



2026/27

Annual Business Plan

Introduction to the Annual Business Plan

In May 2024, KW4 OHT launched their inaugural five-year strategic plan aimed at transforming health and social care delivery in our community. Grounded in our vision of "A community where everyone receives integrated health and social care, delivered by providers who share responsibility for the outcomes of their patients/clients' care," the strategic plan provides an ambitious roadmap for the future of healthcare.

Annually, KW4 OHT develops a business plan, aligned to the strategic plan, to articulate in more detail the planned work that will be undertaken in collaboration with our partners in that specific year. The annual business plan is also aligned with the requirements as outlined in Schedule B of the 2024/25 – 2026/27 Ontario Health Team Agreement with Ontario Health.

KW4 OHT staff, in collaboration with the KW4 OHT Governance Table and the KW4 OHT Operations Committee, developed seven planning principles and seven operating budget principles identified below, to help guide the development of the 2026/27 ABP:

ABP Planning Principles	Operating Budget Principles
<p>Commitment to ensuring that the development of the ABP and the recommended initiatives:</p> <ol style="list-style-type: none"> 1. Support the KW4 OHT 2024-2028 Strategic Plan priorities and goals 2. Allow KW4 OHT to meet our Transfer Payment Agreement (TPA) obligations, provincial performance expectations, as well as considers local nuances and priorities 3. Align with our vision and mission of advancing an integrated health and social care system 4. Are codesigned with community, OHT members, KW4 Primary Care Network (PCN), and partners 5. Reinforce shared accountability, by ensuring initiatives are Member-led and OHT-supported 6. Maximize collective impact by considering return on investment and system relevance 7. Build in flexibility and adaptability to allow us to pivot as new information becomes available 	<ol style="list-style-type: none"> 1. Ensure the Strategic Plan and ABP priorities are driving the budget verses the budget driving priorities, recognizing this is an iterative process 2. Be bold and realistic understanding that funds available may limit the scope of initiatives and require prioritizing what matters most 3. Use all Ministry funding before 2026/27-Member funding 4. Reserve funds to create a backstop for appropriate or unexpected initiative over-runs and to create a fund for new strategically aligned initiatives that may arise during the year 5. Be courageous but strategic in investing in seed initiatives that offer a sound business case, a realistic and actionable sustainability plan, and align with the mandate of the OHT 6. Be cautious about investing in initiatives that will require funding beyond 2026/27 as this is the final year of the 3-year funding agreement for Ontario Health Teams 7. Ensure processes are in place to regularly monitor the overall budget and to adjust as required, which may include but is not limited to reducing the scope or deferring initiatives, expanding existing initiatives, adding new initiatives, or increasing the reserve for 2027/28

To help identify, select, and prioritize initiatives, a planning framework was also developed. The framework maps each potential initiative’s alignment to:

- KW4 OHT 2024- 2028 Strategic Plan priorities and goals
- Transfer Payment Agreement (TPA) Deliverables
- Standardized Performance Measures by Ontario Health for OHTs
- Primary Care Deliverables
- Provincial priorities and deliverables
- Local plans

Standardized performance measures that align with provincial OHT priorities, including primary care attachment, Health Care Connect waitlist clearance, chronic disease prevention and management and cancer screening will be used to monitor our progress in 2026/27. Patient and provider-reported data will also be leveraged to better understand outcomes and experiences and to identify opportunities for continuous improvement. The KW4 OHT Operations Committee, Governance Table, and Members will review and monitor overall performance using the standardized Performance Framework provided by Ontario Health on a quarterly basis. The standardized performance measures are identified below:

Measure	Target
% Attached to Primary Care	To be set once success of the two PCAT EOI proposals is known (expected Spring 2026).
Number of Patients on HCC waitlist referred to a primary care provider	The pre-January 2025 HCC list is expected to be cleared by Q1 2026/27.
Heart failure (HF)-specific admissions per 100 HF patients	2.0
Chronic Obstructive Pulmonary Disease (COPD)-specific admissions per 100 COPD patients	1.07
Hospitalization rate (per 10,000) for ambulatory care sensitive conditions	6.3
Breast Cancer Screening Rate (%)	65.5%
Cervical Cancer Screening Rate (%)	67.2%
Colorectal Cancer Screening Rate (%)	65.7%

Note - Individual initiative performance measures will also be identified by working groups, and the KW4 OHT Operations Committee will review and monitor progress against these detailed process measures identified for each initiative.

This detailed plan has been produced for the KW4 OHT Governance Table, Operations Committee, Members, and Member Boards to articulate the KW4 OHT’s planned work, in collaboration with our partners, over the 2026-27 fiscal year. A shorter summary document will be produced for public audiences.

Priorities and Areas of Focus

KW4 OHT has identified three strategic priorities and associated goals, which provide general direction on what we will focus on over the next 5 years to achieve our vision. The work KW4 OHT will undertake in 2026-27 includes the following:

Keep people well by implementing strategies that focus on wellness, prevention and early interventions

Area of Focus	Initiative
Cancer Screening	In partnership with the Waterloo Wellington Regional Cancer Program, plan and execute a targeted breast cancer screening event (a "Mammoth") to increase uptake of breast cancer screening in priority neighbourhoods.
	Work with the KW4 Primary Care Network and the Waterloo Wellington Regional Cancer Program to implement a cancer screening outreach initiative to support non-team based primary care providers.
Mental Health and Addiction	In collaboration with the Mental Health and Addictions System Transformation Team, support opportunities to improve mental health and addiction services for residents of KW4.
	In collaboration with CMHA WW, support the rollout of the Coordinated Access Hubs to coordinate equitable and seamless access to appropriate MHA services and supports for people across their lifespan. This will be supported by the collection of data on system demand to support health system improvements through enabling technology, centralized intake and load balancing functions.
Chronic Conditions (CHF, COPD and Diabetes)	Work with KW4OHT partners to complete the ACIC tool survey to better understand how well our local system is currently organized to support high-quality, proactive chronic disease care, and identify where opportunities for improvement exist, to inform future improvement initiatives and investment.
	Continue to work with the Diabetes Indigenous Working Group to focus on diabetes care, particularly around nutrition and Indigenous foot care clinic efforts.
	Pilot changes to the Amplify Care Diabetes Evidence 2 Practice tool to increase referrals and improve ease of navigation.
Health Promotion	Work with Members and other partners to create awareness, increase public outreach, and provide community education for all the outreach initiatives supported by the OHT (i.e. Cancer Screening, Chronic Conditions, etc.)

Transform our health and wellness system to ensure people can access the right care, at the right time, and in the right place

Area of Focus	Initiative
Integrated Primary Care Team Expansion	In collaboration with PCN and other partners, explore the creation of a Super Family Health Team/ Neighbourhood Health Home model.

Health Care Connect/ Primary Care Supported Attachment	In collaboration with CHCKW and other partners, support the implementation of supported attachment services serving the OHT's attributed population, prioritizing Health Care Connect (HCC) patients while helping to create a strong foundation for sustained attachment to primary care in alignment with provincial Supported Attachment Guidance and local context.
Specialists	In collaboration with WRHN and PCN, support the development of the 'Integrated Care Council' to replace the former KW4 Specialist Council. This will strengthen collaboration between primary care providers and specialists across community and hospital settings, with the explicit goal of improving care coordination, patient experience, and provider experience across the KW4 region.

Integrate services across health and social partners to serve the needs of our community

Area of Focus	Initiative
CSS Navigation	Support the expansion of the Community Support Service Navigation Team to other primary care providers in KW4 and explore how this fits into the Neighbourhood Health Home model development.
SCOPE	In collaboration with WRHN, continue to expand the reach of the SCOPE (Seamless Care Optimizing the Patient Experience) program, connecting primary care providers with a nurse navigator and social worker to connect patients to specialists and appropriate community resources in a timely way.
	Pending funding confirmation, develop the renal pathway through the SCOPE Black Health Initiative (BHI) by co-designing locally informed, culturally responsive care pathways with the Black community based on identified gaps.
Health 811	Continue to enhance and curate information about local services, with a focus on promoting access to these resources, particularly for unattached patients.
Patient Flow	Collaborate with community partners to address the identified cross-sector gaps that impact ED diversion, admission avoidance, patient flow, and system efficiency, ensuring people are supported to stay safely in the community or return with the right services in place.
Palliative	Pending funding confirmation, continue to support the implementation of the Palliative Care Health Service Delivery Framework: a Model of Care to Improve Palliative Care in Ontario (Adults Receiving Care in Community Settings) by supporting care providers in gaining comfort and skills in primary-level palliative care.
	Pending funding confirmation, support the implementation of the Palliative Care Health Service Delivery Framework: a Model of Care to Improve Palliative Care in Ontario (Adults Receiving Care in a Hospital Setting) by supporting generalist/ non-palliative care specialist providers in optimizing the use of palliative care specialists.

Enablers

KW4 OHT has identified three enablers which represent foundational capabilities, capacities, or resources that contribute to our ability to effectively execute our strategic plan. The work KW4 OHT will undertake in 2026-27 related to these pillars includes the following:

Governance

Area of Focus	Initiative
PCN Governance	Support the PCN Board of Directors (i.e., insurance, annual general meeting, Director elections, Nomination Committee, policy development, and Board stipends).
PCN	Ongoing strategic planning and operational implementation of consistent marketing, communications, membership recruitment and management, and community engagement activities.
Advocacy and Awareness	Continue advocacy and awareness of the success of KW4 OHT through presentations at regional and provincial venues in order to secure new and sustained funding and broaden our level of influence.
	Leverage newsletters, social media, and the KW4 OHT website to communicate priority initiatives, performance updates, and system navigation resources.
OHT CDMA	Strengthen our leadership capacity to drive collaborative success through review of the Collaborative Decision-Making Agreement (CDMA).
Clinician Summits	Continue to host semi-annual clinician summits.

Tools

Area of Focus	Initiative
Online Appointment Booking (OAB)	Pending funding, in collaboration with the PCN, support the increase in adoption (new licenses) and utilization (existing licenses) of OAB in KW4.
Central Intake	During year one of this multi-year collaborative initiative, support the exploration and development of a OB/GYN Centralized Intake model to simplify referrals and improve access to OB/GYN care through a single point of entry for primary care providers, specialists and allied health teams.
eReferrals	In collaboration with LDG Lead Organizations and delivery partners, support the advancement of eReferral uptake through targeted communications, clinical champion engagement, and strengthen connections between primary care, community specialists, and deployment teams. Efforts will focus on identifying and onboarding new community senders and receivers, with an emphasis on expanding community specialist receiver sites, and will include awareness building and promotion of Standardized Referral Forms, as appropriate.
Artificial Intelligence	Under the leadership of UW and in partnership with WRHN, Schlegel Villages, KidsAbility, CND OHT and Ottawa Valley OHT, collaborate on an initiative called Experiential AI Literacy through Use Case Discovery and Implementation. The initiative involves creating an experiential approach to AI literacy that starts with a diverse group of health professionals coming together to brainstorm use cases of AI through storytelling and ends with them realizing these cases through the co-creation of AI technologies with capstone student teams.

	Pending funding, continue to support and expand the use of AI Tools, such as AI Scribes and AI Admin solutions, as a workforce optimization strategy, aiming to improve clinician wellness and productivity.
Social Robot	In partnership with UW and the Region of Waterloo, continue to support the development of a user-centered design social robot prototype to support the health and well-being of Older Adults in LTC.

Talented People

Area of Focus	Initiative
Provider Mentorship	Support the PCN and the Greater KW Chamber of Commerce to develop toolkits, onboarding resources, and peer mentorship to support the integration of new primary care providers coming to practice in Waterloo region.
Provider Experience	In partnership with PCN, analyze the results of the Provider Survey to better understand provider experiences and to identify opportunities for continuous improvement.
Clinical Facilitation - Peer-led Education Series	Continue support of Clinical Facilitation sessions. The Clinical Facilitation project is a series of PCN engagement events intended to empower participants to implement changes that reduce the administrative burden and increase awareness of the supports available to them, introduce potential new KW4 PCN members to the PCN and to build connections within the primary care community.

Pillars

KW4 OHT has identified two pillars which represent the crucial elements required to deliver on our shared vision and overall strategy in the long term. The work KW4 OHT will undertake in 2026-27 related to these pillars includes the following:

Co-design person-centered models of care by ensuring the diverse perspectives of clients, patients, families, care partners and community are heard, valued, and understood.

Area of Focus	Initiative
Community Engagement/ Co-design	Collaborate with the Community Advisory Committee (CAC) to inform OHT planning, implementation, and evaluation in alignment with the Patient, Family and Caregiver Engagement Capable Environments in Ontario Health Teams Framework. Engagement will include structured co-design and review of priority initiatives, strengthened CAC onboarding and participation, documented feedback mechanisms, and regular reporting to OHT leadership and partners to ensure community perspectives meaningfully influence decision-making.
	Continue support of the Community Advisory Council (CAC) to achieve engagement goals outlined in the OHT Engagement Capable Framework In alignment with OH West's Strategic Map to Advance Indigenous Health, KW4

	OHT will continue to build meaningful and purposeful relationships required to support Indigenous health planning.
Indigenous Relations	Contribute to and support the Indigenous Relations Working Group (IRWG) in achieving 2026/27 priorities including exploring opportunities to enhance our website to include an Indigenous invitation to participate and Indigenous-focused subpages for information sharing.

Integrate equity-driven approaches by embedding an equity, inclusion, diversity, and anti-racism lens into our work to reduce health disparities, particularly for underserved populations.

Area of Focus	Initiative
DEIA Training	Equity-informed capacity building will be advanced through DEIA training and resources, leveraging WRHN and system-level supports to strengthen culturally responsive, inclusive, and anti-racist practices across the OHT. DEIA principles will be applied to CAC engagement, communications, and community outreach, with a focus on identifying and addressing barriers for underserved and equity-deserving populations and embedding equity considerations into OHT planning, priority setting, and performance discussions.
Indigenous Health and Truth and Reconciliation	<p>KW4 OHT in collaboration with WRHN will:</p> <ul style="list-style-type: none"> - Advance shared Indigenous health priorities by working together to better understand and align around key Indigenous health priorities across the region, supporting a more consistent and connected system response. - Coordinate system level engagement by strengthen coordination in how organizations engage with Indigenous communities and partners, with an emphasis on relationship building, alignment, and respect for community time and capacity. - Support the integration of Indigenous informed approaches by supporting the continued integration of Indigenous informed perspectives across planning, education, and care environments to help advance equitable care and system transformation.