# ANNUAL PLAN

2022-2023

We strive to be the healthiest community in Canada

SOUTH GEORGIAN BAY

ONTARIO HEALTH TEAM

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# Our Shared Purpose

We strive to be the healthiest community in Canada.

We, as a community, will co-design an innovative and equitable system that anticipates, meets, and exceeds the needs of all our people.

# SOUTH GEORGIAN BAY ONTARIO HEALTH TEAM

## Who We Are

South Georgian Bay Ontario Health Team (SGB OHT) members collaborate with patients, families, caregivers, and the community to co-design the best possible care to improve health outcomes.

Through the SGB OHT, we will continue to leverage our strong cross-sectoral relationships in our community to ensure every member of our population has access to connected care when and where they need it. Through collaboration, our health and social system will be better connected than ever, resulting in a seamless patient experience when accessing the care they need.

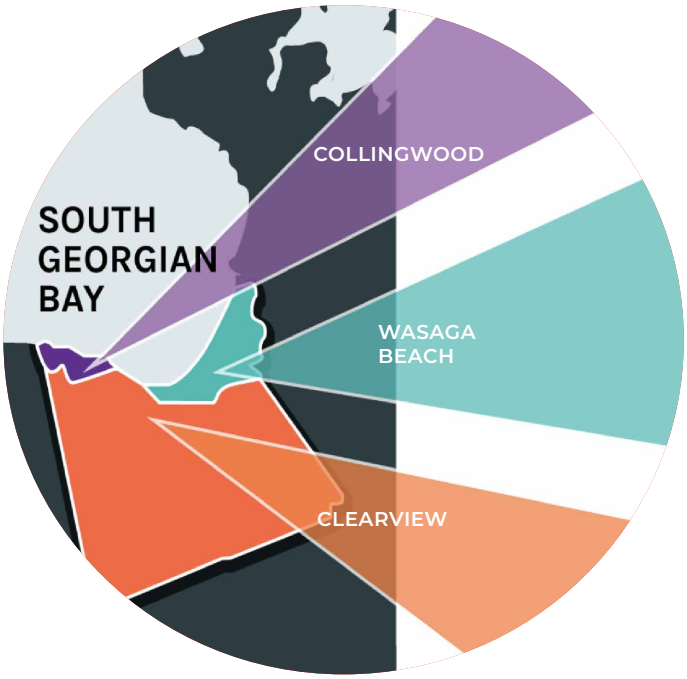
Ontario Health Teams (OHTs) have been introduced across the province to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Under Ontario Health Teams, health and social care providers work as one coordinated team. There are over 50 active OHTs in Ontario, including the South Georgian Bay Ontario Health Team (SGB OHT).

The SGB OHT works to create a connected health and social care system focused on what is most important to our local citizens and those that access health and social services in South Georgian Bay.

The SGB OHT was formally formed in 2020, but our partners have been working together with patients, care partners, and community members to develop innovative patient-centred care for over a decade.

> **“I’m thrilled to see this recognition of the long-standing history of collaboration amongst healthcare providers and community service organizations in our region. Forming the South Georgian Bay Ontario Health Team will enable us to continue our evolution towards a more integrated health system locally.”**
>
> Dr. Harry O’Halloran,
> South Georgian Bay OHT Co-Chair
> Lead Physician, Georgian Bay Family Health Organization

# OUR POPULATION 66,282




The South Georgian Bay OHT is responsible for providing better integrated, equitable and connected care to those that access health services in South Georgian Bay.

We are leveraging strong partnerships with new and long-standing partners to develop a local health system built around the needs of our local population.

In South Georgian Bay, we are fortunate to have a strong primary care network that is actively engaged in the work of the SGB OHT. This engagement will be critical for the continued success of our local OHT, as primary care is an essential driver of the OHT model to create a high-performing health system supported by quality improvements and information technology.

In South Georgian Bay, we have a significantly higher senior population compared to Ontario. This is an important focus of our initial program planning and development in 2022-2023 to ensure that all seniors, their families and care partners have health and social care when and where they need it to keep them safe and healthy in their homes and community.

# CREATIVE LEADERSHIP

The success of the South Georgian Bay Ontario Health Team to date can be attributed to proactive collaboration with community members and organizations.

## Collaboration Council

The South Georgian Bay Ontario Health Team is led by the Collaboration Council, which makes up the voting membership of the team. They guide project planning, implementation and measurement and oversee operations, budget, and strategic development of the OHT. Currently, 11 members from across the health and social service care spectrum and the chair of our SGB OHT Patient, Family and Caregiver Advisory Council (PFAC) represent the Collaboration Council. Leadership from the Collingwood General and Marine Hospital and the Georgian Bay Family Health Organization represent our SGB OHT Collaboration Council Co-Chairs. During discussion and collaboration, each member is expected to bring the perspective of their network to inform local decision-making.

# OUR PARTNERS
# AND SUPPORTERS

The SGB OHT is comprised of eleven anchor organizations from across the health and social care continuum, including Community Connection, Georgian Bay Family Health Team, Georgian Bay Family Health Organization, Hospice Georgian Triangle, Breaking Down Barriers Independent Living Resource Centre, Canadian Mental Health Association, South Georgian Bay Community Health Centre, Bay Haven Care Community, Entité 4, Collingwood General and Marine Hospital, and North Simcoe Muskoka Home and Community Care Support Services.

South Georgian Bay Ontario Health Team members collaborate with patients, families, caregivers and the community to co-design the best possible care for our region.

Entité 4

Canadian Mental Health Association Simcoe County

Bay Haven Care Community

BDB Breaking Down Barriers Independent Living Resource Centre Simcoe • Grey • Bruce

Georgian Bay Family Health Team

Collingwood G&M Hospital

Hospice Georgian Triangle Foundation

Community Connection connecting people to services 211 Central East Ontario

South Georgian Bay Community Health Centre

Home and Community Care Support Services North Simcoe Muskoka

Georgian Bay Family Health Organization

South Georgian Bay Ontario Health Team

PFAC

## Community Support

In addition to our Collaboration Council partners, the South Georgian Bay OHT is fortunate to have active engagement from our valued community supporters on our Action teams to inform, design and implement our local projects. For a complete list of partners and supporters, please visit: www.southgeorgianbayoht.ca

# WHAT IS AN ONTARIO HEALTH TEAM and what does it mean for me?

**Ontario Health Teams (OHTs)**

**Ontario Health Teams are being introduced to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team – no matter where they provide care.**

Providers and organizations eligible to become an Ontario Health Team include, but are not limited to, those that provide:

- Primary care (including inter-professional primary care and physicians)
- Secondary care, including specialist services (e.g., in-patient and ambulatory medical and surgical services)
- Home care
- Community support services
- Mental health and addictions services
- Health promotion and disease prevention services
- Rehabilitation and complex care
- Palliative care (e.g., hospice)
- Residential care and short-term transitional care (e.g., in supportive housing, long-term care homes, retirement homes)
- Long-term care home placement
- Emergency health services
- Laboratory and diagnostic services
- Midwifery services
- Other social and community services and other services as needed by the population

There are many Ontario health Teams that have been established across Ontario, including the SGB OHT. The South Georgian Bay OHT works to create a connected health and social care system focused on what is most important to our local community.

**In South Georgian Bay, the partners that are now part of the SGB OHT have a long-standing history of collaboration, spanning more than a decade.**

MAY 2019

## WORKING TOGETHER

The SGB OHT was established by 11 longstanding partners with a demonstrated significant impact when working together. The partners are committed to broad collaboration with all health and social care organizations and citizens in South Georgian Bay.

DECEMBER 2019

## GROWING TO SERVE

A significant milestone was achieved by inviting health and social care organizations and patient and family advisors in SGB to come together and define the purpose, principles and priorities for the SGB OHT.

JANUARY 2020

## ENGAGING OUR COMMUNITY

The SGB OHT continued their generative process of engagement with all key stakeholders and citizens in SGB in the development of the SGB OHT.

MARCH 2020

## RESPONDING TO OUR COMMUNITY

And still ongoing, the SGB OHT partners came together to proactively respond as one cohesive community to COVID-19. We continue building on our strengths and aligning to our OHT goals and structure, and reconfirming the value of being an OHT.

NOVEMBER 2020

## FORMAL APPROVAL FROM THE MINISTRY OF HEALTH

We received formal Ministry of Health approval and worked together to develop plans for strategy and execution, ensuring shared accountability, distributed leadership and full engagement of the SGB Community.

JANUARY 2021

## STRATEGIC FRAMEWORK

SGB OHT partners, governors and patients/clients, families and caregivers collaborated to confirm our co-designed shared purpose, principles by which we will work together, key priorities and the decision-making process. The outcome of this discussion formed the development of the SGB OHT strategic framework.

# PATIENT, FAMILY/ CAREGIVER ADVISORY COUNCIL (PFAC)

## Co-Designing Health and Social Service Care in South Georgian Bay

Our SGB OHT has collaborated and co-designed our work with patients, family members, caregivers, and members of our community since we first began our work as the SGB OHT in 2019. Since then, we have formally engaged and established the SGB OHT patient, family, and caregiver advisory council to co-design our work and strategic direction. This group has met monthly since March 2021 and continues to be engaged and informed members of the SGB OHT.

We use a distributed leadership structure to continue co-designing our work as an OHT with our PFAC members. The Chair of our PFAC is a member of the SGB OHT Collaboration Council and other members of our PFAC sit on various action teams to inform the work from the patient/family/caregiver perspective.

**The Purpose of the PFAC is to:**

- Serve as an advisory council to improve the patient/client, caregiver and family experience when accessing health and social services through the South Georgian Bay Ontario Health Team (SGB OHT)
- Serve as an advisory council to identify the gaps and barriers in the community to achieve high quality and safe care across the continuum
- Ensure that caregivers feel welcomed, informed in the development of a care strategy, involved, respected, and able to meet individual patient requirements on return home

**The PFAC has led the development of the following initiatives:**

- Local patient reported experience survey
- Patient declaration of values
- Patient, family and caregiver partnership and engagement strategy

**I feel that living in a community is more fulfilling if you are able to help other members of the community live healthy enriched lives.**

PFAC Member on being a part of the SGB OHT PFAC

## Patient, Family and Caregiver Partnership Engagement Strategy

**Strategic Goal**

Co-design and implement innovative and equitable health system improvements based on patient, caregiver and family lived experiences and unique local needs.

**Guiding Principles**

- Inclusivity
- Communicate
- Engagement
- Collaborate
- Transparency
- Culture of kindness and respect

**Domains**

Policy, Strategy, and System Level Discussions

Program and Service Experience - Based Co-Design

**Enablers**

- Support local population needs
- Program monitoring and evaluation
- Commitment to diversity, inclusion, and health equity
- Continuous quality improvement
- Support patients, families and caregivers
- Accessible communications

**Learn more about the work of the SGB OHT PFAC and how to get involved.**
**www.southgeorgianbayoht.ca/patient-family-advisory-council**

# OUR PRIORITIES AND ACTION TEAMS

**Our priorities as an Ontario Health Team were co-designed through an iterative process beginning in December of 2019 with our partners, governors, and community members, including our patients/clients, families and caregivers.**

**Co-design means that we worked together with different groups to ensure everyone's voice was included.**

Based on our local population health data, the needs identified by our community, and the ever-changing health care system in Ontario, the following priority areas and activities have been defined as our focus:

Population Based Integrated Care
Digital Health and Innovation
Responding to Shared Community Priorities (i.e. COVID-19)
Building our Capability for Shared Leadership Across our OHT
Building and Enabling a Communications Strategy that Creates Community Cohesion

**These are the principles that guide our work together:**

- We are willing to change despite discomfort
- We promise to share information and communicate broadly
- We believe in shared accountability and decision making across our network
- We believe in the value of co-design in everything we do
- We are committed to inclusivity
- We are committed to what is best for the community
- We want to be nimble together
- We will incorporate evidence-based decision making
- We are dedicated to a culture of kindness
- We will be innovative in how we reach our goals

## Action Teams

We work together through our action teams to achieve our priorities. These teams are made up of the different partners that come together through the South Georgian Bay Ontario Health Team Collaboration Council. Below are our action teams and the partners that make up the Collaboration Council.

**Patient, Family/ Caregiver Advisory Council**

**Digital Health and Innovation**

**Communications**

**Mental Health Collaborative**

**Congregate Care Settings**

**Supporting Seniors**

**Home and Community Care Transition**

# POPULATION BASED INTEGRATED CARE

**In South Georgian Bay, we look at the health and social system as one interconnected system of care. Our areas of focus were developed together with our community and are based on what we heard was most important for patients and families in South Georgian Bay.**

**We are working together with our community to address the local health needs of our South Georgian Bay community to improve health outcomes. This means looking at all the factors that contribute to a healthy community, including the social determinants of health. Our focus is on all aspects of community health to ensure that everyone has equitable access to care when and where they need it.**

**We are working to:**

## Increase Access to Community Mental Health and Addictions Services

**We will do this by:**

- Identifying and communicating how to access local, regional and provincial supports and services.
- Supporting primary care to make appropriate Mental Health & Addictions referrals and connect those at risk to appropriate services.
- Streamlining intake procedures and building local connections for integrated referrals, so patients experience coordinated, wrap-around services.
- Collaborating with regional partners for one point of access for crisis mental health resources and appointments.
- Developing collaborative solutions with Ontario Health Teams from across North Simcoe Muskoka and Ontario.

## Address Population Social Determinants of Health

- Developing improved population health data collection methods to better understand population health needs and address health equity barriers.
- Collaborating across health and social services to deliver holistic wrap-around care for all patients.
- Developing and implementing a 24/7 coordination and system navigation services plan for South Georgian Bay in collaboration with Ontario Health and 211.
- Launching the first Canadian Community Information Exchange (CIE) to connect a multidisciplinary network of partners through an integrated database/ platform to deliver enhanced care planning and create one longitudinal record.

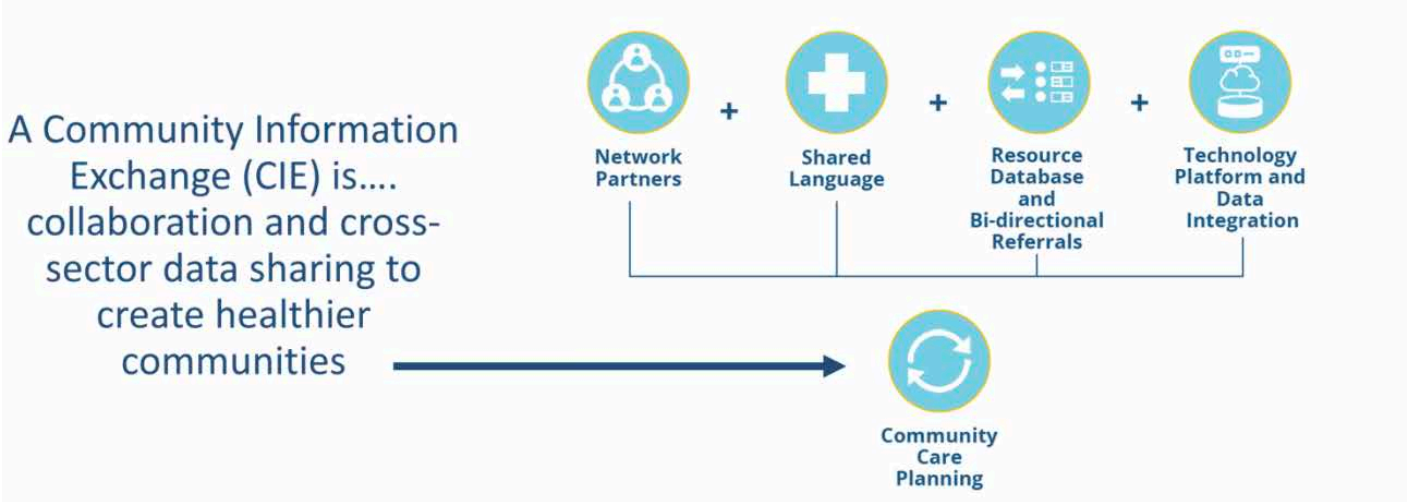
## Redesign Care for our Frail Older Adult Priority Population

- Co-designing care pathways for coordinated transitions between health and social service care providers.
- Ensuring all frail older adults have access to system navigation and coordination services when and where they need them.
- Enabling older adults and their caregivers to have access to a self-management plan and developing it with them.
- Providing tools for older adults and their caregivers so they can stay safe and healthy at home.

# PROJECT COMMUNITY INFORMATION EXCHANGE (CIE)

## Addressing Population Social Determinants of Health

In partnership with Community Connection - 211 Central East Ontario, we have developed the first collaborative Community Information Exchange (CIE) project in Canada. CIEs are care coordination tools that bring together providers and data from the health and social services sector.




The CIE infrastructure is being developed to support coordinated care through the use of shared language and assessment tools across partners. Social supports in place to support individuals and our population will be able to be evaluated through live data to create a clear picture of holistic healthcare, including the social determinants of health. The CIE aims to improve access to 24/7 coordination and system navigation services, better connect health and social services, and improve the health and wellness of individuals and populations through a holistic, health equity focus.

An area of focus for the SGB OHT is working together to reduce health inequities in the health system. Health equity is created when individuals have a fair opportunity to reach their fullest health and well-being potential, which includes the social determinants of health. Through this CIE collaborative, we will be connecting the Ocean eReferral Network to enable referrals to 211 to be sent from the patient's chart by their medical care team or from a web portal to be referred to 211 from the community. In either referral pathway, the patient will have the option to include their primary care provider on the outcome report, which is downloaded directly into their medical chart.

The CIE web portal will allow community organizations and other service systems such as faith organizations or police services to make secure and confidential referrals to 211 24/7 to expand access to system navigation services when and where the patient needs them. This integrated system will allow the patient to be connected to 211 for services that meet their social determinants of health as well as clinical needs since 211 will be able to connect the patient to the provincial Healthcare Navigation Services (HCNS) navigation tools for additional clinical support.

As a result of this collaborative community information exchange project with Community Connection, we will surpass our local and provincial Ontario Health Teams' goals of:

- Redesigned care pathways for our most vulnerable seniors using a population health management approach
- Coordinated transitions between providers
- Care that allows patients to receive health literacy supports and virtually access services
- Care to reduce inappropriate variation and implement best practice standards for equitable access to services
- Services that enable better access, seamless transitions, coordinated services, and integrated health and social service care
- Population health data to help identify and address health equity concerns

Individuals will benefit from a universal and person-centred record of cross-system interactions, enabling providers to best accommodate individual needs. This system will also provide community insights into all aspects of care that can be used to identify how needs and barriers can be met. These identified gaps in available services can then be used to inform OHT program planning and development.

> **We are working on developing a shared technology platform to allow physicians, health care providers and also community service organizations to make electronic referrals to 211 for people who are impacted by the social determinants of health. Like a physician prescribing medicine, this is social prescribing, a structured way of referring people to the broad range of local, non-clinical services such as food resources, transportation services, income supports or even social activities for those who are alone. With their basic needs supported, people can be more focused on their health and well-being.**
>
> Pamela Hillier, Executive Director of 211 Community Connection

# PROJECT
# HEALTHY AGING PROGRAM

## Redesigning Care for our Frail Older Adult Priority Population

Through the SGB OHT, the Healthy Aging Program team was established in alignment with the regional Specialized Geriatrics Strategy to redesign care for South Georgian Bay's frail older adult population. It continues to be supported by resources from the Georgian Bay Family Health Team (GBFHT), North Simcoe Muskoka Specialized Geriatric Services (NSM SGS), and the SGB OHT backbone team. This program team works together with patients, their caregivers, and many OHT partners from within the Georgian Bay Family Health Team, as well as the South Georgian Bay Community Health Centre, Collingwood General and Marine Hospital, 211, Home and Community Care Services, and other community providers to meet patient needs and improve their health outcomes.

- The South Georgian Bay Healthy Aging Program provides a central location to send referrals and ereferrals using the Ocean eReferrals Network to any of the following services:

    1. General Geriatric Services
    2. Specialized Geriatric Services
    3. Remote Monitoring Program Services

- Once a referral to the program is made, it is reviewed by the Healthy Aging Team and sent over to the most appropriate service based on patient and caregiver needs.

> **Thank you so much to you and the Healthy Aging Team for coming out and working with my dad. I cannot tell you how helpful it is to have strategies and safety measures available to implement for him. We will work towards as many of your suggestions as we can in order to assist both of them. My mom is so stressed and sad. It is amazing how things can change from one day to the next. Regardless, know that the time and patience you had with them supports not only them, but myself and my siblings, as well.**

Patient Caregiver, South Georgian Bay Healthy Aging Program

# DIGITAL HEALTH AND INNOVATION

**Digital health is a key priority for Ontario Health Teams (OHTs). Digitally enabled OHTs to offer health service providers opportunities to streamline their workflow and provide access to information when and where they need it and more efficient channels for delivering services. For patients and caregivers, having access to online tools will empower them to feel more connected and have improved access and quality of care.**

**Digital Health and Innovation in South Georgian Bay is guided by the Ontario Health Digital First for Health strategy available to view here:**
**www.health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/dig_health_playbook_en.pdf**

Ocean eReferral Network

The South Georgian Bay OHT is moving to Ocean eReferral Network for online referrals instead of traditional fax referrals.

**We are working to:**

## Advance Integrated Innovative Digital Health Solutions in South Georgian Bay

**We will do this by:**

- Improving connectivity between the Telus PS Suite community EMR and community providers to ensure more integrated care, streamlined provider communication and increased patient satisfaction.
- Collaborating with the Ontario Health provincial project to provide patients with the tools to access care and their digital health records virtually.

MEDITECH

The South Georgian Bay OHT is moving to Meditech software to improve clinician response time, ease workflow and improve patient outcomes.

TELUS® Health

The South Georgian Bay OHT is moving to Telus Health to conduct virtual visits, access health information and update patient records on a patient's Electronic Medical Record (EMR).

## Advance Patient Access to Care and Services Through Digital Platforms

- Implementing PS Suite EMR Virtual Visit to provide health care providers across primary care, long-term care, home and community care, and any other users on the system the ability to host a virtual video visit.
- Co-designing a virtual after-hours clinic, enabling patients to be seen in-person, virtually or over the phone depending on their preference and clinical appropriateness.
- Implementing online booking and patient messaging for all physicians and nurse practitioners in South Georgian Bay through the Ocean platform.
- Providing patients with the tools to access care and digital health records virtually.

## Better Connect Existing and New Digital and Virtual Health Systems and Social Services

- Expanding the use of Ocean eReferral across South Georgian Bay to connect patients and providers with local and regional specialists and community services.
- Developing an eReferral community referral portal for 211 services, initiated by any community organization, to be captured in the patient chart to reduce inappropriate variation in care and integrate health and social services.
- Collaborating with other regional Ontario Health Teams to develop a centralized point of access for mental health resources and appointments.

# PROJECT

# VIRTUAL CARE

**The ability to offer online appointment bookings is just one convenience that allows patients more control over their access to health visits and treatments. As we move forward with virtual (online) visits for patients, this is the next step in the evolution. Once an individual, or their caregiver, is familiar with the technology it provides an easy, convenient, and safe option for patients to meet face to face with their health care providers.**

Patient, South Georgian Bay

Our digital health innovations are one of the advancements and most significant success factors of the SGB OHT. Virtual care allows online appointment bookings and communication between the health and community care sectors. This helps to make sure referrals and transitions across the health and social system are easier and smooth, regardless of the needed care. Collaborative planning across sectors, using innovative digital health solutions, sees providers working together for the health of everyone in the South Georgian Bay community.

To support this work, the SGB OHT has collaborated with partners across Ontario and Canada to provide the following resources to the community:

- Participate as a selected member of the Healthcare Excellence Canada Virtual Care Together Collaborative to support clinicians and patients with virtual care tools to provide high quality and safe virtual care services
- Enable all primary care providers in South Georgian Bay with the tools they need to see patients by phone or video virtual video visit when appropriate
- Support all primary care providers in South Georgian Bay with the ability to offer online appointment booking and secure messaging to their patients
- Collaborate with other Ontario Health Teams in Central Ontario to adopt a common provincial patient portal application

**Learn more about the digital health transformation happening in South Georgian Bay. www.southgeorgianbayoht.ca/our-work**

> **The pandemic really exposed the necessity to have digital health options in place. We now have solutions in place that allow us to connect with not only primary care but anyone who is on our system. This includes any specialists, home and community care coordinators, midwives, and so on. There are many providers that are able to use that technology. It also allows electronic communication in a secure manner with patients being able to access the information on any computer, tablet or phone that they want to use. So that's been very helpful as patients are now sometimes reluctant to want to come into the office and we can do communication using that secure platform.**

Dr. James Lane, South Georgian Bay Ontario Health Team Digital Health Lead and Chief Medical Information Officer for Collingwood General and Marine Hospital

# SHARED COMMUNITY PRIORITIES

**For the partners and supporters of the South Georgian Bay OHT, population-based integrated care means that collaboration in promoting community health is at the centre of everything we do.**

**Our focus is on all aspects of community health to ensure that everyone has equitable access to care when and where they need it. This means that we work together to address the local health needs of our South Georgian Bay community to improve health outcomes. It also means looking at social factors that contribute to a healthy community.**

**We are working to:**

## Provide all our Attributed Population with Access to the Services they Need to Stay Safe and Healthy

**We will do this by:**

- Developing and implementing a community COVID-19 vaccination strategy to provide COVID-19 vaccine information and clinics to keep our community safe.
- Working with OHT partners and the community to provide COVID-19 testing information and clinics to keep our community safe and back to work as soon as possible.
- Operating the South Georgian Bay COVID-19 Remote Home Monitoring Program to keep vulnerable COVID-19 positive patients safe at home and reduce the use of intensive care resources.

## Serve as a Central Point of Information and Resources to Support the Community During COVID-19

- Continuing to collaborate with our cross-sectoral community partners, including public health, acute care, congregate care, primary care and home and community care to share information and best practices and help each other with resource constraints.
- Developing the South Georgian Bay OHT website as a central point of access for the public to engage with us and find the most up-to-date information about COVID-19 and available local support.

## Develop a Local COVID-19 Recovery Strategy for our Health System and Patients

- Conducting a needs assessment of those that access health and social services in South Georgian Bay to develop a COVID-19 recovery strategy to stabilize health, social and mental health care.
- Leveraging our strong community partnerships to lead an innovative COVID-19 recovery plan for South Georgian Bay to ensure that everyone has access to the services they need, when and where they need them.

# PROJECT RESPONSE TO COVID -19

The SGB OHT has used a flexible, adaptive and collaborative approach to keeping our community safe during the COVID-19 pandemic. We continue to come together as an OHT through our shared purpose and the collective goal of keeping our community safe and informed during COVID-19 at the forefront of everything we do.

The primary activities developed, implemented and evaluated by our OHT include:

- Providing accessible and equitable assessments and vaccinations
- Developing our own local COVID-19 Home Monitoring Program
- A mask fit testing community program
- The COVID-19, Cold and Flu Care Clinic
- Keeping our community informed through regular and timely updates on our SGB OHT website, social media pages, and community media releases

Our community response to COVID-19 as a region has been quite a feat and one that could only have happened with exceptional partnership and collaboration.

Examples of this collaboration to keep patients safe and healthy in our community during COVID-19 include:

- Operating the COVID-19 Home Monitoring Program leveraging virtual health solutions to detect for silent hypoxia in high-risk patients
- Creating the SGB OHT vaccination strategy that includes collaborative efforts to provide COVID-19 vaccines to home-bound and vulnerable people in our community and those who were otherwise not able to access COVID-19 vaccinations
- Providing COVID-19 assessment (including a drive-through assessment centre) and vaccination clinics to our community through significant collaboration and resource sharing across health and social services sectors
- Sharing information, best-practice, and COVID-19 resources including Personal Protective Equipment (PPE) and IPAC support between partners and supporters of the SGB OHT
- Supporting congregate care settings with access to PPE especially during the Omicron wave

Our equitable approach ensures that all patients, especially those most vulnerable, have access to the services they need, including vaccines. Our exceptional collaborative partnerships will continue to be leveraged by the SGB OHT as we now plan for COVID-19 recovery.

**In December 2021, just days before the holidays, Bay Haven Nursing Home was declared in a COVID outbreak. Although we had prepared for this for nearly two years, when it finally entered our doors, during the already hectic season, we were desperate for help and resources. Like the Marvel Superhero Team, the South Georgian Bay Ontario Health Team reached out to their partners asking for help and support. The team provided equipment, PPE supplies, staffing support and moral support. Those first few days were quite intense and ominous but with the support of our local OHT, we were able to get through the situation and continue providing care to our residents.**

Cynthia Strandholt, Human Resources and Information Manager Bay Haven Care Community

# SHARED LEADERSHIP

**Collaboration is at the heart of everything we do. A shared leadership approach means that all of our partners have an equal voice in sharing information and participating in decision-making as it relates to the SGB OHT strategic priorities, our shared purpose and our collective, co-designed vision of being the healthiest community in Canada.**

**Together with our partners, supporters, community organizations and residents, we are working towards achieving our shared purpose.**

**We are working to:**

## Foster a Distributed and Shared Leadership Approach to Demonstrate the Art of the Possible

**We will do this by:**

- Co-designing a shared purpose, principles, and strategic priorities for our community with our community, organizations, and governors reflects our commitment to the South Georgian Bay Ontario Health Team.
- Working across organizations, ensuring that each patient group is represented so that together we can create a community that is safe, equitable, and free of stigma.
- Demonstrating shared leadership by empowering each partner of the SGB OHT to lead the work of SGB OHT Action Teams.

## Build a Collaborative Governance Model that Demonstrates Collective Impact

- Identifying and implementing evidence-informed governance tools needed to enable collaborative governance to achieve system transformation through the SGB OHT.
- Evolving the SGB OHT governance model structure and framework based on best practice and evidence.
- Collaborating with community partners, governors and our SGB OHT PFAC to complete the SGB OHT Expansion Plan to identify our states of maturity.
- Sharing information and success with organizations and their governors of the SGB OHT impact by working collaboratively.

# COMMUNITY COHESION

**Community cohesion means feeling connected to one another and having a sense of belonging in the community you live. Our collective goal through the South Georgian Bay OHT is to build and enable a communications strategy that creates community cohesion and connection.**

**To provide opportunities for meaningful engagement and communication, we strive to make all communications available in both English and French so everyone can stay up to date on the SGB OHT activities and opportunities to get involved.**

**We are working to:**

## Ensure that the South Georgian Bay Community Feels Empowered as Members of the SGB OHT

**We will do this by:**

- Co-designing and implementing a Patient Declaration of Values and a Patient, Family, and Caregiver Partnership and Engagement Strategy led by our Patient, Family and Caregiver Advisory Council.
- Distributing an annual patient satisfaction to evaluate the patient's experience with the South Georgian Bay OHT and their overall experience with the local health system.
- Ensuring South Georgian OHT Patient, Caregiver and Family Advisory Council representation on our South Georgian Bay OHT Action Teams and strategic development retreats.

## Increase Engagement and Awareness of the South Georgian Bay Ontario Health Team

- Co-designing a clear and consistent bi-lingual communications plan to ensure that members of the public feel informed and engaged in the work of the South Georgian Bay OHT.
- Increasing primary care engagement and partnership in the SGB OHT through a targeted physician-centric approach.
- Developing internal and external communication so our partner organizations, their governors and external partners feel informed and empowered as members of the South Georgian Bay OHT.
- Sharing information about the OHT services across a variety of platforms to ensure accessibility.

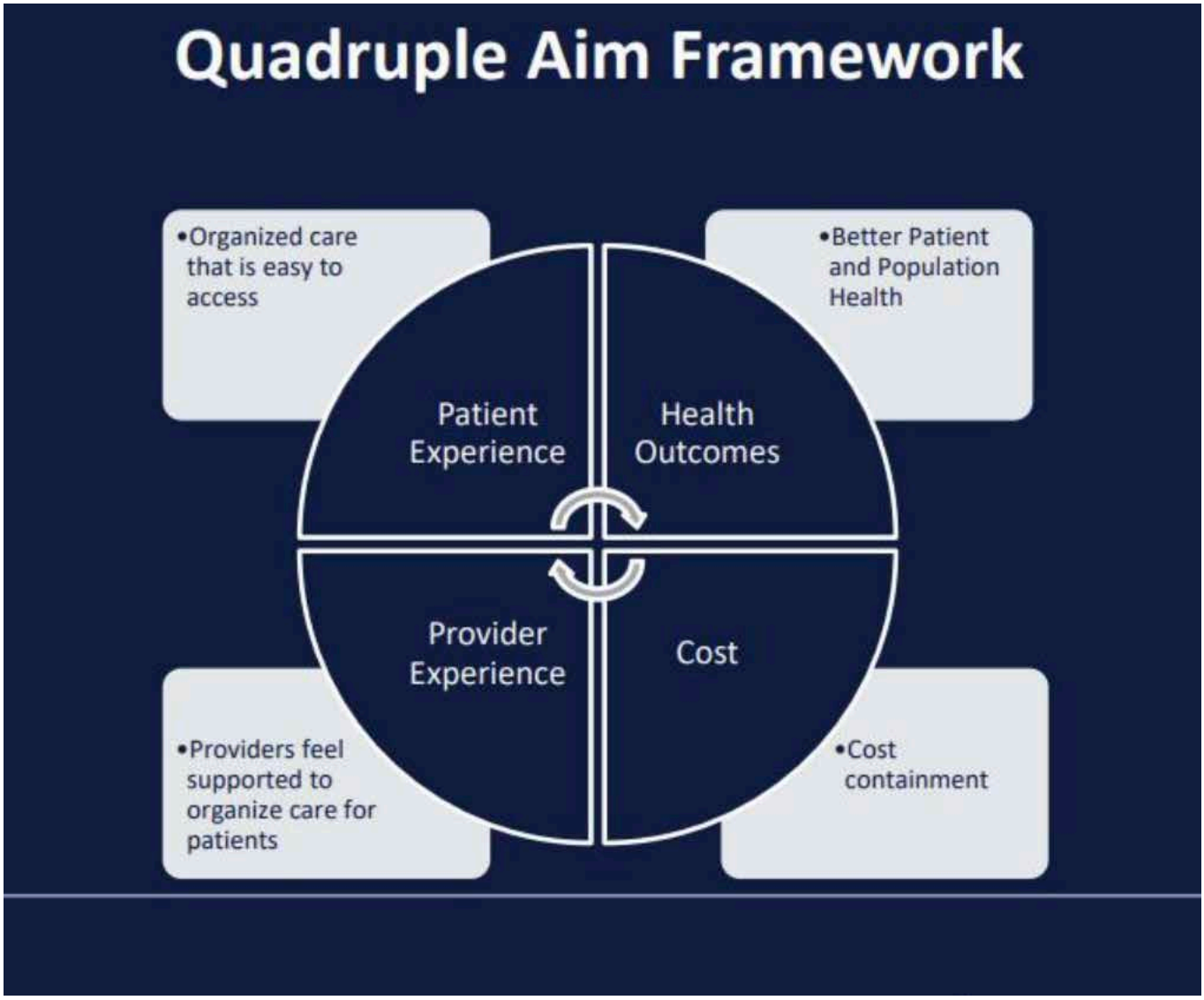
## Collaborate across the Community and Ontario Health Teams to Share Best Practices and Learnings

- Spreading and scaling our learnings and collaborating with other Ontario Health Teams across Central region and Ontario.
- Engaging in community service tables and increasing South Georgian Bay OHT participation and presence across the local community and provincially.

# PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT

## Performance Measurement

Measuring the performance of the SGB OHT is critical to ensuring that we are able to evaluate the impact that we are having on the patient experience, the provider experience, health outcomes and the cost of delivering care. Measurement allows us to improve and adopt best practices related to the Quadruple Aim Measures (below) for Ontario Health Teams.




Taken from Health System Performance Network (HSPN) webinar Quadruple aim measures for Ontario Health Teams: [www.mcmasterforum.org/rise/join-events/event-item/quadruple-aim-measures-for-ontario-health-teams](www.mcmasterforum.org/rise/join-events/event-item/quadruple-aim-measures-for-ontario-health-teams)

In addition to this framework, OHTs are including a health equity measure that evaluates how healthcare is delivered to marginalized communities. This Quadruple Aim Framework is being revised into a Quintuple Aim Framework to include this aspect of health.

In accordance with the Ministry of Health's direction, the South Georgian Bay OHT has developed a collaborative Quality Improvement Plan (cQIP) for the community, where each patient and organization feels that their needs and values are reflected in the work of the OHT.

The cQIP is a community scorecard for evaluating and measuring the impact the SGB OHT is having to ensure that we are meeting our outcomes.

Over the next year, our partners have all agreed to collaborate to achieve the following outcomes in alignment with the Quintuple Aim:

- Improving overall access to care in the most appropriate setting
- Increasing overall access to community mental health and addiction services
- Increasing overall access to preventative care
- Improving patient experience when accessing health and social service care
- Increasing the number of patients in the OHT's priority population(s) accessing care virtually and accessing their digital health records
- Integrating our response to the shared community priority of COVID-19
- Ensuring every patient in the OHT's priority population(s) has equitable access to 24/7 coordination and system navigation services

SGB OHT performance will be evaluated using the cQIP dashboard found on our website: **www.southgeorgianbayoht.ca/cqip-dashboard**

**Information on our activities and outcomes can be found on our website: www.southgeorgianbayoht.ca as well as through our quarterly newsletter.**

**Sign up: http://eepurl.com/ht-JaH**