CCH OHT

Connected Care Halton

ONTARIO HEALTH TEAM

HALTON HILLS | MILTON | OAKVILLE

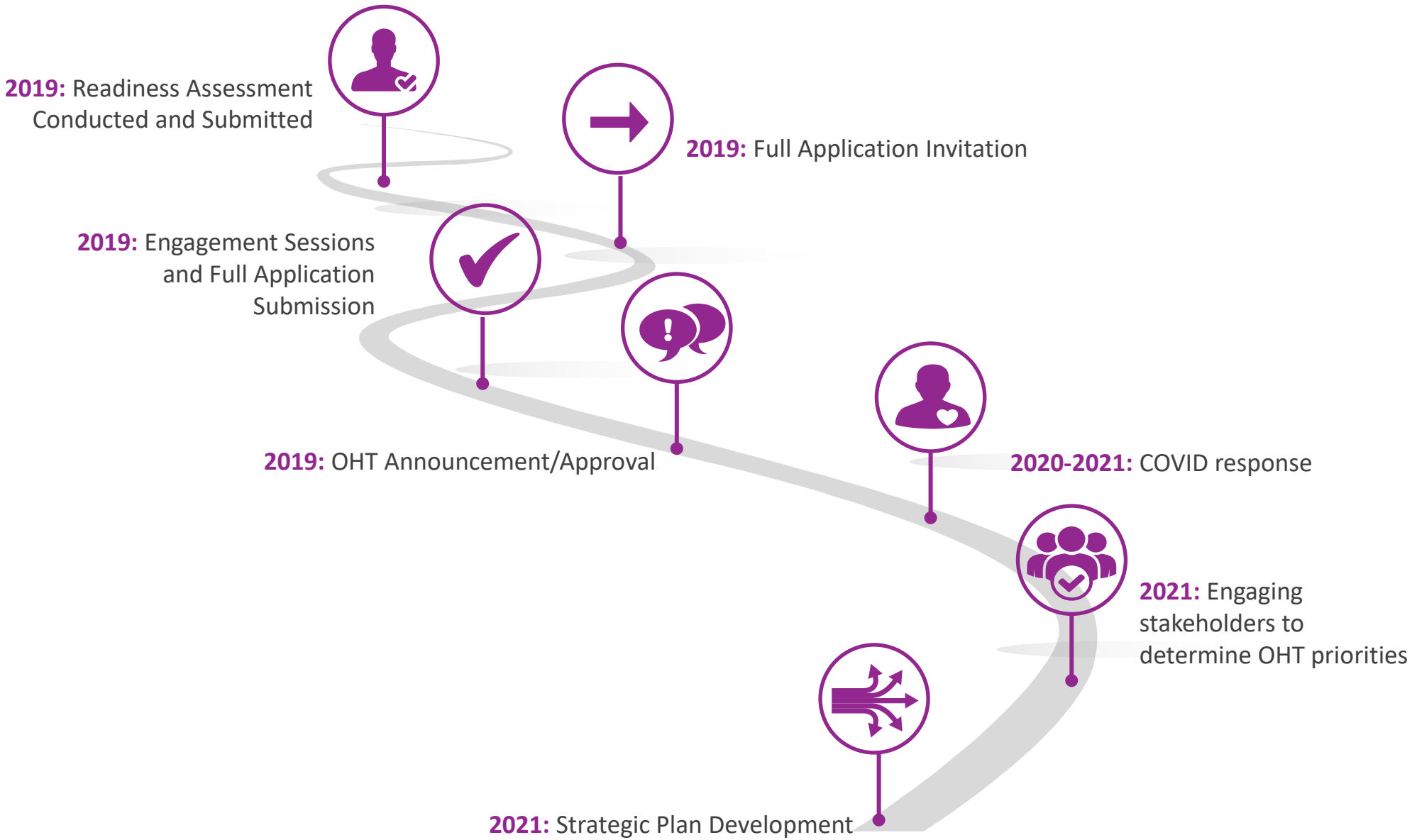
Strategic Plan

2022–2025

What is the Connected Care Halton Ontario Health Team?

The CCHOHT represents a collaborative of health care and community service providers in the Halton Hills, Milton, and Oakville communities, informed by patients, clients, families, and caregivers, and is committed to better health, positive experiences, and improved value.

Our Journey


2019: Readiness Assessment Conducted and Submitted
2019: Full Application Invitation
2019: Engagement Sessions and Full Application Submission
2019: OHT Announcement/Approval
2020-2021: COVID response
2021: Engaging stakeholders to determine OHT priorities
2021: Strategic Plan Development

A Message from the Collaborative Committee

As the CCHOHT, we are committed to our purpose of *connecting care* within our communities of Halton Hills, Milton, and Oakville. Since 2019, we have been working together to understand, plan, and coordinate the delivery of excellent health and community care in collaboration with the patients, clients, families, and caregivers who live here. During the COVID-19 pandemic, we are proud of what we accomplished to keep our community healthy and to show ourselves and others how united we are. We have learned a great deal over the past few years and the time has come to set our priorities for the future.

This document is our first strategic plan, and it sets our direction together for the next few years. Development of this foundational document included the engagement of over 200 community members, including the voices of patients, clients, families, caregivers, physicians, specialists, healthcare system leadership, and providers. We recognize that we are early on our engagement journey, yet are excited about our new purpose statement, "**Connecting Care**," which highlights our role as a team that coordinates and integrates care across our communities together to achieve better population health outcomes for our three communities: Halton Hills, Milton, and Oakville.

To fully live our purpose, we have developed a set of strategic directions that outline our focus as an Ontario Health Team (OHT) over the next few years. Within each strategic direction are activities we will undertake to achieve our overall purpose, vision, and mission. We recognize the important role that our patients, clients, families, caregivers, staff, physicians, volunteers, providers, and others play in achieving our vision of healthier communities in Halton Hills, Milton, and Oakville. We are excited to continue our efforts to connect care and look forward to sharing our progress and success as we embark on this new path.

Acclaim Health

Halton Healthcare

Halton Region

Ontario HOME AND COMMUNITY CARE SUPPORT SERVICES Mississauga Halton

Patient, Family, and Caregiver Advisory Committee

Dr. Kiran Cherla

Dr. Kris Martiniuk

Dr. Carolyn Malec

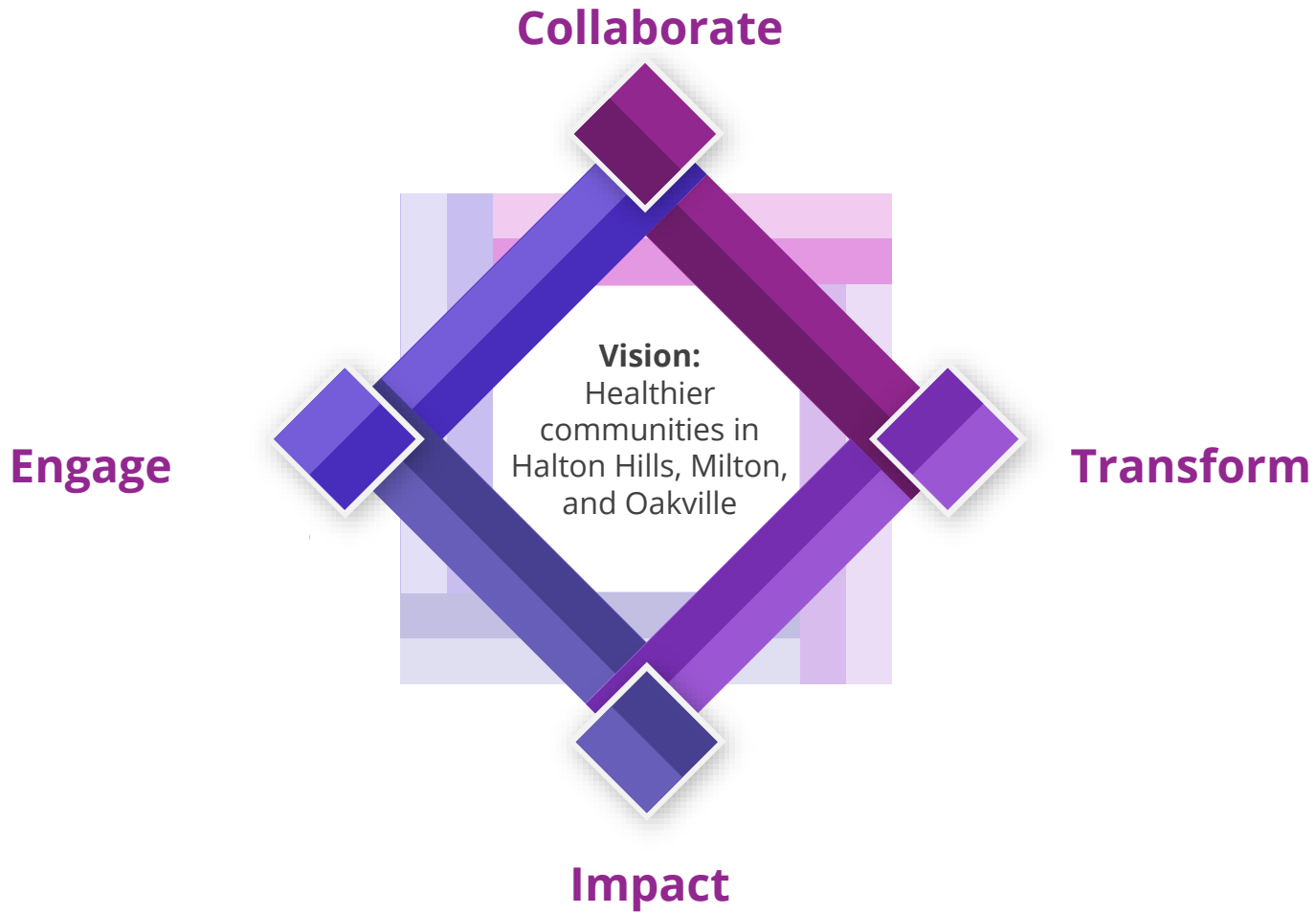
Dr. Duncan Rozario

Our Strategic Framework

Purpose
Connecting care

Mission
Improving the health
of our community together

Values
- Compassion & Empathy
- Equity, Accountability & Transparency
- Engagement, Respect & Dignity



Our Values

CCHOHT's values are aligned with the *Patient, Family, and Caregiver Declaration of Values for Ontario** and will be incorporated in all that we do.

Compassion & Empathy

We will better understand and empathize with the viewpoints and thoughts of others and develop an environment that is both caring and supportive for our patients, clients, families, caregivers, and those we work with.

Equity, Accountability, & Transparency

We will be accountable and transparent in how we promote health and equitable access to care, respecting the diversity of our communities, and ensuring equal and fair access to the healthcare system and services for all.

Engagement, Respect, & Dignity

We will treat each other and our patients, clients, families, and caregivers in a respectful and dignified manner and meaningfully engage all voices to ensure they are heard and prioritized.

*Reference: Patient, Family and Caregiver Declaration of Values for Ontario: https://www.ontario.ca/page/patient-family-caregiver-declaration-values-ontario

Our Strategic Directions

Engage

Meaningfully connect and engage with our patients, clients, families, caregivers, and communities to understand and develop plans to meet their needs.

We Will:

- Authentically embody the principles of patient, client, family, caregiver, and community engagement and system co-design
- Respect the diverse and unique needs of our community
- Meaningfully engage and deliver on the needs of patients, clients, families, caregivers, and the communities we service

Expected Outcomes:

- Proactively engage patients, clients, families, caregivers, and our communities in service and program design, as well as organizational leadership and governance
- Build meaningful community connections that support regional work
- Establish a patient, client, family, and caregiver representative's presence on all committees, work streams, projects, and programs

Collaborate

Work, communicate, and collaborate effectively to build our OHT to help our patients, clients, families, caregivers, and communities access services when and where needed.

We Will:

- Work together to make effective decisions informed by the needs of our communities
- Enhance communication frequency and transparency between health care and service providers
- Design all CCHOHT services and programs with meaningful collaboration at the core
- Ensure seamless pathways to care for patients, clients, families, caregivers, and providers of service

Expected Outcomes:

- Facilitate collaborative governance that provides a diversity of perspectives in decision making
- Develop new coalitions and build relationships for ongoing growth and new perspectives
- Develop a system for responsive patient relations that encourages open communication

Transform

Play an essential role in modernizing and transforming the local health system with our network of providers, as well as facilitating the use of tools, resources, and data and technology to support innovative programs.

We Will:

- Use digital platforms to develop and enact plans to improve access, care coordination, self-management, and health literacy
- Continuously improve and adopt a growth mindset
- Support each other with the tools, resources, and knowledge needed to be successful
- Build trusted relationships across our local healthcare system

Expected Outcomes:

- 24/7 coordination and system navigation services will be available to healthcare providers, patients, clients, families, caregivers, and communities who require them
- Patients, clients, families, caregivers, and communities will have improved access to care and their health information
- Use of innovative solutions to reduce barriers and improve equity in service delivery

Impact

Plan and deliver our regional services together with patients, clients, families, caregivers, and communities to address health inequities and create healthier communities.

We Will:

- Understand who lives in our communities, their health status, and the factors that influence their well-being
- Continuously evolve our engagement model to ensure we have the right providers to meet the needs of our communities
- Work together to address the underlying aspects of health equity
- Provide a coordinated continuum of care to achieve improved population health outcomes

Expected Outcomes:

- More focus on high priority communities
- Expanded connections to ensure the diverse needs of our communities are met
- Improved coordination of services to connect providers with patients, clients, families, and caregivers
- Provide services in a more inclusive and equitable manner

Our Action Plan

Engage

Meaningfully connect and engage with our patients, clients, families, caregivers, and communities to understand and develop plans to meet their needs.

Future Strategic Initiatives	
1.1	**Implement a robust and meaningful engagement strategy for patients, clients, families, and caregivers** ▪ Evaluate and revise engagement strategies to meet evolving community needs ▪ Identify how groups would like to be engaged (frequency, method of communication, type of information, etc.) on an ongoing and equitable basis ▪ Develop an understanding of who is engaged, under-engaged, or not engaged, and implement creative and tailored strategies to engage in conversation
1.2	**Implement a robust and meaningful engagement strategy for physicians, specialists, and other health and community support service providers across our communities** ▪ Identify how groups would like to be engaged (frequency, method of communication, type of information, etc.) on an ongoing and equitable basis ▪ Evaluate and revise engagement strategies to meet evolving community needs

Collaborate

Work, communicate, and collaborate effectively to build the OHT to help our patients, clients, families, caregivers, and communities access services when and where they are needed.

Future Strategic Initiatives	
2.1	**Identify and build upon potential areas where collaboration could be optimized based on provider skills, capacity, and resources** ▪ Achieve clarity on respective roles in local service delivery and how we will continue working together ▪ Create and share an inventory of roles and accountabilities across providers ▪ Update the Expression of Interest (EOI) partner list to ensure that non-traditional providers are incorporated appropriately into OHT planning and delivery ▪ Understand role of all community agencies, groups, charities, and healthcare providers to create synergies and reduce duplication
2.2	**Collaborate with other OHTs to identify opportunities for improved organization and delivery of care across Ontario** ▪ Engage and discuss shared priorities, areas of duplication, and gaps ▪ Identify practical opportunities to share resources and create efficiencies

Transform

Play an essential role in modernizing and transforming the local health system with our network of providers, as well as facilitating the use of tools, resources, and data and technology to support innovative programs.

Future Strategic Initiatives	
3.1	**Act on opportunities to learn from each other and from other models to deliver services an integrated and seamless way** ▪ Review CCHOHT program and service best practices and expand them to other populations where suited ▪ Implement solutions to streamline administrative tasks in primary care
3.2	**Evolve our OHT to achieve clear and effective governance that guides strategic and operational activities** ▪ Evolve our governance structure to ensure we lead an integrated local system that is on a path to achieve its vision ▪ Create clear system navigation pathways, including role clarity on navigation and referral responsibilities of providers
3.3	**Focus our knowledge, tools, and infrastructure in areas that will have significant impacts** ▪ Review the one-Link Central Intake Process to identify potential reductions in wait times ▪ Develop a local digital strategy that complements provincial work, including a review of our local EMR integration opportunities to achieve more seamless information sharing ▪ Build on the successes of Seamless Care Optimizing the Patient Experience (SCOPE), Virtual Home and Community Care monitoring, High Intensity Supports at Home Program (HISHP), and Remote Monitoring ▪ Build capacity across providers and create communities of practice by leveraging existing resources (e.g., Regional Learning Centre) to create opportunities to learn from each other

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Transform *(continued)*

Play an essential role in modernizing and transforming the local health system with our network of providers, as well as facilitating the use of tools, resources, and data and technology to support innovative program implementation.

Future Strategic Initiatives	
3.4	**Share information safely and collaboratively** ▪ Map how health and patient information is currently shared to identify potential digital improvements ▪ Identify local health system metrics to track collective performance, along with a reporting and continuous improvement process
3.5	**Design and implement a regional virtual care strategy** ▪ Incorporate patient, client, family, and caregiver expectations arising from the COVID-19 pandemic and leverage lessons learned ▪ Identify Ministry of Health funding opportunities to expand virtual care options and submit proposals as capacity permits and where appropriate
3.6	**Collaborate to provide supports and resources to our team to ensure well-being** ▪ Continuously seek to understand the pressures and inequities in our region ▪ Identify and implement opportunities to provide collective supports, resources, and tools to improve healthcare provider well-being

Impact

Understand and plan our regional services with patients, clients, families, and caregivers and address health inequities.

Future Strategic Initiatives	
4.1	**Conduct a comprehensive mapping exercise to understand areas of strength, duplication, and gaps in system-wide service delivery, to better integrate our health and community service access** ▪ Identify and leverage data sources required to make informed decisions with respect to demographics and population health ▪ Conduct a needs assessment to understand health and its determinants across the various communities within the OHT ▪ Develop and implement targeted strategies to address inequities and issues that are barriers to population health ▪ Expand patient choice and increase service provider capacity to deliver virtual care
4.2	**Purposefully engage and partner with underserved communities to promote health** ▪ Work actively with underserved communities that experience challenges engaging with the local health system to understand how to best address healthcare and related issues ▪ Implement projects that utilize thorough environmental scans and collaborative input