



Report to  
Governance  
Table

# EXECUTIVE DIRECTOR

SEPTEMBER 2025

The background of the page features a large, abstract graphic composed of several interlocking geometric shapes. These shapes are primarily rendered in shades of blue, purple, and white, creating a sense of depth and perspective. The shapes overlap and interlock, forming a complex, puzzle-like structure that spans the width of the page.

Ashnoor Rahim  
Executive  
Director

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# MESSAGE FROM THE EXECUTIVE DIRECTOR

September has been a busy and exciting month for the KW4 Ontario Health Team as we continue advancing our shared goals of strengthening primary care and improving access to coordinated health services across our community.

## **Primary Care Expansion**

In collaboration with our primary care partners, Public Health, the Waterloo Region Health Network (WRHN), and community agencies, the KW4 OHT supported four successful applications, resulting in \$4.1 million in new funding. This investment will enable up to 1,100 new primary care attachments for community members — an important milestone in our collective efforts to connect more residents with consistent, team-based care. We extend our appreciation to all partners who contributed to this achievement. Work has already begun on Round 2 of funding applications, and we are optimistic that additional investments will allow us to further expand attachment opportunities and continue closing the gaps in primary care access.

## **Annual General Meeting (AGM) Learning**

On September 17, I had the opportunity to attend the East Toronto Family Practice Network AGM in Toronto as an invited guest. The goal of this visit was to learn from the success of their Primary Care Network (PCN) — one of only three incorporated PCNs in Ontario. It was a privilege to connect with their leadership team, including Dr. Karen Chu and Sharleen Ahmed.

As we move into October, our focus remains on collaboration, innovation, and community impact. Thank you to all our partners and team members for your continued dedication and commitment to improving the health and well-being of residents across KW4.

Warm regards,  
**Ashnoor Rahim**  
*Executive Director, KW4 Ontario Health Team*

## COMMUNICATIONS & ENGAGEMENT

# SEPTEMBER 9TH CLINICIAN FACILITATION EVENT

On Tuesday, September 9th the KW4 Primary Care Network (KW4 PCN), with support from the KW4 Ontario Health Team (OHT), successfully hosted its inaugural in-person community engagement event, welcoming 55 primary care providers from across the KW4 region. Attendees were treated to a dinner during which Dr. Joan Chan delivered an insightful presentation on cultivating joy in clinical practice. Additionally, Dr. Jen Schnarr, Dr. Cathy Andrus, and Dr. Farah Henry shared updates on initiatives within obstetrics and gynecology aimed at enhancing care and improving access for pregnant patients.

Following the presentations, participants engaged in small group discussions to exchange practical strategies for optimizing their clinical workflows. Topics included troubleshooting billing challenges and streamlining processes within the Telus PSS electronic medical record (EMR) system.



Special thanks are extended to the Waterloo Region Paramedic Services for their participation, and to the University of Waterloo Michael G. DeGroote School of Medicine for generously hosting the event.

# SEPTEMBER 16TH PALLIATIVE EDUCATION EVENING

Over 100 healthcare professionals attended the Fall Palliative Education Evening, featuring Dr. Naheed Dosani and Dr. Nadine Persaud on Caring for Structurally Vulnerable Populations: What Equity-Oriented Palliative Care Teaches Us About Radical Love, Loss and Leadership in Healthcare.

The facilitators invited us to reflect on the question: Who is your Terry? - a person who reminds us of our “why.” For Dr. Dosani, Terry was a vulnerably housed patient who, despite immense challenges, passed away a day before finally receiving palliative care. Terry’s story reminds us that palliative care extends far beyond hospitals and traditional care settings.

The session highlighted how structural determinants of health (e.g., racism, poverty, housing insecurity) drive inequities in palliative care. For example, people experiencing homelessness have a life expectancy of only 34 - 47 years due to a myriad of factors including loss of access to care - whether chronic disease management or palliative care.

## **Key Takeaways:**

Palliative care must extend beyond hospitals to meet people where they are.

Equity and compassion together drive more impactful care.

Addressing social determinants requires cross-sector collaboration.

Empowering people with lived experience to lead is essential to shaping solutions.

## **Implication for our work:**

Equity-oriented, community-led approaches are critical to ensure palliative care is accessible, inclusive, and trusted by structurally vulnerable populations.



# MENTAL HEALTH AND ADDICTIONS: HOSPITAL TO HOME PATHWAY

## OBJECTIVE:

The objective of this project is to explore strategies that enhance patient flow, reduce hospital bed utilization, including emergency department visits after discharge and alternate level of care (ALC) days, and support effective transitions to home or community-based care for individuals requiring mental health and addictions services.

The ultimate goal is to ensure seamless transitions from hospital to home, minimize readmissions, and provide timely access to community-based mental health supports, including case management, peer support, and home care.

## OHT MEMBERS INVOLVED:

This initiative is being co-designed with community members, hospital representatives, service provider organizations, and community mental health and support agencies including Bayshore HealthCare, Community Support Concepts, Community Support Connections, Ontario Health @Home, Thresholds Homes and Support, and Waterloo Regional Health Network.

## UPDATE:

- To date, 11 patients have been enrolled and successfully transitioned to the community. Participants have demonstrated improved coping at home, stronger collaboration with community mental health services, and effective advocacy for access to Ontario Health @Home supports.
- Patients receive home care services, including nursing and personal support workers, mental health support, as well as community support such as Meals on Wheels.
- Secured seed funding from Healthcare Excellence Canada to support project evaluation.

## NEXT STEPS:

- Expand the pilot to additional WRHN departments and sites.
  - Conduct a full evaluation of the project to inform scale-up and sustainability.

# PATIENTS BEFORE PAPERWORK UPDATE

Ontario Health's procurement for an eReferral Vendor of Record has been completed and a vendor has been selected for each OH Region.

Initial launch of the product with a selected group of interested clinicians currently underway in each region to confirm readiness to scale use to all clinicians.

Broad launch of the product is expected in November with a provincial public communications campaign – more to come soon!

If you are interested in onboarding eReferral (as a Sender, Receiver, or both)\*, as part of the provincial program, you are encouraged to complete the following form: [Ontario Health eReferral Expression of Interest \(EOI\) Form.](#)

\*At this time, we are testing and evaluating the new platform with a limited number of clinicians to help ensure a seamless experience. As a result, there may be a delay before your site is engaged by our delivery partners for onboarding. You will be kept informed of timelines as they become clearer and will be contacted when Amplify Care is ready to begin onboarding your site.

# ONLINE APPOINTMENT BOOKING FUNDING

The Ministry of Health has approved one-time funding for Ontario Health Teams (OHTs) in the 2025–2026 fiscal year to support eligible primary care organizations in adopting and expanding Online Appointment Booking (OAB).

KW4 OHT submitted its funding proposal to Ontario Health on August 22, 2025. The proposal includes:

**26** primary care sites across KW4 OHT

**122** existing online schedules requesting continued support

**25** new licenses to enable additional providers to offer online booking

Approval is imminent. Further updates will be shared as available.

# MENTAL HEALTH & ADDICTIONS FROM A HAUDENOSAUNEE LENS

On September 22, 2025, Waterloo Wellington Older Adult Council (WWOAC) Indigenous Relations Working Group, Haudenosaunee Health Services, and partners Hospice Wellington, Hospice Waterloo, CMHA WW, GWOHT, CNDOTH, and KW4OHT hosted a *Mental Health & Addictions Through a Haudenosaunee Perspective gathering*. The session brought together 60 participants in a sharing circle. Through storytelling, the group explored pathways to enhancing care in partnership with Haudenosaunee Peoples.

The event sought to build understanding of how mental health and addictions intersect for Indigenous Peoples; explore traditional healing practices that support wellness in the Haudenosaunee community; and practice tangible skills to provide culturally safe care, including intake, assessment, and connecting patients with cultural resources.

## **Key Takeaways:**



The river represents the journey to health and wellness - always flowing and evolving, sometimes stagnant when people feel stuck.



Having a health professional walk alongside provides belonging, hope, and connection throughout the journey.



Healing is love and presence: being there, listening, and offering steady support helps people rebuild their fire and regain their spark.

The sharing circle highlighted the importance of weaving traditional knowledge with healthcare practices, fostering stronger relationships, and advancing culturally safe care within our health system.

# WATERLOO WELLINGTON REGIONAL CANCER PROGRAM (WWRCP) STRATEGIC PLAN FOR 2024-2028

The WWRCP officially launched the 2024-2028 Strategic Plan. This plan reflects the collective input gathered through extensive engagement across various channels over the past year. The Plan helps to focus the delivery of cancer services based on the needs of patients through the cancer continuum. This includes services from cancer screening, to diagnosis, treatment, survivorship, or end-of-life care, with a strong focus on equitable access and patient experience, leveraging an integrated network of partners to improve cancer care across the region.



## **Some of the ways the WWRCP Strategic Plan aligns with the work of the KW4 OHT include:**

- Increasing cancer screening for people without a family doctor or nurse practitioner, people living in priority neighborhoods, and underserved populations
- Implementing regional central referral for the Waterloo Wellington Coordinated Colonoscopy Access Program (WWCCAP), the Central Colposcopy Referral through the SCOPE program, and the High Risk OBSP Screening Program
- Improving the patient, care partner and provider experience through the Ontario Palliative Care Network Models of Care

# THE WORKING CENTRE HUB

On September 26 and 27, 2025, The Working Centre hosted an open house to celebrate their newly renovated space. The hub at 97 Victoria Street North in Kitchener, offers expanded supports within a campus model of housing, community gathering space, healthcare and mental health supports, including:



**44** new housing units that offer purpose-built spaces for people who are living precariously to build stability and opportunity for their next steps;



A new home for **St John's Kitchen**, where people gather to enjoy a daily nutritious meal, laundry, showers, washrooms and problem-solving supports;



A **medical clinic** which will be a barrier free space that combines on site clinical support and outreach support for people to access primary care and mental health supports;



A **base for their outreach teams** and their work supporting encampments and system navigation.



# COMMUNITY ADVISORY COUNCIL (CAC) UPDATE

The Community Advisory Council (CAC) met on September 17, where members were actively engaged in two significant presentations from the Waterloo Regional Health Network (WRHN). The meeting generated meaningful dialogue and thoughtful discussion, reflecting the CAC's ongoing commitment to shaping health system priorities through lived experience and community perspective.

## **Patient & Family Engagement Roadmap**

Matthew Hollingshead, Patient Engagement Consultant at WRHN, presented the development of a new Patient & Family Engagement Roadmap, designed to guide when and how patients and families are meaningfully involved in hospital planning and decision-making. CAC members shared rich feedback on what makes engagement feel meaningful, identified core values to guide this work, and discussed strategies to better engage structurally marginalized communities. Members also raised considerations around potential risks and unintended consequences as WRHN expands its engagement practices.

## **Technology and the Emergency Department (ED) Experience**

The WRHN CareNext team led a presentation exploring how technology could enhance the Emergency Department (ED) experience. The team—representing innovation, user experience, and systems design—invited input from the CAC on opportunities, challenges, and what matters most from a patient and family perspective. The discussion was highly interactive, with members offering insights grounded in personal experience and community needs.

In addition, a few CAC members have expressed interest in contributing to the cQIP Working Group Projects, further strengthening the integration of community voice into quality improvement initiatives. We look forward to learning more about their involvement and hearing updates on progress at our next CAC meeting.