

Northwestern Ontario Integrated Care Working Group

May 10, 2021

2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)

Webex details: [CLICK HERE](#) | Meeting # 129 733 4535 or dial: 647-484-1598

Meeting objectives:

1. Discuss stakeholder feedback
2. Discuss updated Communications and Engagement Plan – specifically, content for stakeholder/community-level webinars
3. Discuss next steps

Agenda:

Timing	Item	Detail	Lead
2:00 – 2:05 PM	1. Welcome, objectives and approval of agenda	<ul style="list-style-type: none">• Review and consider approval of agenda• Review and consider approval of previous meeting notes (April 12) [Attachment 1]• Reference 'key messages' document (last updated from April 12 Working Group meeting) [Attachment 2]	J. Christy/ J. Logozzo
2:05 – 2:30 PM	2. Stakeholder Feedback	<ul style="list-style-type: none">• Roundtable sharing of feedback from stakeholder networks and other engagement activities – hot spots? [Attachment 3]• Ministry and Ontario Health engagement	J. Logozzo & All
2:30 – 3:00 PM	3. Communication and Engagement	<ul style="list-style-type: none">• Update on Indigenous Stakeholder Engagement [Attachment 4 - slides 4, 5 & 9]• Stakeholder/community-level engagement sessions [Attachment 4 - slides 10-39]<ul style="list-style-type: none">○ Invitation○ Invite list○ Draft slide deck• Website launch – www.nwoic.ca	J. Logozzo/ C. Chartrand/ K. Lusignan G. Saarinen K. Callaghan
3:00 – 3:10 PM	4. Ontario Health Team Fellowship Opportunity	<ul style="list-style-type: none">• Discuss opportunity for OHT Fellow to support our work• Link to more information: https://ihpme.utoronto.ca/oht-fellows/program-details/	J. Logozzo
3:10 – 3:15 PM	5. Wrap up and Next Steps	<ul style="list-style-type: none">• Next steps<ul style="list-style-type: none">○ Engagement sessions (May/June)○ Next meeting dates: June, September and October	J. Christy/ J. Logozzo

Attachments:

1. Previous meeting notes (April 12)
2. Key messages document (last updated from April 12 Working Group meeting)
3. Stakeholder matrix and feedback summary
4. Communication and Engagement Slides
5. Engagement session attendee list

Northwestern Ontario Integrated Care Working Group

April 12, 2021 | 2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)

Meeting objectives:

1. Discuss stakeholder feedback
2. Discuss updated Communications and Engagement Plan – specifically, website launch and stakeholder/community-level webinars
3. Discuss next steps

Attendees: Alice Bellavance, Jessica Logozzo, Adam Vinet, Chantal Chartrand, Diane Walker, George Saarinen, Shannon Cormier, Marcia Scarrow, Tracy Buckler, Dan McCormick, Karen Lusignan, Sue LeBeau, Jorge VanSlyke, Deb Hardy, Wayne Gates, Nancy Chamberlain, Nathaniel Izzo

Regrets: Rhonda Crocker Ellacott, Juanita Lawson, Jack Christy, David Newman

Agenda:

Lead	Item	Detail
J. Christy/ J. Logozzo	1. Welcome, objectives and approval of agenda	Jessica called the meeting to order at 2:02 PM EST. The agenda and previous meeting notes were approved as presented.
J. Logozzo & All	2. Stakeholder Feedback	<p>Jessica asked Working Group members to provide updates on who they engaged and if there were any hot spots that arose. All feedback received to date continues to be supportive of the directions of the Working Group. Stakeholders look forward to more focused engagement. Further feedback is incorporated into the stakeholder matrix.</p> <p>The Ministry and Ontario Health are very supportive of the direction the Working Group is going and want to offer resources where they can. Jessica had a follow-up conversation with Ontario Health North and started discussions on the engagement sessions; they provided some guidance that Jessica incorporated.</p>
J. Logozzo/ C. Chartrand/ K. Lusignan/ G. Saarinen	3. Communication and Engagement Plan	<p>Jessica, Henry Wall and Karen Lusignan have been doing engagement with Indigenous stakeholders to build awareness of the work that is happening and how to meet the needs of those populations. Jessica presented the feedback to date, which has been supportive and helpful to informing ongoing engagement.</p> <p>Jessica explained virtual engagement sessions will be scheduled with primary care, Francophone individuals, Patient Family Advisors, and partners within the proposed OHT/model groups. Jessica highlighted the goals and the proposed approach for the webinars. The Working Group was supportive and endorsed the next steps. The Working Group discussed local differences, which we will consider in planning the sessions. All leads identified will share broadly within their networks to ensure local questions are captured. It was noted Nipigon needs to be represented outside of hospitals. ACTION: Jessica will incorporate. ACTION: All Working Group members to identify if there are any other gaps in the stakeholder matrix; they will be added to the list and include them going forward.</p> <p>ACTION: Kaleigh will reach out to the leads to set dates/timing for the engagement sessions. We will try to leverage existing meetings, if applicable, and utilize the Zoom platform.</p> <p>The Communications & Engagement Sub-group presented the final website design. The website is now live, and will officially be shared with stakeholders in preparations for the engagement sessions.</p>

		A final logo was selected to support a collective brand/voice and will be incorporated into the website design.
J. Christy/ J. Logozzo	4. Wrap up and Next Steps	Next steps <ul style="list-style-type: none">• Next meeting date: May 10, 2021

Northwestern Ontario Integrated Care Working Group Key Messages Document

Summary of April 12, 2021 Meeting:

1. The 'Northwestern Ontario Integrated Care Working Group' (renamed at March meeting) met on April 12. The objectives of the meeting were to:
 - Discuss stakeholder feedback
 - Discuss updated Communications and Engagement Plan – specifically, website launch and stakeholder/community-level engagement sessions
 - Discuss next steps
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. Stakeholders look forward to more focused engagement.
3. The Working Group endorsed the approach and next steps for engagement with community-level stakeholders.

Engagement sessions (virtual) will be scheduled with the following stakeholder groups – primary care, Francophone individuals, Patient, Family Advisors, and partners within the proposed OHT/model groups.

The goals of the virtual sessions to be held in April/May are:

- To share information regarding the work that has been completed by the Northwestern Ontario Integrated Care Working Group (and broader partners)
 - To provide the opportunity for stakeholders to ask questions, provide feedback and begin a meaningful process of co-design
 - To discuss next steps to advance co-design across the region – including ideas for ongoing engagement and communication
4. The Communications and Engagement sub-group presented the final website design. The website is now live, and will officially be shared with stakeholders in preparation for the engagement sessions.

A final logo was selected to support a collective brand/voice and will be incorporated into the website design.
 5. Engagement with Indigenous stakeholders is ongoing. Preliminary themes from engagement to date include:
 - Openness to continued collaboration to meet the needs of communities
 - Suggest broader and ongoing engagement (i.e. Chiefs in Council meetings)
 - Integrated care needs to go beyond the four walls of any of the hospitals – need to build more infrastructure and capacity within the community to ensure access to care as close to home as possible
 - Need to ensure accountability to the community
 - Feedback related to care and services:
 - Challenges are not often related to the medical care that is provided; it's HOW people are treated that needs to be addressed
 - Virtual Care needs to be a priority
 - Need to address MHA service access in the North (and across the region)
 6. The Working Group will meet again in May to advance engagement work, as well as to do the preparatory work to move into the next phase of work; including:
 - Begin transition of evolved Working Group – develop draft Terms of Reference and Scope of Work for key activities (i.e. service and network mapping)
 - Determine with the Ministry what a 'flexible' application process for the North West can look like
 - Finalize plan for resources

Key Messages – April 12, 2021:

- The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on April 12, 2021 to discuss stakeholder feedback and plan for upcoming stakeholder engagement sessions.

- Engagement sessions (virtual) will be held in April and May with primary care, Francophone individuals, Patient, Family Advisors, and partners within the proposed OHT/model groups. The goals of the sessions are: to share information regarding the work that has been completed by the Working Group (and broader partners); to provide the opportunity for stakeholders to ask questions, provide feedback and begin a meaningful process of co-design; and, to discuss next steps to advance co-design across the region. Engagement with Indigenous stakeholders is ongoing.
- The website is now live, and will officially be shared with stakeholders in preparation for the engagement sessions. A logo has been selected to support a collective brand/voice.
- The Working Group will meet again in May to advance engagement, as well as to do the preparatory work to move into the next phase.

Summary of March 15, 2021 Meeting:

1. The 'North West Regional Integrated Care Working Group' (Working Group) met on March 15. The objectives of the meeting were to:
 - Discuss stakeholder feedback on preliminary recommendations
 - Review sub-group final recommendations; provide feedback and consider approval
 - Discuss next steps – including continued communications and engagement
2. Members that were in attendance provided an update on the engagement and communication they have completed since the last meeting. Many important questions have been raised and will be logged and addressed as the work proceeds. All feedback received to date continues to be supportive of the directions of the Working Group. Due to the current pandemic situation, the Working Group acknowledged that feedback has been limited and, as such, confirmed that more time is needed to engage in a meaningful way.
3. The Working Group supported the Sub-group recommendations related to proposed resource requirements and next steps, including:
 - Continued engagement
 - Address outstanding engagement activities (i.e. webinars and more focused engagements with key stakeholder groups – including Indigenous stakeholders)
 - Begin transition of evolved Working Group – develop draft Terms of Reference and Scope of Work for key activities (i.e. service and network mapping)
 - Determine with the Ministry what a 'flexible' application process for the North West can look like
 - Finalize plan for resources
4. At the request of the Working Group, the Communications and Engagement sub-group has proceeded to secure a vendor to develop a website for this work. Shout Media has been awarded the contract and will have a website launched by early April 2021, to support engagement and communication activities. Funding for the website is being provided through the Small Hospital Transformation Fund.

A plan for Indigenous engagement has been developed in consultation with the Working Group and Indigenous Engagement advisors from both TBRHSC and SJCG. Engagement has started and will continue through March/April, and beyond.

Draft logos were developed for the Working Group to consider to support a collective brand/voice. Based on feedback, additional logo options will be developed that are reflective of a cross-sectoral, whole system approach. The name "North West Ontario Integrated Care Working Group" will be used going forward.
5. The Working Group will meet again in April and possibly May to advance engagement work, as well as to do the preparatory work to move into the next phase of work.

Key Messages – March 15, 2021:

- The 'North West Regional Integrated Care Working Group' (Working Group) met on March 15, 2021 to discuss stakeholder feedback and finalize recommendations and next steps.
- Recommendations from the three Sub-groups were supported, including next steps for engagement and securing resources to support the work.
- Due to the current pandemic situation in the region, more time will be spent on engagement through April and May, to allow for meaningful discussion and feedback. Engagement with Indigenous stakeholders will continue. Additional engagement activities will be scheduled – including primary care, Francophone individuals, Patient, Family Advisors, etc. Webinars will also be scheduled with partners within the proposed OHT groups to discuss next steps.
- The Working Group will meet again in April and possibly May to advance engagement work, as well as to do the preparatory work to move into the next phase of work. The Working Group, and associated activities/web presence, will now be known as the Northwestern Ontario Integrated Care Working Group.

Summary of February 8, 2021 Meeting:

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

1. 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.

2. 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.

3. 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.

4. 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.

Summary of January 11, 2021 Meeting:

1. The 'North West Regional Integrated Care Working Group' (Working Group) met on January 11. The objectives of the meeting were to:
 - Discuss stakeholder feedback
 - Finalize Terms of Reference and sub-groups' scope of work
 - Approve Communication and Engagement Plan
 - Discuss data and provincial guidance that will inform the Working Group deliverables/recommendations
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 has been positive and supportive of the directions of the Working Group.
3. Members approved the Terms of Reference, as well as the deliverables and work plans of the sub-groups (1. Communications and Engagement; 2. OHT/Model coverage; and, 3. Regional Services Model). The sub-groups will begin to meet the week of January 18 to complete these deliverables.
4. The Communications and Engagement sub-group met on January 4 to develop a draft Communication and Engagement plan (attached for reference). The plan will 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. The Working Group will 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.

The draft plan was presented at the Working Group meeting and approved. The sub-group will be responsible to implement and evaluate the plan.

A key part of the plan is to develop a website where information can be hosted and accessed broadly – the Working Group endorsed this and the sub-group will develop a plan to implement.

Ongoing discussions are underway to build and implement robust engagement mechanisms with key stakeholder groups, including Indigenous, Francophone and Primary Care partners.

5. The Working Group reviewed and discussed data and guidance documents that have been provided by the Ministry of Health and the Ontario Hospital Association that may support the work of the group (specifically, 'North West Attributed Population Profile' provided by Ministry of Health; and, 'A Principled Approach to Advancing Specialized Health Services Through Ontario's Integrated Care Planning' November 2020 produced by the Ontario Hospital Association).

The Working Group agreed that while there are limitations of these guidance documents in terms of scope and applicability to the North West, they are a useful starting point from which to build and can be useful in supporting the deliverables of the Working Group. These will be reviewed further by the sub-groups as they develop recommendations.

The Working Group agreed that it will be important to leverage existing data or work that has been completed to date – there is no need to start from scratch. The Working Group also agreed that when it comes to data to inform the current scope of work, it will be important to focus on only what will be helpful and necessary, and not to get overwhelmed by the large magnitude of data that may be available.

6. All sub-groups will begin to meet the week of January 18 to complete their draft deliverables. The Working Group will meet next on February 8 to review draft deliverables and recommendations, as well as to discuss feedback from broader stakeholder groups.

Key Messages – January 11, 2021:

- During the January 11 meeting, the 'North West Regional Integrated Care Working Group' (Working Group) reviewed and approved the Terms of Reference, as well as the Communication & Engagement Plan to support the Working Group.
- The Communication & Engagement plan ensures timely and transparent sharing of information among Working Group members and with broader system partners. Stakeholders will be able to access information, ask questions and provide feedback on the work/deliverables via a website to be developed.

- The Ministry of Health and the Ontario Hospital Association provided data and guidance documents that may support the Working Group's work. While there are limitations in terms of scope and applicability to the North West, we will build on the documents to support the deliverables of the Working Group
- The Working Group will meet February 8 to review draft deliverables and recommendations (as developed by the sub-groups), as well as to discuss feedback from broader stakeholder groups.

Summary of December 7, 2020 Meeting:

1. The 'North West Regional Integrated Care Working Group' (Working Group) met on December 7. The Working Group consists of approximately 30 cross-sectoral and cross-geography system partners.

This was the first meeting of the newly formed Working Group that will meet over the next four months to make recommendations on the following:

- What a local Ontario Health Team (or other more culturally appropriate model of care) coverage model may look like across the North West;
- How we can take a coordinated approach to planning for regional specialized services; and,
- What regional-level resources/supports may be needed to support this work or proposed model going forward.

The Working Group will also play a role in supporting information and knowledge sharing across the region, as local Ontario Health Teams (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.

2. The December 7 meeting objectives included:
 - Launch North West Regional Integrated Care Working Group;
 - Finalize Terms of Reference;
 - Confirm approach – including work plan and sub-groups for completion of key deliverables; and,
 - Confirm communication and engagement plan.
3. The Working Group reviewed and discussed the Terms of Reference. Members were asked to provide additional feedback by email. These will be finalized and approved at the next meeting.
4. The Working Group discussed and approved a work plan to achieve their deliverables over the next four months. The approach includes:
 - Monthly Working Group meetings from January to March.
 - Sub-groups meet in between Working Group meetings to do the more detailed work to develop recommendations that can be reviewed by the broader Working Group. Three sub-groups, comprised of volunteers from the Working Group and possibly other stakeholders, will advance work in the following areas: 1. Communications and Engagement; 2. OHT/Model coverage; and, 3. Regional Services Model.
 - Following each Working Group meeting, members will bring key messages and discussions to networks and organizations to ensure transparency and gather feedback. They will bring the feedback gathered back to the Working Group at each meeting to ensure feedback is considered in recommendations.
5. The Working Group will meet next in early January 2021. Prior to the next meeting, sub-groups will be formed and will confirm their individual work plans. The Communication and Engagement sub-group will meet to develop a draft communication and engagement plan, which will include ways to engage Indigenous partners, Primary Care and other key stakeholders.

Key Messages – December 7, 2020:

- The newly formed 'North West Regional Integrated Care Working Group' met on December 7. The Working Group consists of cross-sectoral and cross-geography system partners that will meet over the next four months to make recommendations on the following: what a local Ontario Health Team (or other more culturally appropriate model of care) coverage model may look like across the North West; how to take a coordinated approach to planning for regional specialized services; and, what regional-level resources/supports may be needed to support this work or proposed model going forward.
- The Working Group discussed and approved a work plan to achieve their deliverables over the next four months, which includes monthly Working Group meetings and sub-groups that will meet in between Working Group meetings to do the more detailed work to develop recommendations. Sub-groups will include: 1. Communications and Engagement; 2. OHT/Model coverage; and, 3. Regional Services Model.

- Following each Working Group meeting, members will bring key messages and discussions to their respective networks and organizations to ensure transparency and gather feedback. Members will bring the feedback gathered back to the Working Group at each meeting to ensure feedback is considered in recommendations.
- The Working Group will meet next in early January 2021.

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) 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:

1. 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.
2. 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.
3. 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.
4. 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.

Northwestern Ontario Integrated Care Working Group

Communication and Engagement (select discussion slides)

Updated: May 7, 2021

Outline

Section 1: Engagement Update and Feedback to Date.....Slide 3

Section 2: Stakeholder/community-level engagement sessions.....Slide 10

Section 3: Stakeholder/community-level engagement sessions (draft slides).....Slide 17 (FYI ONLY)

Section 1: Engagement Update and Feedback to Date

Update on Indigenous Stakeholder Engagement

UPDATED!

Health Organization/Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Progress Notes
Dilico Anishinabek Family Care	Darcia Borg, Executive Director	Jessica Logozzo	Met on 4/27/2021 – Dilico engagement, not engagement with communities Agreed to be involved in community-level webinars (clarity that Dilico is an integrated specialized provider; needs to interface with any other OHT that may develop)
Sioux Lookout First Nations Health Authority	James Morris, Executive Director Pauline Mickelson, Community Response Lead	Jessica Logozzo	Met on 2/18 and 3/11 Presented at Senior Team meeting on 3/15; agreed to continue to engagement on the topic
Fort Frances Tribal Area Health Services	Kayla Caul-Chartier	Karen Lusignan	Ongoing engagement via RR OHT planning
Gizhewaadiziwin Health Access Centre	Shanna Weir	Karen Lusignan	Ongoing engagement via RR OHT planning
Kenora Chiefs Advisory Inc.	Joe Barnes, Executive Director	Henry Wall	
Keewatinook 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	Working to schedule meeting week of May 10
Wassegiizhig Nanaandawe'iyewigamig	Anita Cameron, Executive Director	Henry Wall	
Thunder Bay Indigenous Friendship Centre	Charlene Baglien charlene.baglien@tbifc.ca	Jessica Logozzo	Met on 4/20/2021 Will consider further engagement and get back to me
Ontario Native Women's Association	Cora McGuire-Cyrette, Executive Director 807-623-3442	Jessica Logozzo	Met on 4/16/2021 Agreed to have follow up meeting – longer meeting to discuss issues and opportunities
Weechi-it-te-win Family Services Inc.	TBD	TBD	*Dan McCormick suggested Shana Wier as the Lead

Updated on Indigenous Stakeholder Engagement

UPDATED!

Health Organization/Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Notes
Windigo First Nations Council	Frank McKay, Council Chair/CEO	Henry Wall	
Mushkiki	Michael Hardy, Executive Director	Jessica Logozzo	Met on March 11; scheduling follow-up meeting. Suggested to meet with Chiefs in Thunder Bay District – JL shared slide deck and asked for guidance on next steps.
Metis Nation of Ontario	Marlene Davidson	Karen Lusignan (Atikokan) Henry Wall (Ontario)	Atikokan – ongoing engagement via RR OHT planning
Tikinagan Child and Family Services	Rachel Tinney, Associate ED rachelt@tikinagan.org	Jessica Logozzo	Met on 4/21/2021 Commitment to continued engagement (schedule through Lilliane)
NAN Health Transformation	Ovide Mercredi	Henry Wall	Reached out. Working to schedule a meeting.
*Nokiiwin Tribal Council	Audrey Gilbeau, Executive Director director@nokiiwin.com	Jessica Logozzo	Met on April 1 Suggested to meet with Wequedong Lodge leadership and Nokiiwin Board Committees (Disability and Access to Justice) – JL shared slide deck for engagement; Audrey to advise on dates of next meeting(s)
*Anishinabek Nation	Jamie Restoule, Health Director jamie.restoule@anishinabek.ca	Henry Wall	
*Fort William First Nation	Michael Pelletier, CEO CEO@fwfn.com	Jessica Logozzo	Met on March 12 Suggested to meet with Chiefs in Council and Health Care Team – JL shared slide deck for engagement; Michael to advise on dates of next meeting(s)
Independent First Nations Alliance	Mathew Hoppe, CEO	Henry Wall	
Ontario Federation of Indigenous Friendship Centres (local) Atikokan Native Friendship Centre United Native Friendship in Fort Frances	TBD	TBD	
Rainy River Chiefs	Tammy Ryll, Executive Director tryll@advisoryservices.ca	TBD	*does not include Big Island or Big Grassy

Feedback shared to date:

Communication and Engagement

- Appreciate the **clear communication** and that the **status quo is not an option** – we need to do something.
- Is **primary care** included in the discussions? As the main point of entry into the health system they could be a vital component in the success of effective, successful implementation if included at the planning stage.

Planning and Evaluation

- What are the required and/or proposed **measures that are needed to evaluate progress and success (outcomes)**? (i.e. wait times, referrals, operating at capacity, other quality indicators/metrics)
 - Need to consider the preparation and resources that small agencies may require to adapt to any data collection and reporting
- Has any consideration been given to the **unique health status of the residents of our region**?
 - Given the extraordinary burden of chronic conditions, it would seem appropriate to have a focus on the various levels of health promotion in addition to the delivery of services. Has the low health literacy level of our residents and consequently the early onset of chronic conditions been considered in planning, for example? (very good opportunity to incorporate self management initiatives region wide)

Feedback shared to date:

Regional Services

- **Leverage existing successes** of regional programs and specialized services
- In the future do we envision some sort of **agreement between the OHT and the regional services?**
 - Who will initiate the agreement the OHT or the regional services; will we have a standard template.
 - In areas where there is no OHT will there continue to be a contract between the regional services and the current local service provider?
- What regional services actually must remain regional?

Opportunities and Ideas for Next Steps

- Opportunities to **move on strengthening collaboration** through processes such as cross referrals, shared care planning.
 - **As networks, there may be benefits to mapping out access and flow** among partners currently and how we may be able to be more efficient (process/value stream mapping-type exercise)

Feedback shared to date:

Indigenous Stakeholder Meetings

- **Openness to continued collaboration to meet the needs of communities**
 - No formal agreements re: OHTs – currently in the relationship building and awareness building stage
- **Suggest broader and ongoing engagement**
 - i.e. Chiefs in Council meetings, Health Team/Board Committee meetings to have more detailed discussions
 - Request for ongoing engagement and relationship building
- **Integrated care needs to go beyond the four walls of any of the hospitals** – need to build more infrastructure and capacity within the community to ensure access to care as close to home as possible
- Need to ensure **accountability to the community**
- **Virtual Care** needs to be a priority
 - Some specialists are not on board with virtual care; needs to be addressed to avoid unnecessary travel
 - Some communities have poor broadband – but phone can still be an option
- Challenges are not related to the medical care that is provided; it's **HOW people are treated that needs to be addressed**
 - Need to consider language barriers – Navigators and Translators have been successful in building trust and relationships
- Need to address **MHA service access in the North (and across the region)**
 - Need Schedule 1 beds in Sioux Lookout; though, also need community based services and treatment programs in community to ensure follow up care and supports
 - Need community engagement in MHA planning

Feedback shared to date:

Indigenous Stakeholder Meetings (continued)

- **Need to address systemic issues first** – equity, treatment of Indigenous individuals within the health care system, racism, etc.
 - “Racism gets in the way of regional patient care”
- If it’s about systemic change, need to ensure there is engagement of non-status Indigenous individuals and urban Indigenous; this has been a gap
- **Previous engagement has been sub-optimal – first need to build trust**
- **Opportunities noted:**
 - Support for homeless population (i.e. Junot housing project) – can health services be on site to support
 - Traveling health teams – to serve off reserve and homeless populations
 - Transportation
 - Indigenous Navigators (expansion)
- **Dilico is an integrated specialized provider for Indigenous people; needs to ‘interface’ with other parts of the system, including any OHTs that emerge**

Section 2: Stakeholder/community-level engagement sessions

Goals

The goals of the virtual sessions to be held in May/June, are the following:

- To **share information** regarding the work that has been completed by the North West Regional Integrated Care Working (and broader partners)
- To provide the **opportunity for stakeholders to ask questions, provide feedback and begin a meaningful process of co-design**
- To **discuss next steps to advance co-design across the region** – including ideas for ongoing engagement and communication

Invitation

Greetings!

On behalf of the Northwestern Ontario Integrated Care (NWOIC) Working Group, we invite you to participate in a session to co-design a regionally integrated model of care for Northwestern Ontario. The NWOIC Working Group would like to share their work to date, gather your feedback and discuss how we can work together towards our shared goals of improving care for the people of Northwestern Ontario.

Starting At the Beginning

A few years ago, the concept of Ontario Health Teams (OHT) was introduced. Providers from across Northwestern Ontario came together and developed a proposal that would see a regionalized approach to care and system coordination within the defined requirements of an OHT.

Building on that initial work, and needing to engage with broader stakeholders/partners, the [NWOIC](#) Working Group consisting of approximately 30 cross-sectoral and cross-geography system partners was formed in November 2020. You can learn more about the Working Group by visiting the website: www.nwoic.ca.

Why We're Connecting with You

Having a shared understanding of our collective work is important to effective regional planning, engagement and partnership, especially during these early formative days.

Please join us for a webinar on **(DATE, TIME, LINK)** where we will:

1. Introduce the NWOIC Working Group
2. Share our work
 - Background and Rationale
 - Introduce Potential Guiding Concepts and Model
3. Discuss what comes next and how we can work together
 - Continued Engagement
 - How to Get Involved
 - Transparency and Finding Information

We hope that you are able to attend this one-hour engagement session. If you have any questions about the webinar or the work of the NWOIC, I, or a member of the Working Group would be more than happy to connect. You can reach me at (provide email and phone number).

Please note that we will record the informational portion of each of these engagement sessions so that they can be accessed by stakeholders in the case you cannot attend. We will also capture questions and answers and share these (anonymized) with participants and post to the website for reference of other stakeholders.

Agenda

Northwestern Ontario Integrated Care Engagement Session

DATE; TIME (1 hour)

WEBINAR LINK

The objectives of this session are:

- To **share information** regarding the work that is underway by the North West Regional Integrated Care Working Group (and broader partners)
- To **hear from you on what you think!**
- To **talk about next steps to improve care across our region** – including ideas for ongoing engagement and communication

AGENDA

Timing	Item	Lead
5 min	Why it is important that we are coming together today...	J. Logozzo J. Christy
25 min	Overview of Preliminary Work of North West Regional Integrated Care Working Group <ul style="list-style-type: none">• Background and rationale• Preliminary recommendations – local and regional• Proposed next steps	J. Logozzo Working Group Members
25 min	Discussion: Break-out groups (by community) Plenary – Working Group leads to report on themes from break-out groups	All
5 min	Summary and Next Steps	J. Logozzo J. Christy

Proposed Post-Session ‘Next Steps’

1. **Summary report by engagement session** – including overall readiness assessment and next steps
 - Distribution of report for validation by stakeholders within one week

2. **North West Region Visioning Session (June 2021)**
 - Share themes from stakeholder/community-level sessions
 - Confirm regional Vision and shared values/principles

3. **Follow up ‘sessions’** with community/OHT stakeholders – to complete components of readiness assessment/application
 - Start with 3 sessions over two months (June/July)
 - To be led by Working Group members; **with facilitation support by OHN**
 - Components to work through:
 - Population focus (Year 1 and at maturity)
 - Team/partners
 - Lessons learned from COVID-19
 - Transformation opportunities/plans
 - Implementation plans

Session 1 Current State and Lessons Learned	Session 2 Future State and Opportunities	Session 3 Transformation Planning
1. <u>Current State</u> : what is working well; where are the challenges/gaps; what have we learned from COVID-19; where are there opportunities to improve care? 2. <u>Vision</u> : what is our Vision for the ‘ideal state’?	1. <u>Future State</u> : reflect and confirm our Vision 2. <u>Opportunities</u> : how can we close the gap between the current state and future state Vision? 3. <u>Prioritization</u> : what can we do in the short-term (Year 1 focus), medium term (2-3 years); longer-term (5+ years)?	1. <u>Action planning</u> : prioritize and develop action plans for opportunities 2. <u>Confirm team/partners</u> 3. <u>Discuss enablers and supports</u> : including - resources, collaborative decision-making framework (TBD)

April/May Work Plan

UPDATED!

Engagement Activity	Timeline (*proposed)	Proposed Lead(s)	Notes
Indigenous Engagement Meetings	April/May; ongoing	Jessica Logozzo Henry Wall Karen Lusignan	*see slides 13/14
Primary Care Webinar	TBD	Jessica Logozzo, Juanita Lawson, Nathaniel Izzo, Karen Lusignan (with Dr. Azad and Dr. Mozzon)	
FLS Webinar	TBD	Chantal Chartrand, Jessica Logozzo	
PFAC Webinar	May 19 (TBD)	Jack Christy, George Saarinen, Jessica Logozzo	
Proposed OHT/Model Engagement Sessions			
Red Lake/Dryden/SLO	May 25, 2021 – 4 PM EST	Sue Lebeau, Marcia Scarrow, Henry Wall	
Thunder Bay/Nipigon *ensure Nipigon is represented	May 27, 2021 – 4:30 PM EST	Nancy Chamberlain, Diane Walker, Alice Bellevance, Tracy Buckler, Rhonda Crocker Ellacott, Bill Bradica, Shannon Cormier, Juanita Lawson, Nathaniel Izzo	
Marathon/Terrace Bay/Manitouwadge	May 31, 2021 – 4:30 PM EST	Shannon Cormier, Debbie Hardy	
Greenstone	June 1, 2021 – 4 PM EST	Shannon Cormier, Bill Bradica	
All Nations	May 26, 2021 – 4 PM EST	Henry Wall	
Rainy River District	June 3, 2021 – 4 PM EST	Karen Lusignan, Dan McCormack	
Communications			
Website launch	April 13, 2021	CE Sub-group	
Key Messages	Ongoing	Working Group members	

Section 3: Stakeholder/community-level engagement sessions (draft slides)
FOR INFORMATION ONLY

Engagement Session: [TBD]

Working Together to Improve Care for People of Northwestern Ontario!

DRAFT SLIDES

[Date]

DISCLAIMER:

Please note that we will be recording the first portion of today's session (informational component only, not the engagement/discussion portion) to share with stakeholders who may not have been able to attend or as reference for those that were in attendance.

The recording will be posted on the www.nwoic.ca website.

We will also capture questions and answers and share these (anonymized) with participants and post to the website for reference of other stakeholders.

Land Acknowledgement

Who's who?

- Who you are hearing from today
 - Who has been invited to participate
- Jack Christy, Working Group Co-Chair & PFA Representative
 - Jessica Logozzo, Working Group Co-Chair & EVP, Regional Transformation and Integration
 - [Working Group members]
 - [OH/OHN representatives]
 - [Scribe]
 - [Participants]

Our goals for the session...

- To **share information** regarding the work that is underway by the North West Regional Integrated Care Working Group (and broader partners)
- To **hear from you on what you think!**
- To **talk about next steps to improve care across our region** – including ideas for ongoing co-design, engagement and communication



How we will spend our time today...

1. Setting the stage (10 min)

- Introductions
- Acknowledging our strengths

2. Sharing our work (20 min)

- Overview of 'North West Regional Integrated Care Working Group' work
 - *Background and rationale*
 - *Preliminary recommendations*
 - *Proposed next steps*

3. Discussion and feedback (25 min)

- Feedback and discussion
 - *Break-out groups (by community)*
 - *Plenary report-outs*

4. Summary and thank you! (5 min)

- Next steps

Starting with WHY...

WHY it is important that we are together today...

- We all want to **improve care for the people within our region!**
- There has been a lot of innovations and successes across the region, though **we still have a lot of work to do**...we know that status quo is not an option!
- There is work happening across the region (locally and regionally!) – it is important to **share progress, build understanding and create a common foundation** on which to move forward
- **Collaboration is the only way!**

Who we are...

The 'North West Regional Integrated Care Working Group' – consisting of approximately 30 cross-sectoral and cross-geography system partners – has been working together to develop recommendations on:

- A local Ontario Health Team (or other more culturally appropriate model of care) coverage model for the North West;
- A coordinated approach to planning for regional specialized services; and,
- What regional-level resources/supports may be required going forward.

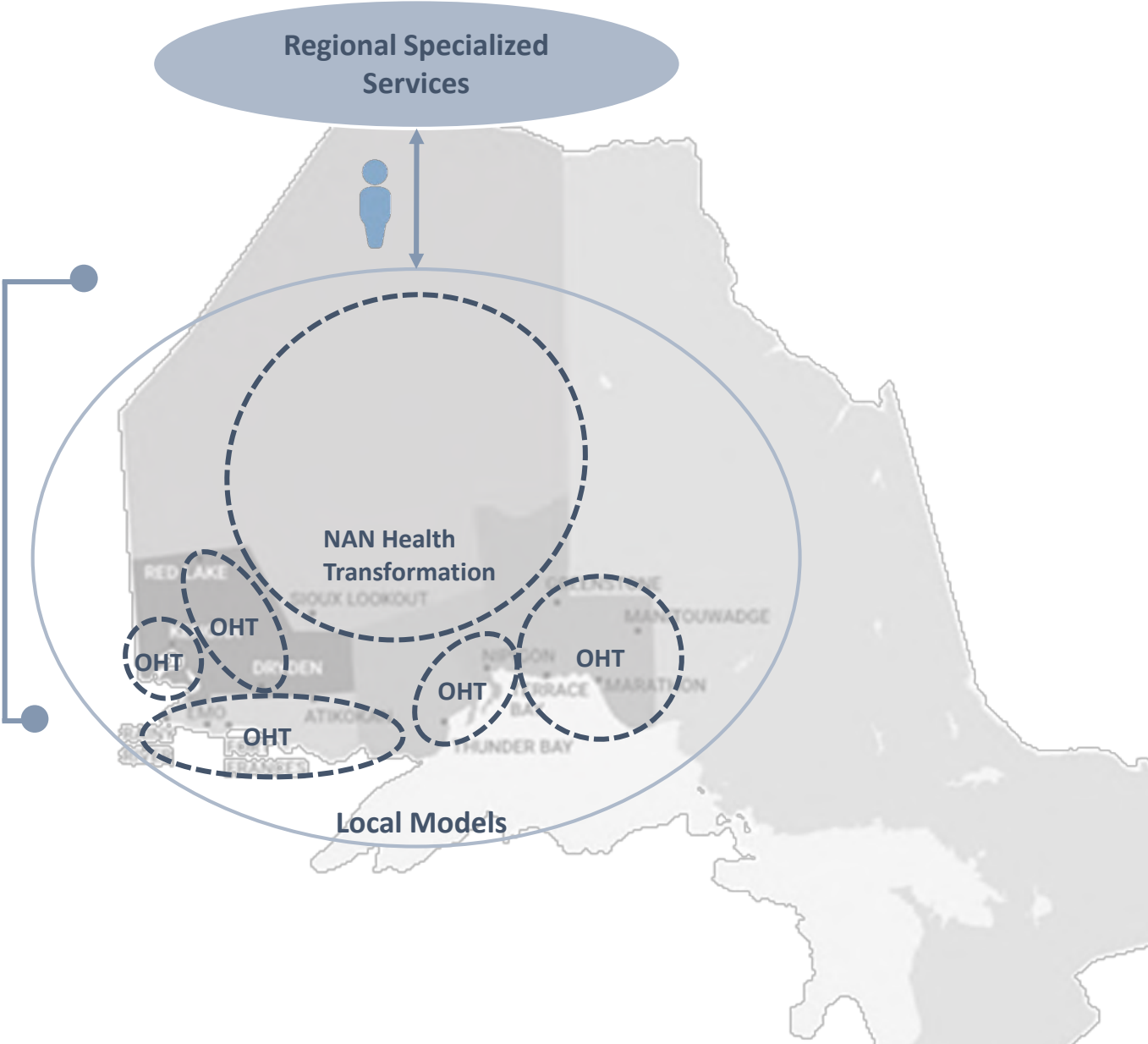
Evolved from the Working Group that developed a regional proposal for Ontario Health Teams in 2019.

Our work and what it means...

A system where we can work together to ensure the needs of the population are met...locally and regionally

Coordinated approach for planning 'Regional Specialized Services'

A formalized network of locally integrated systems (Local Health Hubs, SLFNHA and OHTs)



How we will continue to work together regionally...

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.

Regional specialized services should be defined based on:

- Expertise
- Resources

How we will continue to work together regionally...

To facilitate a **coordinated approach to specialized services the following is recommended:**

1. Leverage existing networks to advance the goals of local integrated care systems (i.e. OHTs)
2. Continue to utilize the Northwestern Ontario Integrated Care Working Group to advance discussions that require regional coordination

How we can support locally integrated care...

In formulating recommendations, the following **principles for organizing OHTs/Models of Integrated Care**, were considered:

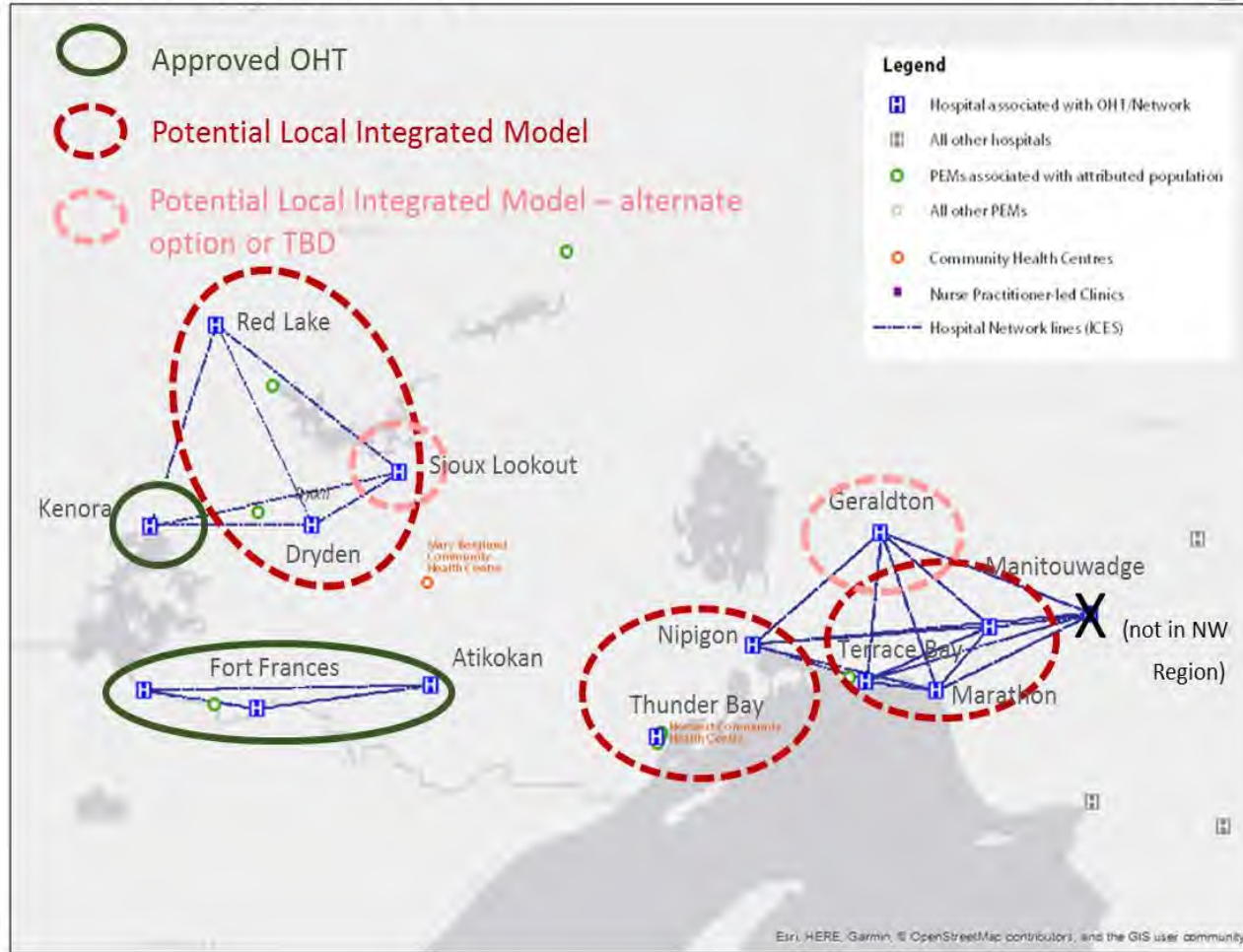
1. Status quo is not an option
2. Any models we pursue must support: integrated delivery of care at the local community level; what is already working well locally; and, improved connection to the broader regional system
3. Our models need to be supported by a reasonable level of data – however, it's 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 at the start

How we can support locally integrated care...

Proposed Model

Networks 38, 39, 41 & 49

Ontario 



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

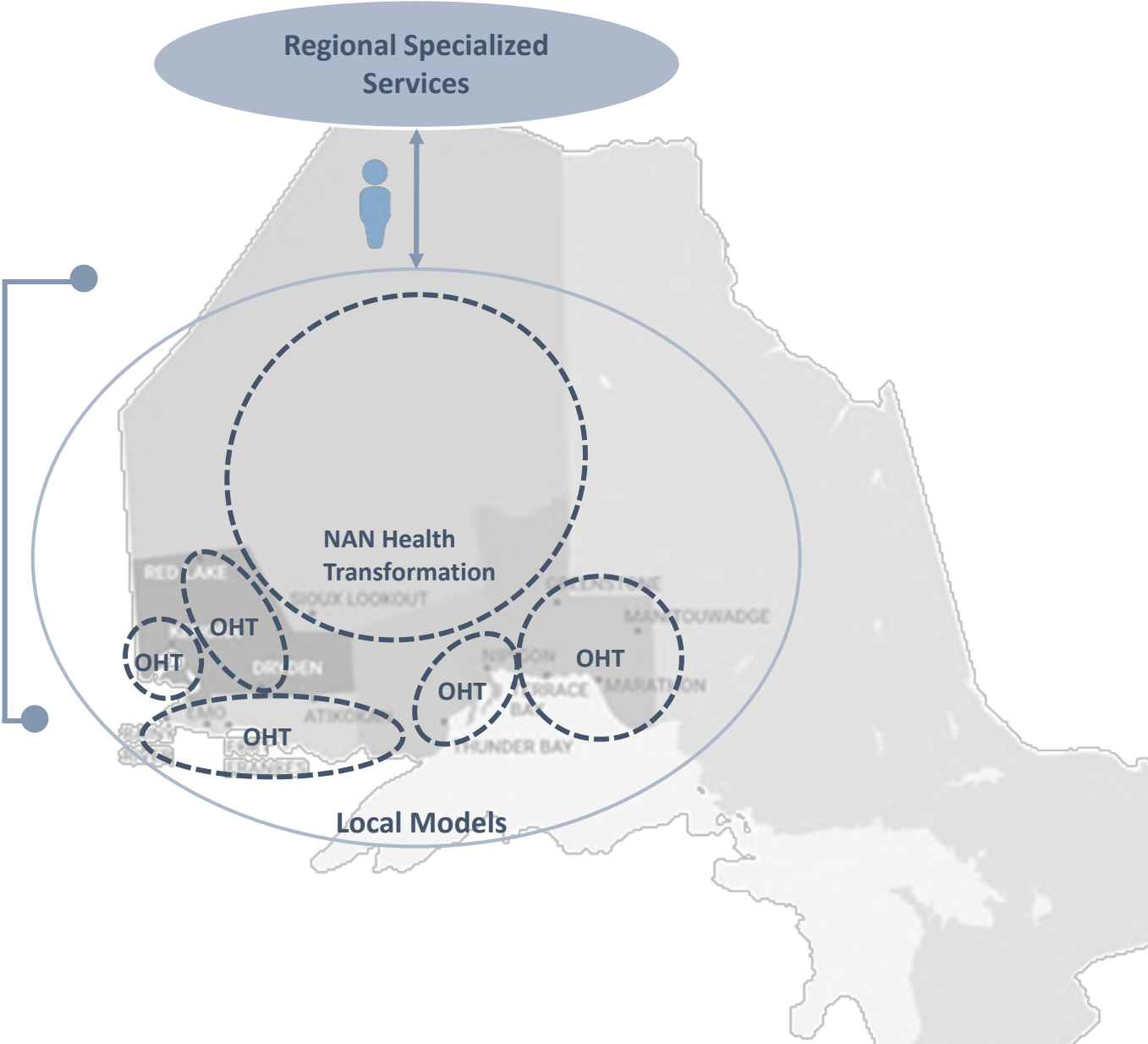
* Sioux Lookout/Far North Communities **requires further discussion*
 * Geraldton **requires further discussion*

How it all fits together...

A system where we can work together to ensure the needs of the population are met...locally and regionally

Coordinated approach for planning 'Regional Specialized Services'

A formalized network of locally integrated systems (Local Health Hubs, SLFNHA and OHTs)



What is the end goal?

A Proposed Regional Vision:

To be a leading health system, where partners work together to achieve the best outcomes and care experience for the people of Northwestern Ontario.

Next Steps

1. Continued engagement

- Focused engagements with key stakeholder groups – Primary Care, Indigenous, Francophone, Patients and Families
- Continued community-level engagement

2. Develop summary reports from engagement sessions – share back with participants

3. Regional ‘Visioning Session’ – confirm regional Vision and shared principles

Move into Phase 2...

1. Begin transition of Working Group

- Develop draft Terms of Reference
- Scope of Work of activities (i.e. mapping)
- Application process

2. Determine with Ministry OHT ‘flexible’ application process for North West

What it means in [community/district]...

[key messages; include a story of 'success' locally as well]

Discussion

[15 minutes]

In break-out groups, share:

1. What questions come to mind that need to be addressed as this work evolves?
2. What will be important to consider as we move ahead? Critical success factors, challenges, etc.
3. How do you want to continue to be engaged?

[10 minutes]

In plenary, Working Group members to share key themes and take-aways!



Summary

1. Continued engagement
2. **Develop summary reports from engagement sessions** – share back with participants
3. **Regional ‘Visioning Session’** – confirm regional Vision and shared principles

Other ways to provide feedback:

- Online – website
- Email
- Phone
- Follow up sessions

Thank you!

APPENDIX

Activity Roadmap

STEPS	INPUT	FILTER	OUTPUT	NOTES & TIME LINES
VISIONING				
Capture the Vision	<ul style="list-style-type: none"> North West Regional Integrated Care (RIC) Working Group (WG) Sub-groups 	<ul style="list-style-type: none"> North West RIC WG Terms of Reference Environmental Scan (current state assessment completed by each sub-group) 	<ul style="list-style-type: none"> “Straw Dog” Plan (recommendations from Sub-groups) 	<ul style="list-style-type: none"> Draft Sub-group recommendations (February 8) Final Sub-group recommendations (March 15)
LEARN				
Collaborate and Listen	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> North West RIC WG Sub-groups 	<ul style="list-style-type: none"> Draft recommendations Website as a resource 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Broader Stakeholders Level of satisfaction/acceptance 	<ul style="list-style-type: none"> North West RIC WG Ministry 	<ul style="list-style-type: none"> Awareness Indications of support 	Post March Working Group meeting – March 15: <ul style="list-style-type: none"> Virtual surveys Webinars/Town Halls
COMMUNICATE				
Inform Stakeholders	<ul style="list-style-type: none"> Goals & Objectives Progress reports Working Group meeting messages 	Principles: <ul style="list-style-type: none"> Patient/client and family-centred Timely Transparent Accessible Clear, concise and consistent messaging 	<ul style="list-style-type: none"> Updates Awareness 	Ongoing: <ul style="list-style-type: none"> Website Member engagement with networks and stakeholders

IPA2 Spectrum for Participation



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