

## ONTARIO HEALTH TEAMS: GREY-BRUCE – REPORT BACK TEMPLATE

### OVERVIEW

This Report Back template is intended to document how you have addressed the areas for improvement based on feedback from the full application review process. This Report Back template will be used by the Ministry of Health (ministry) to determine readiness to move forward to approvals to begin implementation of your plans to serve your targeted Year One populations. You will not be required to resubmit a revised full application.

### GUIDANCE FOR COMPLETING YOUR REPORT BACK TEMPLATE

- The “Areas for Improvement” section of this template has been prepopulated to reflect the feedback that your team received during your teleconference debrief with the ministry. If you have any questions about the prepopulated information in this column, please connect with your ministry point of contact.
- Please identify the key actions that your team completed to address each area of improvement and results you have achieved. Please also provide any supporting documents, as required.
- To support your team in developing this Report Back, the ministry’s support partners, Rapid Improvement Support and Exchange (RISE) and Ontario Health (OH), are available to assist with collective goal setting, prioritization and planning. Guidance to enable strong patient engagement and partnering will also be shared with you and all OHTs to support your efforts for really meaningful engagement with your community. Should you wish to engage with these support partners to develop your Report Back, please contact:
  - OH: Shawna Cunningham, [shawna.cunningham@ontariohealth.ca](mailto:shawna.cunningham@ontariohealth.ca)
- Please contact your ministry point of contact for any inquiries regarding this template or if you would like to schedule a check-in to discuss.

**REPORT BACK TEMPLATE**

**1. COMPLETED ACTIONS TO ADDRESS AREAS OF IMPROVEMENT**

Please list key completed actions and results achieved for each (add/remove separate rows as required to this table).

Area of Improvement	Completed Actions to Address (please add rows as needed)	Results Achieved
<ul style="list-style-type: none"> <li>• Provide more detailed implementation plan:                             <ul style="list-style-type: none"> <li>○ Addressing how the team will eventually be accountable to care for and deliver the full continuum of services needed by their attributed population.</li> <li>○ Demonstrating greater specificity, focus and contextual grounding to anchor the Year One implementation plan.</li> </ul> </li> <li>• Corresponding section(s) of full application: Sections 4, 5</li> </ul>	<b>Completed</b>	
	<p>Based on input from a May 12th full OHT Health Service Provider Board of Directors meeting, we will develop an approach for all participants to acquire a better understanding of what each HSP organization does. GB OHT Planning Committee members led the HSP Board meeting, with OH supporting through facilitation of a discussion on mindset and behaviour shifts required for integrated care.</p>	<p>Community Information Session Planned for June 29<sup>th</sup>, 2021 to review healthcare sector and organizational roles/functions, services offered, access, and opportunities &amp; challenges.</p>
	<p>Collaborative and coordinated engagement to respond to evolving patient needs throughout COVID-19. Working together for health system restoration and transformation throughout the pandemic.</p>	<ul style="list-style-type: none"> <li>• Assessment centres (primary care, hospitals),</li> <li>• long-term care swabbing, vaccination, staffing support, IPAC support, support with Ministry Directives, in support of frail seniors (hospitals/LTC/primary care, paramedic services),</li> <li>• Congregate living outbreak response (community mental health, hospital mental health, primary care, paramedic</li> </ul>

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		<p>services, United Way, police services, public health). Provision of food supplies, meals (CMHA with OSHARE)</p> <ul style="list-style-type: none"><li>• Paramedic Services going into homes for vaccination and swabbing and at risk settings such as congregate living</li><li>• Hospitals supporting each other e.g mobilizing staff between hospitals (Nurses to ICU )</li><li>• Primary care physicians supporting Vaccination Hub, corporate vaccination clinics at request of public health, NPs supporting hospital ICU,</li><li>• Grey Bruce Vaccine Task Force – coordination across sectors to support vaccination as led by Public Health</li><li>• GBIHC provider level information sharing</li><li>• Provision of phones/enabling technology to assist patients in accessing virtual services</li><li>• Use of social media platforms to engage with patients, allow them to create a voice and means of connecting</li><li>• Provision of food supplies, meals (CMHA with OSHARE)</li></ul>
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		<ul style="list-style-type: none"> <li>• High Intensity Supports at Home (HISH), COVID-19 RCM, ARCHES (transitional beds in RH for ALC patients)</li> </ul>
<b>To be Completed in Next 6-12 Months</b>		
	<p>Jointly (board directors, patient and family caregivers, NP/Physicians) will develop a seamless process to achieve an integrated strategy for MHA and Frail Seniors.</p>	<p>Commence a transformative change to the Grey Bruce health care system through collaborative and inclusive stakeholder participation.</p> <p>Develop and implement an approach for Grey Bruce HSP organizations to share accountability for outcomes in pursuit of Quadruple Aim objectives</p> <p>Establish priority population sub-committees to plan, implement, and evaluate year 1 initiatives that would impact the Grey Bruce OHT year 1 focus populations of people living with mental health and addictions issues and transitions in care for frail seniors. Data will be shared across sectors in a timely manner to inform projects and evaluate process, outcome, and balancing measures.</p>
	<p>Projects will be used as learning opportunities for provider organizations to come together as a larger system as our OHT forms. The criteria for identifying and selecting projects will be completed jointly with participation from our</p>	<p>Establish project specific Balanced Scorecards which will track and measure improvements in patient/caregiver experience, population health, work life of providers and reduction in per capita</p>

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	<p>Councils (HSP board of directors, patient and family caregivers, NP/Physicians and Planning committee members). Each project will have a Project Agreement in place as well as a balanced scorecard for shared accountabilities across system.</p>	<p>healthcare costs for each identified project.</p> <p>Identify human resources required to achieve year 1 goals.</p> <p>A Draft Work Plan Template, based on OHT Building Blocks and template shared through RISE, has been created for possible future use.</p>
	<p>Work across the sectors requires digital health connectivity in order to facilitate information sharing and effective collaboration. A Digital Health specialty committee will be formed to address this.</p>	<p>Establishment of Digital Health sub-committee and digital health asset map</p>

Area of Improvement	Completed Actions to Address (please add rows as needed)	Results Achieved
<ul style="list-style-type: none"> <li>• Provide greater details regarding a cohesive vision regarding:                             <ul style="list-style-type: none"> <li>○ Execution of the Year One implementation plan and advancement toward maturity (i.e., how will the partners come together to achieve objectives and deliverables?).</li> </ul> </li> <li>• Corresponding section(s) of full application: Sections 2,4,5</li> </ul>	<p style="text-align: center;"><b>Completed</b></p> <p>Established three councils that will define and design our OHT vision and model working collaboratively with the Planning Committee</p>	<p>A Physician/NP Council has been established.</p> <p>A Community Council information session was held in March, 2021. This was attended by 53 participants including local MPP. Successes included many participants thanking the Planning Committee for hosting the forum and including community voices in the OHT work. Lessons</p>

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		<p>learned from the session included the community's desire for a larger forum of community input that feeds into the community council. Intent of Community Council is to represent the voice of the patient/client/resident/caregiver/family and public.</p> <p>A Community Council has been established following 200 applications and 25 interviews (orientation scheduled for June).</p> <p>A Chairs' Council is in the process of forming (HSP board of directors session was held in May. A call to action for formation of Chairs' Council Terms of Reference). First meeting to occur before end of June.</p> <p>A Community Information Session is planned for June for the entire community, with a main goal to educate on the healthcare sectors and organizations within Grey Bruce.</p> <p>All three councils will play an important role in co-designing our OHT model, project selection, balanced scorecard development and monitoring outcomes</p>
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		<p>A Collaborative Decision-Making Arrangement Sub-Committee has been formed to support completion of the CDMA Ministry requirement</p>
	<p>A patient, client, resident, caregiver survey was launched to ask about the state of the healthcare system in Grey Bruce and inform the OHT full application.</p>	<p>A patient/caregiver survey was conducted in November 2020 via survey monkey and publicized through media releases and shared through partner organizations. There were 1109 responses to this survey. Findings from this survey support the year 1 focus populations and identified Timely Access to Care as the top improvement suggestion and the top emerging theme from the ‘other’ category was access to primary care/wait lists. Full results from the survey can be found on the greybruceoht.ca website and included in our supplementary submission.</p>
	<p>The Grey Bruce OHT Planning Committee acknowledges that engagement is critical to achieving a cohesive vision and informing our year 1 implementation plan</p>	<p>Over 30 engagement sessions across multiple sectors, including: health service provider organizations/boards, service provider organizations, Indigenous communities/leaders, physicians, patient/client/resident/caregiver/family, local governments, GBHC (please refer to the supplementary</p>

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		<p>Engagement Activity Tracking sheet for further details)</p> <p>Engagement feedback was sought prior to full application submission through A Patient, Client, Resident, Caregiver Family Survey, sessions with Health Service Provider Boards, Service Provider Organizations, Patient/Client/Caregiver/PFACs, and Priority Area Committee (SW Frail Seniors Strategy).</p> <p>Engagement undertaken to date includes:</p> <ul style="list-style-type: none"> <li>• Grey Bruce Integrated Health Coalition (GBIHC)</li> <li>• Health Service Provider Boards engaged by their respective Executive Directors/CEOs</li> <li>• Municipalities</li> <li>• County Councils</li> <li>• MPPs</li> <li>• Physicians</li> <li>• Patients/Clients/Residents and Caregivers</li> <li>• Indigenous Communities and Health Leaders</li> <li>• Service Provider Organizations (home care providers)</li> <li>• Paramedic Services by their respective Directors</li> <li>• Midwives</li> </ul> <p>Community level and HSP Board level engagement has also occurred</p>
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		through information sessions held via Zoom in March and May, 2021 respectively.
<b>To be Completed in Next 6-12 Months</b>		
	<p>We will establish a cohesive vision with joint participation from Community Council (patients, family, caregivers), Physician and Nurse Practitioner Council (primary care), Chair’s Council (HSP governors), and Planning Committee members. Through this collaborative effort, we will gain a common perspective on the current state of our health system and identify opportunities to achieve improved outcomes</p>	<p>The OHT model will be designed by all three councils and the Planning Committee. The three councils will collaborate to determine project selection, balanced scorecard development and monitoring outcomes.</p> <p>Methodology to be determined.</p>
	<p>All participants will be involved in the change management process which will include education and awareness on existing HSP organization objectives and activities</p>	<p>Identify opportunities that support the overall vision and mission of the OHT. Use these to inform the Year 1 implementation plan</p>
	<p>The three Councils and Planning Committee will work together to establish the vision, with objective/deliverables to be defined in first year (Mental Health and Addictions and Frail seniors are year 1 focus populations). Each of the councils will engage further with their stakeholders as needed.</p>	<p>Strategic objectives will be based on year 1 implementation plan.</p>

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Area of Improvement	Completed Actions to Address (or in future) (please add rows as needed)	Results Achieved (or in future)
<ul style="list-style-type: none"> <li>• Provide greater details regarding patient, family and caregiver engagement:                             <ul style="list-style-type: none"> <li>○ Participation in OHT planning and decision-making, with potential for leadership opportunities.</li> <li>○ Participation in system co-design.</li> </ul> </li> <li>• Corresponding section(s) of full application: Sections 1,4</li> </ul>	<b>Completed</b>	
	<p>A patient/caregiver survey was conducted in November 2020 via survey monkey and publicized through media releases and shared through partner organizations.</p>	<p>There were 1109 responses to this survey. Findings from this survey support the year 1 focus populations and identified Timely Access to Care as the top improvement suggestion and the top emerging theme from the 'other' category was access to primary care/wait lists. Full results from the survey can be found on the greybruceoht.ca website and included in our supplementary submission.</p>
	<p>Community Council Advisory Recruitment occurred between March, 2021 to June, 2021.</p>	<p>Recruitment of Community Council is almost complete, and will be finalized following nominations from Chippewas of Nawash Unceded First Nation and Saugeen First Nation. Effective engagement and out-reach resulted in 200 applications received for the 12 Community Council Advisor positions. 25 interviews were held to support the selection process. Geography, demographics, sector experience, social determinants of health, Indigenous Self-Identification, and Minority Self-Identification were all considered in the selection process. Feedback from an engagement</p>

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		<p>session with SOAHAC leadership, the Health Manager for Chippewas of Nawash Unceded First Nation, and the Director of Health for Saugeen First Nation resulted in a member of SOAHAC being on the interview selection committee and there will be designated community council advisor spots for each First Nation community. A process will be developed to continue engagement with community council applicants who were not selected.</p> <p>Community Council Terms of Reference (TOR), Patient Engagement Strategy, and Community Council orientation checklist have been established.</p>
<b>To be Completed in Next 6-12 Months</b>		
	<p>Participation in OHT planning and decision-making, with potential for leadership opportunities.</p>	<p>Community Council Advisors will self-nominate representatives to sit on the OHT Planning Committee, including one member to be the Co-Chair of the Planning Committee. Community Council Advisors will also have the opportunity to sit on Sub-Committees such as the engagement sub-committee or CDMA sub-committee.</p> <p>Consensus on actions and deliverables based on sub-group representation.</p>

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	<p>Each of the Physician and NP Council, Community Council, and Chairs' Council will participate in the co-design together with the Planning Committee. Co-design will include process for decision making and project identification, metrics (balanced scorecard) and tracking results.</p>	<p>Methodologies to be determined. Physician and NP Council members currently sit on Planning Committee and will self-nominate representatives to sit on Collaboration Council once formed.</p>
	<p>A regular communication process will be established to support engagement of all participants</p>	<p>Communication plan to be determined. Communication methods currently in place include the Grey Bruce OHT website, Newsletter, media releases.</p>
	<p>Evaluation of patient experience</p>	<p>HSPN patient experience survey and HSPN Evaluation Community will be used to support evaluation of patient experience</p>

**2. ADDITIONAL COMMENTS**

Any general comments or feedback your team would like to provide to the Ministry.

Additional Comments
<p>Our large geography, minor urban/rural mix and population composition (elderly, Indigenous, socio/economic disadvantaged) requires an approach which will meet the needs of the people we serve in Grey Bruce. There is great partnership amongst health service organizations, but as we heard in our community survey, there is a need to enhance these partnerships and relationships to ensure smoother transitions for patients, clients and residents as they move through the system. We are committed to an inclusive and participative approach that will enable all patients and providers to experience improvements as our Grey Bruce OHT evolves.</p>

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Further opportunities: once Grey Bruce OHT is approved and has access to the full supports offered through RISE (all quorum forums, ADVANCE webinars/coaching), HSPN (evaluation supports), OHT Fellows etc, it will enable us to make further strides in achieving the Quadruple Aim.

Please see attached for the following supplementary information:

- Board Information & Discussion Session Slides and Feedback Slides
- Board Feedback Survey Results
- Patient, Client, Resident, Caregiver Survey results
- Community Council information session slides
- Engagement Session slides with SOAHAC Leadership, Saugeen First Nation Health Director, Chippewas of Nawash Unceded First Nation Health Manager
- Engagement Activity tracking sheet
- Media Release
- Draft Work Plan Template based on OHT Building Blocks (outline only)
- Progressive timeline from initial to current – built trust over time, greater collaboration/integration, increasing readiness, taken time to lay solid foundation
- Community Council Terms of Reference
- OHT Structure – in development