North West Regional Integrated Care Working Group

March 15, 2021
2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)
Webex details: CLICK HERE | Meeting # 179 238 0444 or dial: 647-484-1598

Meeting objectives:
1. Discuss stakeholder feedback on preliminary recommendations
2. Review sub-group final recommendations; provide feedback and consider approval
3. Discuss next steps – including communications and engagement

Agenda:

Timing	Item	Detail	Lead
2:00 – 2:05 PM	1. Welcome, objectives and approval of agenda	• Review and consider approval of agenda • Review and consider approval of previous meeting notes (February 8) [Attachment 1] • Reference 'key messages' document (last updated from February 8 Working Group meeting) [Attachment 2]	J. Christy/ J. Logozzo
2:05 – 2:30 PM	2. Stakeholder Feedback	• Roundtable sharing of feedback from stakeholder networks and other engagement activities – hot spots? [Attachment 3] • Ministry and OHN engagement	J. Logozzo & All
2:30 – 3:00 PM	3. Sub-group 2: OHT/Model Coverage	[Attachment 4 – provides summary of key discussion points] • Present summary of work to date and proposed next steps • Discussion and consider approval	TBD
3:00 – 3:30 PM	4. Sub-group 3: Regional Services Model	[Attachment 4 – provides summary of key discussion points] • Present summary of work to date and draft recommendations • Discussion and consider approval	TBD
3:30 – 3:50 PM	5. Communication and Engagement Plan	[Attachment 4 – provides summary of key discussion points] • Provide update on Communication and Engagement Plan o Indigenous Stakeholder Matrix • Website update o Discuss and endorse branding	J. Logozzo/ C. Chartrand/ K. Lusignan G. Saarinen K. Callaghan/ T. Smith
3:55 – 4:00 PM	6. Wrap up and Next Steps	• Next steps o Next meeting date	J. Christy/ J. Logozzo

Attachments:
1. Previous meeting notes (February 8)
2. Key messages document (last updated from February 8 Working Group meeting)
3. Stakeholder matrix and engagement feedback summary
4. Meeting slides

FOR REFERENCE ONLY:

5. Sub-group 2: OHT/Model Coverage – Working Document (FINAL)
6. Sub-group 3: Regional Services Models – Working Document (FINAL)
7. Communication and Engagement Plan (FINAL)

Meeting Notes: North West Regional Integrated Care Working Group

February 8, 2021 | 2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)

Meeting objectives:

1. Discuss stakeholder feedback
2. Review sub-group draft recommendations; provide feedback and directions
3. Confirm next steps re: communication and engagement plan – including website

Alice Bellavance, Jack Christy, Marcia Scarrow, Nancy Chamberlain, Adam Vinet, Chantal Chartrand, Jessica Logozzo, David Newman, Jorge VanSlyke, Sue LeBeau, Rhonda Crocker Ellacott, Tracy Buckler, Deb Hardy, Karen Lusignan, Juanita Lawson, Lee Mesic, Rob Kilgour, Nathanial Izzo,

Timing	Item	Detail
J. Christy/ J. Logozzo	1. Welcome, objectives and approval of agenda	Jessica called the meeting to order at 2:00 PM EST. Jessica reviewed the meeting objectives and the Working Group approved the agenda and previous minutes as presented.
J. Logozzo & All	2. Stakeholder Feedback	Jessica asked Working Group members to provide updates on who they engaged and if there were any hot spots that arose. All feedback to date has been supportive. Detailed feedback is incorporated into the stakeholder matrix.
S. Lebeau	3. Sub-group 2: OHT/Model Coverage	Sue explained the task of this Sub-group is to consider what a potential OHT could look like in the North West and who it would be comprised of. Sue noted the Sub-group reviewed data on where people currently access care to inform their discussion. Sue presented the draft set of principles developed by the Sub-group used to inform potential coverage models and presented three recommendations of what potential coverage models could look like. The Working Group discussed and decided that recommendation #3, the hybrid model, would be shared for feedback from broader stakeholders. It was also decided that further rationale on how we got here and what we are asking for be developed. Jessica will action this to the Communications and Engagement Sub-group. **ACTION: The Communications and Engagement Sub-group will support the development of a package of materials that can be easily shared, including a clear 'narrative' on how the recommendations have been developed and how they fit together.**
J. VanSlyke	4. Sub-group 3: Regional Services Model	Jorge presented a draft working definition for 'regional specialized services' along with draft recommendations on how to coordinate planning for these services; including leveraging existing networks and continuing the Regional Integrated Care Working Group to support services that require regional coordination. It was noted that this could be thought of potentially as a 'regional' Ontario Health Team. The Working Group discussed and was supportive of these recommendations and the direction of this Sub-group.
J. Logozzo/ C. Chartrand/ K. Lusignan	5. Communication and Engagement Plan	The Communications and Engagement Sub-group developed a proposal for a website proposal for a website where information can be hosted and accessed broadly and presented to the Working Group for approval and endorsement. The Working Group endorsed proceeding with the development of the

G. Saarinen		website and further discussed how the website would be funded, which is yet to be determined. Jessica will inquire with the Ministry and OH North to see if there is funding available for this. The cost would be approximately $15k over two years. A plan for Indigenous engagement has been developed in consultation with the Working Group and Indigenous Engagement advisors from both TBRHSC and SJCG. A list of Indigenous stakeholders has been developed and Working Group members will be assigned to lead this engagement. Engagement protocols have also been shared to support members. Working Group members were asked to express their interest in a 'Digital Health Council' which is being formed to advance Health Information System renewal; being initiated by the North West Region Hospitals, but taking a broader system perspective. **ACTION: Any interest should be sent to Cindy Fedell, Regional Chief Information Officer; fedellc@tbh.net.**
J. Christy/ J. Logozzo	6. Wrap up and Next Steps	All Sub-groups will meet the week of February 15 to further develop recommendations. The next Working Group meeting will be March 15 to review final deliverables and recommendations, as well as to discuss feedback from broader stakeholder groups. Jessica adjourned the meeting at 3:55 PM EST.

North West Regional Integrated Care Working Group
Key Messages Document

Summary of February 8, 2021 Meeting:

1. The 'North West Regional Integrated Care Working Group' (Working Group) met on February 8. The objectives of the meeting were to:
   - Discuss stakeholder feedback
   - Review draft work to date and recommendations from each of the three sub-groups; to provide feedback and directions
   - Confirm next steps regarding the communication and engagement plan – including targeted Indigenous engagement and website development

2. Members that were in attendance provided an update on the engagement and communication they have completed since the last meeting. All feedback received to date continues to be supportive of the directions of the Working Group.

3. Each sub-group presented their work to date and any draft recommendations they had, for discussion and feedback from the Working Group membership.

   - The OHT/Model Coverage Sub-group is responsible to *make a recommendation to the North West Regional Integrated Care Working Group on what a potential Ontario Health Team (or other local integrated models) coverage plan can look like across the North West to aid in local planning efforts*.

     The Sub-group presented an overview of types of data they have looked at (or plan to look at), a draft set of principles used to inform potential coverage models and some examples of what potential coverage models could look like.

   - The Regional Services Model Sub-group is responsible to *make a recommendation for a coordinated approach to planning regional highly-specialized services to support local OHT planning (and other more culturally appropriate models).*

     The Sub-group presented a draft working definition for 'regional specialized services' along with draft recommendations on how to coordinate planning for these services – including leveraging existing networks and continuing the Regional Integrated Care Working Group to support services that require regional coordination. It was noted that this could be thought of potentially as a 'regional' Ontario Health Team.

     Overall, the Working Group was supportive of the directions of each of the sub-groups. The next step will be to share broadly the draft work and recommendations to get feedback from broader stakeholders. The Communication and Engagement Sub-group will support the development of a package of materials that can be easily shared, including a clear 'narrative' on how the recommendations have been developed and how they fit together. The Working Group agreed on one of the examples for the OHT/Model Coverage Sub-group that should be used as the preliminary recommendation for engagement.

4. At the request of the Working Group, the Communications and Engagement sub-group developed a proposal for a website where information can be hosted and accessed broadly. The Working Group endorsed proceeding with the development of the website – funding is to be determined.

   A plan for Indigenous engagement has been developed in consultation with the Working Group and Indigenous Engagement advisors from both TBRHSC and SJCG. A list of Indigenous stakeholders has been developed and Working Group members will be assigned to lead this engagement. Engagement protocols have also been shared to support members.

   Working Group members were asked to express their interest in a 'Digital Health Council' which is being formed to advance Health Information System renewal; being initiated by the North West Region Hospitals, but taking a broader system perspective.

5. All sub-groups will begin to meet the week of February 15 to further develop their recommendations. The Working Group will meet next in March to review final deliverables and recommendations, as well as to discuss feedback from broader stakeholder groups.

Key Messages – February 8, 2021:

- The ‘North West Regional Integrated Care Working Group’ (Working Group) met on February 8, 2021 to discuss the preliminary work and draft recommendations from each of the Sub-groups.
- Recommendations from the three Sub-groups were supported and will be shared with broader stakeholders in February/March for feedback. This includes examples of potential OHT/Integrated model options, a draft working definition of ‘regional specialized services’ and a draft approach for coordinating regional services.
- Working Group Members will engage Indigenous communities beginning in February/March.
- The Working Group will meet in March to review final deliverables, recommendations and feedback from broader stakeholder groups.

[A4]

North West Regional Integrated Care Working Group

Discussion Slides

March 15, 2021

Our Work Plan

Working Group Meeting #1
(December 7; 1 hour)

- ✓ Launch WG
- ✓ Confirm TOR
- ✓ Confirm approach and work plan

Sub-group Planning:
- ✓ Confirm sub-group membership (1. Communication and Engagement; 2. OHT/model coverage; 3. regional services)
- ✓ Confirm sub-group scope of work (SOW) *by email
- ✓ Initiate Communication and Engagement sub-group meetings - develop draft plan

Communication and Engagement:
- ✓ Distribute key messages broadly (through networks)
- WG members bring messaging and discussions to networks and organizations; gather feedback

Working Group Meeting #2
(January 11; 2 hours)

- ✓ Discuss stakeholder feedback
- ✓ Finalize sub-group scope of work
- ✓ Approve Communication and Engagement Plan
- ✓ Review regional data (for sub-group #2)
- ✓ Review OHA regional service guidance (for sub-group #3)

Sub-group Planning:
- ✓ Sub-groups advance work plans (develop draft recommendations)
- ✓ Engage appropriate stakeholders for feedback and validation

Communication and Engagement:
- ✓ Distribute key messages broadly (through networks)
- ✓ WG members bring messaging and discussions to networks and organizations; gather feedback
- ✓ Other activities per CE plan

Working Group Meeting #3
(February 8; 2 hours)

- ✓ Discuss stakeholder feedback
- ✓ Review sub-group **draft recommendations**; provide feedback and direction

Sub-group Planning:
- ✓ Sub-groups incorporate feedback and finalize recommendations; confirm resources required to advance recommendations
- Engage appropriate stakeholders for feedback and validation

Communication and Engagement:
- ✓ Distribute key messages broadly (through networks)
- ✓ WG members bring messaging and discussions to networks and organizations; gather feedback
- Other activities per CE plan

Working Group Meeting #4
(March 15; 3 hours)

- Discuss stakeholder feedback
- Review sub-group **final recommendations**
- Confirm **resource plan** to support recommendations
- Finalize next steps

Item 3:
Sub-group #2: OHT/Model Coverage

Final Recommendations – previously endorsed

1. Data

Considerations to inform potential models:

1. **Where people currently access care**
   - Attributed population [available: provided by Ministry – see appendix of Working Document]
   - Service utilization and referral data [available (mostly hospital based) - see Appendix of Working Document]
2. **Where providers/organizations currently provide care**
   - List of providers/organizations and which communities they serve [available: being provided by OH North]
   - Factors related to ‘working relationships’ (qualitative; needs to be gathered as part of engagement)
3. **How care should be organized in the future** – local, district or regional ‘basket of service’ – based on assessment of expertise and resources (not readily available)
4. **How care should be organized to support and work with the Health Transformation taking place in Treaty #3, Treaty #5 and Treaty #9 led by Grand Council Treaty #3 and Nishnawbe Aski Nation**

Final Recommendations – previously endorsed

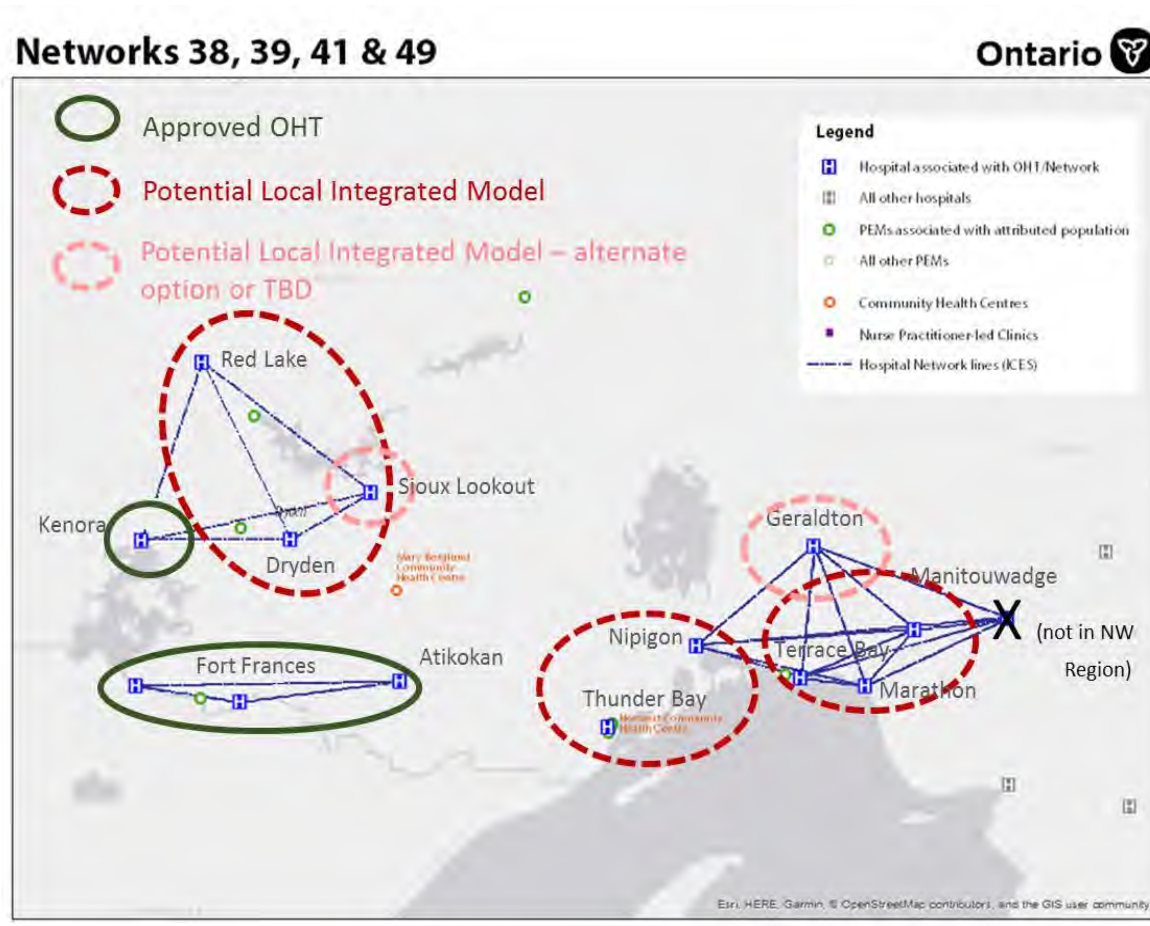
2. Principles

In formulating recommendations, the sub-group discussed **principles for organizing OHTs/Models of Integrated Care**, including**:**

1. Status quo is not an option – we must actively move beyond the current state to improve care for our population
2. Any models we pursue must support the integrated delivery of care that happens at the local community level; models must support what is already working well locally, while also pushing for further improvements by connecting to the broader regional system in ways we may not have before
   - How we coordinate/organize/plan services is distinct from 'where' service is accessed
3. Our models need to be supported by a reasonable level of data – however, it's not only about existing referral or utilization patterns – it's also about:
   - Safe, timely, effective, efficient, equitable and patient-centred care
   - Economies of scale
   - Readiness and willingness of partners
4. We need to start somewhere – we won't get it perfect, and we may not even get it right – we need to move forward, so let's pick a place to start and we can evolve

Final Recommendations – previously endorsed

3. Model



The proposed model (green and red circles on the map below) considers 5-6 OHTs/models, including partners organized around the following geographies:

1. Kenora (All Nations Health Partners) – approved OHT
2. Atikokan/Rainy River/Emo/Fort Frances (Rainy River District) – approved OHT
3. Dryden/Red Lake
4. Thunder Bay/Nipigon
5. Marathon/Terrace Bay/Manitouwadge
6. Sioux Lookout/Far North Communities**requires further discussion (may align with Dryden/Red Lake, or different model respecting NAN transformation)*

* Geraldton **requires further discussion (may align with Marathon/Terrace Bay/Manitouwadge or Thunder Bay/Nipigon or other)*

Final Recommendations - NEW

4. Next Steps

- Engagement – with Ministry, networks, organizations, regional program leadership, etc. – February/March
- Development of OHT application(s) based on recommended model – March/April *NOTE: based on consultation with the Ministry, there is a willingness to be flexible in the application process/requirements for the North West given the significant amount of planning that has been done by this Working Group.
- Advancement of OHT planning with local partners – April/May

5. Resource Requirements

- Requirements for Project Management, Facilitation and Decision Support at the local/OHT level as this work progresses. Those resources will need to be determined by the local teams/OHTs. Funding is available to OHTs that can cover these expenses.
- Given the interconnectedness of this work to the regional services model, there will be resources required at the region level to support this and ensure regional alignment. *These resource requirements are outlined by Sub-group #3 (Regional Services Model) within their recommendations.*

Discussion:

1. Does the Working Group support the final recommendations, including next steps and resources? *Anything you can’t live with?*

Item 4:
Sub-group #3: Regional Services Model

Final Recommendations – previously endorsed

1. Working Definition of ‘Regional Specialized Services’

A specialized service is a service that ensures access to care to a population within a defined geographical area, and which requires specific expertise and resources in order to provide high-quality care promoting positive population health outcomes and care experiences. A specialized service is inextricably linked to other services and requires broader planning at the district, regional or provincial level.

The sub-group agreed that regional specialized services should be defined based on:

- Expertise – interprofessional team, specialized teams, clinical coherence and interdependencies
- Resources – extensive requirements for capital and/or operating, planning at a regional and/or provincial level

This working definition gives us a starting point to identify services/partners.

Final Recommendations – previously endorsed (refined)

2. Recommendation on how to support 'a coordinated approach' to planning regional highly-specialized services to support local integrated care models (i.e. OHTs)

1. Leverage existing networks to advance the goals of local integrated care systems (i.e. OHTs); and,
2. Continue to utilize the Regional Integrated Care Working Group (or another regional structure) to advance discussions that require regional coordination

Recommendation:	What it means and where can we start	What impact it will have
Leverage existing networks to advance the goals of local integrated care systems (i.e. OHTs)	• OHTs/local integrated models work with existing structures to plan services across the care continuum (organizations, programs, networks, etc.) • Complete a mapping of existing networks/structures to help visualize what local/district/regional structures exist so OHTs/local integrated models can effectively use them to plan services across the care continuum • Complete a mapping of current services and referral/access patterns to inform improvements in care, both regionally and locally	• Supports a coordinated approach for things that require a 'regional' or 'district' approach across sectors • Builds on existing partnerships and relationships • Provides clarity for partners
Continue to utilize the Regional Integrated Care Working Group to advance discussions that require regional coordination	• Evolve and sustain Regional Integrated Care Working Group; meet on regular (quarterly or twice a year) basis • Focus on practical things that will enable local integrated models to deliver the full continuum of services to their population and our collective region. Focus on 'transitions in care' as a priority. • Use a structured process improvement methodology (such as the 'Design Events' we have hosted) to develop practical improvements and action plans • In parallel, this group may also advise/discuss common expectations/responsibilities for regional programs and services; may include discussing functions such as quality/standards, performance metrics, HHR planning – in consultation and collaboration with existing regional programs to support consistency and coordination across sectors.	• Supports a coordinated approach for things that require 'regional' coordination across sectors • Identifies practical improvements that will impact patient care and experience • Supports local integrated care systems (i.e. OHTs) with those things that are required to meet the needs of the population

Final Recommendations - NEW

3. Next Steps

- Engagement – with networks, organizations, regional program leadership, etc. – February/March
- Develop Terms of Reference for evolved 'Regional Integrated Care Working Group' – March (will be prepared as a draft for the evolved Working Group to approve)
- Conduct 'mapping exercises' (as outlined above) – April/May (will be part of the work of the evolved Working Group)

Final Recommendations - NEW

4. Next Steps

The following resources are proposed to support the work outlined above:

NOTE: the resources listed below are simply a starting point; as work proceeds it is anticipated that resource requirements may increase.

Resource	Proposed FTE	Scope of Work/Deliverables	Potential options to explore
Project Manager (PM)	0.25 FTE	• Coordinate ongoing regional meetings • Support development of deliverables; including meeting content development, key messages, communication and engagement activities • Support completion of 'mapping' deliverables; including development of questionnaire/survey	• Regional Project Manager role (hired through Small Hospital Transformation Funds) to allocate time to this (in kind) • AND/OR organization to second interested/capable staff to this function (in kind) • AND/OR hire Professional Services (to be funded through available OHT funds)
Decision Support (DS)	0.20 FTE	• Support data and information needs related to regional work – i.e. referral/utilization data • Begin development of a 'system capacity planning framework'	• Regional DS role (hired through Small Hospital Transformation Funds) to allocate time to this • AND/OR organization to second interested/capable staff to this function (in kind) • AND/OR hire Professional Services (to be funded through available OHT funds)
Facilitation/ Leadership	0.20 FTE	• Leadership and facilitation of ongoing Working Group meetings • Development of key deliverables • Support of regional communication and engagement activities	• EVP, RTI to continue to support through regional role; in continued Co-Lead role with PFA • OR other resource to take lead

Discussion:

1. Does the Working Group support the final recommendations, including next steps and resources? *Anything you can’t live with?*

Item 5:
Sub-group #1: Communication and Engagement

Our Next Steps for Engagement

*see summary Communication and Engagement Plan (as approved at January meeting) in Appendix

- Working Group members to continue to share recommendations and concepts with organizational stakeholders and networks – March/April
- Working Group members to engage with Indigenous partners (per matrix on next slide) – March/April
- Continued engagement with Ministry partners
- Webinar (and possibly survey) in March/April re: Working Group recommendations with broad audiences to support understanding and engagement
- Website development – launch in early April to support engagement

Indigenous Stakeholder Matrix

Health Organization/Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Notes
Dilico Anishinabek Family Care	Darcia Borg, Executive Director	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
Sioux Lookout First Nations Health Authority	James Morris, Executive Director Pauline Mickelson, Community Response Lead	Jessica Logozzo	Engaged on 2/18 and 3/11 Presenting at Senior Team meeting on 3/15
Fort Frances Tribal Area Health Services	Tanya Hughes	Karen Lusignan	
Gizhewaadiziwin Health Access Centre		Karen Lusignan	
Kenora Chiefs Advisory Inc.	Joe Barnes, Executive Director	Henry Wall	
Keewaytinook Okimakanak (Northern Chiefs)	Clarence C Meekis, Chief Executive Director	Henry Wall	
Matawa Health Co-operative	Frances Wesley, Executive Director fwesley@matawa.on.ca	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
Wassegiizhig Nanaandawe'iyewigamig	Anita Cameron, Executive Director	Henry Wall	
Thunder Bay Indigenous Friendship Centre	Charlene Baglien charlene.baglien@tbifc.ca	Jessica Logozzo	Reached out on ¾; pending response
Ontario Native Women's Association	Cora McGuire-Cyrette, Executive Director 807-623-3442	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
Weechi-it-te-win Family Services Inc.		?	
Windigo First Nations Council	Frank McKay, Council Chair/CEO	Henry Wall	

Indigenous Stakeholder Matrix

Health Organization/Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Notes
Mushkiki	Michael Hardy, Executive Director	Jessica Logozzo	Reached out on 3/3; waiting on response
Metis Nation of Ontario	Joanne Meyer, Chief Operating Officer	Karen Lusignan (Atikokan) Henry Wall (Ontario)	
Tikinagan Child and Family Services	Thelma Morris, Executive Director TikExecDir@tikinagan.org 807-737-3466	Marcia Scarrow	
NAN Health Transformation	Ovide Mercredi	Henry Wall	Reached out. Working to schedule a meeting.
***Nokiiwin Tribal Council**	Audry Gilbeau, Executive Director director@nokiiwin.com	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
***Anishinabek Nation**	Jamie Restoule, Health Director jamie.restoule@anishinabek.ca	Henry Wall	
***Fort William First Nation**	Michael Pelletier, CEO CEO@fwfn.com	Jessica Logozzo	Meeting scheduled for 3/12
Independent First Nations Alliance	Mathew Hoppe, CEO	Henry Wall	

Website and Branding

UPDATE:

- Communications and Engagement Sub-group developed and issued RFP for website development, per direction of the Working Group (February meeting)
- Shout Media was awarded the contract and has started website development – to launch early April
- An important component of our continued work together, and the website development, is a collective brand – as such we need to decide on a logo to start with…

The vendor will develop a website with the following component parts and room to expand (draft page headers provided below):

1. Home – What We Do, Latest Updates
2. Who We Are
    - Terms of Reference
    - Membership
    - Networks Represented
3. How to Get Involved (need a way to do two-way engagement online)
4. More Information / Resources – Documents & Minutes
5. News

Cost = $15K (supported by Small Hospital Transformation Fund)

Website and Branding

Decision 1:

What logo does the group want to start with?

Option 1:

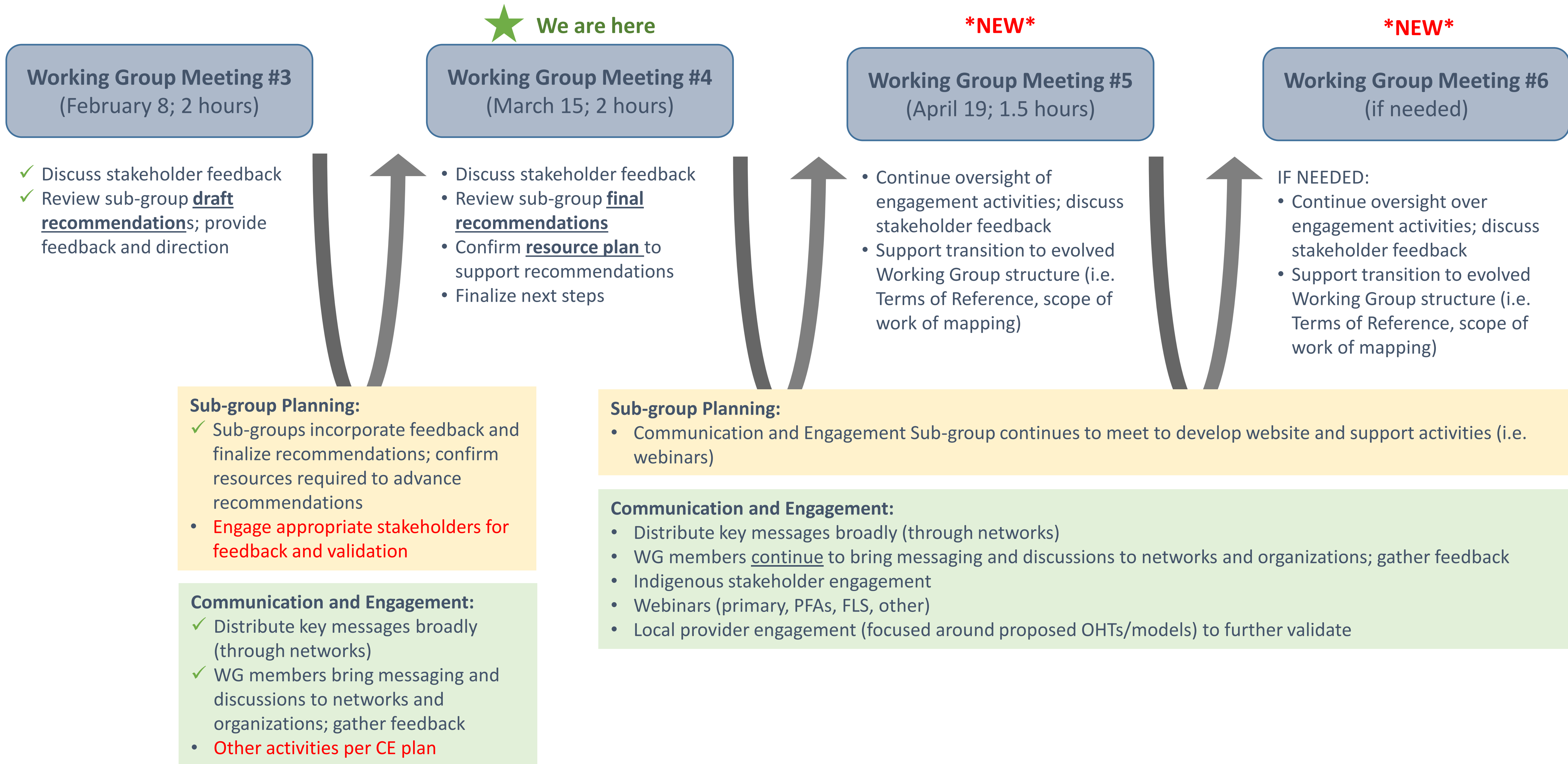
Option 2:

Option 3:

Decision 2:

Can we agree to use "North West Regional Integrated Care Group" (or Working Group) as a 'name' <u>for now</u>?

Next Steps



Our Work Plan - Updated
We are here
NEW
NEW
Working Group Meeting #3
(February 8; 2 hours)
Working Group Meeting #4
(March 15; 2 hours)
Working Group Meeting #5
(April 19; 1.5 hours)
Working Group Meeting #6
(if needed)
✓ Discuss stakeholder feedback
✓ Review sub-group draft recommendations; provide feedback and direction
• Discuss stakeholder feedback
• Review sub-group final recommendations
• Confirm resource plan to support recommendations
• Finalize next steps
• Continue oversight of engagement activities; discuss stakeholder feedback
• Support transition to evolved Working Group structure (i.e. Terms of Reference, scope of work of mapping)
IF NEEDED:
• Continue oversight over engagement activities; discuss stakeholder feedback
• Support transition to evolved Working Group structure (i.e. Terms of Reference, scope of work of mapping)
Sub-group Planning:
✓ Sub-groups incorporate feedback and finalize recommendations; confirm resources required to advance recommendations
• Engage appropriate stakeholders for feedback and validation
Communication and Engagement:
✓ Distribute key messages broadly (through networks)
✓ WG members bring messaging and discussions to networks and organizations; gather feedback
• Other activities per CE plan
Sub-group Planning:
• Communication and Engagement Sub-group continues to meet to develop website and support activities (i.e. webinars)
Communication and Engagement:
• Distribute key messages broadly (through networks)
• WG members continue to bring messaging and discussions to networks and organizations; gather feedback
• Indigenous stakeholder engagement
• Webinars (primary, PFAs, FLS, other)
• Local provider engagement (focused around proposed OHTs/models) to further validate

Summary of Next Steps:

- Continued engagement
  - Address outstanding engagement activities (i.e. webinars and more focused engagements with key stakeholder groups)
- Begin transition of Working Group
  - Develop draft Terms of Reference
  - Scope of Work of activities (i.e. mapping)
- Determine with Ministry OHT application process for North West
- Finalize plan for resources

APPENDIX

Summary Plan, by stakeholder group

Direct – continued push of information by Working Group members and regular engagement on feedback throughout the 4-month process of building recommendations
Indirect – transparent sharing/posting of information (on website, or ad hoc engagement meetings) and scheduled engagement on more fully formulated recommendation once more fully drafted (i.e. straw dog to react to)

	Stakeholder Group	Participation Level (based on IAP2 framework – see appendix)	Communication/Engagement Objective	Responsible	Tactics	Comments
Direct Involvement/Engagement	**Working Group Members**	Collaborate/ Empower	• To engage in the development of recommendations (per ToR); to share timely information in support of these deliverables	EVP, RTI Office & CE sub-group	• Working Group meetings and materials • Key messages • Working documents	
	Sub-group Members	Collaborate	• To engage in the development of recommendations (per SoW); to share timely information in support of these deliverables	EVP, RTI Office & CE sub-group	• Sub-group meetings and materials • Key messages • Working documents	
	Members' Organization Stakeholders (leadership, staff, frontline, governance)	Inform/ Consult/ Involve	• To actively keep stakeholders informed of the work underway and actively seek feedback along the way (specifically on draft recommendations as they are being formulated)	Working Group members (assigned by stakeholder matrix)	• Key messages • Working documents • Website • Organizational discussions	Working Group members responsible to ensure that information is shared with their respective organizational stakeholders
	Members' Networks	Inform/ Consult/ Involve	• To actively keep stakeholders informed of the work underway and actively seek feedback along the way (specifically on draft recommendations as they are being formulated)	Working Group members (assigned by stakeholder matrix)	• Key messages • Working documents • Network meetings with discussion • Website	Working Group members responsible to ensure that information is shared with their respective organizational stakeholders
Indirect Involvement/ Engagement	**Broader stakeholders** - Patients/Clients/Families, Primary Care, Indigenous and Francophone *also see next slide	Inform/ Consult	• To keep stakeholders informed of the work underway and create opportunities for meaningful engagement on recommendations that are developed	EVP, RTI Office & CE sub-group	• Key messages • Working documents • Webinars and/or focus groups/engagement sessions • Website	See next slides
	Ontario Health North and Ministry	Inform/ Consult	• To keep stakeholders informed of the work underway; to ensure alignment to provincial directions and identify opportunities for support	EVP, RTI Office	• Regular meetings; also share key messages and relevant working documents	

North West Regional Integrated Care Working Group

OHT/Model Coverage Sub-Group

Working Document

Version date: March 3, 2021
Endorsed by Sub-group: March 3, 2021 (via email)
Endorsed by Working Group: TBD

1.0 Purpose of Document

The purpose of this document is to provide details of the sub-group discussions and work, so that the sub-group can validate information that has been discussed and continue to evolve the content. The document also serves as a tool that can be shared with broader stakeholders, to ensure transparency of the work as it evolves and to engage and validate with broader perspectives.

2.0 Scope and Purpose of the Regional Services Model Sub-group

The scope of the sub-group is to:

Make a recommendation to the North West Regional Integrated Care Working Group on what a potential Ontario Health Team (or other integrated models) coverage plan can look like across the North West to aid in local planning efforts.

The following describes the purpose (or the "why") for doing this work:

- There has been significant collaboration and integration across the North West region – locally and regionally – we need to continue to advance this important work, and our ensure our efforts are coordinated
- With some Ontario Health Teams approved in the North West region, there is some confusion or question regarding what the rest of the region looks like related to integrated models – there is opportunity for a proactive coordinated approach to set a direction that can help guide partners
- A coordinated approach will ensure equity across the region, ensure patient care and experience is not unduly impacted (rather, will be improved by an expanded circle of care), allow efficiencies to be realized and allow us to leverage lessons learned and common work (it is also just how we work in the North West!)
- Defining locally integrated models across the North West will allow us to align efforts with current Ministry directions, and leverage funding and strategic opportunities that come with this

3.0 Current State

The sub-group discussed some common themes and observations related to the current state of local, district and regional services in the North West region, summarized below:

- Health care partners are already working closely together to coordinate care for the people in their communities – much of this is informal, some formal
- Generally, services are organized and/or coordinated at the following levels:
    - Local – primary, acute, LTC, community, etc.
    - District – secondary and specialized
    - Regional – specialized and tertiary
- However, services are generally accessed (point of care or point of access) at the local or regional levels

NOTE: differentiating between where/how services are coordinated/organized/planned versus accessed, is necessary in defining how integrated models of care should look; to ensure that we maintain integrated care at the individual community level

A. Data to inform model recommendations:

The sub-group discussed potential data considerations for how we can organize OHTs/local integrated models; these include:

1. **Where people currently access care**
    - Attributed population [available: provided by Ministry – see appendix]
    - Service utilization and referral data [available (mostly hospital based) - see next section]
2. **Where providers/organizations currently provide care**
    - List of providers/organizations and which communities they serve [available: being provided by OH North]
    - Factors related to 'working relationships' (qualitative)
3. **How care should be organized in the future** – local, district or regional 'basket of service' – based on assessment of expertise and resources (not readily available)
4. **How care should be organized to support and work with the Health Transformation taking place in Treaty #3, Treaty #5 and Treaty #9 led by Grand Council Treaty #3 and Nishnawbe Aski Nation**

The sub-group requested to review referral/utilization (to and from communities) data related to the following areas:

- Primary care to specialist
- Acute care
- Mental health and addictions (preferably community)
- Social services

Available data was provided by the SJCG and TBRHSC Decision Support teams related to: acute care (discharges), Emergency Department visits, complex care admissions and discharges, rehabilitation discharges and inpatient mental health admissions. **See Appendix A for data summaries.**

It was determined that community-level data is not readily available through existing sources.

Ontario Health North will be providing 'order of magnitude' service volume data, by provider, by community, which will include all LHIN-funded services.

Data provided by the Ministry of Health was also provided in 2019 to show 'attributed populations'. **See Appendix B for overview of data.**

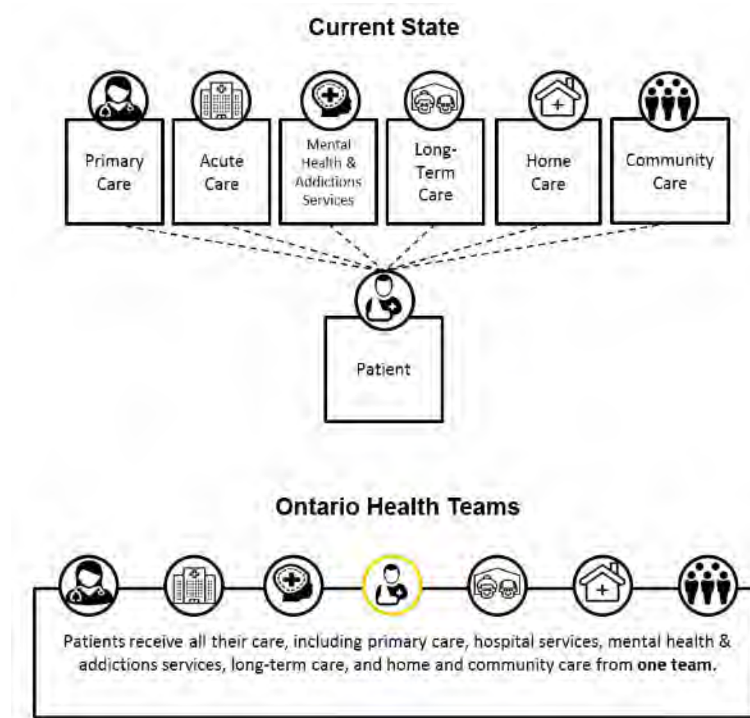
B. Current Ministry direction on integrated care – Ontario Health Teams:

The sub-group also reviewed the current Ministry of Health directions on Ontario Health Teams; summarized below:

- Ontario Health Teams are groups of providers and organizations that, at maturity, will be **clinically and fiscally accountable** for **delivering a full and coordinated continuum of care** to a **defined population**. *[COMMENT: By definition, OHTs in the North West must coordinate care across local, district and regional levels of care]*
- Health care providers and organizations eligible to become an Ontario Health Team include, but are not limited to those that provide:

- primary care (including inter-professional primary care and physicians)
- secondary care (e.g., in-patient and ambulatory medical and surgical services (includes specialist services)
- home care
- community support services
- mental health and addictions services
- health promotion and disease prevention services
- rehabilitation and complex care
- palliative care (e.g., hospice)
- residential care and short-term transitional care (e.g., in supportive housing, long-term care homes, retirement homes)
- long-term care home placement
- emergency health services
- laboratory and diagnostic services
- midwifery services, and
- other social and community services and other services, as needed by the population.

- At maturity, Ontario Health Teams will work under a **single accountability framework** and an **integrated funding envelope**.



4.0 Future State

The opportunity in front of us is to develop a recommended model for local integrated care models and what that 'coverage model' could look like across the North West. This will support the advancement of an integrated system in the North West, and to leverage opportunities related to the current Ministry of Health directions on Ontario Health Teams.

In formulating recommendations, the sub-group discussed **principles for organizing OHTs/Models of Integrated Care**, including**:**

1. Status quo is not an option – we must actively move beyond the current state to improve care for our population
2. Any models we pursue must support the integrated delivery of care that happens at the local community level; models must support what is already working well locally, while also pushing for further improvements by connecting to the broader regional system in ways we may not have before
    - How we coordinate/organize/plan services is distinct from ‘where’ service is accessed
3. Our models need to be supported by a reasonable level of data – however, it’s not only about existing referral or utilization patterns – it’s also about:
    - Safe, timely, effective, efficient, equitable and patient-centred care
    - Economies of scale
    - Readiness and willingness of partners
4. We need to start somewhere – we won’t get it perfect, and we may not even get it right – we need to move forward, so let’s pick a place to start and we can evolve

The sub-group also discussed some **additional considerations for a very pragmatic approach** to ensure this work is meaningful and the recommendations are concrete**:**

1. Leverage existing data and/or data that is readily available and easily understood
2. Agree on a reasonable starting point; doesn’t need to be ‘perfect’, but rather need to recognize that our starting point is just that, a launching point to challenge the status quo and evolve into models of care that will best suit our communities (that includes rethinking existing referral patterns and learning from the impact that the pandemic has had)
3. Engage broadly and continuously, learn and change as we go
4. Guided by equity and accountability that will drive improvements in the system

5.0 Options Analysis

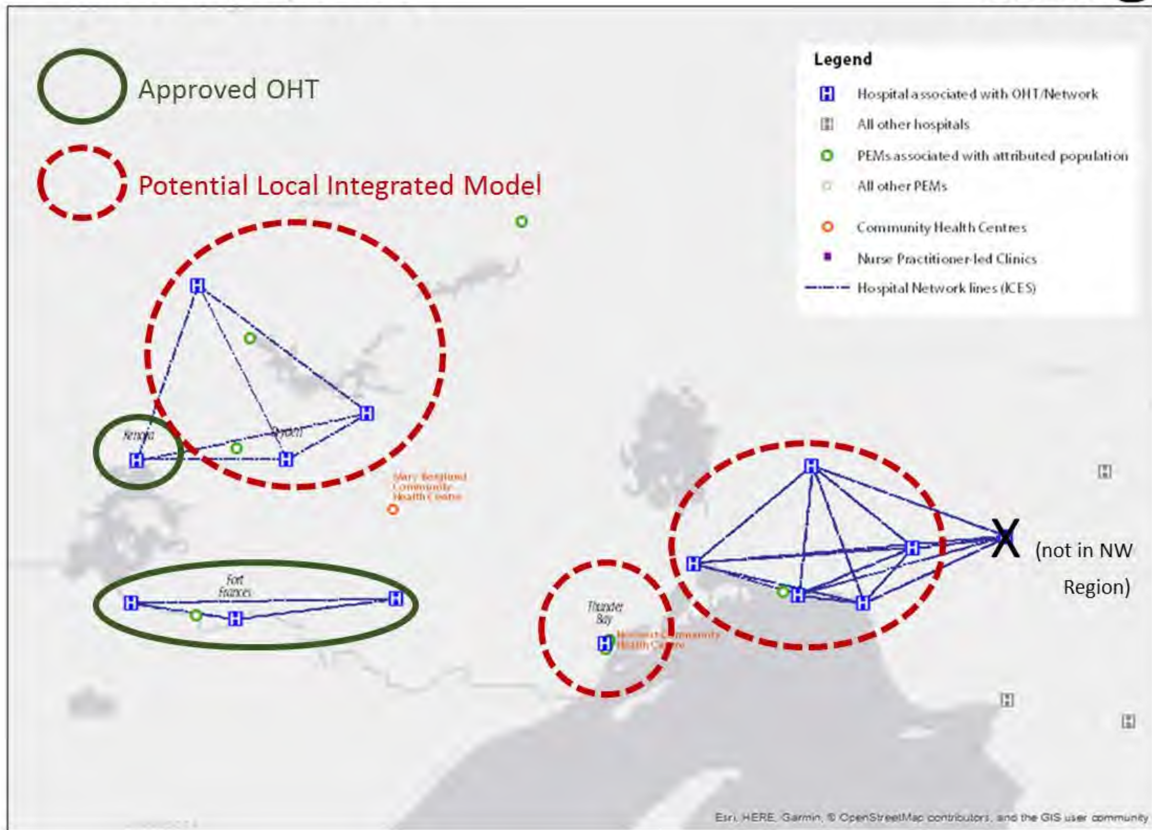
In beginning to formulate recommendations on a potential coverage model, the sub-group discussed some ‘examples’ of what these deliverables may look like – for illustrative purposes only. These examples will be further discussed and validated (including data to support validation) before putting forward a recommendation.

NOTE: the sub-group has not yet put forth even a draft recommendation, as it is believed that broader engagement on principles and examples are needed to inform this.

See below three examples that were discussed for illustrative purposes:

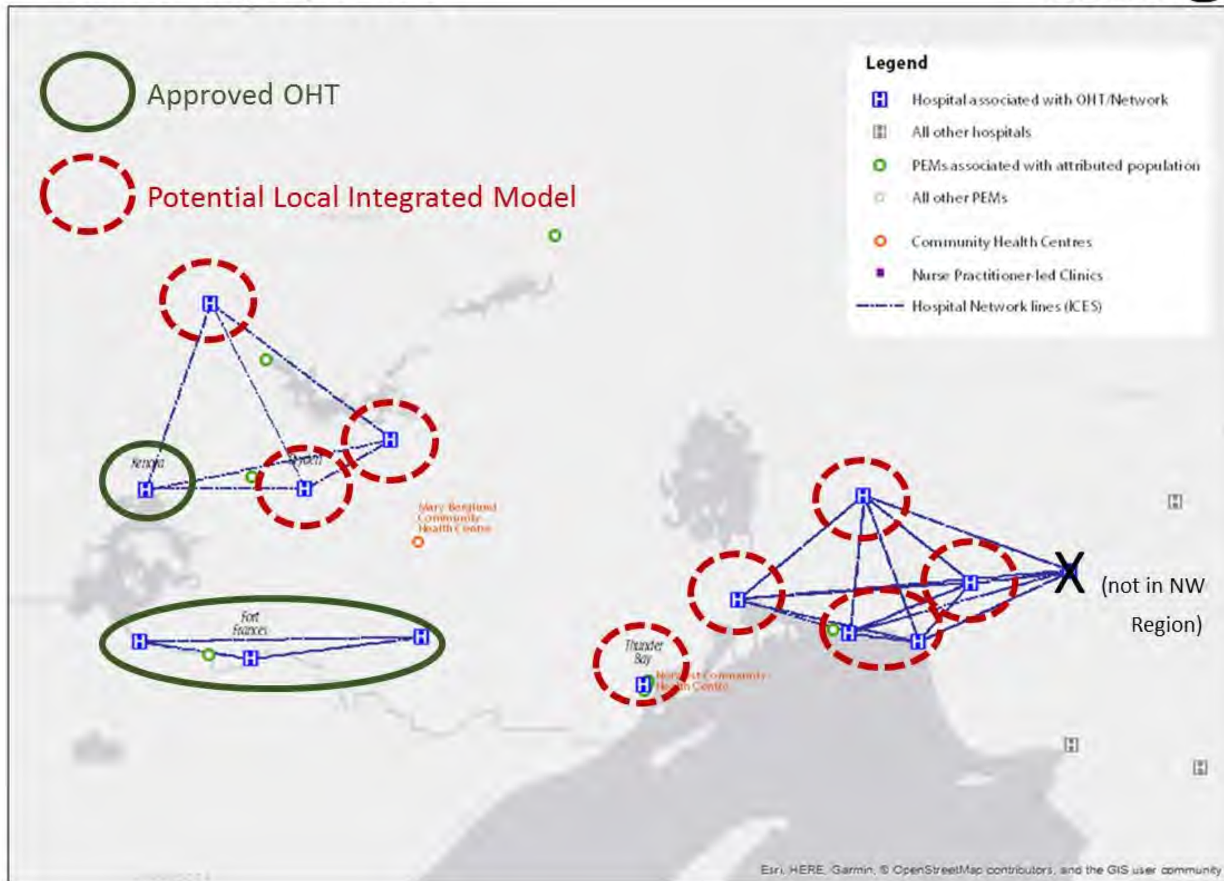
Example 1 – Following Networks Based on Ministry Attributed Data (with consideration of the already approved OHTs in Kenora and Rainy River District)

Networks 38, 39, 41 & 49



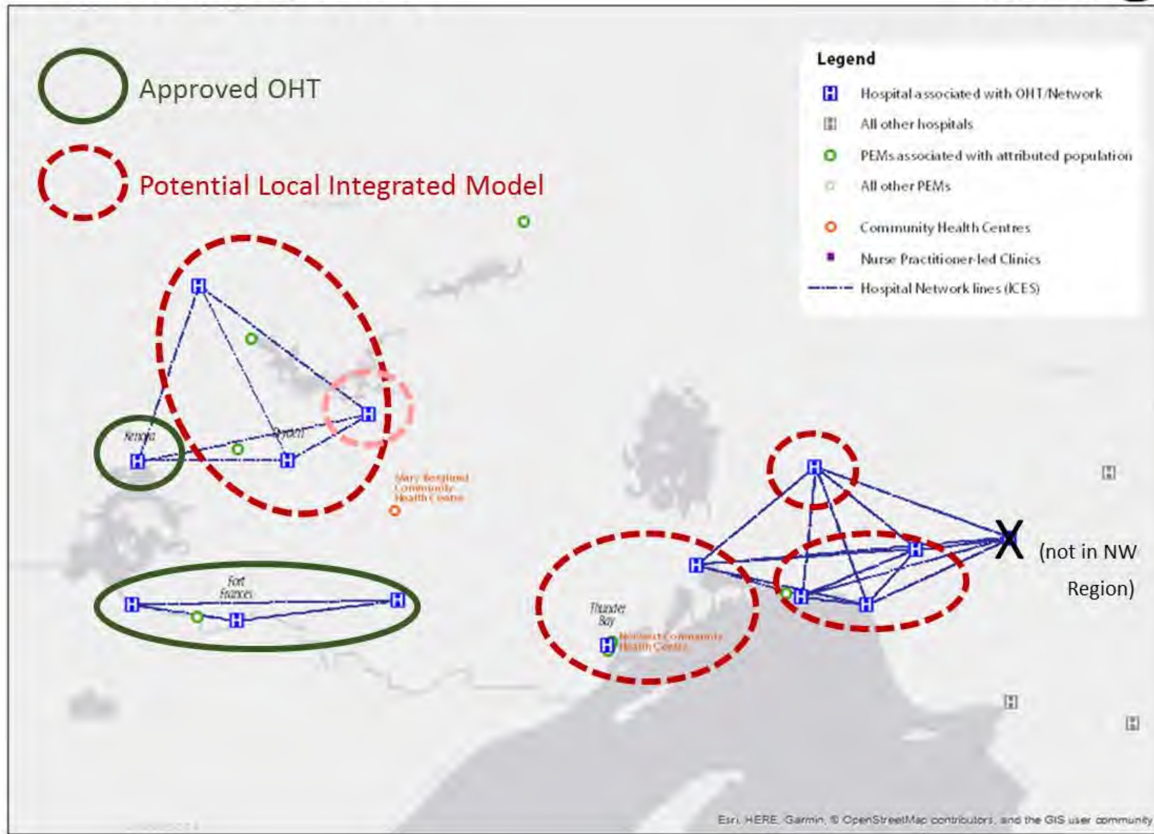
Pros	Cons
• Aligns with Ministry directions	• Does not support existing referral/access patterns (particularly for secondary care and some community services) • Does not align with natural service ‘coordination’ and ‘planning’ functions and relationships (for secondary and specialized care)

Example 2 – Following Referral Patterns for Primary Care (Community Based Hubs)



Pros	Cons
• Aligns with existing referral/access patterns (for primary and secondary care)	• Does not align with Ministry directions • May not optimize service 'coordination' and 'planning' opportunities (does it push us out of the current state and allow us to optimize better care pathways or efficiencies?)

Example 3 – Hybrid based on various quantitative and qualitative factors (could be many different variations of this)



Pros	Cons

• Aligns to some degree with existing referral/access patterns (based on acute care data pulled to date as well as some existing 'hub' relationships (i.e. chemo mixing hub models))
    • Date re: acute care discharges and ED visits show some level of referral activities between: SLO/Dryden/Red Lake and Thunder Bay/Nipigon
    • Needs to be validated with community level data and other factors (such as NAN transformation and treaty territories)
• May optimize service 'coordination' and 'planning' functions – to be validated by data and stakeholder input
	• Does not align with Ministry directions (though may be a reasonable proposal – to be validated by data and engagement)

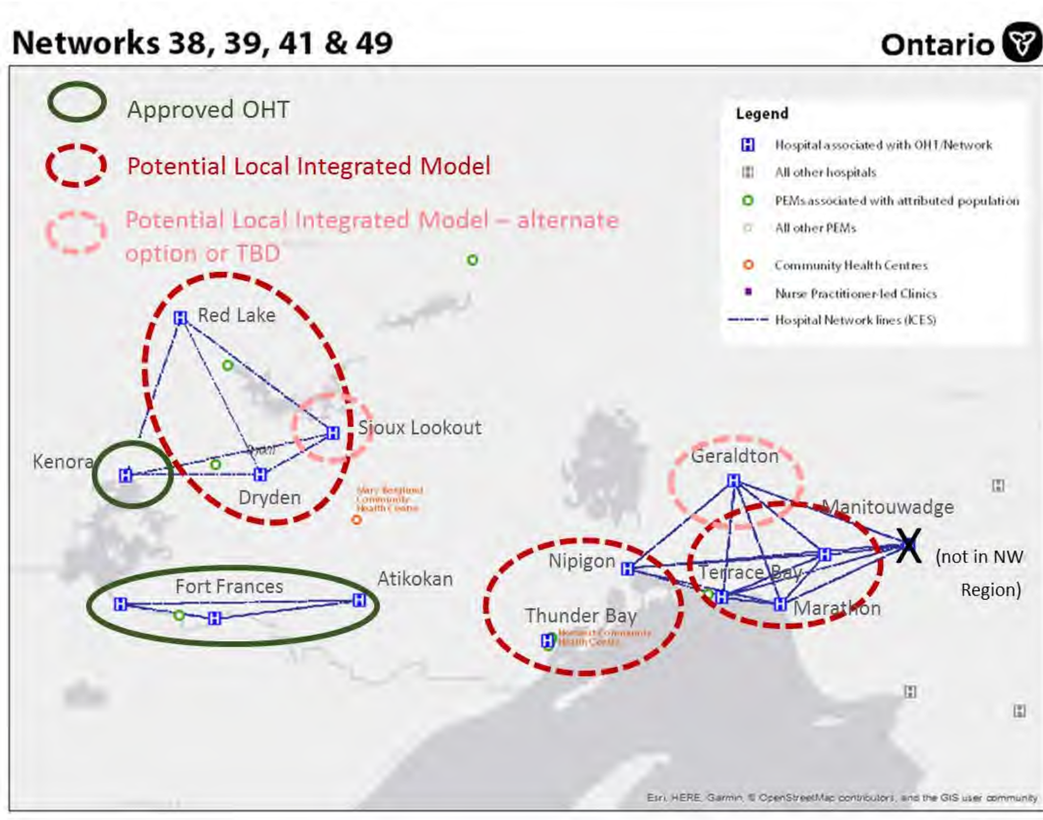
6.0 Recommendation

Through the work described in this document, a model for OHT coverage is proposed – this model falls somewhere between the Ministry proposed OHT 'hubs' and traditional 'sub-regions' or 'Integrated District Networks'.

The proposed model (green and red circles on the map below) considers 5-6 OHTs/models, including partners organized around the following geographies:

1. Kenora (All Nations Health Partners) – approved OHT
2. Atikokan/Rainy River/Emo/Fort Frances (Rainy River District) – approved OHT
3. Dryden/Red Lake
4. Thunder Bay/Nipigon
5. Marathon/Terrace Bay/Manitouwadge
6. Sioux Lookout/Far North Communities*requires further discussion (may align with Dryden/Red Lake, or different model respecting NAN transformation)*

* Geraldton **requires further discussion (may align with Marathon/Terrace Bay/Manitouwadge or Thunder Bay/Nipigon or other)*



7.0 **Next Steps**

- Engagement – with Ministry, networks, organizations, regional program leadership, etc. – February/March
- Development of OHT application(s) based on recommended model – March/April *NOTE: based on consultation with the Ministry, there is a willingness to be flexible in the application process/requirements for the North West given the significant amount of planning that has been done by this Working Group.
- Advancement of OHT planning with local partners – April/May

8.0 **Resource Requirements**

The sub-group noted that there will be requirements for Project Management, Facilitation and Decision Support at the local/OHT level as this work progresses. Those resources will need to be determined by the local teams/OHTs. Funding is available to OHTs that can cover these expenses.

Given the interconnectedness of this work to the regional services model, there is recognition that there will be resources required at the region level to support this and ensure regional alignment. These resource requirements are outlined by Sub-group #3 (Regional Services Model) within their recommendations.

9.0 **Engagement Questions**

The following questions will be included in the ‘engagement document’, to get feedback from stakeholders:

- What questions come to mind that need to be addressed in the next phase of work?
- What will be important to consider as we move ahead with this work? *Critical success factors, challenges, etc.*
- Understanding this is a starting point, is there anything you can’t live – and why? *How can it be addressed?*

Appendix A: Preliminary Data

Kaleigh to insert

Appendix B: Ministry of Health Attributed Population Data

Networks 38, 39, 41 & 49

Approved OHT

Legend
Hospital associated with OHT/Network
All other hospitals
PEMs associated with attributed population
All other PEMs
Community Health Centres
Nurse Practitioner-led Clinics
Hospital Network lines (ICES)

Kenora
Dryden
Mary Berglund Community Health Centre
Fort Frances
Thunder Bay
Norwest Community Health Centre
X (not in NW Region)

Esri, HERE, Garmin, © OpenStreetMap contributors, and the GIS user community

Summary:

- Refers to virtual multispecialty physician networks comprised of **primary care physicians and specialists and the hospital where most of their patients are admitted**.
- Networks are designed around **existing patterns of patient flow** and are not constrained geographically.
- The attributed population is based on a health card to IC/ES Multispecialty network file prepared by HSMB, MOH.
    - x Does not include broader community-based care
    - x Does not include those accessing care without a health card
- '*Generally*' aligns with LHIN "sub-regions" (with exception of DoK and Northern)
- Does not consider referral pathways for highly-specialized or tertiary services
- **Ministry has noted there is an expectation that this data is used to inform OHT models (recognized exceptions have and may be made; e.g. Kenora All Nations Health Partners)**

North West Regional Integrated Care Working Group

Regional Services Model Sub-Group

Working Document

Version date: March 3, 2021
Endorsed by Sub-group: March 3, 2021 (via email)
Endorsed by Working Group: TBD

1.0 Purpose of Document

The purpose of this document is to provide details of the sub-group discussions and work, so that the sub-group can validate information that has been discussed and continue to evolve the content. The document also serves as a tool that can be shared with broader stakeholders, to ensure transparency of the work as it evolves and to engage and validate with broader perspectives.

2.0 Scope and Purpose of the Regional Services Model Sub-group

The scope of the sub-group is to:

Make recommendations for a coordinated approach to planning regional highly-specialized services to support local OHT planning (and other more culturally appropriate models).

The following describes the purpose (or the "why") for doing this work:

- As our region moves to implement Ontario Health Teams (OHTs) and/or other local integrated care models, it is imperative that peoples' experiences with specialized services are not unduly impacted, for instance through funding disruptions, additional administrative burden or unintended fragmentation that affects access and quality of care
- We have opportunity to improve the coordination of existing regional specialized services – many successful models to learn from and leverage (i.e. regional palliative, rehabilitative care, cancer, etc.) – not just coordinated within, but across services
- We have opportunity for more consistency related to regional programs (many different ways of leading, organizing, funding, measuring accountability, delivering, etc.)
- With OHTs and transformation efforts emerging, it is necessary to agree to a 'coordinated' way for OHTs and other integrated models to engage in planning with 'regional specialized services'

3.0 Current State of Regional Specialized Services

Currently, there is no standard definition of 'regional specialized services' in the North West region. Generally, regional specialized services are identified as providers or services that are offered across the entire North West region and are of such a specialized nature (high complexity, high cost, low volume potentially) that are not appropriate to be delivered by local providers.

Currently, examples of these services/providers (not exhaustive):

- Acquired Brain Injury – rehab and support services
- Specialized Independent Living
- Respite services
- Specialized acute/inpatient
- Specialized MHA

- Rehabilitative care
- Palliative care
- Home and community care
- Other specialized primary care and community services (i.e. eating disorders, Fetal Alcohol Syndrome Disorder services, Rapid Access to Addictions Medicine, Structured Psychotherapy)
- Also 'district' level services: Social Services, MHA, CSS, Public Health, etc.

Currently, there is no standard way of organizing or 'offering' regional specialized services in the North West. The following structures or 'ways of working together' exist in the North West that enable the planning and coordination of regional and district-level specialized services (not an exhaustive list):

- North West LHIN (now Ontario Health North) planning structures
- Networks (e.g. district based MHA and CSS networks)
- Organizational structures/process (e.g. BISNO, Wesway, CSI NW, LHIN HCC)
- Individual Regional Program structures (e.g. Regional Palliative Care, Regional Orthopedics)
- Regional Hospital Steering Committees (CEOs, COS, CNEs); also now Regional Services Committee of the Board
- Regional Integrated Care Working Group (time limited planning structure)
- Regional Program Advisory Committees (Eating Disorders Program, Palliative Care, MHA – RAAM)
- Federal programs
- Existing OHT tables
- Indigenous tables
- North West Centre of Responsibility – connected to Situation Tables
- Geriatric/BSO Advisory Group (North West)
- Children's Networks/Systems (Lead Agency, Coordinating Agencies)

As we move towards more fully and formally integrated models of care at the local level, that will be responsible for ensuring the full continuum of care is available to their population, the gaps in consistency and coordination of regional specialized services makes it difficult and inefficient for planning purposes. This presents opportunity for a coordinated approach to planning for regional highly-specialized services to support locally integrated care planning.

4.0 Future State

The sub-group is tasked to develop a recommendation for a coordinated approach to planning for regional highly-specialized services to support local integrated care planning. As described in the previous section, there are already structures in place that support this type of work that could and should be leveraged.

First, the sub-group discussed a definition for 'regional specialized services'.

Defining 'Regional Specialized Services'

The sub-group reviewed the existing document produced by the Ontario Hospital Association (*A Principled Approach to Advancing Specialized Health Services, November 2020*), which provides a definition and recommendations for specialized services (focused on hospitals). There was general agreement that the definition suited regional specialized services within the North West, including those broader than hospital services, as a working definition. However, there were some language changes that were necessary to ensure it was applicable to the broader continuum of care; namely, the use of 'patient' and 'clinical'.

The sub-group has proposed the following definition as an appropriate starting point:

A specialized service is a service that provides access to care to a population within a defined geographical area, and which requires specific expertise and resources in order to provide high-quality care promoting positive population health outcomes and care experiences. A specialized service is inextricably linked to other services and requires broader planning at the district, regional or provincial level.

The sub-group agreed that regional specialized services should be defined based on:

- Expertise – interprofessional team, specialized teams, clinical coherence and interdependencies
- Resources – extensive requirements for capital and/or operating, planning at a regional and/or provincial level

5.0 Options Analysis

In beginning to formulate recommendations on how to support '*a coordinated approach to planning regional highly-specialized services to support local OHT planning (and other more culturally appropriate models)',* a number of options were discussed. These options, along with high-level pros and cons are outlined below.

Option 1	Option 2	Option 3	Other?
Status Quo OHTs/local integrated models work with existing structures to plan services across the care continuum (organizations, programs, networks, etc.)	**Leverage/Refine Existing 'Network' Structures** Coordinate planning through respective 'sector based' networks (MHA, CSS, Hospital) OHTs/local integrated models work directly with these networks to plan services across the continuum of care *will require refinement of structures to support this type of planning (as currently largely 'sector' based); likely requires 'program structures to continue where 'networks' do not exist (i.e. Palliative, HCC, Rehab, etc.)	**Create/Continue Regional Integrated Structure** Create a regional structure (leverage existing structure and supplement with all specialized services across the continuum) OHTs/local integrated models work directly with this structure to plan services across the continuum of care *should likely focus on prioritized areas to ensure manageable scope **(focus on common Year 1 populations?)**	**Hybrid approach – see further details below**

Pros: leverage existing structures and ways of working together Cons: not highly coordinated/efficient (multiple organizations and programs to coordinate with)	Pros: leverage existing structures and ways of working together Cons: not fully coordinated/ efficient (engagement with multiple networks necessary to ensure 'full continuum of care' is addressed)	Pros: supports a coordinated and integrated approach across the care continuum Cons: new structure; risk of further fragmentation or 'bureaucracy'	

6.0 Recommendation

Based on the options discussed above, the sub-group recommends to take a hybrid approach to coordinating the planning of regional highly-specialized services to support local OHT planning, which would include:

- Leveraging existing networks to advance the goals of local integrated care systems (i.e. OHTs); and,
- Continue to utilize the Regional Integrated Care Working Group to advance discussions that require regional coordination.

In terms of recommendations, there is a need to be **pragmatic and concrete** in what our proposed recommendation means and what next steps are. There is a need to move from planning to concrete actions that will improve care for our population.

As such, the table below summarizes concrete recommendations and next steps:

Recommendation:	What it means and where can we start	What impact it will have
Leverage existing networks to advance the goals of local integrated care systems (i.e. OHTs)	• OHTs/local integrated models work with existing structures to plan services across the care continuum (organizations, programs, networks, etc.) • Complete a mapping of existing networks/structures to help visualize what local/district/regional structures exist so OHTs/local integrated models can effectively use them to plan services across the care continuum • Complete a mapping of current services and referral/access patterns to inform improvements in care, both regionally and locally	• Supports a coordinated approach for things that require a 'regional' or 'district' approach across sectors • Builds on existing partnerships and relationships • Provides clarity for partners
Continue to utilize the Regional Integrated Care Working Group to advance discussions that require regional coordination	• Evolve and sustain Regional Integrated Care Working Group; meet on regular (quarterly or twice a year) basis	• Supports a coordinated approach for things that require 'regional'

	• Focus on practical things that will enable local integrated models to deliver the full continuum of services to their population and our collective region. Focus on 'transitions in care' as a priority. • Use a structured process improvement methodology (such as the 'Design Events' we have hosted) to develop practical improvements and action plans • In parallel, this group may also advise/discuss common expectations/responsibilities for regional programs and services; may include discussing functions such as quality/standards, performance metrics, HHR planning – in consultation and collaboration with existing regional programs to support consistency and coordination across sectors.	coordination across sectors • Identifies practical improvements that will impact patient care and experience • Supports local integrated care systems (i.e. OHTs) with those things that are required to meet the needs of the population

7.0 **Next Steps**

- Engagement – with networks, organizations, regional program leadership, etc. – February/March
- Develop Terms of Reference for evolved 'Regional Integrated Care Working Group' – March (will be prepared as a draft for the evolved Working Group to approve)
- Conduct 'mapping exercises' (as outlined above) – April/May (will be part of the work of the evolved Working Group)

8.0 **Resource Requirements**

The following resources are proposed to support the work outlined above:

NOTE: the resources listed below are simply a starting point; as work proceeds it is anticipated that resource requirements may increase.

Resource	**Proposed FTE**	**Scope of Work/Deliverables**	**Potential options to explore**
Project Manager (PM)	0.25 FTE	• Coordinate ongoing regional meetings • Support development of deliverables; including meeting content development, key messages, communication and engagement activities • Support completion of 'mapping' deliverables; including development of questionnaire/survey	• Regional Project Manager role (hired through Small Hospital Transformation Funds) to allocate time to this (in kind) • AND/OR organization to second interested/capable staff to this function (in kind) • AND/OR hire Professional Services (to be funded through available OHT funds)

Decision Support (DS)	0.20 FTE	• Support data and information needs related to regional work – i.e. referral/utilization data • Begin development of a 'system capacity planning framework'	• Regional DS role (hired through Small Hospital Transformation Funds) to allocate time to this • AND/OR organization to second interested/capable staff to this function • AND/OR hire Professional Services (to be funded through available OHT funds)
Facilitation/ Leadership	0.20 FTE	• Leadership and facilitation of ongoing Working Group meetings • Development of key deliverables • Support of regional communication and engagement activities	• EVP, RTI to continue to support through regional role; in continued Co-Lead role with PFA • OR other resource to take lead

9.0 **Engagement Questions**

The following questions will be included in the 'engagement document', to get feedback from stakeholders:

- What questions come to mind that need to be addressed in the next phase of work?
- What will be important to consider as we move ahead with this work? *Critical success factors, challenges, etc.*
- Understanding this is a starting point, is there anything you can't live – and why? *How can it be addressed?*

[A3]

North West Regional Integrated Care Working Group

Communication and Engagement Plan

Approved by Working Group: January 11, 2021

Updated: March 8, 2021

Preface

- The Regional Integrated Care work is anticipated to be multiple phases. An associated Communication and Engagement Plan will be developed at each phase to meet the specific needs and objectives.
- In what we can consider this current 'planning' phase, the Working Group and sub-groups will be focused to develop draft recommendations that can then be utilized to engage in a meaningful way with the many necessary and important stakeholder groups.

  For current phase we will focus to:

  - Formalize mechanisms to communicate with/among the Working Group members, and support them to inform/consult stakeholders within their networks/organizations
  - Create ways to consult with key stakeholder groups (Indigenous and physician communities) as there is no network at those levels represented in the Working Group
  - Build foundational enablers (such as web presence and survey mechanism)
- Once the Working Group develops the recommendations, a next phase will be to validate and seek input more broadly (i.e. public and 'broader stakeholders').
- This Communication and Engagement Plan identifies 'broader stakeholders' (or external partners) as those that are not directly involved in the Working Group activities, but need to (at minimum) be informed of the work and have access to information as they feel necessary at this time.

Purpose

- To develop and implement a comprehensive Communications and Engagement Plan to support the 'North West Regional Integrated Care Working Group' and deliverables.

Communication and Engagement Plan - Objectives:

1. To ensure timely and transparent sharing of information related to the activities of the Working Group (i.e. key messages, meeting materials, working products, etc.) – among Working Group members and with broader system partners
2. To ensure information is shared in a way that those who are not part of the Working Group can keep informed, ask questions and provide feedback on the work/deliverables
3. To ensure that all key stakeholder groups are, at minimum, informed and consulted on the work/deliverables

Guiding Principles

- Patient/client and family-centred
- Timely
- Transparent
- Accessible
- Clear, concise and consistent messaging
- Meaningful and appropriate engagement of broader stakeholders*

Key Audiences

- Working Group Members
- Sub-group Members
- Members' Organizations (Leadership, governors, staff, front line)
- Members' Networks
- Broader stakeholders –
  - Indigenous
  - Patients/clients and families
  - Francophone
  - Health Care Workers
  - Etc.
- Ontario Health North and Ministry of Health
- Other: federal partners, MPPs, MPs, etc.
- Working Group feedback: Seniors as a stakeholder group [to be considered in next Phase]

Tactics and Tools

Communication/Engagement Tactics and Tools	Target Audience(s)	Frequency
Key messages document (from Working Group and Sub-group meetings)	External Partners (Members' organizations, networks, and all others not involved in Working Group)	Within 2 days of Working Group and sub-group meetings)
Meeting materials (meeting notes and documents from Working Group meetings)	Primary: Working Group members Secondary: External Partners	To be shared with key messages (within 2 days of meetings)
Working Documents/Papers (draft documents that outline the deliverables of the Working Group; i.e. Communication and Engagement Plan, OHT/model recommendations and regional services model recommendations) *to be created/formatted in a way that external audiences can read and engage in material	Primary: Working Group members Secondary: External Partners	To be shared post Working Group meetings (frequency to be determined) *to be accompanied by 'engagement questions'
Webinars and/or focus groups (to present and engage on draft recommendations; propose one prior to, or post, March Working Group meeting) **Virtual surveys** - to support two-way feedback on key deliverables	External Partners *Target specific audiences – i.e. Indigenous, Primary Care, Francophone, governors, patients/clients/families (those not fully represented on Working Group or in networks)	If to consult - prior to March Working Group meeting If to inform – post March Working Group meeting
Regular meetings to discuss progress and potential supports	Ontario Health North Ministry Liaison	~Monthly
Website – where information and materials are transparently hosted and shared (membership, key messages, meeting materials, working documents/papers, recorded webinars, etc.)	External Partners	As content is developed from Working Groups Sub-group to develop proposal for Working Group – cannot rely on this mode solely for broad access

Summary Plan, by stakeholder group

Direct – continued push of information by Working Group members and regular engagement on feedback throughout the 4-month process of building recommendations
Indirect – transparent sharing/posting of information (on website, or ad hoc engagement meetings) and scheduled engagement on more fully formulated recommendation once more fully drafted (i.e. straw dog to react to)

	Stakeholder Group	Participation Level (based on IAP2 framework – see appendix)	Communication/Engagement Objective	Responsible	Tactics	Comments
Direct Involvement/Engagement	**Working Group Members**	Collaborate/ Empower	• To engage in the development of recommendations (per ToR); to share timely information in support of these deliverables	EVP, RTI Office & CE sub-group	• Working Group meetings and materials • Key messages • Working documents	
	Sub-group Members	Collaborate	• To engage in the development of recommendations (per SoW); to share timely information in support of these deliverables	EVP, RTI Office & CE sub-group	• Sub-group meetings and materials • Key messages • Working documents	
	Members' Organization Stakeholders (leadership, staff, frontline, governance)	Inform/ Consult/ Involve	• To actively keep stakeholders informed of the work underway and actively seek feedback along the way (specifically on draft recommendations as they are being formulated)	Working Group members (assigned by stakeholder matrix)	• Key messages • Working documents • Website • Organizational discussions	Working Group members responsible to ensure that information is shared with their respective organizational stakeholders
	Members' Networks	Inform/ Consult/ Involve	• To actively keep stakeholders informed of the work underway and actively seek feedback along the way (specifically on draft recommendations as they are being formulated)	Working Group members (assigned by stakeholder matrix)	• Key messages • Working documents • Network meetings with discussion • Website	Working Group members responsible to ensure that information is shared with their respective organizational stakeholders
Indirect Involvement/ Engagement	**Broader stakeholders** - Patients/Clients/Families, Primary Care, Indigenous and Francophone *also see next slide	Inform/ Consult	• To keep stakeholders informed of the work underway and create opportunities for meaningful engagement on recommendations that are developed	EVP, RTI Office & CE sub-group	• Key messages • Working documents • Webinars and/or focus groups/engagement sessions • Website	See next slides
	Ontario Health North and Ministry	Inform/ Consult	• To keep stakeholders informed of the work underway; to ensure alignment to provincial directions and identify opportunities for support	EVP, RTI Office	• Regular meetings; also share key messages and relevant working documents	

More Detailed Strategies – in development with Stakeholder Advisors

Stakeholder Group	Advisors (individuals that have been consulted to date on appropriate tactics and approaches)	Communication/Engagement Objective	Proposed Approach
Patients/Clients/ Families	George Saarinen, PFA (North West LHIN) Jack Christy, PFA (SJCG) – TBD	• To actively keep stakeholders informed of the work underway • To understand stakeholder needs and identify opportunities to support and align • To create opportunities for meaningful engagement on recommendations that are being developed	• George Saarinen and Jack Christy (Working Group PFA members and linkage to PFA networks) to share key messages and engage in discussion with stakeholders re: questions and feedback along the way • Share working documents with networks and stakeholders to gather feedback
Francophone	Chantal Chartrand, Planning and Community Engagement Officer, Réseau du mieux-être francophone du Nord de l'Ontario		• Chantal Chartrand (Working Group member and linkage to FLS stakeholder networks) to share key messages and engage in discussion with stakeholders re: questions and feedback along the way • Share working documents (key final documents to be translated) with networks and stakeholders to gather feedback

More Detailed Strategies for 'Indirect' Stakeholders – in development with Stakeholder Advisors

Stakeholder Group	Advisors (individuals that have been consulted to date on appropriate tactics and approaches)	Communication/Engagement Objective	Proposed Approach
Indigenous	Crystal Pirie (Senior Director, Indigenous Collaboration, TBRHSC) Paul Francis (Director of Indigenous Relations, SJCG) Dr. Chris Mushquash (TBRHRI) Heather Lee (CEO, MYHC; to identify an individual from MYCH) Others – TBD	• To actively keep stakeholders informed of the work underway • To understand stakeholder needs and identify opportunities to support and align • To create opportunities for meaningful engagement on recommendations that are being developed	• Share key messages and working documents throughout entire planning process • Request meetings with Indigenous partners across the region - January/February • Schedule webinar in March and invite Indigenous partners to discuss stakeholder needs, progress to date and next steps • Website *NOTE: stakeholder matrix with appropriate local or regional leads assigned to each group to be developed to ensure all stakeholders are engaged appropriately. Community engagement protocols to be shared and incorporated into plans.*
Primary Care	Karen Lusignan (ED, Atikokan FHT) Dr. Jeremy Mozzon (Chief, Family Practice, TBRHSC) Others (TBD – e.g. Dr. Sarah Newbery, NOSM; Regional Chiefs of Staff)		• Share key messages and working documents throughout entire planning process [PC Working Group members to send through PC networks; EVP, RTI to send through Regional Chiefs of Staff (most are PC physicians), TBRHSC Chief of Family Practice and NOSM networks] • Schedule webinar in March and invite Primary Care partners to discuss stakeholder needs, progress to date and next steps • Website *NOTE: incentive/compensation models will need to be defined to support fulsome engagement of physicians/clinicians*

Indigenous Stakeholder Matrix – DRAFT (not inclusive)

Health Organization/Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Notes
Dilico Anishinabek Family Care	Darcia Borg, Executive Director	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
Sioux Lookout First Nations Health Authority	James Morris, Executive Director Pauline Mickelson, Community Response Lead	Jessica Logozzo	Engaged on 2/18 and 3/11 Presenting at Senior Team meeting on 3/15
Fort Frances Tribal Area Health Services	Tanya Hughes	Karen Lusignan	
Gizhewaadiziwin Health Access Centre		Karen Lusignan	
Kenora Chiefs Advisory Inc.	Joe Barnes, Executive Director	Henry Wall	
Keewaytinook Okimakanak (Northern Chiefs)	Clarence C Meekis, Chief Executive Director	Henry Wall	
Matawa Health Co-operative	Frances Wesley, Executive Director fwesley@matawa.on.ca	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
Wassegiizhig Nanaandawe'iyewigamig	Anita Cameron, Executive Director	Henry Wall	
Thunder Bay Indigenous Friendship Centre	Charlene Baglien charlene.baglien@tbifc.ca	Jessica Logozzo	Reached out on ¾; pending response
Ontario Native Women's Association	Cora McGuire-Cyrette, Executive Director 807-623-3442	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
Weechi-it-te-win Family Services Inc.		?	
Windigo First Nations Council	Frank McKay, Council Chair/CEO	Henry Wall	

Indigenous Stakeholder Matrix – DRAFT (not inclusive)

Health Organization/Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Notes
Mushkiki	Michael Hardy, Executive Director	Jessica Logozzo	Reached out on 3/3; waiting on response
Metis Nation of Ontario	Joanne Meyer, Chief Operating Officer	Karen Lusignan (Atikokan) Henry Wall (Ontario)	
Tikinagan Child and Family Services	Thelma Morris, Executive Director TikExecDir@tikinagan.org 807-737-3466	Marcia Scarrow	
NAN Health Transformation	Ovide Mercredi	Henry Wall	Reached out. Working to schedule a meeting.
***Nokiiwin Tribal Council**	Audry Gilbeau, Executive Director director@nokiiwin.com	Jessica Logozzo	Reached out on 3/3; meeting being scheduled
***Anishinabek Nation**	Jamie Restoule, Health Director jamie.restoule@anishinabek.ca	Henry Wall	
***Fort William First Nation**	Michael Pelletier, CEO CEO@fwfn.com	Jessica Logozzo	Meeting scheduled for 3/12
Independent First Nations Alliance	Mathew Hoppe, CEO	Henry Wall	

APPENDIX

Activity Roadmap

STEPS	INPUT	FILTER	OUTPUT	NOTES & TIME LINES
VISIONING				
Capture the Vision	• North West Regional Integrated Care (RIC) Working Group (WG) • Sub-groups	• North West RIC WG Terms of Reference • Environmental Scan (current state assessment completed by each sub-group)	• "Straw Dog" Plan (recommendations from Sub-groups)	• Draft Sub-group recommendations (February 8) • Final Sub-group recommendations (March 15)
LEARN				
Collaborate and Listen	• Feedback on North West RIC WG deliverables • Value-based Stakeholders (Working Group Member organizations and networks) • Existing forums and networks • Indigenous Engagement Plan • Primary Care Engagement Plan	• North West RIC WG • Sub-groups	• Draft recommendations • Website as a resource	• Ongoing (expectation that Working Group members are sharing materials/key messages with respective networks and gathering feedback) • Feedback on draft recommendations prior to March Working Group meeting • Website must be active by March meeting
INFORM				
Measure support	• Broader Stakeholders • Level of satisfaction/acceptance	• North West RIC WG • Ministry	• Awareness • Indications of support	Post March Working Group meeting – March 15: • Virtual surveys • Webinars/Town Halls
COMMUNICATE				
Inform Stakeholders	• Goals & Objectives • Progress reports • Working Group meeting messages	Principles: • Patient/client and family-centred • Timely • Transparent • Accessible • Clear, concise and consistent messaging	• Updates • Awareness	Ongoing: • Website • Member engagement with networks and stakeholders

IPA2 Spectrum for Participation

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

IAP2 Spectrum of Participation. From the International Association for Public Participation (2004) IAP2 Public Participation Spectrum. [2]