KW4 ONTARIO HEALTH TEAM

Report to Governance Table

EXECUTIVE DIRECTOR

NOVEMBER 2025

Ashnoor Rahim
Executive Director

TABLE OF CONTENTS

FAREWELL MESSAGE FROM THE EXECUTIVE DIRECTOR

As I prepare to close this chapter as Executive Director of the KW4 Ontario Health Team, I want to take a moment to reflect on what an incredible journey these past four years have been.

When I first joined KW4 OHT, we were just beginning to imagine what collaboration across sectors, organizations, and communities could truly look like. Today, that vision has become a living reality—thanks to the unwavering dedication, trust, and partnership of so many of you. Together, we have built a strong foundation rooted in shared purpose, compassion, and innovation.

To our members, community partners, and countless individuals who have contributed their time, expertise, and heart—thank you. It has been an honour to walk alongside you as we worked to improve the way care is delivered and experienced across our region. Every milestone we have reached—whether it was launching new programs, strengthening system navigation, or deepening engagement with patients, families, and caregivers—has been the result of our collective effort and commitment to making a difference.

I am deeply proud of what we have achieved together, and even more inspired by what lies ahead for KW4. The relationships, momentum, and shared vision we have built will continue to guide this work forward long after my departure.
Thank you for allowing me the privilege of leading such a passionate, talented, and purpose-driven community. It has been one of the most meaningful experiences of my career.

With heartfelt gratitude and best wishes for the continued success of KW4 OHT,

Ashnoor Rahim
Executive Director, KW4 Ontario Health Team

GOVERNANCE UPDATES

INTERIM EXECUTIVE DIRECTOR

KW4 OHT Governance Committee has begun the search for a full-time executive director with the assistance of Promeus as our search firm.

To provide stability and continuity of OHT's activities and deliverables, **Brenda Vollmer** has agreed to act as Interim Executive Director. Brenda is a health system leader with over 25 years of experience in health system strategy, planning, transformation, quality improvement, performance, and project management. Brenda has been with the KW4 OHT since 2019 as the Director of Planning and Project Management.
Prior to this, Brenda worked in various strategic planning, project management and operational leadership roles at Waterloo Regional Health Network (formerly Grand River Hospital) for over 20 years.

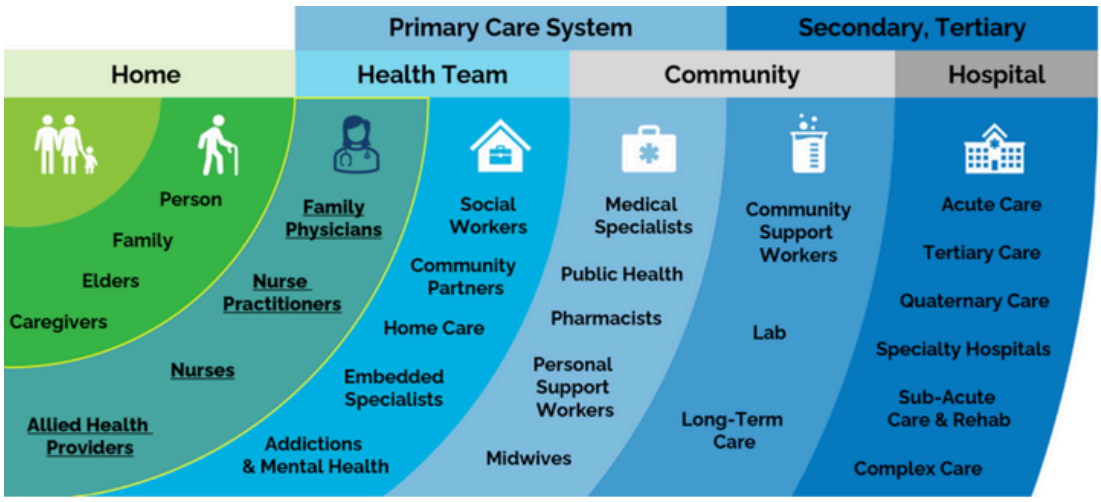
Through partnerships and co-design, Brenda works to improve the patient/client, family and care partner experience through innovative solutions that focus on prevention, early intervention, and a coordinated continuum of care. Brenda holds a Master of Business Administration (MBA) from Wilfrid Laurier University and is a certified Project Management Professional (PMP).

During this interim period, Brenda will continue to oversee her current portfolio as Director, Planning and Project Management Office in addition to the Interim Executive Director role.

GOVERNANCE UPDATES

PRIMARY CARE ACCESS AND ATTACHMENT EXPRESSION OF INTEREST

On September 22, 2025, the Ministry of Health, in collaboration with Ontario Health, launched the 2026-2027 Call for Proposals to create or expand approximately 75 interprofessional primary care teams (IPCTs) that will attach 500,000 more people to primary care. This is part of the Government's $2.1 billion investment supporting Ontario's Primary Care Action Plan to expand or create over 300 primary care teams across the province to attach two million more people to publicly funded primary care by 2029.



KW4 OHT, the Primary Care Network, and partner organizations collaborated on the development and submission of two proposals (one urban and one rural) for new and expanded Interprofessional Primary Care Teams. Together, the proposals total over $9 million and aim to attach an additional 25,000 patients to primary care providers in KW4 by March 31, 2027.

The urban proposal, led by Communicty Healthcaring KW, includes an integrated urban primary care model that will utilize an existing CHC, FHT, four FHO practices, and a health system partner to provide team-based care, rapid attachment, health promotion, and social service navigation to the entire urban KW community.

GOVERNANCE UPDATES

PRIMARY CARE ACCESS AND ATTACHMENT EXPRESSION OF INTEREST - CON'T

The rural proposal, led by Woolwich Community Health Center, includes a hub and spoke model. Working in collaboration with two FHO practices and community agency partners, the establishment of a Rural Health Hub in New Hamburg will utilize Woolwich CHC to provide access to team-based care to the entire rural and immediately surrounding community.

Both proposals include working in collaboration with primary care providers and other teams throughout the region to create a Neighbourhood Health Home model that will support attachment to comprehensive primary health care in KW4 and address inequities.

KW4 OHT and the Primary Care Network are hopeful that these proposals, which were submitted on November 13, 2025, are successful. The proposals are central to building connected, local healthcare systems and ensuring every person in KW4 is attached to a family doctor, nurse practitioner, or primary care team. We expect to hear about the success of the submissions in the new year.

GOVERNANCE UPDATES

ADULT DAY PROGRAM AND RESPITE EXPRESSION OF INTEREST

On November 4, 2025, Ontario Health West invited select organizations to submit an Expression of Interest (EOI) for funding to support Adult Day Programs (ADP) and Respite Services. This EOI opportunity is related to the Ministry of Health announcement on December 2, 2024 - Ontario Connecting People to Dementia Care and Support for Caregivers

Targeted geographies were determined based on:

- Caregiver distress rates
- Community crisis placement data
- Emergency department hotspots
- Equity considerations

In OH West the targeted geographies included: Hamilton, Windsor Essex, Middlesex London, and Cambridge North Dumfries/Kitchener-Waterloo

Organizations were encouraged to partner together to develop joint submissions. KW4 OHT was pleased to work with partners and endorsed six submissions. If approved, these proposals, which were submitted by the deadline of November 24, 2025, would provide services to over 300 additional clients in Kitchener, Waterloo, and Cambridge. These proposals aim to reduce health inequities, transform care with the person in the center, enhance clinical care and service excellence, and maximize system value by applying evidence.

Ontario Health's goal is to notify successful applicants in January 2026.

COMMUNICATIONS & ENGAGEMENT

CITY OF WATERLOO SENIORS HEALTH FAIR

On November 6, 2025, KW4 OHT co-hosted a record-setting community event that brought together over 40 vendors and more than 500 attendees - including 300 pre-registered participants and 206 walk-ins. The event provided seniors with an opportunity to connect with local health and social supports. Participants had the opportunity to also participate in sessions such as the City of Waterloo 55+ fitness or age-friendly tech classes, presentations on Diabetes and safe winter driving and receive a hearing screening and pressure check in the health clinics. Special thanks to the City of Waterloo for helping to organize this very impressive event.

We were joined by several of our partner organizations including:

- Alzheimer Society of Waterloo Wellington
- City of Waterloo
- Community Healthcaring Kitchener-Waterloo
- Community Support Connections
- Hospice Waterloo Region
- Region of Waterloo Paramedic Services – Community Paramedic Program
- The Centre of Family Medicine Mobility Clinic
- Waterloo Regional Health Network (PREVENT Clinic and Cancer Screening)
- YMCA of Three Rivers

KW4 OHT presented information on Health Care Connect (HCC). HCC supports KW4 OHT's goals and provincial priorities around primary care attachment and equity. Through the HCC program, people can register online or by phone.

At the fair, KW4 OHT also provided information on chronic disease prevention and management. We would like to extend our sincere thanks to Kristine McGregor, Manager at ProResp Waterloo-Wellington, for her assistance at the KW4OHT booth. Together, we shared important information on prevention tips, common symptoms, risk factors, and relevant community resources to help support healthier living in our community.

COMMUNICATIONS & ENGAGEMENT

A STAGGERING MILESTONE! 100,000 REFERRALS PROCESSED THROUGH DIABETES CENTRAL INTAKE

During Diabetes Awareness Month, and just days ahead of World Diabetes Day (November 14), the Regional Coordination Centre (RCC) achieved an incredible milestone - processing the **100,000th** referral through the Waterloo Wellington Diabetes Central Intake!

What a remarkable achievement!

The Diabetes Central Intake program continues to lead the way in innovative and collaborative access to diabetes care, a model that proudly began right here in Waterloo Wellington. This centralized system streamlines referrals to diabetes education programs and diabetes specialist consults, ensuring patients receive timely and coordinated care.

RCC aligns its focus with the Framework for Diabetes in Canada, highlighting the many ways in which its work intersects with the goals of the framework, including alignment with the components of prevention, management, treatment and care, surveillance and data collection, learning and knowledge sharing, and access.

The KW4OHT shares in the excitement with RCC - celebrating their outstanding work, their team, and the community they serve!

COMMUNICATIONS & ENGAGEMENT

HEALTH CARE CONNECT OUTREACH UPDATE

Our Health Care Connect outreach continues to expand across Kitchener, Waterloo, and the townships. We've connected with local clinics, community centres, and faith-based organizations to share information and support residents seeking attachment to primary care. Progress is also being made to reach deeper into the community through newcomer centres, real estate offices, school boards, libraries, universities, and local newspapers and radio stations, with the support of the Community Advisory Committee.

Link: https://www.kw4oht.com/blog/health-care-connect

PMO/PROJECT UPDATES

CHRONIC DISEASE PREVENTION AND MANAGEMENT

OBJECTIVE:

The Chronic Conditions Quality Improvement Plan initiative seeks to improve early detection, intervention and outcomes for people with chronic conditions in KW4 including heart failure, chronic obstructive pulmonary disease (COPD), and diabetes.

OHT MEMBERS INVOLVED:

Amplify Care, Bloom Care Solutions, CFFM Family Health Team, City of Kitchener, City of Waterloo, Community Care Concepts, KW Habilitation, Independent Living Waterloo Region, K-W Seniors Day Program, New Vision Family Health Team, Ontario Health at Home, ProResp, Region of Waterloo Public Health and Paramedic Services, Regional Coordination Centre, Waterloo Regional Health Network, Woolwich CHC, and Community Advisors

UPDATE:

The project officially kicked off in May 2025. Three sub-working groups were convened – Asset Mapping, Referral & Navigation Coordination; Community Outreach; and Primary Care Follow-up. Here are updates from each working group:

- **Asset Mapping, Referral & Navigation Coordination**
  - Completed asset maps for diabetes and heart failure.
  - Initiated engagement with Find Services platforms to identify opportunities to enhance referral rates to local community and healthcare services.
  - Continued to explore digital integration solutions to streamline referral pathways and improve navigation for patients and providers.

PMO/PROJECT UPDATES

CHRONIC DISEASE PREVENTION AND MANAGEMENT

UPDATE:

- **Community Outreach**
  - Continued Collaboration with the cQIP Breast Screening Outreach Group to strengthen community engagement. Community organizations are currently providing input to help tailor outreach materials and strategies to better meet local needs.
  - Developed content for the 2026 Wellness Calendar, highlighting each chronic condition with information on risk factors, symptoms, practical tips, and available resources.
  - Produced educational flyers focused on prevention, risk factors, and resources related to chronic conditions in multiple languages.
  - Attended wellness fairs and events to distribute flyers and engage community members on the importance of chronic disease prevention and management.
- **Primary Care Follow-up**
  - Worked with the Waterloo Regional Health Network (WRHN) to implement the best practice standard of ensuring that primary care providers receive hospital discharge summaries within 48 hours. This initiative aims to strengthen primary care follow-up for patients on the 600 Chest Unit and Medicine ABC Unit.

PMO/PROJECT UPDATES

ALTERNATIVE LEVELS OF CARE (ALC)

OBJECTIVE:

The Transitions in Care Quality Improvement Plan initiative seeks to improve transitions and access to integrated team-based care, including home and community care, for older adults in order to reduce Alternate Level of Care (ALC) days.

OHT MEMBERS INVOLVED:

Alzheimer Society Waterloo Wellington, Community Care Concepts, Community Healthcaring KW, KW Habilitation, Ontario Health atHome, ProResp, Region of Waterloo Paramedic Services, Sunbeam, Waterloo Regional Health Network (WRHN), Woolwich Community Health Centre.

UPDATE:

The project officially kicked off in June 2025. The project team has split into two working groups.

Early Identification & Intervention - Referral & Navigation Pathways Working Group

- Completed current state assessment, workflow mapping exercise, and gap analysis with working group members.
- Developed Your Home Service Providers leave behind document for clients with the goal is to improve clarity for clients and ensure that in-home support teams are aware of the broader circle of care. Trial implementation is in progress.
- Exploring expanding Ontario Health atHome Care Coordination Education Sessions to include additional in-home and social service providers (e.g., paramedics, respiratory therapists, mental health supports), and virtual and recorded delivery to improve access.

PMO/PROJECT UPDATES

ALTERNATIVE LEVELS OF CARE (ALC)

UPDATE:

Hospital to Home – Communications & Coordination Working Group

- Completed current state assessment, gap analysis, and existing H2H program & role comparison exercise with working group members.
- Based on the analysis, patient's ineligible for current hospital to home programs require more timely, cross-sector collaboration to ensure appropriate continuity of care.
- Developed Patient Eligibility Criteria and Urgent Meeting Request Email template.
- Piloting an email-triggered urgent meeting model to support timely hospital-to-home (H2H) transitions for older adults. This pilot model aims to enhance real-time cross-sector collaboration, reduce discharge planning delays, and improve patient outcomes by proactively addressing barriers.

COMMUNITY ENGAGEMENT & CAC

COMMUNITY ADVISORY COMMITTEE (CAC) UPDATE

The Community Advisory Committee met on November 5, bringing together members for a focused discussion on year-to-date engagement progress and the evolving role of CAC within the KW4 OHT. The meeting also welcomed three new members—Tamara Cooper, Tabitha Hamp, and Danielle Coffin.

Year-to-Date Engagement Review
The discussion focused on progress across the nine Creating Engagement Capable Environments milestones, highlighting the importance of both patient and community perspectives in shaping access, equity, and system navigation. Members identified opportunities for deeper involvement in cQIP projects, culturally relevant engagement, and cross-sector collaboration.

As part of building trauma-informed and inclusive spaces, the first bi-annual CAC survey was created for the members to complete before the December meeting, so the results can guide improvements to meeting practices and overall engagement.

Health Care Connect (HCC) Update
The group reviewed current challenges in attaching residents to primary care and the need for stronger community-based outreach. Members emphasized barriers such as awareness, language, and digital literacy, and reaffirmed the CAC's role in helping HCC information reach newcomers, seniors, rural residents, and other priority populations.