KW4 OHT Strategic Plan
Focus Group Report
January 2024

Executive Summary

Following the member engagement workshop on December 7, the KW4 OHT Strategic Planning Working Group hosted 23 focus group sessions to gather additional input on the emerging strategy. Over 120 people from 32 organizations, as well as 29 patients, families and caregivers provided feedback, which has been captured in the report that follows on page 3.

During the focus groups, participants were encouraged to provide feedback on KW4 OHT's Vision, Mission and Values. The high level feedback received included:

- Vision
    - There were mixed feelings about using 'thrives' in the vision statement. Some felt thrive was too subjective and may be too general and the scope may be too broad. This could mean thrives financially for example which could lead to confusion and make it less clear regarding what stakeholders should be focused on. Others felt that it was not inclusive and is dependent on where people are in their health and wellness journey.
    - Some were surprised that there was no reference to health and social care in the vision statement and that it was not specific to the OHT's mandate. They felt is reads as if the OHT could be focused on all issues within the community – areas outside of their scope and influence.
    - Some participants were also hoping that there was a reference to providers and their shared accountability.
- Mission
    - Participants felt the Mission was too wordy but that central theme is appropriate while others felt the Mission was unclear.
    - There were suggestions that instead of listing the regions, that we refer to community instead, otherwise it inadvertently creates borders and access inequities.
    - There were also suggestions to replace "caregiver" with "care partner" and to add provider experiences.
    - Similar to the Vision, participants once again felt that we should reference health and social services.

- Values
    - Participants indicated that they would prefer to see one-word values which could then be followed by explanations or examples.
    - Participants also felt health equity needed to be emphasized more.

During the focus groups, participants were encouraged to provide feedback on KW4 OHT's draft strategic priorities and goals. The high level feedback we received included:

- Most participants felt the priorities were well aligned with local and organizational priorities and offered some advice to further enhance them.
- Participants felt there needs to be a greater focus and integration of health equity.
- We also heard that there was a notable gap related to access (ex. right care, right time, right place) in the strategic plan.
- The importance of prioritizing local needs and initiatives was highlighted. This was suggested as a key factor to member support. Participants highlighted that there is need to achieve balance and alignment of OHT, OH, and local needs and priorities.
- We also heard the need for clear, concise, and plain language. The feedback suggested avoiding overly broad or vague terms to increase understanding for both community members and organizational partners outside of the health sector.

KW4 OHT is so fortunate to have strong leaders in our member organizations who have repeatedly demonstrated their commitment to their peers and our community members. We are grateful for their input during these focus group sessions as we collectively shape our strategy for the next 5 years.

We are also grateful to our patient, family and care partner advisors for their input. The insight from those with living or lived experience will help us achieve a client-centered approach.

Full Report

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Feedback has been sorted by theme by the consulting team, with repeated comments noted by the numbers in brackets. In some cases, agreement/repeated comments were noted individually, while in others it was representative of a larger group. Not all of the questions were asked to all of the groups.

Organizations that participated in these facilitated conversations include:

Bloom Care Solutions
Cambridge North Dumfries OHT
Camino Wellbeing + Mental Health
CFFM FHT
City of Kitchener
City of Waterloo
CMHA Waterloo Wellington
Community Healthcaring KW
Conestoga College
eHealth Centre of Excellence
FHO Providers
Guelph Wellington OHT
Grand River Hospital
H&CCSS WW
House of Friendship
Immigration Partnership
Independent Living WR
KW Habilitation
Lutherwood
Region of Waterloo
RoW Paramedic Services
Schlegel Villages
St. Mary's General Hospital
Stonehenge
Sunbeam
Thresholds
Traverse Independence
University of Waterloo
Waterloo Area Consortium of Midwives
Waterloo Region NPL Clinic
WR Police Services
WR Suicide Prevention Council

Patient, Family, and Caregivers Advisors (PFACS) from the following areas also participated:

- GRH FACE Committee - MH&A PFAC
- GRH Renal PFAC
- Waterloo Wellington Regional Cancer Centre/Grand River Hospital PFAC
- SMGH PFAC

In 14 of the 23 focus group sessions, at least one participant indicated that they had also attended the member engagement workshop on December 7.

Advice – Vision, Mission, Values

During the focus groups, participants were encouraged to provide feedback on KW4 OHT's Vision, Mission and Values.

- A Vision describes what an organization wants to become or achieve in the future. It defines where the organization is heading and their long-term aspirations.
- A Mission is an organization's purpose and reason for existing. It defines what the organization will do to achieve their vision.
- Values are the important beliefs and principles that guide how an organization behaves and makes decisions. These values are brought to life each day through actions. They represent who organizations are today and who they need to be in the future to achieve their Vision.

The high level feedback we received included:

- Vision
    - There were mixed feelings about using 'thrives' in the vision statement. Some felt thrive was too subjective and may be too general and the scope may be a bit broad. This could mean thrives financially for example which could lead to confusion and make it less clear regarding what stakeholders should be focused on. Others felt that it was not inclusive and is dependent on where people are in their health journey.
    - Some were surprised that there was no reference to health and social care in the vision statement and that it was not specific to the OHT's mandate. They felt is reads as if the OHT could be focused on all issues within the community – areas outside of their scope/influence.
    - Some participants were also hoping that there was a reference to providers and their shared accountability.
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    - Participants felt the Mission was too wordy but that central theme is appropriate while others felt the Mission was unclear.
    - There were suggestions that instead of listing the regions that we refer to community instead, otherwise it inadvertently creates borders and access inequities.
    - There were also suggestions to replace "caregiver" with "care partner" and to add provider experiences.
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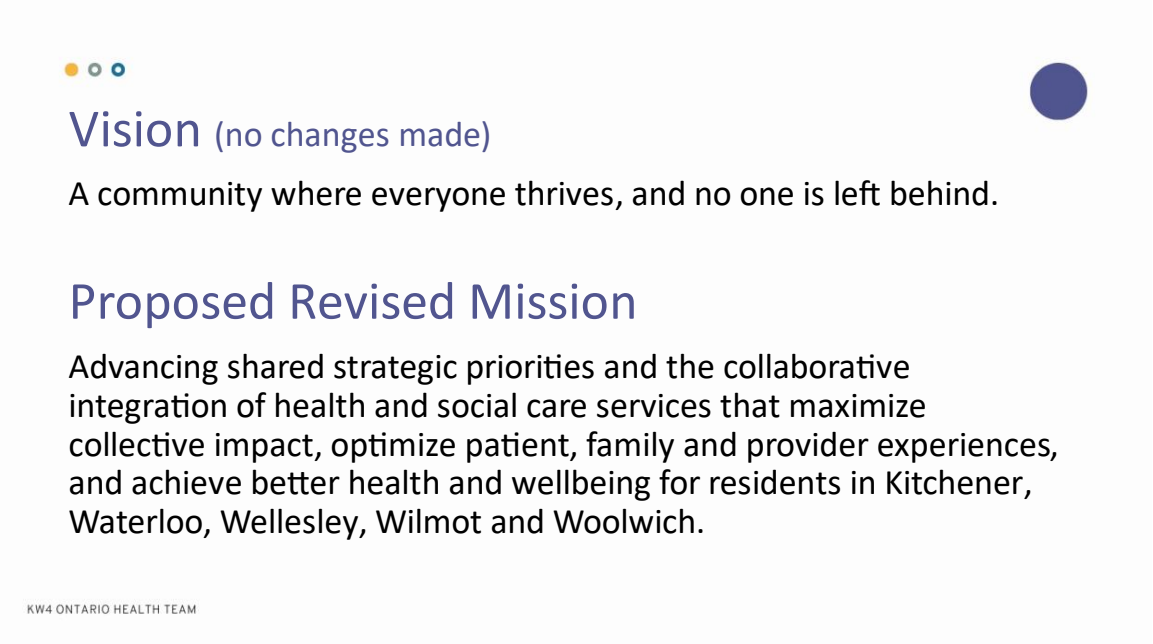
- Participants indicated that they would prefer to see one-word values which could then be followed by explanations or examples.
- Participants also felt health equity needed to be emphasized more.



Would you, as a member organization, be comfortable committing to the vision and mission statements?

Yes – Comfortable with the Mission and Vision Statements (11)

- Yes they are fine.
- Yes, for the most part
- Agree with mission/vision
- Yes, I think both the vision and mission are great.
- Good with it.
- Yes, we are comfortable
- Comfortable with the vision.
- It inspires me! I think it is well done.
- They are good and general enough to be inclusive.
- Yes, we are comfortable with the Vision and Mission.
- **Contrast:** No, with adjustments and recommended changes, we would then reconsider.

Importance of Alignment of Statements with Other Organizations & OHTs

- Yes, the M & V statements look good. Camino is a regional provider and belongs to both CND and KW4 OHT's, so it is important that the M&V&V of both OHT's are aligned, as we are really one health system across the Region of Waterloo.
- **Contrast:** Hard for people to relate it to their own M/V/V sometimes. But you will always get this, it is as good as it can be.

Vision

Missing Reference to Health/Healthcare (3)

- Surprising that there is no reference to health. Should there be something related to health in the vision?
- Vision is compelling, though missing the health aspect of OHT mandate and role.
- Vision is broad and doesn't appear to connect with healthcare from an outsider perspective.

Scope/Focus Related to Health & Community Issues (4)

- The vision reads as if the OHTs could be focused on all issues within the community. Are they to focus on health and health care, areas that can be impacted within their scope/influence?
- Vision needs to be inclusive of health and care but to what extent? The statement resonates with life in general, does it need to be more focused, for example in the context of health and wellness?
- "Thrives" may be to general and the scope may be a bit broad. This could mean thrives financially for example which I think could lead to confusion and make it less clear what stakeholders should be involved and at the table.
- **Contrast:** Vision statement is "just beautiful". Should be a provincial vision statement as it is so big picture.

Inclusive (2)

- Vision statement is inclusive.
- **Contrast:** Thriving is more inclusive, including physical, mental, cultural, social aspects.

Other comments about the Vision

Additional Work to Implement (2)

- Vision sounds great, but services (ex. Lab) are struggling and left behind resulting in people being left behind. Without changes to processes that allow first in first out their will be inequities and people left behind.
- There is work to do but the vision makes sense.

Needs Embodiment (2)

- Vision, sure, live that now.
- Great vision, need to live by the words and stop marginalizing groups and treat everyone equally.

Alignment with Organizational Vision Statements (2)

- Align with CND OHT; CND uses different words but aligns; moving beyond health and wellbeing. Loves "where everyone thrives".
- GRH is trying to say the same as the KW4. Aligns with the welcome one to welcome all.

Mission

Wordy/Language (4)

- Mission is wordy but central theme is appropriate.
- Mission is very wordy.
- Mission statement is very "wordy".
- Mission statement does not seem to be accessible. Especially with the demographics within the region and the trends for immigration, the language and structure used may not be easily read or interpreted.

General/broad/unclear (8)

Positive Perspective (3)

- Mission is general and no problems with that.
- It is specific enough to be relevant, yet general enough that it works for everyone.
- Mission statement is generic and broad. However, for the purpose of the KW4 it is understandable that is might be broad.

Negative Perspective (8)

- The mission statement is very broad and "motherhood and apple pie" this would be difficult to accomplish in 5 years, would likely need 10.
- Lacks clarity.
- First half of mission is too vague.
- Experience statement is generic.
- I find the mission unclear. It doesn't say what an OHT is or what it does. Who's shared priorities are we focused on? What are the priorities exactly? Are we

only going to address priorities that are 100% agreed on by all partner organizations? What would this mean? Is it the priorities of patients? Of organizations? Of providers? Who's priorities are you talking about? It is too vague, and it doesn't say what you will do. If it is to deliver home care services, that should be part of your mission. If you are becoming a delivery agency, you have to have that as part of your mission. If it is to improve services, then say it. Right now, the mission doesn't say anything and it is too long. I don't know who these priorities are for. I have no idea what this is or what is intends to do. If it is to improve the access and integration to health and social services for all, that is fine. That can be your objective.

Application and Measurement (3)

- How do we say we have applied this mission?
- Concern expressed on how to measure this mission and identify whether it's being fulfilled.
- **Contrast:** This mission is more actionable and measurable, previous one was loosey/goosey.

Other comments about the Mission – Miscellaneous

- Mission covers all the bases (i.e. collaborative, maximize collective impact).
- Like the collaboration approach to the mission.
- If we are referring to the IHI model, it places emphasis on "patient-centered care"; the mission doesn't seem to put the patient in the centre.
- Ambiguity between advancing vs. empowering.

Suggested Adjustments

- Love to see equitable rather than equal as not all end users are equal. Agree to stick with focus on the areas listed. The addition of the provider experience is an interesting inclusion, fine with it or without it but not totally aligned with vision.
- Further proposed revised Mission statement, commentary of how it was landed on in bullets below: ***Advance health and social care services to maximize collective impact, optimize patient, family and provider experiences and achieve better health and wellbeing for residents in Kitchener, Waterloo, Wellesley, Wilmont and Woolwich.***
    - "Buzz words" in mission that don't mean a lot particularly "collaborative integration"- define this?
    - So much of health care is where people live and their circumstances; things we can't change.

- What are we trying to communicate with the statements?
- Liked the idea of "collective impact"- realistic and meaningful
- "Shared Strat priorities"- shared with and by whom?
- Remove "shared strategic priorities and the collaborative integration" and maybe remove "maximize collective impact".
- Questioned whether it should be for "Ontarians" as opposed to "KW4OHT"
- Suggested we leave it as KW4 for now and perhaps look bigger in the future.
- Is this for the members or for the community?
  - Maybe make it simpler if it is for community members.
- If mission statement is for community spelling out KW4 is good to do as shown above. If mission statement is facing providers and community members shorten it with KW4.

Other comments – Mission and Vision

Missing Aspects

- Would like to see more about care closer to home as much of these programs are available but not in the region.
- Add more about access.
- Clustering OHTs together; OH managing the OHTs (TPAs, deliverables). Need to be clear about that and what we want to do in this space.
- Missing the provider in our priorities and statements.
- N/A – No MVV at GW OHT.

Do you have any recommended changes to the vision or mission statements?

Vision

Thrive (7)

Subjectivity (3)

- Thrive can be subjective. When we think of persons with end stage dementia, are they thriving, I guess it depends on how you define thrive. One could argue they are as they are thriving, living the most comfortable end of life they could given circumstances
- Query what "thrive' means and to whom as well as who is really accountable for ensuring that each person's/agencies' definition of thrive is met (children, youth, seniors, newcomers, precariously housed, etc.).

- What does thrive mean? Liked the word as it embraces the broadest sense of wellbeing. Can still thrive when having some sort of underlying illness. Like the length of the statement. Liked the integration and optimization of provider AND families – shorter remove the achieve better health…etc. sentence.

Inclusivity (4)

- What do we mean when we say, "everyone thrives"? The vision statement is very vague and a bit cold. Uses words to try and include everyone and to make it concise, but it's not very specific. Thrive isn't always correlated with health care. Thrive sounds like a choice (e.g., "I'm thriving right now").
- The word 'thrive' is not necessarily inclusive nor does it always pertain to people may be dealing with chronic conditions, ABI and/or physical disabilities. Our collective goal is to support clients is to live as independently as possible
- I think thrive ("they do well and are successful, healthy, or strong") is a strong word and many people may not see themselves as aspiring to, or even being able to thrive in the near future. (Some) persons with disabilities, persons with chronic (health or socio-economic) conditions or terminal conditions may relate better to words such as – **affording them dignity and respect, recognizing their value.**
- Thriving is more inclusive, including physical, mental, cultural, social aspects.

Other Comments/Changes for Vision – Miscellaneous

- When you say "no one is left behind", it's a bit ambiguous who are you really talking about? Can you elaborate? It gives us space to forget who we're talking about.

Mission

Wordiness, Length, Complexity (7)

- It is very lengthy and cumbersome.
- Mission statement is a bit wordy and unlikely to be remembered easily, I'd try to say the same thing in fewer words (i.e. Advance shared priorities and integrate health and social services in a way that maximizes impact, improves one's experience and achieves better health and wellbeing for all).
- The mission statement is too wordy, should be shortened.
- Less is more; very wordy.

Plain Language (3)

- The statement is quite wordy and complex. Feel that is needs to be simplified using plain language that can be understood by all residents including new Canadians, etc. For example: "to achieve better health and wellbeing for all KW4 residents and to optimize the patient, family and provider experience, through collaborative integration of health and social services".
- Thinking about the population within OHT, is there a way to make this language more plain?
- Perhaps more direct phrasing to elevate integrated and collaborative care.

Geographic Regions (3)

- Instead of all the regions, say community. Otherwise it inadvertently is creating borders and access inequities.
- The catchment is not as specific as outlined (i.e. Renal and Palmerston and Wellington, and Lab and CMH Oncology).
- What happens if partners or networks develop to maximize service delivery are beyond our OHT ("within and beyond")?

Missing Reference to Access and System Navigation (5)

- Hoping to see more about access since this should be a major function of the OHT.
- Would like to see more in health system navigation and timely access to care.
- On both the mission and values topics, need to add the word "timely" when talking about access to care. There are too many long waiting lists once you get referred to either a specialist or another health service provider.
- Would add language regarding access and navigation in mission.
- Would like to see more in health system navigation and timely access to care.

Addition of Caregiver (4)

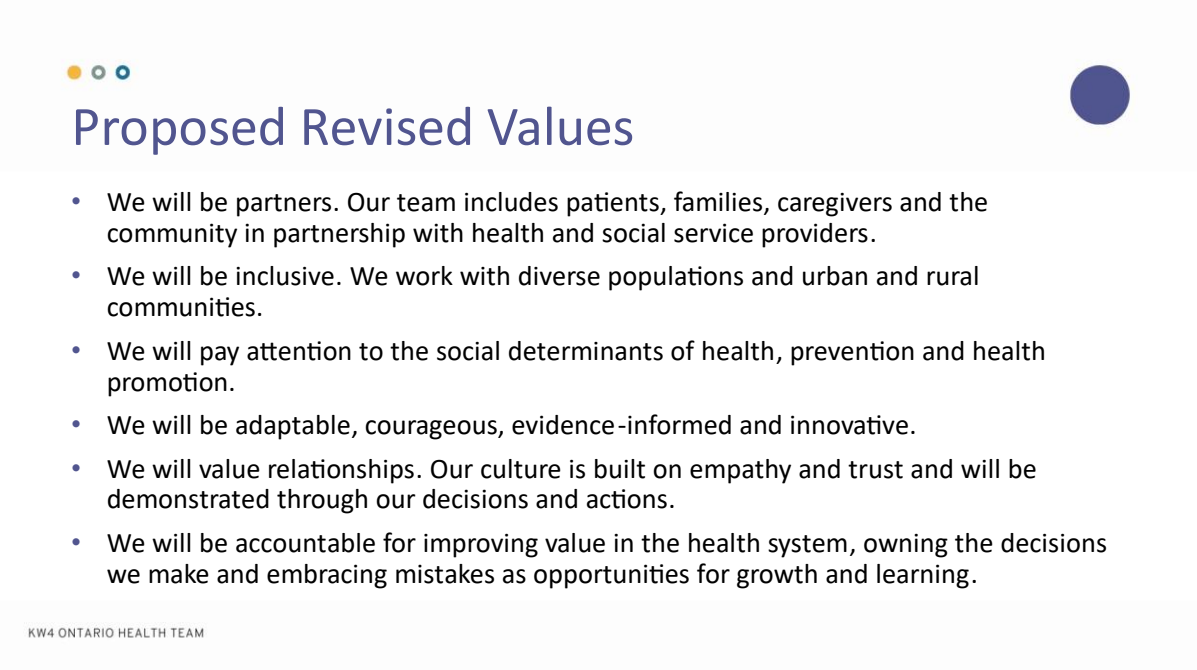
- I wonder if the phrasing should include "optimize patient, family, **caregiver** and provider experiences."
- Consider caregiver or care partner instead of family.
- "Optimize patient, family, **care partner**, and provider experiences" because care partners are not always family (add care partners).
- It's not just patient, include family and caregiver.

Other Comments/Changes for the Mission – Miscellaneous

- Not sure what collective impact means.

- Is it time to update the Declaration of Patient Values as well?
- Add a "learning healthcare" notion to the list of missions including the use of local data.
- Ensure that the accountable piece is handled appropriately and doesn't result in fear in the population who have a lot of trust in their healthcare system. Own the decisions that we make and embrace change.
- Add "patient safety" to KW4 OHT's strategy statement. "*Improve delivering of proactive, evidence-based care through early detection/intervention, with an ongoing focus on* ***quality and safety improvement****, and evaluation.* For reference regarding harmonizing with and supporting SMGH's strategy, part of SMGH's fist priority is "develop a robust approach to quality improvement across programs, initially focusing on equity and ensuring that all feel safe in our care". By explicitly including safety in its strategy statement, KW4 OHT can establish safety as a key priority and spur creation of a culture in healthcare settings that establishes an environment in which, in the words of St. Mary's General Hospital, "all feel safe" in receiving care.
- Embracing the stakes for opportunity for growth
- What about the social determinants of health? Statement sets sights on the future but what about upstream work, setting the stage to ensure everyone feels they first belong and then can thrive in the system?
- Residents vs "people who access services in"; could use work and live in or work and play in. Doesn't speak to regional role.
- Perhaps include health equity into your vision/mission to strengthen its importance.

No Recommended Changes (5)



Do you have any recommended changes to the value statements?

We will be Partners

Add Service Providers and Support Services (2)

- In the first bullet, we could add service providers to the statement "Our team included patients, families, caregivers and the community."
- Support services is missing (i.e. lab, imaging, pharmacy, IT etc.). Could this be added to point 1? Worried that not all stakeholders are represented.

Add Care Partners (2)

- Suggest adding in care partners, suggest remove caregiver.
- Could you change caregivers to care partners?

We will be Inclusive

Recommended Adjustments

- Second bullet "We will be inclusive. We work with **diverse communities, equity-deserving populations and residents of urban and rural areas.**"
- Diverse populations are more inevitable, can we use "Centre the knowledge and experience of diverse populations" rather than just "work with diverse populations."
- Bullet 2 and 3 seem to be fluid, can be somewhat interchangeable.

Pay attention to social determinants of health, prevention and health promotion

Unclear (8)

- We will pay attention to the SDOH. The pay attention is to ambiguous and unclear. If it can be phased like the others that are more direct and less passive, it would be better. This statement could be better fitted in the mission statement.
- We will pay attention to the social determinants of health. Should that be more clear? This doesn't mean much in terms of action and outcomes. Could get rid of this and add it to the value of inclusivity somehow.
- "Paying attention" is difficult to understand. What is meant by this, what does this mean operationally. How will this play into the decisions and actions? More appropriate phasing would be helpful.
- What does "paying attention" to SDOH mean?
- Phrase "pay attention" does not resonate, unsure of what this means.
- What does "pay attention" really mean.
- What does "we will pay attention" mean? Maybe not strong enough of a term.
- We will pay attention to the social determinants of health, prevention and health promotion, what does this mean? Seek to address this maybe.

Recommended Adjustments (6)

- Third bullet "We will **acknowledge, understand and positively influence** the social determinants of health, **and remain committed to** prevention and health promotion activities."
- Use an action verb.
- Bullet 3 more action based.
- Use an action word instead.
- Use actionable words.
- Bullet 2 and 3 seem to be fluid, can be somewhat interchangeable.

Other – Miscellaneous

- What about treatment and information sharing as the continuum of care is more than just prevention, and promotion.
- Social determinants, talking about holistic health care.

Adaptable, Courageous, Evidence-Informed and Innovative

Innovative (5)

- Does innovative need to be explicitly stated, how do we define this, what is the why, and will there be time and resources provided to allow for innovation. Because right now there is not, so how can we be really innovative?
- Should be highlighting innovative. Say "we will be innovative" this sets us apart from other regions, it sets us apart.
- Innovative doesn't mean only digital etc. We get attention because of how well we partner, collaborate.
- Innovation also means not saying no because it's working well, open to challenging the status quo or the word progressive added.
- Say "new ways of thinking."

Courageous (1)

- Courageous, what does that mean? Who is being courageous? How do we demonstrate courage? Not being afraid to challenge the system?

Other – Miscellaneous

- Point 4 has to many themes and components making it unclear and unfocused.

Value Relationships and Collaboration:

Add Collaborative (2)

- Add collaborative
- In the fourth bullet we would add collaborative to "We will be adaptable, courageous, evidence informed and innovative." Could make the same point in the 5th bullet as well.

Other – Miscellaneous

- Building stronger relationships with other centers to encourage care closer to home.
- If they pull together organizations, shouldn't that be reflected in the values (e.g., including stuff about communication and collaboration) – spoke and wheel around primary care.

Accountable

- Fond of the addition of "accountability". This really needs to be teased out.

Language

Use Inter-Sectoral and Plain Language (3)

- We feel like there must be some inter-sectoral language, especially in the last bullet. As it reads it could be interpreted that it is only a Health-driven initiative and does not involve the collaboration with the sectors (i.e. MCCSS).
- Values need to be accessible by population in general and by those in the institutions. The values as stated would challenge this accessibility and may need to be more clear and shortened.
- Could you make sure we're using plain language (where would that fall under the values)?

Needs Stronger / Commitment Language (3)

- Overall language could be strengthened (Ex. "Pay attention").
- All values are good but why does it say we will-vs We are? Makes it feel like you're hoping to get to-vs living the values every day.
- The seem like commitments, more so than values. For example, we will do this and we will do that.

Value Statement Refinement and Length:

Wordiness and Statement Length (11)

- Too wordy.
- Value statements generally use words (like Partnerships, Inclusivity, Accountability, etc.) rather than being too wordy so the 'value' gets lost.
- They are good values but they need to be refined.
- Values should be short, memorable and useable.
- Too broad, need to be succinct. Do not want it to be a memory test.
- Just use headings and then if you want to add explanations below.
- Use words like "partnerships", "inclusivity", "adaptability", "building relationships", "accountability"
- Will these be presented as the first phrase (i.e. we will be partners) followed by the longer phrase? Keeping it with a short phrase is more effective.
    - State it like so:
        - Be Partners.
        - Be Inclusive.
        - Be Attentive.
        - Be Innovative
        - Be Relationship-Based.
        - Be Accountable.

    - Then there could be descriptions as shown in the proposed revised values as what each mean exactly.
- Values should stand alone.
- "We will be partners" isn't a value. "Partnership" is a value.
- The values don't actually describe values. I appreciate the descriptions of what these values will look like, however I would consider rewording them to be actual values and including the descriptors in addition to that.

Number of Values (3)

- Number of values may be too much, decreasing the number of values would be a good thing.
- Common themes within the values could be consolidated into a single value statement.
- **Contrast:** They are beliefs that guide us, need to be broad in order to encompass.

Recommended Additions

Equity (4)

- Difference between "equal" and "equality" is not clear here. Same access to services for example the ED, but is the access equal because of how the services are designed (i.e. communication, information). Equality of access might be considered here as well.
- The inclusivity statement is fine, but it's missing a health equity component. You can be inclusive while remaining inequitable.
- Consider equity and belonging as well as part of inclusivity and diversity statement.
- Nothing referencing health equity, can it be added it into the 1st bullet.

Care (2)

- Should add in "care" to, or within, the values.
- Add something about caring for our healthcare providers "we will look after the health and social service providers" because burnout is huge in the health crisis.

Other – Miscellaneous

- Add something about education.
- Client driven could be added.
- Talk about accessing support (e.g., accessing mental health support as a grieving parent or family member).
- Inclusion of "not doctors."

- Would like to see care closer to home through better developed links between tertiary vs. community centers. Maybe this could be represented as something like trust or ownership.

No Recommended Changes (5)

- No changes recommended, have to keep it high level (apple pie statements).
- They are great values.
- Values are good; aligned with CND.

Other comments about the Values

Understanding of What the KW4 OHT Is (2)

- Difficulty imagining how an OHT operates from the mission, vision, and values. Where do they actually come in during my care?
- Maybe there should be more connection to helping lay people understand what the OHT is. We need to emphasize primary care.

Regional Alignment (2)

- How do agencies like CMHA and Lutherwood deal with 3 OHT's mission and visions' and meet the priorities in each OHT?
- Important that the MVV connect with the priorities of the region so there is alignment. Look for alignment.

Other – Miscellaneous

- Are these valuable testable? Can we say we are living them?
- The values read like a code of conduct, as opposed to values. It looks like it is telling people to play nicely. That is different than values. If you want a code of conduct, this may be useful. This could be something that people could use to call out each other in a meeting. Are we being courageous in that moment? Values are different. To me this is not a set of values, so it is hard for me to determine that. This tries to hold each other accountable, which may be very useful, but I don't think it has anything to do with values. To get to values statements, I think what is missing to me is where the results are. I don't think there is any value placed on seeing meaningful and time sensitive changes for people. The health care system is burning. From the outside, nobody appears to know what to do. There is no trust in the system, you can't access care when you need it, and people are dying unnecessarily. There is no sense of urgency here.
- We are an island; we are autonomous, and we will do it our way
- What is the difference between the LHIN and home care providers? Does long-term care fall under the health or social service providers?

- How much do the OHTs actually have the capacity to accomplish?
- Maybe thriving has something to do with easy access to information and access to care?
- Use SDOH to guide our work
- Importance for patients and families to be involved in a "shared-decision" making model.
- Values do not need to be intended for all of the population, they are meant only for the organization to live.

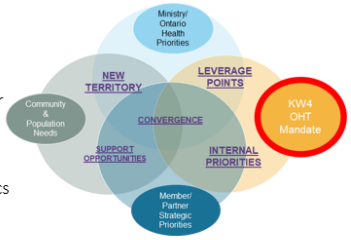
Advice – Priorities

During the focus groups, participants were encouraged to provide feedback on KW4 OHT's draft strategic priorities and goals. The high level feedback we received included:

- Most participants felt the priorities were well aligned with local and organizational priorities and offered some advice to further enhance them.
- Participants felt there needs to be a greater focus and integration of health equity.
- We also heard that there was a notable gap related to access (ex. right care, right time, right place) in the strategic plan.
- The importance of prioritizing local needs and initiatives was highlighted. This was suggested as a key factor to member support. Participants highlighted that there is need to achieve balance and alignment of OHT, OH, and local needs and priorities.
- We also heard the need for clear, concise, and plain language. The feedback suggested avoiding overly broad or vague terms to increase understanding for both community members and organizational partners outside of the health sector.

KW4 OHT Maturity Mandate – Strategic Priorities and Goals

1. **Improve system navigation in support of a coordinated and collaborative integrated care system**
   - Develop, implement, and expand on new innovative models of integrated home care planning and prepare for the eventual delivery of home care
   - Implement a standardized patient navigation solution that integrates with Health 811 and Provincial Health Service Directory (PHSD)
   - Implement supports for unattached patients
   - Implement solutions to ensure patients can access their own health information, including digitally
2. **Improve delivering of proactive, evidence-based care through early detection/intervention, with an ongoing focus on quality improvement and evaluation**
   - Implement integrated clinical pathways for four conditions including congestive heart failure (CHF), diabetes (focused on avoiding amputation), chronic obstructive pulmonary disease (COPD), and stroke
   - Subsequently, implement integrated clinical pathways in the areas of mental health and addictions and palliative and end-of-life care
   - Advance local initiatives and solutions tailored to the KW4 OHT's unique populations to enhance care planning, care delivery and outcome
   - Design and implement population health interventions across the continuum of care for additional target populations in KW4 to achieve better patient and population health outcomes
   - Use digital health solutions to support effective health care delivery, ongoing quality and performance improvements, and better patient experience
3. **Implement enhanced approaches to partnering with patients, families, and caregivers to ensure meaningful engagement and system co-design principles**
   - Continue implementation of the Patient, Family and Caregiver Strategy
   - Further develop and implement a Population Health Management and Equity plan
4. **Develop and implement an enhanced governance model and processes**
   - Create a not-for-profit corporation for the purpose of managing and coordinating OHT activities to support integrated clinical and fiscal accountability.
   - Establish a primary care network (a clinical network of primary care clinicians within an OHT working together in new ways to support provincial and local primary care priorities, providers, and the care of patients
   - Select and executive on an implementation plan for an operational support provider that will provide certain back-office functions in support of OHT activities on an ongoing basis including communications, project management, procurement and contract management, financial management, decision support, and analytics
   - Work towards OHT designation under the Connecting Care Act 2019



How well aligned are the KW4 OHT priorities with local needs?

The Priorities Are Well-Aligned with Local Needs (15)

- Yes, it will resonate with the community.
- I think so, key concerns are on the radar (i.e. housing, children's needs, etc.).
- Overall, there is good alignment with local needs, and gives us enough to work with.
- Well aligned.
- The KW4 OHT priorities align well with the needs and priorities in KW.
- Pretty well-aligned.
- They are well aligned and do match the organizational priorities.
- Well aligned to both SMGH and local community needs.
- Feel the OH priorities are well aligned.
- Aligns with what CND is working on; and aligns with local; primary care being articulated more clearly and provider being articulated more clearly. People that are the system but are not part of the priorities.
- Yes – it will resonate with the community.
- I think so, key concerns are on the radar (i.e. housing, children's needs, etc.).
- Overall, there is good alignment with local needs, and gives us enough to work with.
- Well aligned.

- The KW4 OHT priorities align well with the needs and priorities in KW. I would also suggest that they need to align with needs and priorities in CND, due to our health system operating regionally.

1. Improve system navigation in support of a coordinated and collaborative integrated care system

Well-Aligned (6)

- The first priority is well aligned with the local needs. We first need to ensure we have the right/ amount of resources before focusing on system navigation (this will make navigation easier on its own). Understanding the needs of all residents, including those with disabilities and brain injury, needs to be kept in mind at all times.
- I think they're well aligned, in particular priorities 1 &2, which address enhanced supports to keep people at home, improved system navigation, supports for unattached patients, and targeted clinical pathways
- System navigation, yes.
- From a Developmental Services perspective, and from the perspective of persons with developmental disabilities (and their families), I believe that goals 1 (Improve system navigation in support of a coordinated and collaborative integrated care system) and 3 (Implement enhanced approaches to partnering with patients, families, caregivers **and providers** to ensure meaningful engagement and system co-design principles.) are paramount.
- Wait list triage systems are needed to ensure community is supporting preventable issues and providing navigation.
- There are so many different partners that when somebody needs a particular service, they have no idea where to start (including primary care) so system navigation is important. Not relevant until we need it (in crisis mode). Community paramedics are starting to provide secondary response and one of their roles is becoming system navigation.

Comments, Concerns, Questions

- In goal 1, I don't see a sub-goal speaking to avoiding (or resolving) inappropriate placements for persons with IDD (eg. Such as ALC). If system navigation is done properly, most such inappropriate placements can be avoided (or quickly resolved).
- Number 1 and 2: How does the OHT support integrated services (i.e. GIMRAC), where is the financial accountability of the OHT found within these

goals so that the host institution is not solely accountable for the operating and ancillary costs from their global budget?

- A lot of the focus on navigation would not be needed if we organized the system correctly. We need to actually get people tied in with the services. A focus on navigation tools are just admitting the system doesn't work.
- One of the things I noted is that the community expects more than navigation. That is a motherhood term that means nothing. It has no urgency for access to care. This doesn't speak to what patients are asking for now. Patients are looking for results in their care, not help with access to navigation. **Navigation may be part of a solution, but it is not a goal itself**. **Instead of improve system navigation, I would say ensure patients get the right care at the right time.** What is the reason you want to improve navigation? There is no reason to focus on navigation in and of itself. How are we going to measure improved navigation? We need to focus on wait times. We need people to get access to the right care at the right time. We need to move towards this. We don't need to give people a new line to stand in. The community has a right to service and outcomes, and diagnoses in a timely way.

2. *Improve delivering of proactive, evidence-based care through early detection/ intervention, with an ongoing focus on quality improvement and evaluation*

Well-Aligned (4)

- #2 is a need for inpatient programs (i.e. medicine).
- Item 2 well phrased and important for networking with community especially rural.
- I think they're well aligned, in particular priorities 1 &2, which address enhanced supports to keep people at home, improved system navigation, supports for unattached patients, and targeted clinical pathways.
- Home care planning is important as does patient experience is important. Working together on all of this is important.

Not-Aligned (2)

- These don't align well with services currently in the hospitals.
- These do not align with regional program priorities founded form the OH-Renal/CCO.

Comments, Concerns, Questions

- Number 1 and 2: How does the OHT support integrated services (i.e. GIMRAC), where is the financial accountability of the OHT found within these

goals so that the host institution is not solely accountable for the operating and ancillary costs from their global budget?
- Specific pathways in number 2 have not included oncology, children's, family, women's health especially, renal. Women's health is always left out.
- Add in about clinical pathways for cancer care.
- Pathways have been discussed for years and often means more work for primary care.
- Is #2 just about chronic disease management?? If so, why doesn't it just say that.

3. *Implement enhanced approaches to partnering with patients, families and caregivers to ensure meaningful engagement and system co-design principles*

Well-Aligned (1)

- From a Developmental Services perspective, and from the perspective of persons with developmental disabilities (and their families), I believe that goals 1 (Improve system navigation in support of a coordinated and collaborative integrated care system) and 3 (Implement enhanced approaches to partnering with patients, families, caregivers **and providers** to ensure meaningful engagement and system co-design principles.) are paramount.

Questions, Comments, Concerns

- In goal 3 – developing and enhancing approaches to partnering with providers (especially social services, non-healthcare providers) can only help with improved system co-design.
- The goals section does not acknowledge cross-sectoral partnership and even further the needs of persons with Intellectual Disabilities. This could be addressed by expanding on goal 2.3. We believe that this should be embedded in at least the first 3 goals.
- Should #3 include "providers"?
- Bring "co-design" into all parts of the plan not just priority #3
- How do you operationalize #3
- A focus on engagement is awfully generic. I would suggest that is especially true when you get into specific plans. Are there specific populations you are talking about here? We need to get more specific on the populations that we need to impact. The more generic we are, the more watered down it is. The goals will be hard to measure, and the measurement is how you litmus test. How are you measuring navigation, etc.? This is important to the extent that

you need to measure access to primary care for refugees, etc. Until you challenge yourself on how we will know we succeeded, I don't think they can be set out as priorities and goals. As a patient, I would say so what. How may that impact me as a provider in how I deliver my services? How will that impact me as a patient?

4. Develop and implement an enhanced governance model and processes

Well-Aligned (1)

- Governance is truly needed within the KW4 to move into the role that OH wants them to take.

Comments, Questions, Concerns

- Clarification of the not-for profit corporation, it's governance, role and impact on the care within the community is unclear. This is such a significant piece with real regional importance and should be more clear. Unraveling this model with the goal of implementing within the mature state should be included.
- Number 4: may impact on timely selection, prioritization, work and focus on the partnering institutions. How will success and learning translate and shared across OHTs to ensure stability and equity across OHTs.
- Bullet number 3 under #4 "select and execute an implementation plan" (there is a typo).
- #4 execute vs. executive.
- Final bullet in number 4 what does that mean? Can be confusing saying "OHT designation."

Additional Local Needs

Access / Wait times (8)

- Pretty well-aligned, but where are they working towards the wait-time challenge (which prevents a lot of this 'evidence-based care' from coming to fruition)? More than just a digital health problem – also long waits on surgical wait times, emergency room wait times, diagnostic imaging, etc.
- What happens when things get cancelled at the last minute? Making sure people's time isn't wasted
- Needs more focus on MH&A and speed up access to those services. Too many of our loved ones have to wait forever.
- Access is where we struggle in this community (marginalized, unattached, uninsured etc. as well as other population types needing services we don't have).

- Supports for unattached patients, not in isolation, look at this as an overarching systemic primary care challenge.
- Important to improve equity access to all parts of our system i.e. group homes, long term care and other marginalized opportunities in our system.
- There does not seem to be much in the way to access which is an underlying root problem in this community.

Primary care (5)

- Does not fully address or place enough focus on primary care being a significant priority for unattached but also attached. More focus on how the OHTs will support this is recommended.
- Organizing a better primary care system for the region.
- Primary care network, look within the region on disparities on how Primary care is done.
- It is unclear here how the OHT's will support the primary care partners.
- Collaboration across systems that support the same or similar patients, don't forget out primary care.

Digital Health (5)

- Digital health is critical for the movement of information and aligns well with local needs.
- Digital care and having digital care integrated within the KW4 and other regional institutions is a must so that we can integrate and to enable integrated care models and communication.
- Digital strategy is a must.
- We are using digital health so that will align well and very important.
- Consider care partner language, strengthen the digital care plans across the entire system. Easy access to a shared EMR.

HHR (2)

- HHR is a local priority which is not mentioned within.
- Even if you have access the system doesn't support (examples: x-rays, lab, etc.). HHR shortages preclude people from taking patients.

Other Comments

Leverage Existing Projects (2)

- I think another priority for our OHT is to leverage existing projects... map and expand and support. So many good things going on in newcomer and MH and geriatric landscape. Support, connecting, efficiency much more important (and innovative) than creating something new.
- Build on agencies already doing this work really well, what did you do, how do we build it out/expand.

Consideration for Non-Acute Organizations (4)

- Evidence informed care related to prevention and promotion within the community, not in the hospitals, is so key but seems to be undervalued in the priorities.
- Money always goes to the hospitals.
- If the hospital is working on an initiative, be sure to include those in the community that is also working on the same/similar initiative. Sometimes community finds out much later.
- Midwives who do not roster patients—biggest issue is uninsured newcomers and birth tourism. More intentional community design; don't just let the hospitals work on things on their own bring us primary care providers as well, as we support patients journey mostly.

CQIPs (2)

- The cQIPs are not in the strategic planning priorities. Link the cQIPs into the priorities so they do not get dropped/lost, or are these going to be in addition to all this?
- These 4 are good, also the 3 CQIP, found with the OHT this year had 3 areas of focus and tried to fit everything else under these 3 and it didn't always work well (NICT example).
    - Instead doing the asset mapping was an incredible body of work that was very helpful to everyone across the board.
    - Lots of different committees that many of the members sit on, it's a lot.
    - How does this practically align with what we are actually going to do? What does governance look like? Who will sit on the committees?
    - With funding coming through the OHT is forced to become reactive, how can we have a structure that maintains focus on the chosen areas but still respond?

Partnerships (2)

- It is unclear how required partnerships outside of member organizations will be utilized to move forward these strategies and goals (i.e. digital).

- Leveraging partnerships between different HSP's, how are the partners being leveraged to bring foot-care, as an example, to all diabetes patients?

Diabetic Foot-Care (2)

- Diabetic foot-care. This would be huge to those patients to have that available.
- Diabetes avoiding amputation, improving foot-care, access to support which helps prevention even more. Currently its an add on service, so missing.

Goals/Metrics (2)

- Goals are not objective and not so concrete. The goals should be worded stronger to support implementation (SMART goals).
- I would be taking existing metrics and say we need to be accountable to these together.

Other – Miscellaneous

- Links can be made with patient pain points (i.e. need for integrated care and navigation, preventative care vs. reactive).
- Should marketing/promotion (to patients and providers) the services within our region be a focus in support of these goals.
- The role and function of back office supports tied to BFCT or other institutions need to be considered in these strategies and goals to be successful. The strategies and goals for these functions are not described.
- I think this is a perfect thing for the OHT to work on -- the idea of rostering is going by the wayside... we need to be "innovate" and come up with ways to care for people instead of rostering them (like the RAC!).
- This is a huge part of gender affirming care in the region as well (to happen alongside increasing and supporting PCP to provide)
- Difficult to answer without specific data related to top local priorities.
- Priorities seem to focus on structure and is missing impact of culture as a theme (i.e. a nurse not feeling safe to challenge an MD without fear of reprisal, fear of asking someone to wash their hands again without fear of reprisal).
- Good nutrition is also so important including access. Sharing of this info to the community.
- The bulk of the bullets align with the 2nd report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine (MoH). Lots of practical action items therein.
- I would personally align the priorities with the ministry priorities very directly. You are creating a make work project by developing others. The easiest way to manage the priorities will be through alignment. Otherwise, you are just creating an unnecessarily complex mapping exercise.

- There are horrible wait times. I would say let's put this on the table. We can't fix this alone.

How well aligned are the KW4 OHT priorities with your organizations?

KW4 OHT Priorities **Are** Aligned with Organization Priorities (22)

- They are ok, and broad enough to work towards.
- Alignment is there with the ED's CSP priority of diverting non-urgent visits.
- We can grow with these priorities.
- Yes, there is alignment with GRH strategy. Goals to some extent.
- Generally, LT found the priorities to be well aligned to those of St. Mary's.
- Well aligned.
- Yes, it is well aligned with Lutherwood's priorities and core work.
- The alignment with HOF is excellent, it works. This is what is needed for the system.
- Well aligned.
- Very well aligned with Camino priorities.
- Well aligned -include people and systems; CND enablers are different, but principles are the same.
- Very well aligned with Paramedics.
- Alignment to 2.2 but not sure putting mental health, addictions, palliative care, and end-of-life care all in one statement would result in change in any one of them. They are huge portfolios.

Detailed Examples

- ILWR continues to be focused on priorities within the organization (based on recovery from Ministry supervision). **Service Excellence** for our clients aligns with the KW4 OHT priorities.
- Traverse sees some alignment in the bigger picture of **integration**, **client base care** and **collaboration**.
- Sunbeam's current 3-year strategic priorities are: **People First**, **Inclusion**, **Innovation** and **Community**. The MCCSS sector transformation initiative "Journey to Belonging" prioritized Choice and Inclusion. Common themes are: inclusion (which includes the right to **access/accessibility**, and having a voice), the concept of choice/advocacy (which involves dignity, respect, recognizing one's value, etc.), and community (partnerships, collaboration, supports when, where and how they are needed, recognizing the unique needs of persons with IDD).

- KW Habilitation's Strategic Priorities are: **Create, Align, Strengthen**. The priority for KW4 OHT's priorities to align social care and health care fits perfectly under our Strategic Priority aligns will make it easy to connect the work of our two organizations. Strengthen the access/accessibility.
- Bloom. Accountabilities are aligned through contractual obligations. Related to LTC/RH, transitional care is an opportunity to support, nothing in here that is missing for HCCSS.
- Conestoga has three strategic priorities. They are **quality**, **capacity**, and **sustainability**. I see all of that touched upon when you talk about social determinants of health.
- Well aligned -include people and systems; CND enablers are different, but principles are the same.
- The focus on collaboration, innovation and the importance of evidence-informed decision making aligns with how the University of Waterloo would like to contribute to the community as well.

KW4 OHT Priorities **Are Not** Aligned with Organization Priorities (9)

- They do not align well with all the programs from an operational perspective, too much focus on adult medicine and MH.
- Limited alignment with other OH priorities.
- Difficult to say they do not align because the hospitals plans are fairly comprehensive. But our hospital does not seem focused on the same things. For example, **prevention**, **early detection**.
- The governance enhancement and implementation feels a little siloed to OHT.
- CND. What is missing is equity.
- Conestoga has three strategic priorities. They are quality, capacity, and sustainability. I see all of that touched upon when you talk about social determinants of health. I would say that people are getting more savvy on the connectedness of poverty, climate, health, etc. They are expecting to see those connections. Post-secondary does well on trying to see where the future is going and incorporating that, so we are equipping graduates with the world they are living into. There are a few ways I don't think that is embedded here, and I know that is asking a lot. There is nothing here about climate or sustainability. I think that needs to be considered, especially as you look at building a governance model. It also doesn't address those broader issues, such as health human resources, which is a big miss. There are so many connections there. There are opportunities to work on. Where do you open a newspaper where you don't see HHR issues? The Ministry will be

implementing requirements for HHR, so put it in the strategic plan. I think you are going to be getting aggressive deliverables, and the government is looking for accountability. There is nothing in the priorities that addresses priorities that are sitting on the political agenda.

Missing – Care Outside Hospital Walls (3)

- Care outside the hospital walls is a priority and the collaboration between the hospitals and OHTs is not clear.
- Care outside the hospital walls is greatly needed to support the further development of integrated care models for more complex patient types, such as those with ALC designations or dementia or those with multiple comorbidities or geriatric syndromes and not just those will relatively simple single system, episodic or acute on chronic care pathways.
- May not be enough priority given to the amount of leadership that will be required to move care outside hospital walls, such leadership should be strengthened to see success.

Concern Related to Alignment with Partners and Other OHTs (2)

- Curiosity expressed about what other OHTs are prioritizing and potential of misalignment between neighbouring OHTs with shared patient populations
- Curiosity and concern on how 41 partners will align and deliver on priorities together

Which one of these mandatory deliverables are most important to you?

1. Improve system navigation in support of a coordinated and collaborative integrated care system (19)

- Navigation and client centred care with integrated care teams. At Traverse we can sometimes have 15 different organizations wrapped around one client with ABI, MH and Addictions.
- Digital Health strategy to support integrated care network.
- Looking at number 1 where the system has improved navigation and integration of care. This will really support improved patient outcomes.
- Number #1
- Development and implementation of integrated home care delivery model.
- Number 1 is key but #4 is critical to enable the rest.
- #1, #2, #3 – felt important to the group - #2 might be the most important goal. #3 could be embedded into #2

- #1 is most important, “improve system navigation in support of a coordinated and collaborative integrated care system.”
- End to end navigation
- Coordinated and collaborative integrated care system
- Priority 1 is the most important and the rest is enablers.
- Of these four, I can tell you that the college recently launched a new certificate program in system navigation. We have a graduate certificate program in system navigation. There is a whole program on that. We have interest in that. Obviously, we are highly engaged in HHR. We do have a new focus on research at the college. I would say that colleges are late to the game in research, but we have a reasonably robust research program that is increasingly coordinated. There is a lot more work happening in the college environment on that kind of work. It is certainly something that aligns with where the colleges are going. Obviously, the college has a lot of focus on partnerships, particularly in relation to placements for our students. If you don’t explicitly include a focus on HHR, we will end up like we are now.
- I would repeat my comment on navigation. Should that be the focus? It may be more valuable to pick something small and tight. For example, in a year from now, we will have no unattached patients. What would it take to solve that problem? Some of the information exchange will happen anyways. We need to pick a tight punchy goal that is quantitative and measurable.
- Cornerstone priority is system navigation: “transform the health care journey” and then 3 deliverables.
- Goal #1, system navigation. Our system is still very messy, there are so many partners, so many funders.
- Goals 1 and 2 are most important and will have a big impact if we do this right. Access is always an issue, and the earlier we can get to people, the better.
- Goal 1, system navigation is the most important.
- #1, system navigation across the system continues to be a challenge across the board.
- Goal 1 – system navigation.

2. *Improve delivering of proactive, evidence-based care through early detection/ intervention, with an ongoing focus on quality improvement and evaluation (5)*

- Number #2.
- #1, #2, #3 – felt important to the group - #2 might be the most important goal.
- The second goal with a focus on early access, intervention and detection.

- Goals 1 and 2 are most important and will have a big impact if we do this right. Access is always an issue, and the earlier we can get to people, the better.
- In terms of delivering care, #2 is most important, and will have the biggest impact on people and their wellness.

3. *Implement enhanced approaches to partnering with patients, families and caregivers to ensure meaningful engagement and system co-design principles (1)*

- #1, #2, #3 – felt important to the group. #3 could be embedded into #2.

4. *Develop and implement an enhanced governance model and processes Connecting governance of KW4 and the hospitals.*

- Number 4, goal #1 will take a heavy lift and clarity on this goal is needed.

Critical to Enabling Success of Other Priorities (3)

- Number 1 is key but #4 is critical to enable the rest.
- Governance is an essential first step that will support the rest.
- Governance and decision making are mandatory and need to be resolved first. Separate goals from vision and the "so what".

Other Comments – Miscellaneous

- Developing a robust primary care network for attached and unattached is essential.
- There needs to be a focus on recruitment for this region if any of these goals are to be achieved.
- The local priorities are mandatory and the frame into which the provincial priorities come in from the behind.
- Could there be some consideration to adding a priority around improving access to health resources? (i.e. timely imaging, better access to specialists, decreased wait times).
- Pathways need to be from start to finish, not focussed in hospitals.
- Upstream prevention. Knowing it is not necessarily 'clinical' however, it is often where the community can make the biggest difference/impact.

Within the goals for each priority, where do you think the KW4 OHT should start (i.e. are these certain things that should be completed in year 1 and 2 and others in future years)?

1. *Improve system navigation in support of a coordinated and collaborative integrated care system*

- Start with 1
- Number 1. Links closest to access which is where we are in this community.
- Number 1, 1 or 3, It's hard to decide, don't you need to do number 4 first? Number 4 would be great important for accountability but, the resources for another crown corporation are likely challenging to raise.
- Number one, but it's hard to decide since there are so many needs.
- Patient navigation will happen and home care will happen.
- Implementing a patient navigation system is huge, we have 811, an app coming and here 24/7 and we could spend 5 years doing it.
- So much coming from OH regarding system navigation, there is the question of how far do you run ahead? Number 2 is a reasonable priority (CDM) and evaluation (KPIs and indicators).

System Navigation is Critical for Success of Other Priorities (3)

- Starting with #1 would give the opportunity to innovate, try new things and work to collaborate most effectively, enabling the other priorities.
- Between 1 and 2. We have to get the patient into a well supportive and collaborative system before Number 3 and then worry about the governance
- **Contrast (Need Access/Connectedness Before Navigation):** Connectedness of care-improve system navigation (need to see connected care first before system navigation). Need to fix system first (e.g. Access to services) before navigation.

Recommended Approach

- To advance the system navigation work, I would:
    - Focus on common triaging using the tiered model
    - Using common assessment tools across all providers, everyone using the same tool and speaking the same language
    - Work towards the integration of many e-health systems
    - Ensure integration work occurs across the lifespan

2. *Improve delivering of proactive, evidence-based care through early detection/ intervention, with an ongoing focus on quality improvement and evaluation*

- Start with 2
- Number 2. Create proactive approach, find the balance between community need and what the funders want.
- Between 1 and 2. We have to get the patient into a well supportive and collaborative system before Number 3 and then worry about the governance.
- Development and implementation of integrated home care delivery model.

Supports for Unattached Patients (2)

- Supports for unattached patients.
- Implementing supports for unattached patients. That will also cover newcomers. Patient journeys would fall out in different directions from that if you are focused on a really tight goal.

Pathways (2)

- Start with pathways, need to deal with food and housing insecurities to support the rest of the system.
- MH&A and palliative clinical pathways.

Questions and Comments

- While the first bullet on the second goal is laudable why isn't MH&A included in that list? Why will MH&A be "subsequently" gotten to in the second bullet when it is so important today. It feels like there is a focus on "quick wins" to make the OHT look good vs. focusing on a really important need.
- Second priority. Questioned why has this not worked before? Why will this be different? Why are clinical pathways noted of the specifics COPD stroke not worked?

3. *Implement enhanced approaches to partnering with patients, families and caregivers to ensure meaningful engagement and system co-design principles (1)*

- Pull section 3 of the goals, I'm putting this first. They should be centred around engagement, needs and priorities, etc. That should be driving the work.

4. *Develop and implement an enhanced governance model and processes*

- Start with Governance.
- Number 4.

- Better and more transparent governance between KW4 and members.

Governance Creates Structure for the Work (2)

- Need to start with governance to solidify who is steering the ship and who is setting the priorities.
- Start with governance and structure first to create structure for this work. This should be first. We need clear accountability.

Other comments

Timeline (5)

Too Short to Achieve Priorities (4)

- Goal timeline depends upon other priorities and focuses. 2 years seems ambitious. Some could be completed in but not fully.
- Not certain but these will be difficult to achieve in 1 to 2 years, even 5.
- To achieve all these goals in year 1 is unrealistic, ear-mark one from each, then each year choose the priority areas for year 1 & 2 bump others onto year 3 & 4.
- Overall I think the plan is ambitious, especially goal 2. I'm not sure of the timeframe the OHT is working within, but that is a lot to try an accomplish. I wonder if there would be value in more focused activities, but also appreciate the need to try and include the necessary priorities. I think it's worth the OHT considering how they can best set themselves up for success.
- **Contrast:** Five years is a long time. Governments change, systems change, demographics change, illness changes, research, technology, etc. making it very difficult to project that far.

Resources / capacity (2)

- Areas where there is provincial or OHT level resourcing and capacity.
- Concerns expressed about resourcing some of these large scale projects, and needing to ensure that they are done well and at scale.

Focus on Results / Measurable Success (3)

- I think that the province will dictate what needs to be done. What is actually most important is results. That looks like reducing wait times, improving attachment rates. Specifically, can people get the care when they need it?). I would prioritize getting to the next step of what will help you determine success through measurable results.
- Pick a few things where to start; strategically align with OH and deliverables.

- Of the 6 -pick one or two. The population health approach-means identify patient population you want to serve and segment the population; services for those populations in your OHT.

Leverage Existing Momentum, Expertise, and Alignment (7)

- Start with where the momentum is CHF and NICT and showing through cases demonstrating who you're helping.
- Academic models: any pathways they have pathway leaders, so need to find a way to show clinician interest and how doing this work. Better at implementing on the ground; include patient and clinician experience and package it as scale and spread to other regions.
- There is already a tremendous amount of system work underway (provincial, regional, and local). How can we maximize our efforts, while creating a lean structure for this work?
- I see alignment with the Ministry directives that I think is a good approach. There is work that will need to be done there and this strategic plan will support that work.
- 6 new priorities, population health management work (already doing) and homecare (already doing) but waiting for direction from OH.
- Primary care-continue to work on organizing primary care; focus on broad approach to PC with NPs and determining how to leverage whole group.
- Launching physician recruitment strategy-led by OHT; need to augment what is already being done (not done by chamber of commerce).

Keep Things Simple / Focused (3)

- You have to start somewhere, the work has to be value added, and let the folks who know what needs to be done, create the plan. This work often gets over complicated with too many people with too many agendas, keep it simple, keep it focused, and take it one step at a time.
- Create a vision for what is needed to meet the goal, and ensure there is a highly engaged group (small in number) to focus on this. Too many people with different agendas can take away from the work. Create a project management plan and take it one step at a time.
- In the first year, I would suggest:
    - Develop a system map to understand what the current context is
    - Understand client flow and access
    - What do we have?
    - What are the gaps in care?

- Do we really know what we need?
- Data, utilization, outcomes of care. This also tells the story.
- Oversight and guidance on system mapping is a role for OHT.

Digital Health (3)

- Digital Health: Made some strategic decisions not to pursue one time funds; we are best in e-stuff; and leading the pack.
- Digital plan needs to come from province; the OHT can do small stuff but need a provincial strategy.
- Need to invest and advance PHIPA policy support (see it as an OHT role).

Other – Miscellaneous

- Collaboration and coordinated care, ensuring all providers are part of the circle-of-care and planning, is important to both Traverse and ILWR. As CSS agencies, we sometimes feel forgotten as the primary provider for many of our clients.
- Ensuring accessibility (physical, digital, etc) is kept top-of-mind during all stages of planning and development. This is vital to ensure access to services for everyone. People with an ABI can not navigate a number of the new digital solutions, along wit frail seniors, new immigrants and others.
- E.g. CHF, no loss provision and how does it link to broader OHT.
- Written and unwritten goals.
- Right care/right place is mandated, must focus on it, ALC/cancer/MHA is a CQIP must do it and then react as others come up along with PCN.
- There is a new hospital to be built – will it be for medical reasons only (not breathing, bleeding, in an acute life threatening state)? How will that impact the community and any OHT planning in Waterloo region?
- Need to put in trauma informed care in our work; given our population getting a handle on this will be very important.
- Don't see truth and reconciliation (indigenous community) sees itself very differently and needs to part of the plan separately.

Beyond priorities associated with KW4 OHT's maturity mandate what additional priorities would you like to see the KW4 OHT focus on over the next 5 years?

Social Determinants of Health (3)

- The importance of **Social Determinants of Health** as a basis for health and well-being for everyone. For example: affordable and accessible housing and food security would help to eliminate some of the crisis need for health services.
- Perhaps we need to focus on **social determinates of health** as described above. We need to include social determinates of health to move forward with a whole person approach
- Expand definition of "prevention" to include **social determinants of health**, food insecurity, homelessness, etc.

Integration and Alignment (Other OHTs, greater community, etc.) (8)

- Looking at the local priorities for immigrants, homelessness, housing, interpretation services, etc. And how does the OHT's mandate align with that of Kitchener, Waterloo and the Region?
- How will the KW4 OHT integrate with other OHTs?
- What about the 12 OHTs and their deliverables?
- Understanding the role of the OHT and overlap with OH, OH West, and service providers, especially as it relates to funding applications.
- I will continue to align with OHT priorities, but there are other stakeholders and sectors that I work with regarding specific housing and homelessness work, that also need to meet other needs (i.e. municipal). Ultimately, it all comes together.
- Consider the work of the surrounding OHT's and aligning the work. So many organizations like ours are involved with other OHT's. Working towards alignment is going to allow for opportunities to grow service systems for our residents.
- Assuming KW4 OHT achieves core priorities, I think that the next focus should be **connected care** and **data sharing**. These are the platforms that would change things. We need to focus on connecting primary care with hospitals and long-term care.
- Focus on local priorities; everything is tethered together and there is intersectionality.

Engagement (4)

- Would add community engagement (e.g. NICT); being closer to our communities and building relationships so OHTs can be involved with system partners. So communities feel like they are part of the "team". People have a voice in their team.
- Must improve communication by engaging people in a timely manner. Sometimes grants come up and then we hear that grants are awarded when it is too late to contribute our thoughts. We feel left out. Maybe PCN committee will resolve this.

Qualitative Evaluation (2)

- Can we have some qualitative outcomes; stories get lost in the data? Indirect narrative data often has vital and important information.
- Qualitative data is how much of our Indigenous, newcomer, those furthest form opportunity, etc. can tell their stories and express their needs.

Inter-Sectoral and Multi-Sectoral Partnerships/Collaboration (6)

- It is difficult to link for profit and not for profit organizations. Most of the partners are NFP but there are many healthcare partners that are difficult to connect to because they are involved in the for profit world. The partnerships could be very beneficial but we are missing these partnerships here (i.e. retail pharmacy, physio, OT, chiro, infusion clinics, surgical center).
- Inter-sectoral communication and relationships are very difficult. This create difficulties in logistics and information sharing for supplies needed for patient care. Having a **better bi-directional information sharing between across and within sectors** would go along way but we do not have partnerships or access to these for profit companies. This could also support patient navigation within our community to improve access for marginalized groups.
- How do organizations working together **bring this work forward** to the OHT to support the OHT work.
    - How do we **formalize the work and bring it forward**?
- Still very high level-not including municipality and other local players into this work.
- Any projects being submitted needs to **involve multiple partners: "intentional collaboration."**
- Optimizing use of essential healthcare resources by making best use of social service partners in the community.
    - We agree and would add further to have it include cross-sectional providers.

- Health Care and Social Care identified and working together for the betterment of everyone in our community.

Strengthening System Quality (via Access, Safety, Resource/Capacity, etc.) (10)

- Focus on **wait time**, **effective diagnosis** and **meaningful access to care**, with **measurable results**.
- Not sure in which section, but it may be helpful to include reference to the concept of providing care and supports when, where and how they may be needed most (e.g. Could help normalize delivery of some health services outside of the traditional hospital/doctor office environment, and acknowledge the need for 24/7 access to care and avoid/minimize inappropriate placements/environments for persons with IDD).
- Addressing capacity and resource issues across the system, (primary care, hospital, home care).
- Need to add **quality**, and **safety** which are not in these priorities.
- Continuing down the path with **evidence to practice** (clinical pathways); CHF and St. Mary's-how does it come up to the OHT?
- How does OHT plan to get **more funding** for the region and **attract more PCPs**? KW4 has a fast-growing population.
- Health is greater than just access to PCP's we need **broader services to support all aspects of health**. **Prevention and Health Promotion**. **Mental health support** etc.
- Could there be some consideration to adding a priority **around improving access to health resources**? (i.e. timely imaging, better access to specialists, decreased wait times).
- Common core competencies for all service providers. Common core training for staff across the system – to build a strong foundation (i.e. gender affirming training).
- In FY 22 had an 11% call increase -we don't have enough resources to get to high acute cases; Reducing demand in non-urgent cases so can work on core mandate; right provider at right time-System Impact; impacts off load delay as well (MH and ED).

Focus on Specific Patient Populations/Groups (MH&A, Older Adults, etc.) (6)

- Populations of patients are being left behind in hospital (CCC population) goals to address this population and improve their QOL in settings other than hospital. How can the OHT get them home?

- Also attention to a subset of the sever and persistent patients with **MH needs** (Extraordinary needs program), where the MHA can be applied, but do not need acute/post acute MH care in the inpatient setting.
- **Supporting uninsured patients** to receive acute care and payment.
- How does KW4 work and support this group and their care. Look at regional priorities and goals from OH-Renal, OH-CCO, Ontario indigenous plan.
- While the enhanced home care supports and some of the clinical pathways will impact seniors, I'd like to see a **focus on seniors** explicitly stated in the priorities. For example, community strategy to address loneliness, transportation to and from appointments, etc. I'd also like to see an emphasis on 7-day-a-week access to services and navigation across the community.
- How do we find **funding** for the smaller community groups who are able to demonstrate successes (i.e. prevention, newcomer supports, mental health and addictions services, etc.)?
- **Contrast:** I think there is a lot of work underway, especially in MH&A, so you have to be careful not to boil the ocean. Want to make sure we are doing work at the prevention end of the continuum too, not just focus on the most vulnerable. There has been some re-balancing at the OHT, and it feels like there is more balance.

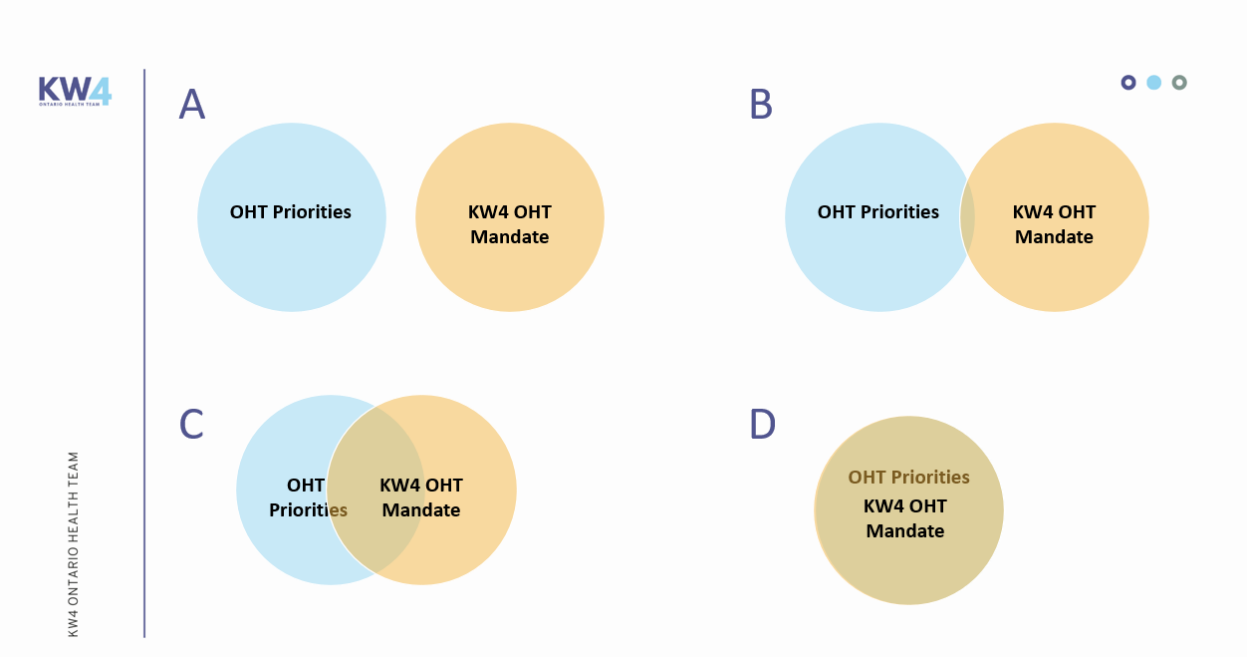
KW4 OHT Should Focus Becoming a Leader and Innovator (4)

- Lead in your lane as set up by OH-pick the lanes; innovate in the lines and a little bit outside the lines.
- We tend to be a "beta" site rather than an "Alpha" site, we need to be seen
    - We do so many Alpha things, but they are not recognized, why? Let's change this narrative.
- Currently seems like extra work, on top of OH goals but necessary to achieve success. To date OHT work hasn't moved the needle and our value add is the hyperlocal, trying to do this in the paradigm of the old system/way of doing things. People want us to do something different (PC and providers) want us to do something different.

Other

- Take 6 prioritize them-where's **ALC**, **Housing** on that? Where's **OHT maturity**? **IC pathways**? **Structure**? **Incorporation**?
- This feels like more than enough.

Shared Commitment



If you were to draw a Venn diagram showing how closely the OHT priorities align with your organization's priorities, how much would those circles overlap?

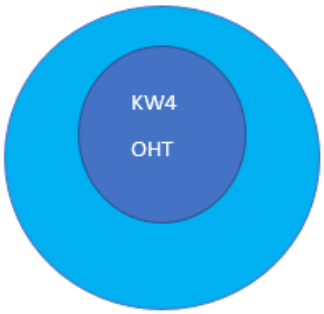
Good Amount of Overlap (19)

- There is some good overlap, but Thresholds is focused more on community population needs, we do more than what OH is focused on (i.e. housing).
- Circle with MH&A, circle with homelessness prevention, circle with seniors. There is good alignment overall.
- A good amount of overlap. Our new strategic plan at HOF is all health focused, which is very consistent and aligned with KW4 OHT.
- The KW4 priorities align well with the work of CMHA WW, there is a good amount of overlap.
- Good amount of overlap with Camino. Specifically, with MH&A and newcomer / neighbourhood work we are participating in, there is excellent overlap.
- Value relationships, be accountable …. The OHT values are embedded in both organizations through their Vision, Mission and Values Surprised at how much alignment was there.
- All goals and priorities: strengthen, creates and aligns to build a much more person centered health care system.
- Governance and Accreditation: Both organizations have these models

- Both organizations align. Highlights: partnering, inclusive, pay attention, be adaptable.
- Governance and Accreditation: Both organizations have these models.
- #2 and 3 overlap very well, more so then #1 and 4. But #4 is very important.
- There is significant over lap with hospital and strategic priorities (i.e. evidence based care and innovation and partnerships).
- About 25%-50%.

Closer to C or D (6)

- Most vote for C, some for B
- Maybe D but our bubble is bigger. We would be like a "halo"
- Sometimes the desire to be different can result in poor outcomes: C feels safer.
- Suggested visual of the halo looks like this:
    - Light blue – OHT priorities
    - Dark blue – KW4 OHT



- Likely "c" There are things that are needed in our community and not others.
- "C" would establish the highest number of common goals while still allowing us to set some of our own priorities. If our priorities are way off, we would not be eligible for funding opportunities.

Little Alignment/Overlap (6)

- Regional programs very little, and unless it is within a pathway, there is very little alignment.
- Little overlap unless there is more of an emphasis on upstream and life promotion.
- I would tell you, that if you are looking at the KW4 OHT priorities and the OHT or ministry priorities, I would suggest that it should look like a full overlap. I don't think there is complete overlap with the college. That is ok because there are different missions. The overlap is in relation to common efforts on sustainable development goals. Those spaces are where the community needs to see overlap. That should be an overlap where we are commonly working on improvements to climate, housing, hunger, etc. We need to deal with these principal issues in the community because it is everyone's problems.
- Approximately 10% given that I work at a university. I think that is fine. It is understandable.
- For my programs maybe 25%
- 30%

Needs an Additional Circle (3)

- Needs to be an additional OH WEST circle-seems that that is different from OH/MOH and is a huge influence on our work.
- Need a circle around provider experience-maybe work force well being because it influences our success; Its like a pie that continues to move, living in scarcity and everyone gets a part of the pie and no one gets too much or too little of the pie and it's constantly shifting.
- Other piece is influence in the pie and important work isn't part of your pie (e.g. Community development work; entering a sprint (Q4)).

System Navigation and Streamlining (3)

- Priorities: Improve system navigation (strengthens the person's ability be independent).
- Standardized patient navigation, integrates 811, etc. All streamlines the processes for the person (patient).
- Implement solutions to patients' access – streamlines and saves time.

Integration / Client-Centered Care (2)

- Our organizations continually focus on integration, inclusivity, client-centered care.
- Local initiatives and solutions tailored to KW4, focus on integrated client-centered care.

Comments Related to Diagram / Concept

- Tough because they naturally intersect or can intersect in almost every case with OHT, organization and OH.
- Not necessarily static, the diagram changes based on presenting need and opportunities.
- Use to assess your priorities and governance. Ability to be flexible with competing resources and understand the PEST environment that is constantly changing.
- Love the diagram; the need for all of us to consider clinical, organizational, system value-need to see things across all three.

Other – Miscellaneous

- Ensuring the needs of persons with disabilities and brain injury are kept in mind during the OHT's planning and work.

- Importance of Population Health Management and Equity Plan as mentioned about regarding Social Determinants of Health for all.
- Implement Supports for unattached patients – solution based.

Once the KW4 OHT Strategic Plan is finalized how will you go about embedding one or more of the priorities into your organizational plans?

Alignment in Strategic, Operational, or Clinical Plans (7)

- St. Mary's already has a priority in its current, and draft refreshed plan, to align with the goals of the KW4 OHT.
- We will reference the alignment with the KW4 OHT strategic plan in our own strategic and operating plans.
- We belong to 3 OHT's, and this is referenced in our own Strategic Plan (under the pillar: Transform the health care experience for clients: partner with regional Ontario Health Teams to meet local priorities) to ensure alignment. In addition, specific shared projects are also referenced in our operational plans (i.e. Integrated Crisis Centres).
- With KW4 neighbourhood work, this is already on the Camino strategic plan, so there is a direct link. In addition, KW4 OHT is already identified in Camino strategic plan to ensure alignment.
- They would need to overlap with an existing plan and clinical service plan.
- This may be more related to SLT but as a hospital we do need to be embedded into our priorities but as they are this may only be about 30%.
- In topic, and principle these can be embedded in our priorities but can we support this in a way that is feasible?

Alignment with KW4 OHT through Specific Projects, Programs, Initiatives (9)

- Specific projects like the neighbourhood project are also evidence of this embedding between HOF and KW4 OHT.
- I think the piece that would mostly connect is if KW4 connected with programs with student placements. There are lots of opportunities there. KW4 needs to look at the HHR challenges and help to solve it. Why are colleges and universities going to organizations and begging them to take placement students? We are constantly doing that, and it is a huge waste of

time. Let's get this done. If KW4 had a meaningful way to do that, you could see some benefit. There would be a steady source of staff. You got to invest. It takes time and effort.

- Specific shared projects are referenced in our operational plans (i.e. Integrated Crisis Centres).
- Advancing local initiatives and solutions tailored to our unique populations to enhance care planning, care delivery and outcomes.
- Would like to partner with the OHT on the shared priority, such as the hospital at home type initiative.
- Ideally there is some direct overlap naturally (i.e. Integrated Crisis Centre work and neighbourhood work).
- Make a conscious effort to do so, there is a lot of opportunity.
- Support for the Connecting Care Act – following, training education plan and would see adding this as a component, we would support the direction of OH through OHT's, our priorities align quite closely already to support integrated approach at a high level, KW maybe more granular in nature. Pieces already overlap for integration.
- **Contrast:** Regional program need to be integrated into KW4 OHT not other way around.

Alignment is not Possible or Challenging (2)

- That would not be appropriate for the post-secondary sector. That said, there is alignment in many directions.
- For Traverse, being a regional provider (within 3 local OHTs) creates challenges to align. Increased need for awareness and accommodation for Regional providers.

More Clear Guidance Required (7)

- There are not enough specifics here to drive certain areas since it is largely medicine adult focused.
- We will need to know how such implementation is envisioned and who will be accountable for these initiatives.
- What role does our Strategic Plan play in the CND OHT strategic plan? Need to identify risk, opportunities, and review once a quarter to determine opportunities and differences. Not clear that we're going to do anything differently.
- We can report back and follow through on how we are aligned with KW4 OHT, but goals need to be more specific to allow for this reporting.

- Depends on the priorities once they are set, funding opportunities, and flexibility in the use of funds.
- Need to ensure the success of community work is seen as their success – to be able to use these successes to apply for funding and grants verses being seen as the OH successes and funding opportunities potentially going back into that system.
- Maybe share a visual that shows where there is alignment and differences and shared understanding.

Do you think we should use our Member Contributions to support OH priorities and/or other local initiatives?

Yes – Use Contributions to Support OH Priorities and/or Local Initiatives (8)

Transparency (2)

- I don't have any concerns about funds being used outside of the OHT scope, as long as there is a transparent application process, sharing of this information, and how this funding is used. Would give KW4 the benefit of the doubt on how funds are used, but I want there to be transparency.
- We support the funds being used for OHT supported projects and activities, there are many needs and gaps in health care, particularly in mental health and addiction, so our funds need to be allocated to these specific gaps and challenges in a transparent way.

Need Alignment of Local and Provincial Need (4)

- It needs to be a blend of needs between the two. Focusing in on your own local needs may result in missing the larger view.
- Do you need to separate them? The only way to be successful if the local and provincial are aligned. Need to package this into one strategy so it's not seen as local or provincial but as the strategy.
- Perhaps the OH portion to go to enhance what is working in the community that also fits into strategic planning priorities.
- Look for alignment where possible and focus on local priorities, municipality priorities.

Other

- How far beyond? This could be a slippery slope. But if there is a really innovative idea that comes forward, use some of these funds in a time limited way, with clear measurable objectives.

- Yes, some consideration for reducing the member contribution, at this time the funds are needed to support the local/OH priorities.

Use for Local (8)

- Stay for local community initiatives including the hospital.
- Local priorities over MOH/OH because of our focus on regional needs.
- Using member contributions to move local priorities is important and need to ensure politics don't dictate direction. Won't get member contributions or collaboration if don't focus on local issues.
- Using the 600K to find the gap and do the excellent work in that niche for the OH to add value (e.g. Community safety well being plan). PS is like the thermometer of the system if all working well would see a decrease of 911 calls but that's not what we see. System isn't healthy. E.g. homeless and MHA; Need to set common goals that are community led example a reduction in 911 calls by 1% for non-urgent calls for MH.
- Need to figure out how much of our pie is used up by MOH/OH priorities and what's left over. Need to be realistic about what we can/can not do and need to consider the mandatory vs. what we want to do.
- Similar to Immigration partnership, "we need to focus on local priorities no one will engage on provincial priorities. Our partners have always had a voice in our priorities and pushing direction on our work can't just come from government". Especially since you have equal dollars as MOH, need to focus on local as well.

No – Do Not Use Contributions to Support OH Priorities and/or Local Initiatives (6)

Need to Be Cautious (3)

- No, keep it focussed to OHT priorities. This is a very limited pot of member funds; it can disappear very quickly if it is not focused on the right priorities.
- There are so many needs across our community, so this can be a slippery slope. I would suggest keeping these funds only for OHT priorities and approved work.
- Have said no to SPOs because there maybe a conflict of interest in the future; don't want to get into a mess.

Other

- I don't know the OH priorities well enough, but I don't think we should go too far off them.
- Why do we need to financially support something that the ministry is driving? What is the logic of the member organization supporting financially? Will we

need to carve this out of our global budget (provided by the ministry) to support ministry priorities? That's crazy.
- I think the OHT should back up the bus from that question and get the priorities right first.

Funding as a Barrier (4)

- Member contributions may become an issue for some organizations; especially with limited/ no funding increases. Ministry of Health indicated that member contributions (if any) cannot be a barrier to involvement.
- There will hopefully be an opportunity to discuss this in the future as it would not be inclusive if money was a barrier to participate.
- No fee to become an affiliate member; full member is one-time fee and if can't pay, it's okay and can still be a full member.
- Social Service agencies are funded quite differently than Health.

Questions

- Who owns the goals, and priorities, this would need to be clarified?
- How are contributions from member organizations determined?
- Will the time being put into KW4 work from staff be better respected as a form of support and contribution?
- What does it mean to me as a member? (Ex. CHF and for each member).
- Where do we as communities get to provide input into their priorities? How do we influence that decision making?

Other – Miscellaneous

- Members have to be responsible to the OHT; the OHT is a higher level than the organizations.
- Their organizations have to reflect the OHT strategies so in year 5 there is alignment and similar.
- Help people to get together.
- Full alignment vs. partial alignment in OHT cQIP-building on collaborative priorities.
- Think of it as a master agreement and then statements of work.
- Affiliate members don't vote and can't come to SC; Affiliate.
- Use the scorecard to demonstrate the lanes and metrics to "hook" organizations into this work; Show the way a little bit on this-what are the wins we could have; start with the coalition of the willing eg. ALC or CHF; MHA Ed visits.

Do you have any additional hopes or advice for the OHT that you have not yet expressed today?

Language / Definitions (5)

- The strategic goals may be interpreted in different way. Making them more objective would help remove ambiguity.
- What is the reading level that will be presented in a public version? Can a version of grade 5 literacy be developed? i.e. what is health system navigation, what is a health system? Does the public know what evidence-based care means?
- What does the word thrive even mean? Use plain language and action words so that the everyday person understands what is meant by these buzzwords!!
- If someone is reading this from the community, will they be able to navigate through this document? Is it simple enough to get the clarity we're looking for? How do we communicate about the OHT to our general audience? When done figuring out a version from a patient/community is important. In 5 years what will the experience of patient be that is different from today?
- Definition of "prevention" is quite limited in the OHT context, it also needs to include homelessness, food insecurity. Reach out to experts in those areas to work together.

Capacity (6)

- Capacity for this work is severely challenged unless we have focused people on this work and this work alone.
- How is any of this back-office work going to get done? These services are already working full time for their organizations and so how can we add this to their plates and expect anything to get done.
- If they need back office support they should designate this and until then the host site should be getting paid for it.
- It is the hope that this will not become a barrier to pursuing our existing plans.
- SLT not to be distracted with OHT priorities when needing to complete GRH priorities.
- Many in the system are burnt out and we need to pay attention to how we can also navigate through this.

Members (3)

- The member organizations should have greater connections with other member organizations and better understanding of their goals strategies and operations. This would be supportive of a more collaborative healthcare community.
- At this time there may be too many members and partners. It seems like many may have jumped in with out really knowing what their responsibilities were going to be. Are they effectively contributing to the KW4 and other partners? Some members may not have an impactful membership. Are all members part of the core team that can move health forward in our region?
- A position should be created that allows for system integration and coordination of initiative and goals. Could be funded by the member organizations to ensure that there is better alignment with their needs/strategies/priorities.

Other

Timeline (3)

- With the level of politics involved in these goals, these will not be doable within 1-2 years, not even likely 5 years.
- Plan needs to be simplified and maybe include what changing we can expect to see in 1yr/2yrs.
- **Contrast:** 5 years is too long; election in middle and so much changing, your plan may become redundant.

Excitement for the Strategy and Future of the KW4 OHT (3)

- Happy to be engaged in the strategic planning work and have all health and social service partners and patients/families involved.
- Very excited about the themes and the collaborative structure of the future of KW4
- OH west is all over this, should work with providers.

Additional Areas of Interest (8)

- Eating disorders, pregnancy/maternal and women's healthcare is regularly overlooked.
- Would like to see OH and KW4 bridge Primary and Acute care. The existing boundaries are very far and it impedes care and the continuum of care. If there was a way to get primary care in the hospital doors, and for acute to get

better connected within the primary care doors, it would make a huge difference.

- If the province calls BIPoC a priority, we'd be foolish to ignore that. But we should also present the fact that, locally, our marginalized pop's include much more than just these folks. Locally, we have refugee / newcomers, trans, etc. needs.
- There is a lot of direction for MH&A providers such as The Centre of Excellence, Ontario Health West, Lead Agencies for children's mental health, local OHT work (and there are 3 local OHT's!). We need to be conscious of this, plan for this, and make sure we are all having open conversations!
- WR Community Safety Wellbeing Plan. How does this fit in to the KW OHT work? How can we align both, and ensure we are working in the same direction, and also not duplicating work (with the same providers)?
- Missing in strategy
    - Partner with clinicians and have them co design
    - Put the words in the strategic plan
    - Needs to be a key piece of work and stated because we do it
    - Strat prior to improve co-design and engage and support co design our future models and IC pathways (#3)
    - Dyad story-pt/family-clinician
- Entite: FLS surfacing and need a commitment to FLS as part of our equity work; could be doing together with CND.
- Perhaps include health equity into your vision/mission to strengthen its importance.

Results and Impact (4):

- I don't see any urgency or focus on results. Without that it will be hard to get excited about this work. You need to move metrics and change processes.
- Would like to see the impact and ROI from the OHT priorities. Predict annual report before it's completed – here's what we can do for 100 patients, maybe write a white paper on this. Would like to see primary care fully engaged as partners in this work. Would like to ensure primary care is supported and engaged.
- Please keep in mind the difference between 'impact' and 'size'. Very small organization with little funding are currently making some huge impacts in our region. i.e. the WRPSC works on a budget of 350-450K/yr. depending on fund raising with 1/3 of its budget actually funded annually. With this is the

current year they have a local (including suicide prevention training to all grade 7 students in both school boards), provincial and national reach.

- I think it needs to be more focused on core goals. There is not a lot of money, and it will need to be well spent. There is a lot of good will and a lot of good people in the KW4 OHT. They need to start back to one big punchy change. It should not be focus divided across five or six things. That may be a bit mediocre in the end. There is a lot of process that seems to overweight the doing of work. The OHT is highly consultative, and I get that, but I wish that the team could have more freedom to act and do without the need to come back to discussion on all points.

Other Comments

- The strategy is meant to offend no one and is not transformational or ambitious.
- Our hope is that they can carry out the goals of integrated care and enhancing the health of the population.

Memorable Quotes

- This engagement feels sincere!
- Let's hope it all comes to fruition.
- Ambitious but doable
- Social Care and Health Care unite
- These were the best slides of an overview of the OHTs I've seen
- We need care to be there when we need it.
- A lot of the focus on navigation would not be needed if we organized the system correctly.
- Housing and Health; coming up frequently; speaks to where health plays "housing is healthcare, healthcare is housing"