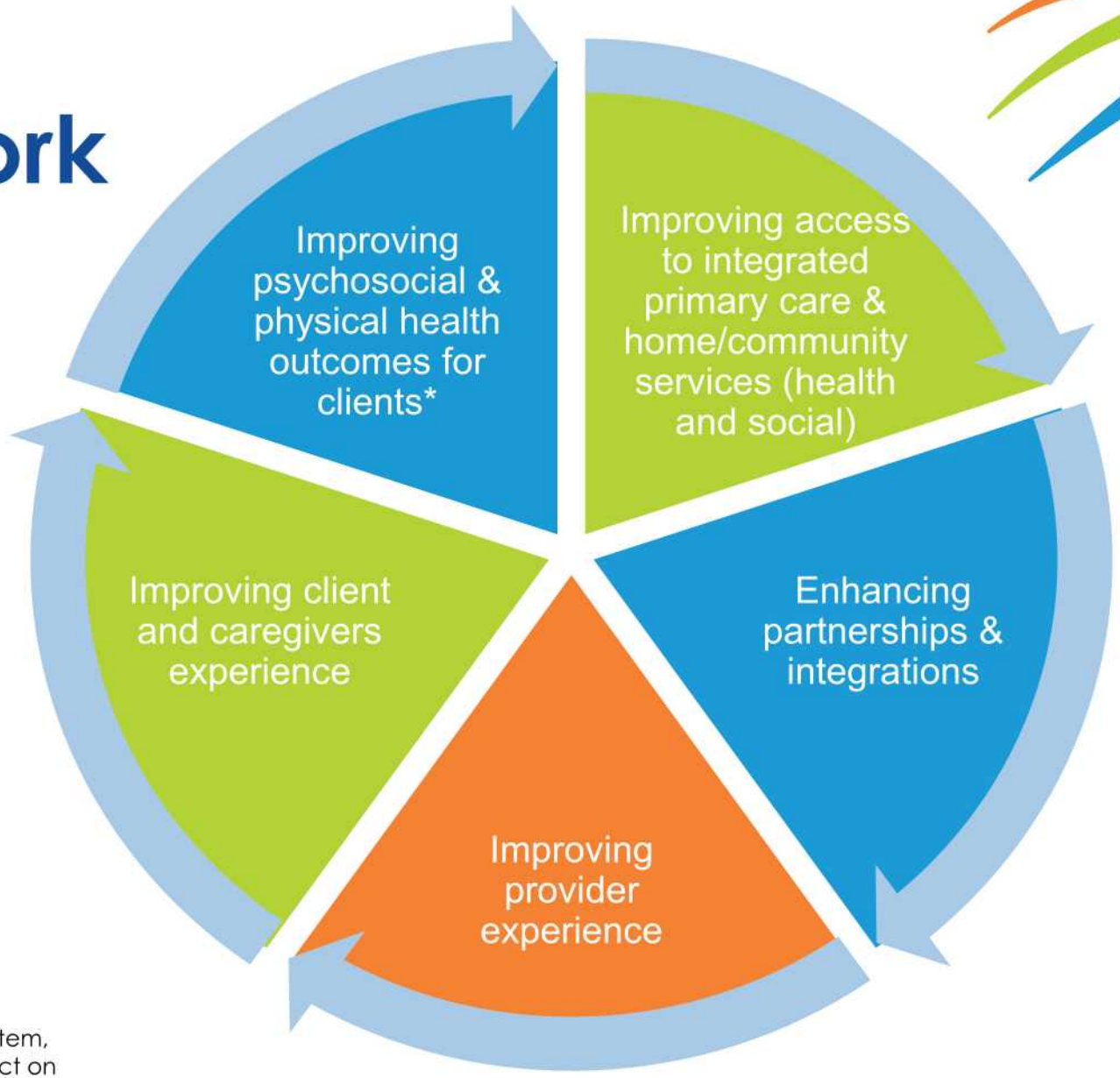

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*Given PCCRT's current anonymized system, we are unable to measure PCCRT impact on improving psychosocial and physician health outcomes for clients at this time

Link to 2022/23 PCCRT Work Plan