

## North West Regional Integrated Care Working Group Meeting

December 7, 2020

3:00 – 4:00 PM EST (2:00 – 3:00 PM CST)

Webex details: [CLICK HERE](#) | Meeting # 179 545 7666 or dial: 647-484-1598

### Meeting objectives:

1. Launch Regional Integrated Care Working Group;
2. Finalize Terms of Reference;
3. Confirm approach – including work plan and sub-groups for completion of key deliverables; and,
4. Confirm communication and engagement plan.

### Agenda:

Timing	Item	Detail	Lead
3:00 – 3:10 PM	1. Welcome, objectives and approval of agenda	<ul style="list-style-type: none"> <li>• Roundtable introductions (for ‘new’ members)</li> <li>• Review and approval of agenda</li> <li>• Meeting objectives</li> <li>• Reference ‘key messages’ document (last updated from November 9 North West OHT Self-Assessment Working Group meeting) <a href="#">[Attachment 1]</a></li> </ul>	J. Logozzo
3:10 – 3:30 PM	2. Terms of Reference	<ul style="list-style-type: none"> <li>• Scope and deliverables <a href="#">[Attachments 2, 3 &amp; 4]</a></li> <li>• Outstanding feedback</li> <li>• Confirm Co-Chairs</li> <li>• Discuss principles</li> </ul>	All
3:30 – 3:55 PM	3. Approach and Work Plan	<ul style="list-style-type: none"> <li>• Overview of proposed 4-month work plan – discussion and feedback:                             <ul style="list-style-type: none"> <li>○ Confirm approach</li> <li>○ Confirm sub-groups</li> <li>○ Confirm communication and engagement process</li> </ul> </li> </ul>	J. Logozzo & All
3:55 – 4:00 PM	4. Wrap up and Next Steps	<ul style="list-style-type: none"> <li>• Next steps</li> <li>• Next Working Group meeting <u>proposed dates</u> (2 hours):                             <ul style="list-style-type: none"> <li>○ Monday, January 11: 2pm EST/1pm CST</li> <li>○ Monday, February 8: 2pm EST/1pm CST</li> <li>○ Monday, March 15: 2pm EST/1pm CST</li> </ul> </li> <li>• Sub-group membership and meetings to be determined</li> </ul>	J. Logozzo

### Attachments:

1. Key messages document (last updated from November 9 ‘North West OHT Self-Assessment Working Group’ meeting)
2. Terms of Reference
3. Summary of feedback on Terms of Reference (outstanding feedback and proposed next steps to address)
4. Membership list

## North West Ontario Health Team Self-Assessment Working Group

### Summary of November 9, 2020 Meeting:

1. The 'North West OHT Self Assessment Working Group' met on November 9, 2020 for their final meeting.
2. The purpose of the meeting was to: continue information sharing and updates related to confirmed and evolving OHTs (i.e. All Nations Health Partners and Rainy River District OHTs); review feedback on Terms of Reference for the newly developed 'Regional Integrated Care Working Group'; and, finalize next steps to transition the Working Group.
3. Brian Ktytor from Ontario Health North attended the meeting and shared the following updates:
  - Effective November 16, Brian Ktytor will be the Interim Regional Lead, Ontario Health (North) and CEO, North West and North East LHINs. Given this new role, it is to be determined what his specific involvement in the Ontario Health Team planning will be.
  - He confirmed that Ontario Health North will continue to support Ontario Health Team planning and ensure alignment with Ministry directions. David Newman, eHealth Lead, will continue to be a resource to the group and provide expertise. These connections to Ontario Health North will ensure continued alignment and endorsement of the work of the Working Group, and to prevent any potential duplication of effort.
4. In advance of the meeting, members shared the draft Terms of Reference for the 'Regional Integrated Care Working Group' with respective networks for awareness and endorsement, as well as to confirm representatives from each network on the Working Group going forward. Overall there is support and eagerness to move forward with this work. The following is a high-level summary of the feedback that was received and discussed to date:
  - Specialized services considerations – while there is understanding that some specialized services will be in larger centres, need to ensure we do not want to lose sight of those that can be offered in smaller communities.
  - Communication and broader engagement – representatives have a responsibility to solicit input from and report back to the participating organizations they represent; not just once in a while, but regularly. Participating organizations need to have an informed voice at the table, even if they are not at the table.
  - Key stakeholders to be engaged – Indigenous stakeholders and physicians must be meaningfully involved. A plan will be developed to address these areas specifically.
  - Representation and equity of membership – need to ensure equity of membership, so that some individuals do not have more influence than others; and, need to ensure appropriate membership across large geography and diversity of members. Reminder that the Working Group is not a decision-making body; they will make recommendations.
5. The existing 'North West OHT Self Assessment Working Group' will be officially disbanded after this meeting and the new 'Regional Integrated Care Working Group' will begin monthly meetings (for a period of approximately four months) starting at the beginning of December 2020. **Members are asked to confirm membership from each network on the Working Group going forward – please send to Kaleigh Demeo ([demeoka@tbh.net](mailto:demeoka@tbh.net)) by November 20. Interested members are also asked to volunteer to develop a specific plan to engage broader Indigenous stakeholders – please provide your name to Kaleigh Demeo by November 20.**

### Key Messages – November 9, 2020:

- The 'North West OHT Self Assessment Working Group' met on November 9, 2020 to: continue information sharing and; review feedback on Terms of Reference for the newly developed 'Regional Integrated Care Working Group'; and, finalize next steps to transition the Working Group.
- Based on the feedback received from respective networks in advance of the meeting, there is overall support and eagerness to move forward with this work. The new Working Group will ensure feedback is

addressed in their work going forward related to: specialized services, communication and engagement of other key stakeholders (Indigenous and Primary Care) and equity of membership.

- The existing 'North West OHT Self Assessment Working Group' will be officially disbanded after this meeting and the new 'Regional Integrated Care Working Group' will begin monthly meetings (for a period of approximately 4 months) starting at the beginning of December 2020.

## Summary of September 29, 2020 Meeting:

6. The 'North West OHT Self Assessment Working Group' met on September 29, 2020 after a lengthy pause due to the pandemic. The 'North West OHT Self Assessment Working Group' is the original group of partners that gathered to support a Northwest Ontario Health Team self assessment submission.
7. Prior to this meeting, the Working Group last met on March 9, 2020, at which time the following was discussed:
  - While the Northwest Ontario Health Team submission was not approved by the Ministry of Health, the Working Group agreed that there was benefit to the group continuing to come together to share information and support a regional approach to OHT planning.
  - The Working Group endorsed Jessica Logozzo, the new Executive Vice President, Regional Transformation and Integration to develop a draft Terms of Reference that would outline what the Working Group could/should focus on going forward to support OHT planning across the region. Dependent on the agreed scope, the membership of the Working Group would be revisited.
8. As such, the purpose of the September 29 meeting was to re-start discussions related to OHT planning across the North West, including review of a proposed Terms of Reference for the North West Regional Integrated Care Working Group (proposed name for the next iteration of the regional Working Group). The meeting also included updates related to the All Nations Health Partners OHT and the Rainy River District OHT, as well as from Ontario Health North. The key agreements from the meeting included:
  - Agreement on the draft Terms of Reference (purpose, scope and deliverables) for the North West Regional Integrated Care Working Group, with minor revisions
  - Agreement to share the draft Terms of Reference with respective networks for awareness and endorsement, as well as to confirm representatives from each network on the Working Group going forward.
  - Feedback is requested by October 30, and a follow up meeting will be scheduled for the first week of November to finalize the Terms of Reference and launch the work.
9. The proposed North West Regional Integrated Care Working Group is a time-limited (~4 months) group of system partners (cross geography, cross sectoral and cross lifespan), that will provide thought and recommendations on: how we may take a coordinated approach to planning for regional specialized services (regional highly specialized and district-based services); what regional-level resources/supports may be needed to support this regional and local work (i.e. Project Management, coordinated communication supports, data); and, what potential local OHT/integrated care model coverage may look like across the North West, to inform partners' planning efforts. The recommendations of this group are intended to inform the more concrete next steps for OHT planning across the region.
  - The Working Group will not limit thinking to OHTs as the only model of integrated care; rather, will ensure that all culturally appropriate models of care and system transformation efforts are considered.
  - The Working Group will function based on principles of collaboration, and as such will not have formal accountability to any one organization or structure. Each member will have accountability to their respective organization and/or existing sectoral or geographic networks that may already exist.
  - The Working Group will also play a role in supporting information and knowledge sharing across the region, as local OHTs (or other models of integrated care) emerge. The Working Group will ensure transparency and broad communication and engagement as this work proceeds. The Working Group will prepare written key messages after each meeting summarizing their work to be provided to the respective organizations and/or existing networks, as well as to broader system partners that may not be at the table.
  - The Working Group will comprise members to ensure a regional, cross sectoral, cross geography and cross life span approach. Each existing member of the 'North West OHT Self Assessment Working Group' is asked to bring the draft Terms of Reference to their respective networks for endorsement as well as to confirm representatives from each network on the new Working Group going forward. There are additional members that we will need to recruit to the Working Group that may not have been

represented in the original Working Group (two stakeholder groups that have been noted as an example include: Indigenous partners and primary care).

- Once the North West Regional Integrated Care Working Group is endorsed and membership confirmed, the 'North West OHT Self Assessment Working Group' will cease.

#### **Key Messages – September 29, 2020:**

- The 'North West OHT Self Assessment Working Group' met on September 29, 2020 after a lengthy pause due to the pandemic. The main purpose of the meeting was to re-start discussions related to OHT planning across the North West, including review of a proposed Terms of Reference for the North West Regional Integrated Care Working Group (proposed name for the next iteration of the regional Working Group).
- The group endorsed the Terms of Reference for the proposed North West Regional Integrated Care Working Group, which will be a time-limited group of system partners (cross geography, cross sectoral and cross lifespan), that will provide thought and recommendations on: how we may take a coordinated approach to planning for regional specialized services (regional highly specialized and district-based services); what regional-level resources/supports may be needed to support this regional and local work (i.e. Project Management, coordinated communication supports, data); and, what potential local OHT/integrated care model coverage may look like across the North West, to inform partners' planning efforts.
- Members of the Working Group will share the draft Terms of Reference with respective networks for awareness and endorsement, as well as to confirm representatives from each network on the Working Group going forward. Feedback is requested by October 30, and a follow up meeting will be scheduled for the first week of November to finalize the Terms of Reference and launch the work.

## North West Regional Integrated Care Working Group

### DRAFT Terms of Reference

#### 1.0 Scope and Deliverables

The North West Regional Integrated Care Working Group (Working Group) is a time-limited group of system partners (cross geography, cross sectoral and cross lifespan), that will provide recommendations on the following:

##### 1. Local Models

- A. **Is there need to have a sense of what the OHT/model coverage across the North West will look like to aid in local planning efforts? If yes, what could an initial starting point look like and how do we stay connected on this work across the region (to ensure information and knowledge sharing)?**  
*\*suggest to use existing data on referral patterns to inform potential OHT/model coverage (as a starting point to work from)*

##### 2. Regional Services and Supports

- A. **Is there a need to take a coordinated approach to planning for regional highly-specialized services to support local OHT planning (or other more culturally appropriate models)? If yes, how should this be approached?**
- Specifically: how do we define ‘specialized services’ (regional highly specialized and/or other specialized services, including more district based services); what organizations should be involved; who should lead; how should broader partners be engaged; what should the initial scope of the discussion be? *\*suggest to reference OHA guidance document (recognizing it is hospital focused, and planning will need to be broadened)*
- B. **Is there a need to develop regional-level resources/supports to support local OHT development (or other more culturally appropriate models) – e.g. Project Management, data, communications support, etc.? If yes, how should this be approached?**
- Specifically: what resources/supports are needed; from where can these resources be provided?

#### 2.0 Guiding Principles

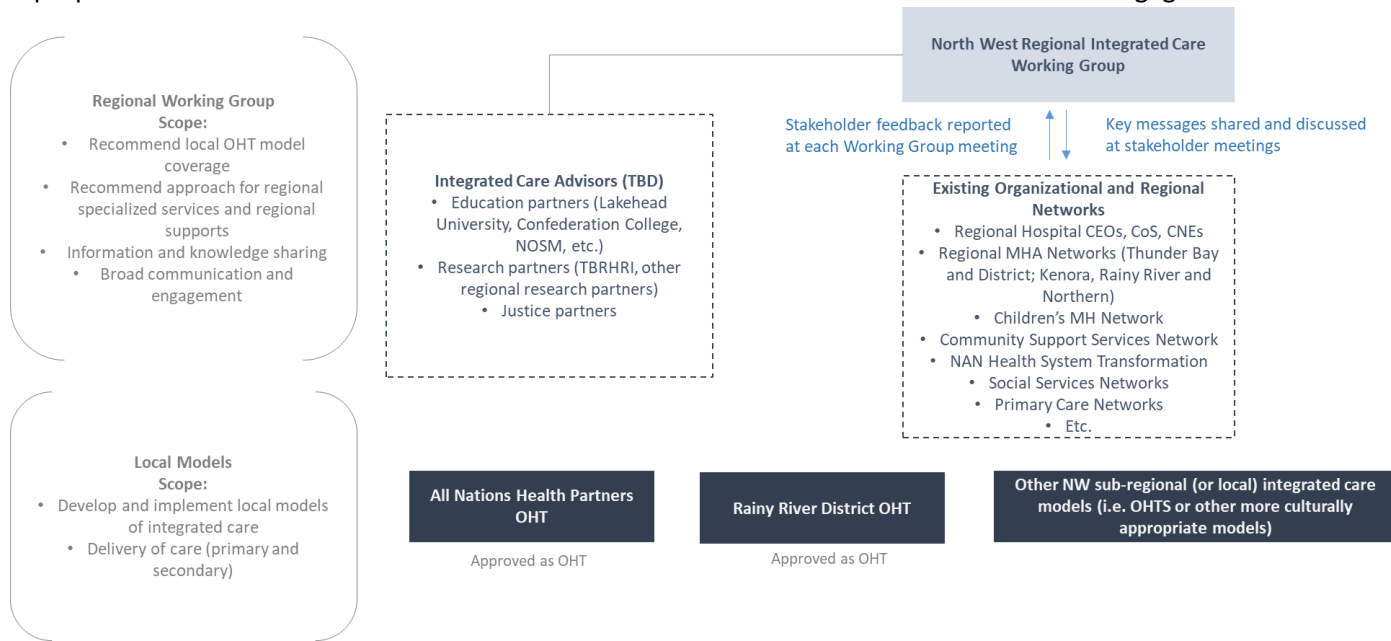
As we work together we will:

- Principles to be developed by the Working Group (leverage principles from preliminary Working Group as a starting point) – feedback to date includes: [NTD: principles to be discussed/developed at December 7 meeting]
  - Meaningful engagement and involvement of Indigenous partners
  - Meaningful engagement and involvement of physicians
  - Representatives have a responsibility to solicit input from and report back to the participating organizations they represent; not just once in a while, but regularly. Participating organizations need to have an informed voice at the table, even if they are not at the table.

#### 3.0 Accountability

The Working Group will function based on principles of collaboration, and as such will not have formal accountability to any one organization or structure. Each member will have accountability to their respective organization and/or existing sectoral or geographic networks that may already exist.

A proposed structure is outlined below to illustrate accountabilities for communication and engagement:



The Working Group (through the office of the Executive Vice President, Regional Transformation and Integration) will be responsible to provide a written meeting summary after each meeting summarizing their work and key agreements. This summary will be shared with all Working Group members.

It is the responsibility of each Working Group member to share the written meeting summary with their respective organizations, sectoral or geographic networks, as well as with broader system partners that may not be directly involved. Each Working Group member will also ensure that updates are brought forward to these stakeholders for discussion (e.g. adding as a standing agenda item to stakeholder meetings) to ensure information has been received and there is opportunity to engage meaningfully on topics and gather feedback.

Working Group members will bring all feedback back to the Working Group for consideration. A standing item will be included in the Working Group agenda to capture report backs from each Working Group member.

#### 4.0 Decision-making Guidelines and Conflict Resolution

The Working Group will make recommendations related to the deliverables defined within their scope and responsibilities. Recommendations will be presented for endorsement to respective organizations (based on the scope of the recommendation, to include those impacted). Depending on the nature or magnitude of the recommendation, Board endorsement may be sought.

- The Working Group will engage and consult with respective organizational and sector colleagues before making recommendations.
- The Working Group will function by consensus and will only require a recorded vote if an impasse with respect to a decision on a recommendation is reached and efforts have been made to create consensus.
  - For the purpose of seeking consensus, all members will be given the opportunity to state where they are according to the following six levels:
    1. Full support
    2. Acceptable
    3. Support with reservations
    4. I am not thrilled with it, but I can live with it and will not block it
    5. Need more information or more discussion
    6. Cannot support it and cannot accept it

[NTD: Further decision-making guidelines and conflict resolution processes may be developed with the Working Group once formed and scope/deliverables are confirmed.]

### **5.0 Quorum**

Quorum is a simple majority (50% plus 1) of the Working Group membership. Without quorum recommendations cannot be confirmed.

### **6.0 Length of Commitment**

The proposed timeline for completion of the deliverables is four (4) months; this will be reviewed and extended if necessary.

### **7.0 Meeting Frequency and Location**

The Working Group will meet monthly, or as determined by the Co-Chairs. Meetings will be held via a hybrid approach to include in person and virtual options, to ensure broad and equitable access.

### **8.0 Membership**

The Working Group will comprise members to ensure a **regional, cross sectoral and across the life span** approach; including:

- Patient/Client/Family/Caregiver(s)
- Community Support Services leadership
- Acute Care leadership
- Long-term Care leadership
- Home and Community Care (including Service Provider Organizations) leadership
- Children's sector leadership
- Primary Care leadership
- Social Services leadership
- Indigenous leadership \*requires plan to identify membership
- Physician leadership \*requires plan to identify membership
- Mental Health and Addictions leadership
- Public Health leadership
- French Language Services leadership
- Emergency Medical Services leadership
- Others to be identified (including consideration of appropriate Leads/representatives from approved OHTs to ensure linkages for information/knowledge sharing)

Membership will also include the Ontario Health North Regional Executive Liaison and E-Health Lead to ensure alignment with Ontario Health North and Ministry directions, and to leverage Ontario Health North expertise.

### **9.0 Chair**

The Working Group will be Co-Chaired by a Patient/Client/Family/Caregiver and another organizational member to be determined by the membership. [NTD: Discuss potential compensation for Patient/Client/Family/Caregiver]

### **10.0 Resources**

The Working Group will be supported by the Executive Vice President, Regional Transformation and Integration.

Other in-kind resources and necessary investments in resources will be identified by the Working Group once formed and scope/deliverables are confirmed.



**Version date:** December 7, 2020

**Approval date:** TBD

North West Regional Integrated Care Working Group  
 Summary of feedback on Terms of Reference (outstanding  
 feedback and proposed next steps to address) – updated from  
 November 9 meeting discussion

December 7, 2020

**Summary of feedback on “Regional Integrated Care Working Group” Terms of Reference**

<b>Feedback received from...</b>	<b>Representing</b>
Marcia Scarrow	Kenora Rainy River Districts Mental Health and Addictions Network (KRRDMHAN)
Nancy Chamberlain	Thunder Bay and District Mental Health and Addictions Network (KRRDMHAN)
Adam Vinet	Home and Community Care
Alice Belleavance and Rob Kilgour	Community Support Services Network
Dr. Kit Young Hoon	Public Health
Dr. Jeremy Mozzon	Primary Care
Chantal Chartrand	French Language Services
Jack Christy	Western PFACs in the Region and St. Joseph’s Care Group
Regional Hospital CEOs Working Group SICG Senior Team TBRHSC Senior Team	Hospital CEOs

## Feedback Received

Work plan should include the following: [ADDRESSED: deliverables re-order in Terms of Reference; feedback will inform Working Group work plan]

- Define what OHT/model coverage will look like in NW
- Define how regional highly-specialized services fit in
- Determine whether regional resources are needed to support OHT development
- Specialized services, while there is understanding that some specialized services will be in larger centres, we do not want to lose sight of those that can be offered in smaller communities. Oncology model was identified as one that is working. Specialization is in Thunder Bay, with local oncology services provided throughout the region.

Guiding principles should include: [ADDRESSED: incorporated into TOR as examples for Working Group to consider and finalize]

- Representatives have a responsibility to solicit input from and report back to the participating organizations they represent; not just once in a while, but regularly. Participating organizations need to have an informed voice at the table, even if they are not at the table
- Physicians must be meaningfully involved

## Feedback Received (cont'd)

### Membership

- Acute care leadership is not the same in different sized-hospitals and communities. Membership should include a large and a small hospital. [ADDRESSED: membership confirmed and endorsed by Regional Hospital CEOs]
- Representation and equity of membership [FOR DISCUSSION BY WORKING GROUP: does communication/engagement process and 'Decision-making Guidelines and Conflict Resolution' process address?]
  - Some individuals, although they are representing one constituency, they also cross over more than one. Concern raised that those positions might have more input and influence on decisions being made.
  - Concern about appropriate representation across large geography and diversity of members.
  - All participating organizations should be represented at the table.
- A plan is needed to augment Indigenous representation on the Working Group. [FOR DISCUSSION BY WORKING GROUP: propose that Communication & Engagement sub-group to develop plan]
- A plan is needed to augment primary care (physician) leadership on the Working Group – requires advocacy for funding to support participation [FOR DISCUSSION BY WORKING GROUP: propose that Communication & Engagement sub-group to develop plan]
- Chairpersons – request to ensure that the person with lived experience is compensated for their time (if not in paid position), as all of the professionals around the table will be. [FOR DISCUSSION BY WORKING GROUP]

## Feedback Received (cont'd)

Clarification questions: [ADDRESSED: discussed at November 9 meeting]

- How will Ontario Health North be linked to this group? It is suggested that there is a representative for Ontario Health North but no clear formal linkages with Ontario Health North. [Note for clarification: Brian Ktytor, Ontario Health North Regional Executive Liaison is the formal link/liaison between the Working Group and Ontario Health North]
- Is this Working Group going to be supported by Ontario Health North in any way? Funding, expertise supports etc.? [Note for clarification: Brian Ktytor and David Newman, eHealth Lead, are resources on the group, to provide expertise]
- Is this Working Group going to be endorsed by Ontario Health North? i.e. is the work going to be meaningfully accepted by Ontario Health North [Note for clarification: see above re: mechanisms for alignment]
- If Ontario Health North is already doing this work, could the work of this Working Group be potential duplicative, redundant, contradictory, inefficient? [Note for clarification: see above re: mechanisms for alignment to mitigate/prevent duplication]

### Other

- Overall support and eagerness to move forward – sense of urgency to move forward as a priority
- Communications and broader engagement is key