East Toronto Health Partners

East Toronto Care Network (EastTCaN)

Program Information for Providers

EastTCaN, an integrated care program of East Toronto Health Partners (ETHP) Ontario Health Team (OHT), offers:

- Integrated care pathways (ICPs), providing individualized 1-1 support for chronic conditions
- Collaboratives, supporting front-line providers/staff care planning and service navigation.

For more information email EastTCaN@tehn.ca or visit the EastTCaN webpages.

Integrated Care Pathway Details

Target Population	Eligibility
Chronic obstructive pulmonary disease (COPD) Pathway	
Adults with chronic obstructive pulmonary diseases (COPD) who: • Are admitted to Michael Garron Hospital (MGH) for COPD, • Are being followed in the MGH Chest Centre, and/or • Previous admission or visit to emergency department at any hospital within last 12 months for COPD.	• Living in and/or accessing care within ETHP OHT catchment* • COPD diagnosis • At home or with plan to discharge home (directly or from rehab) • Not at end of life** • Ability to participate in pathway***
Congestive Heart Failure (CHF) Pathway	
Adults with congestive heart failure (CHF) who are: • Admitted to MGH for CHF, and/or • Being followed by MGH Heart Function Clinic.	• Living in and/or accessing care within ETHP OHT catchment* • CHF diagnosis • At home or with plan to discharge home (directly or from rehab) • Not at end of life** • Ability to participate in pathway***
Post-ICU Ventilation Critical Illness Recovery (VENT+) Pathway	
Adults, and their caregivers, discharged from acute critical care at MGH who: • have complex and chronic respiratory conditions, and/or • require home ventilation (non-invasive or invasive mechanical ventilation) and/or tracheostomy.	• Living in or accessing ongoing care within ETHP OHT catchment* • In MGH ICU, LSP, or PWC following ICU admission within last 12 months at any hospital *(ICU=Intensive Care Unit, LSP=Long Stay Program (LSP), PWC=Prolonged Weaning Centre)* • 3+ days on ventilatory support (HFNO, NIV, IMV) *(HFNO=High-Flow Nasal Oxygen, NIV=Non-Invasive Ventilation, IMV=Invasive Mechanical Ventilation)* • Plan to discharge home (directly or from rehab) • Not at end of life** • Able to participate in pathway***

**East Toronto Health Partners (ETHP) Ontario Health Team (OHT) catchment is the area loosely bounded by Eglinton Avenue on the north, Lake Ontario on the south, Midland Avenue on the east, and the Don Valley Parkway/Millwood Road on the west*

***End of life defined by imminent death within 3 months*

****Ability to participate defined as having: 1. desire to participate, 2. operating phone number, 3. stable mental illness diagnosis or substance use if any, and 4. SDM/caregiver if significant visual or hearing impairment or dementia present*

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Collaboratives

Working together to build capacity of front-line providers and staff for care planning and service navigation through topic- and case-based discussions.

1 Health & Social Collaborative

Cross-sector support for care planning and/or service navigation

For health and social service providers and service navigators

8 sessions/year, 4th Wednesday, 11am-12pm

The Enhanced Home Supports Program (EHSP)* can be accessed through all Collaboratives

*The EHSP leverages a grant, managed by WoodGreen, to provide one-time funds of up to $1000 per client (per fiscal year) in an urgent situation, where alternative resources are unavailable.

2 Senior Mental Health (SrMH) Collaborative

Specialist support for mental health and/or cognitive care of seniors (50+)

For health and social service providers/staff

Monthly, 2nd Friday, 9am-10am

3 Bridging Expertise Across Medicine (BEAM) Collaborative

Specialist support for complex medical management of chronic illness

For primary care providers (MD, NP) and specialists

4 sessions/year, 3rd Friday, 8am-9am

Offered in partnership with:

- *Michael Garron Hospital's Department of Family and Community Medicine (DFCM), and*
- *East Toronto Family Practice Network (EasT-FPN)*
- *East Toronto Care Network (EastTCaN)*

Discussion of case/scenario can occur at more than one table when appropriate

Collaboratives are virtual spaces where front-line providers can come together to share information, collectively problem solve, and support each other.