



# Grey Bruce Ontario Health Team (OHT) Development

Template for Presentation to Health Service Provider Boards  
*Draft for use by Executive Directors/CEOs with their own Board of Directors*  
*October 21<sup>st</sup>, 2020*

# What is an Ontario Health Team?

- Through legislation introduced by the Ontario Government in 2019, Ontario Health Teams (OHTs) are being introduced to provide a new way of organizing and delivering services in local communities.
- Under OHTs, health care providers (including long-term care homes, primary care, hospitals, doctors, home & community care providers, and others) will work as one coordinated team – no matter where they provide care, in one geography.
- OHTs will support patient/resident/client care where and when they need it, and help them transition from one health care provider to another seamlessly.
- Focus is on improving care for the people we serve

# What is an Ontario Health Team? (cont'd)

In very simple terms, the goal of an OHT is to ensure that:

*Certain Defined Initiatives are changed in a Collaborative Fashion*

# What is an Ontario Health Team? (cont'd)

At mature state, each Ontario Health Team will:

1. Provide a full and coordinated continuum of care for a defined population within a geographic region;
2. Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey;
3. Improve performance across a range of outcomes linked to the 'Quadruple Aim':
  - a. better health outcomes;
  - b. better patient, family and caregiver experience;
  - c. better value for money; and
  - d. better provider experience;
4. Be measured and reported against a standardized performance framework aligned to the Quadruple Aim;
5. Operate within a single, clear accountability framework;
6. Be funded through an integrated funding envelope;
7. Reinvest into front line care; and
8. Take a digital first approach, in alignment with provincial digital health policies and standards, including the provision of digital choices for patients to access care and health information and the use of digital tools to communicate and share information among providers.

# OHT – Full Application Submission

- In July 2020, the Ministry of Health informed Grey Bruce that our “Readiness Assessment” had been reviewed, and asked that we submit a “Full Application” by September 18<sup>th</sup>
- The decision was made to defer the submission of the Grey Bruce OHT Full Application to allow more engagement of key stakeholders
- Submission date is now December 11<sup>th</sup>
- Any participating organizations will require Board approval prior to this date
- Need to complete stakeholder engagement over the next 5 weeks

# OHT Engagement – Responsibility Rests with All of Us

- Responsibility needs to be distributed across all health service organizations in Grey Bruce
- Key Stakeholders to engage before submission of Full Application
  - Grey Bruce Integrated Health Coalition (GBIHC)
  - Municipalities
  - Physicians
  - Patients/Residents/Clients and Caregivers
  - Indigenous communities
  - Service Provider Organizations (SPOs)

# OHT Engagement – who to engage?

- Leverage previous engagement (eg. Rural Health and Wellness Report)
- Engagement will evolve as the OHT matures
- In these early days, we will keep engagement to a higher level
- As the OHT matures, we need to target our engagement to solicit feedback on specific initiatives
- Future stakeholders could include:
  - Police, Fire, EMS
  - School Boards
  - Child & Family Services
  - Others

# Levels of Engagement

|                                   |  |
|-----------------------------------|--|
| Share                             | Stakeholder receives information and updates but does not provide feedback.                                  |
| Consult                           | Stakeholder is consulted and feedback impacts decisions  |
| Deliberate                        | Stakeholder is involved in discussion issues and exploring solutions   |
| Collaborate                       | Stakeholder is involved in development of alternatives, making decisions and identifying preferred solutions |
| Empower /<br>Shared<br>Leadership | Stakeholder is accountable for all stages of development and planning including the final decision making    |



# Grey Bruce Integrated Health Coalition

- GBIHC is our starting point
  - The GBIHC is a collection of health and social service provider organizations that has been meeting regularly over the last 25 years
  - We have had two discussions with GBIHC on September 30<sup>th</sup> and October 15<sup>th</sup> where we heard:
    - need to engage patients/residents/clients/caregivers;
    - need to engage seniors groups, and service provider organizations (SPOs);
    - need to address OHT decision-making in engagement process.
  - Standard slide deck has been prepared for presentation by Executive Directors/CEOs to their respective Boards

# Patients/Residents/Clients/Caregiver Engagement

- We need to hear from the people we serve
- Organizations will engage their own Patient/Resident/Client/Caregiver Councils and Committees
- In addition, a survey is under development for general circulation to Patients/Residents/ Clients/Caregivers
  - To be posted on all partner organization websites
  - To be posted on social media
  - Media release seeking input
  - Questions will incorporate both high-level questions about the OHT, plus groupings of sector specific questions (ie. groups of questions for long-term care, mental health and addictions, primary care, etc.)

# Grey Bruce OHT Planning Committee

- The Grey Bruce OHT Planning Committee was created as a working group of the Grey Bruce Integrated Health Coalition (GBIHC), in an effort to continue the health system collaboration that has existed in Grey Bruce over the last 25 years.
- The purpose of this committee is to provide early oversight and direction on the creation of an OHT in the Grey Bruce region.
- Membership will evolve to include Patient/Resident/Client/Caregiver and Community Leader representatives as the OHT matures

# Grey Bruce OHT Planning Committee (cont'd)

The Committee membership currently consists of:

- Executive Directors/CEOs of the Family Health Teams in Grey Bruce;
- Executive Director of the Community Health Centre in Grey Bruce;
- CEOs of the three hospitals in Grey-Bruce;
- CEO of CMHA Grey Bruce;
- Executive Director of Keystone Child, Youth and Family Services
- Executive Director of Home and Community Support Services Grey-Bruce
- Vice President, Home and Community Care, South West LHIN
- Three (3) Physician representatives
- County of Grey Director of Long-Term Care



# Decision-Making Framework - How will decisions be made?

Decision-making should be informed by OHT members' experiences and engagements with:

- local communities
- patients, families, and caregivers; and
- physicians and other clinicians

OHTs should seek to ensure that:

- the design and implementation appropriately reflect local interests and concerns and are seen as representative, legitimate, and equitable
- appropriate input is obtained
- the OHT operates in a manner consistent with the Patient Declaration of Values for Ontario

# Decision-Making Framework (cont'd)



## **Guidance for Ontario Health Teams:**

Collaborative Decision-Making Arrangements  
for a Connected Health Care System

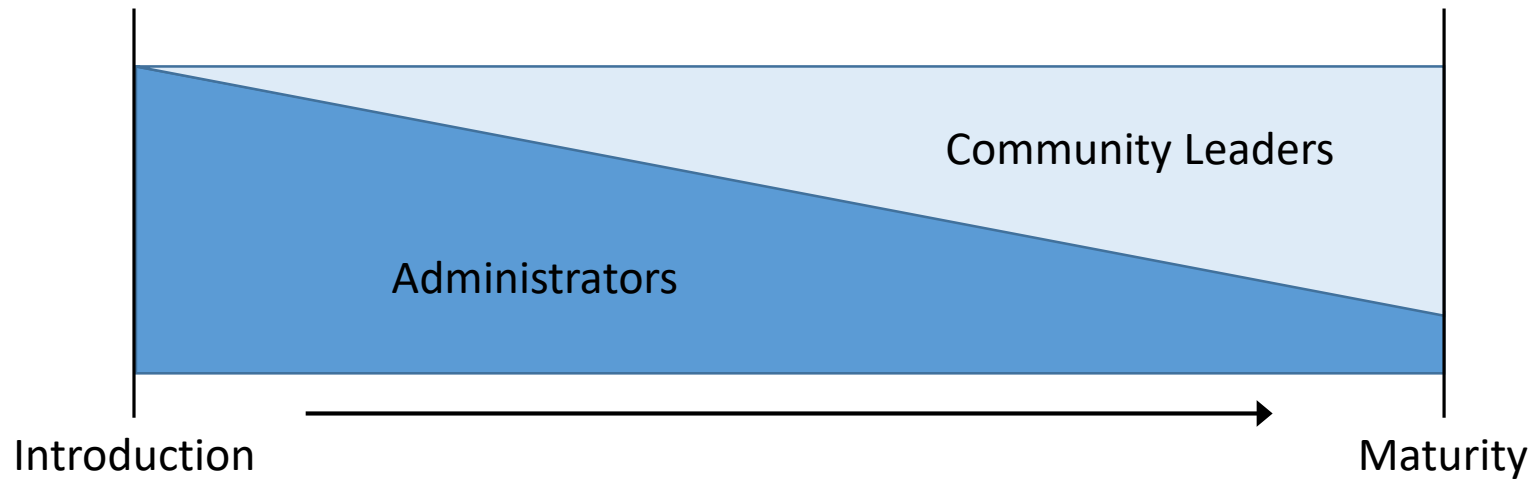
July 2020



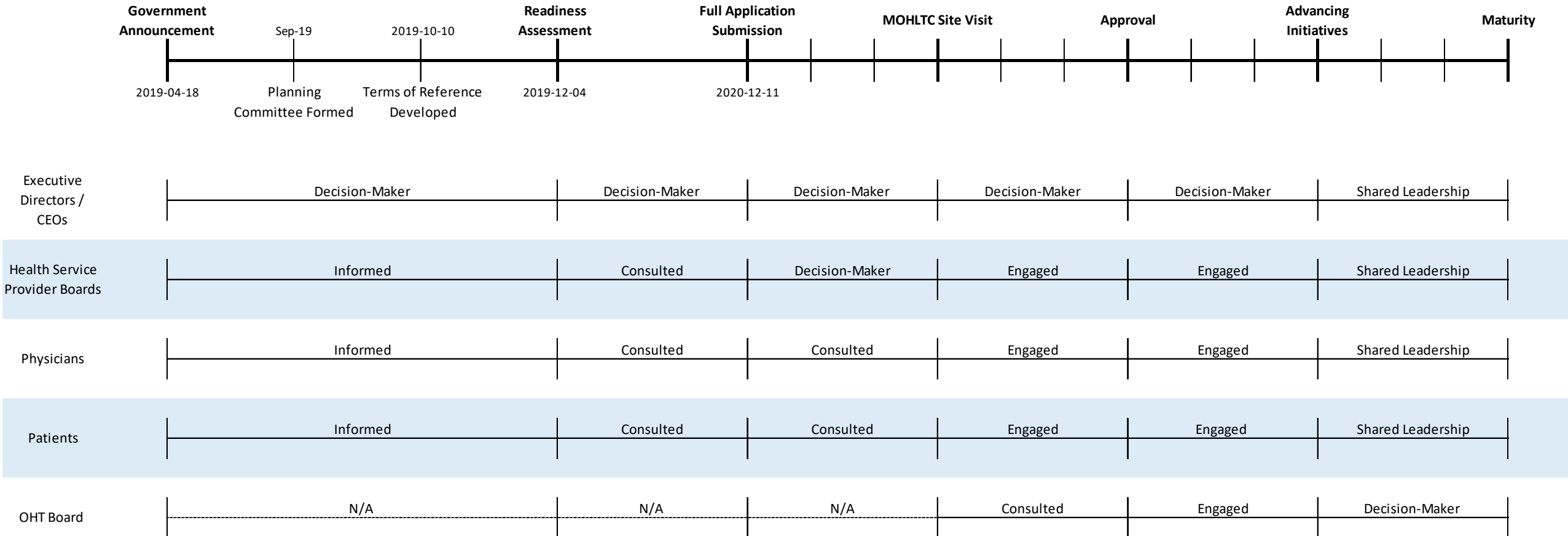
Review document here:

[Collaborative Decision-Making Arrangements for a  
Connected Health Care System](#)

# Decision-Making Framework (cont'd)



# Decision-Making Framework (cont'd)





# Grey Bruce OHT Full Application – Populations to Serve

The inaugural year will focus on providing care to two population groups:

- Improving care transitions of Frail Seniors
- Supporting patients living with Mental Health and Addictions issues

# Grey Bruce OHT – what do we want to improve?

- Reduce time required to receive a homecare visit
- Reduce the number of patients with mental health and addictions showing up at our emergency departments
- Reduce readmissions to hospitals
- Improve access to primary care (can you see your primary care provider same day or next day?)
- Increase the percentage of hospital patients who see their primary care provider within 7 days of hospital discharge
- Reduce Alternate Level of Care (ALC) rates – to ensure people are cared for in the appropriate setting

What steps is your Board taking to improve the performance of the health system?

# Questions for Engagement

1. What does a successful OHT look like to you?
2. How can we improve the caregiver and provider journey?
3. How can we learn and improve from one another?
4. What would you identify as potential barriers to the successful implementation of an OHT?
5. What do you think are the biggest challenges patients/residents/clients, families, and caregivers will face in engaging with OHTs? How do we overcome these challenges?
6. What support is needed for the OHT to learn and improve rapidly to provide care according to the best available evidence and clinical standards?
7. How can we improve our Health Equity footprint?
8. What digital solutions would you recommend for improving the health system in Grey Bruce?

# Next Steps for Boards

- Provide your Feedback
  - Executive Directors/CEOs will be asked to solicit feedback from Boards and summarize for the Planning Committee
- Membership Approval Sign-Off
  - every participating member of the OHT is required to sign the full application. For organizations, Board Chair sign-off is required. By signing this section, organizations confirm that the appropriate steps have been taken to ensure that the content of the application is accurate and complete.
- The full application will be circulated to all participating organizations for review and sign-off by the end of November 2020
- It is important to recognize that the submission of the full application is just the start of this work, and organizations will be expected to continue to engage and participate moving into the future
- Each organization should ask itself “How is our organization working with partners to enhance care for the people we serve?”

# Questions



**Feedback Requested from GBIHC members:**

1. What does a successful OHT look like to you?
2. How can we improve the caregiver and provider journey?
3. How can we learn and improve from one another?
4. What would you identify as potential barriers to the successful implementation of an OHT?
5. What do you think are the biggest challenges patients, families, and caregivers will face in engaging with OHTS? How do we overcome these challenges?
6. What support is needed for the OHT to learn and improve rapidly to provide care according to the best available evidence and clinical standards?
7. How can we improve our Health Equity footprint?
8. What digital solutions would you recommend for improving the health system in Grey Bruce?

The following are areas the GB-OHT has targeted to improve in year one – if your organization currently is doing anything new, innovative or essential to support these areas, please feel free to comment below:

- Reduce time required to receive a homecare visit
- Reduce the number of patients with mental health and addictions showing up at our emergency departments
- Reduce readmissions to hospitals
- Improve access to primary care (can you see your primary care provider same day or next day?)
- Increase the percentage of hospital patients who see their primary care provider within 7 days of hospital discharge
- Reduce Alternate Level of Care (ALC) rates – to ensure people are care for in the appropriate setting

Please send feedback to Michael Barrett ( [mbarrett@sbghc.on.ca](mailto:mbarrett@sbghc.on.ca) ) and Taylor Holdsworth ( [tholdsworth@sbghc.on.ca](mailto:tholdsworth@sbghc.on.ca) ) by November 13<sup>th</sup>, and you can follow up with them if you have any questions.