

**Ottawa West
Four Rivers**
ONTARIO HEALTH TEAM



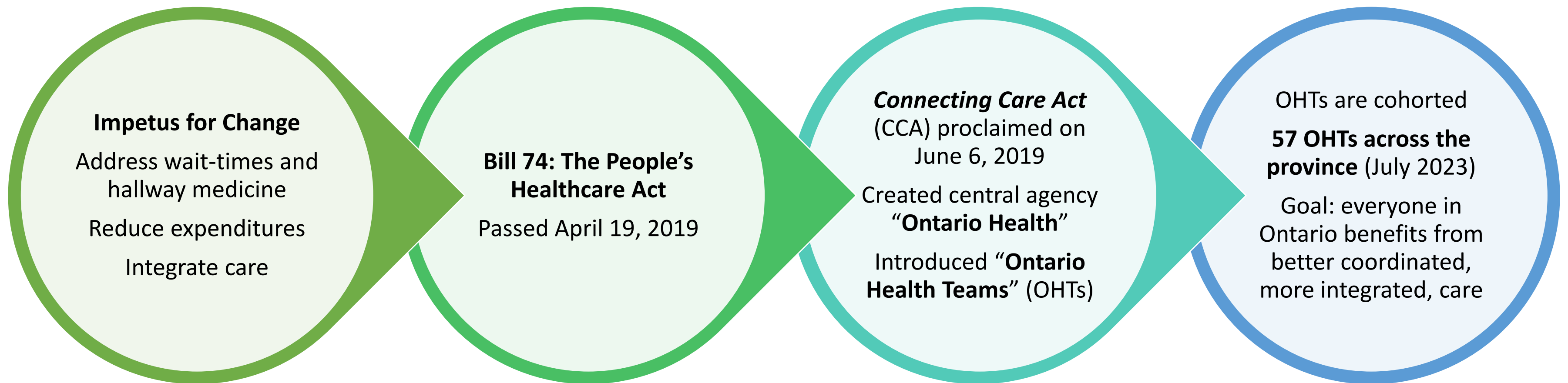
ÉQUIPE SANTÉ ONTARIO
**Ottawa Ouest
Quatre Rivières**

*A simplified and coordinated healthcare and community support system
for all members of our diverse population.*

PARTNER ORIENTATION PACKAGE

v.2023-06

OHT History and Evolution

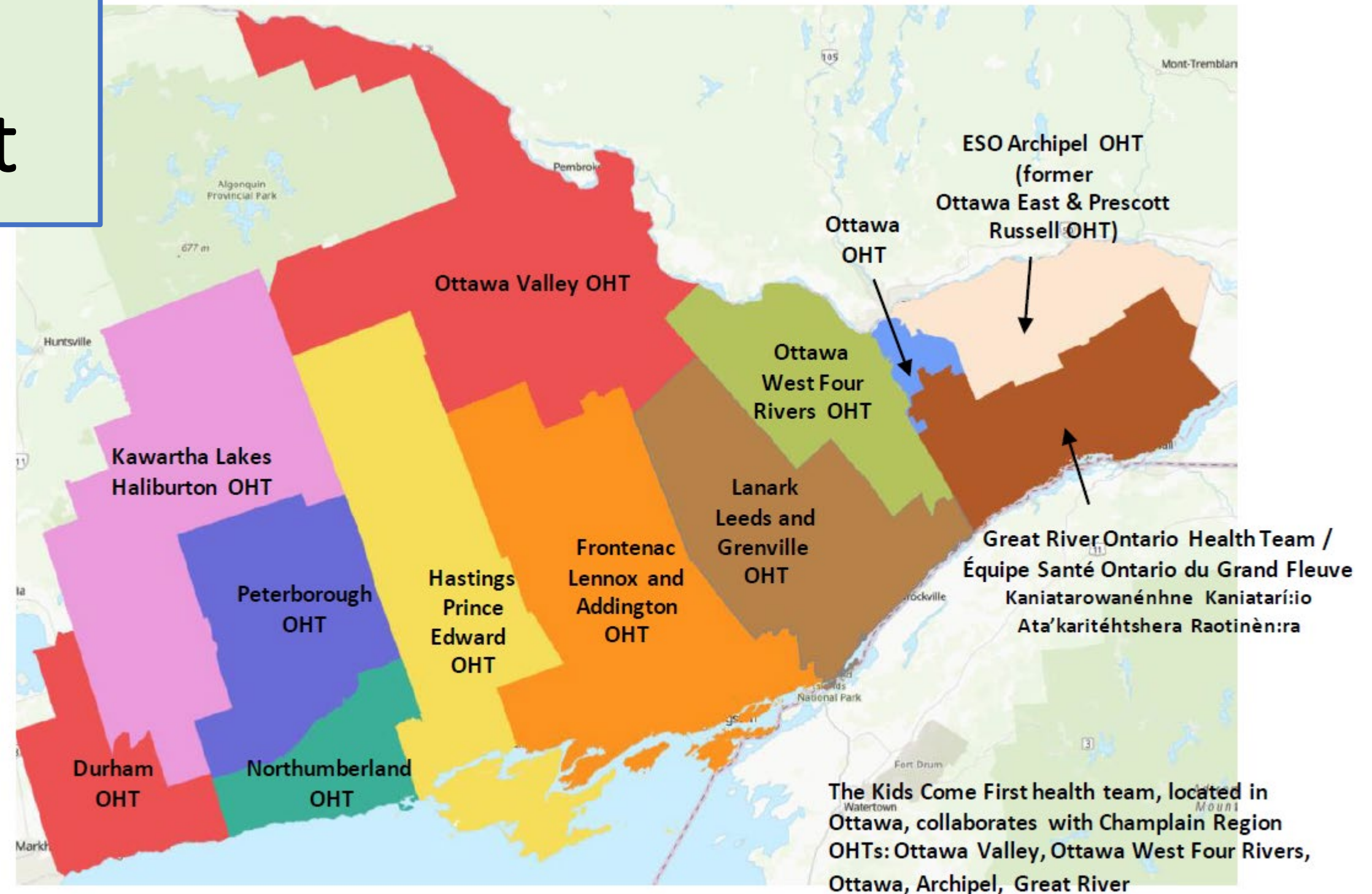


Ottawa West Four Rivers OHT was approved in September 2021 (Cohort 3)

Ontario Health Teams within Ontario Health East

Ontario Health Teams (OHTs) are based on attributed populations – residents may live anywhere and be associated with a given OHT. As such, OHTs do not have defined boundaries.

The map is intended to provide a general overview of the local area where most providers are formally or informally aligned with a specific OHT. The provisional boundaries, as displayed, may be adjusted as OHTs evolve over time.



**Effective April 1, 2023, Ontario Health realigned the borders of Central, East and Toronto regions with the City of Toronto's municipal boundaries. Scarborough OHT is now be a part of the OH Toronto Region.*

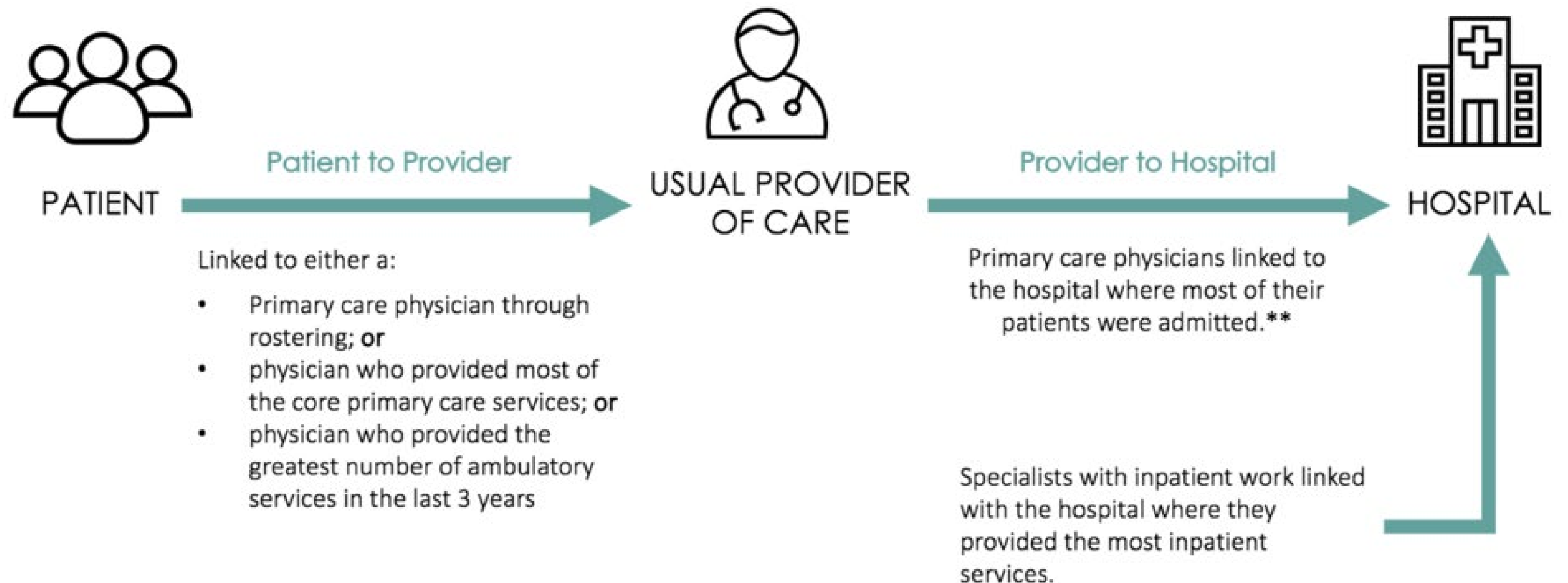
OHTs are not geographically based

Residents are linked to an OHT using the physician networks

Patients, residents, and clients retain full choice in who they see (e.g. outside their OHT)

HOW PATIENTS ARE ATTRIBUTED TO ONTARIO HEALTH TEAMS

Every resident* of Ontario is linked to an OHT using the Physician Networks:



*Methodology includes only individuals with a valid Ontario health card. Researchers were unable to link 1% of eligible residents to a usual provider of primary care because they received no ambulatory physician services over the study period.

** Methodology does not consider surgical or maternal admissions when determining which hospital to link primary care physicians to.

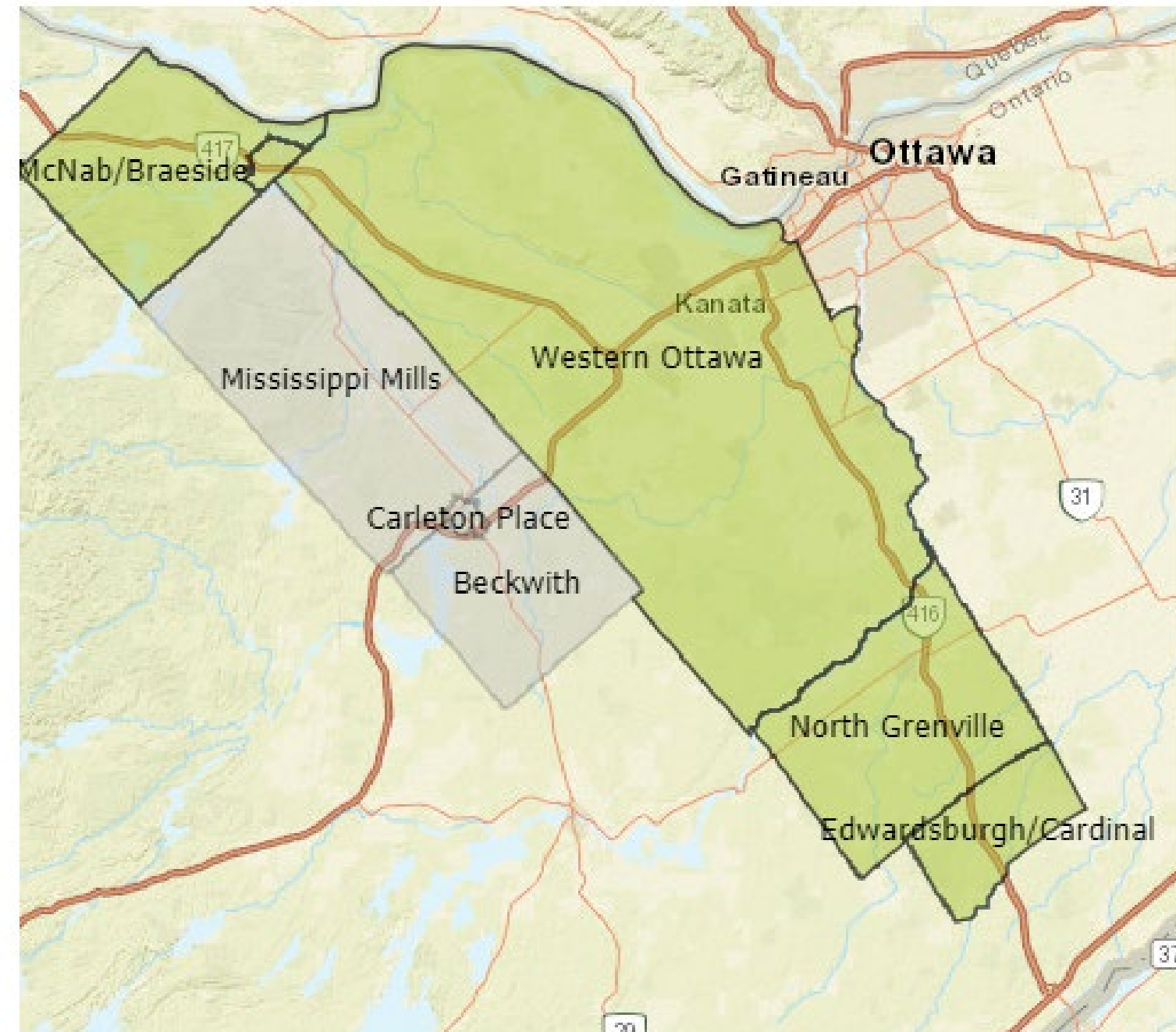
Source: Stukel, Therese A., et al. "[Multispecialty physician networks in Ontario.](#)" *Open Medicine* 7.2 (2013): e40.

About Ottawa West Four Rivers OHT

Who we serve

Our **member organizations** provide services over a vast geography of **urban, suburban, small town and rural areas.**

We represent a **diverse population** and will work together to help the people in our communities to live their healthiest lives.



Green: OHT Partners

Grey: Only Primary Care and Public Health OHT partners

*See appendix for partnership list

About Ottawa West Four Rivers OHT

Who we are

Collaboration of over **60 health care and social service organizations** and providers

Working toward a *simplified and coordinated health care and community support system for all members of our diverse population.*

Lived Experience

Primary Care

Community Support Services

Hospitals (acute & sub-acute)

Home Care

Community Paramedicine

Public Health

Mental Health, Addictions, Substance Use Health

Peer Support Services

Hospice & Palliative Care

Diagnostic Services

LTC & Congregate Care Living

OHT Application Signatory Partners

1. Arnprior Regional Health
2. Arnprior Braeside McNab Seniors At Home Program
3. Bayfield Manor (Southbridge Care Homes)
4. Bayshore HealthCare
5. Beth Donovan Hospice
6. Bruyère Continuing Care
7. Carefor Health & Community Services
8. Champlain Region Family Council Network
9. Children's Mental Health Leeds Grenville
10. ComForeCare Ottawa
11. CommuniCare Therapy
12. Community Living North Grenville
13. Dementia Society of Ottawa and Renfrew County
14. EORLA
15. French Language Health Services Network of Eastern Ontario
16. Greater Arnprior Seniors Council
17. Hospice Care Ottawa
18. J.W. MacIntosh Community Support Services
19. Kemptville & District Home Support Inc.
20. Kemptville District Hospital
21. NG Pride
22. Leeds, Grenville and Lanark District Health Unit
23. Leeds and Grenville Paramedic Services
24. Municipality of North Grenville
25. Olde Forge Community Resource Centre
26. OMNI Health Care
27. Ottawa Paramedic Services
28. Ottawa Public Health
29. Ottawa West Community Support
30. Parents Lifeline of Eastern Ontario (PLEO)
31. Pathways Alcohol and Drug Treatment Services
32. Phoenix Centre
33. Pinecrest Queensway CHC
34. Queensway Carleton Hospital
35. Renfrew County Public Health Unit
36. Renfrew County Community Paramedicine Program
37. Rideauwood Addictions and Family Services
38. Royal Ottawa Mental Health Centre
39. Rural Ottawa South Support Services
40. Sienna Living – Granite Ridge
41. SE Health Care
42. Western Ottawa Community Resource Centre

OHT Application Signatories – Primary Care (112 physicians)

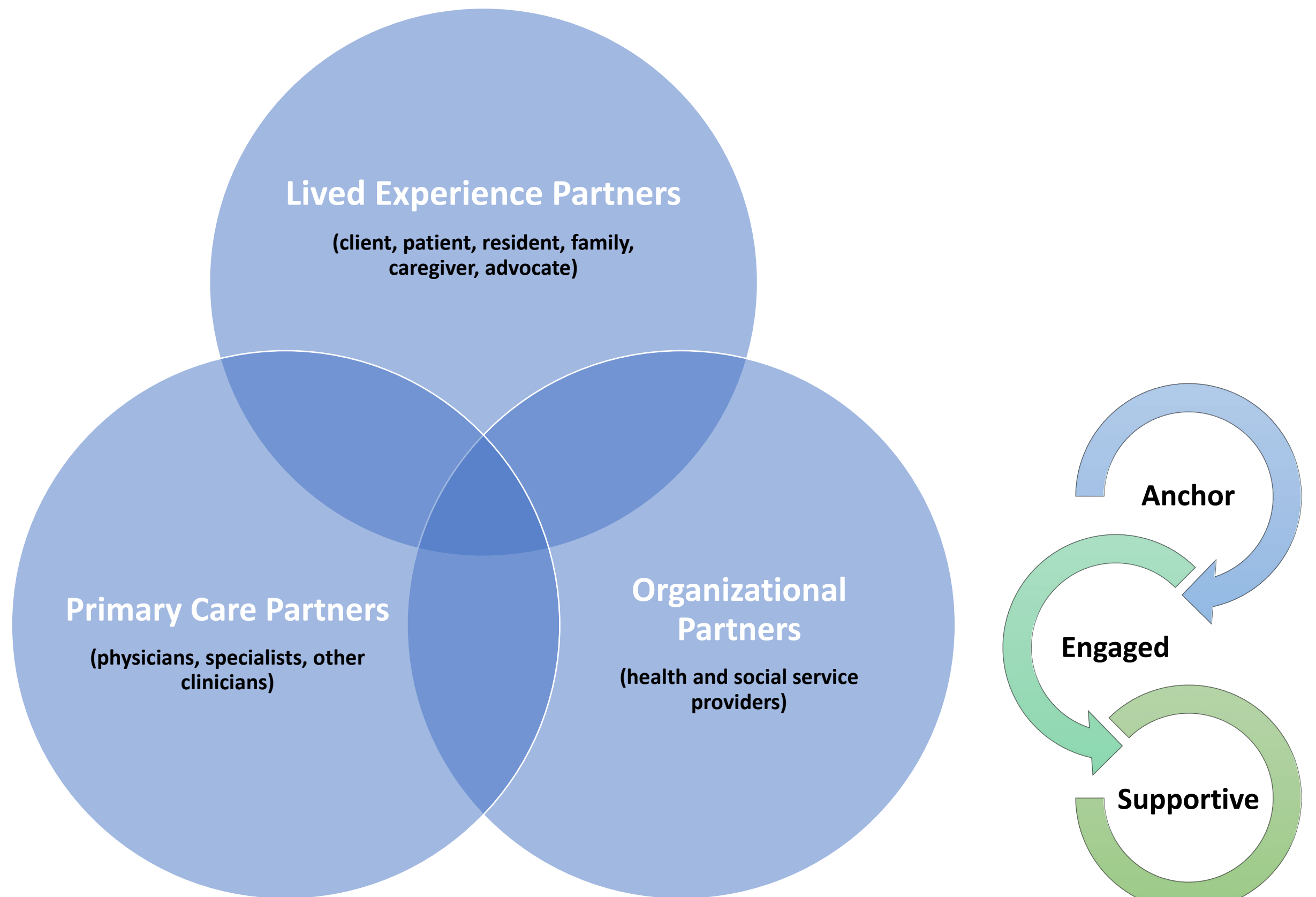
1. Almonte Family Health Organization
2. Arnprior Family Health Organization
3. Arnprior and District Family Health Team
4. Beckwith Family Health Organization
5. Carleton Place Family Health Organization
6. Kemptville Health and Wellness
7. Kemptville Medical Centre
8. Manotick Medical Centre
9. Med Team Inc (Family Health Group)
10. Osgood Village Family Health Organization
11. Ottawa Valley Family Health Team
12. Recovery Care
13. Richmond Medical Clinic
14. Rideau Crossing Health Services
15. Rideau Valley Health Services
16. West Carleton Family Health Team
17. West Carleton Family Health Organization

OHT Partnership Levels*

outlined in our collaborative decision-making arrangement (CDMA)

allows levels of engagement best-suited to each partner

*See appendix for detailed partnership level descriptions



OHT Accountability and Governance

- Each participating partner remain independent legal entities with independent management and independent Boards of Directors
- Ministry of Health and Ontario Health released preliminary guidance November 30, 2022 on OHT legal structure (not-for-profit corporations) and priorities going forward
- Two provincial advisory committees (*Service Transformation* and *Governance*) have been struck to advise on the [OHT Path Forward](#)
- Governance arrangements will evolve as OHTs mature along this path
- **No funding changes anticipated in near future** (at maturity, the original Ministry of Health vision is for one integrated funding envelope – that could be many years away)
- Today, we are seeing Ministry and Ontario Health funding applications including questions related to OHT endorsement and requiring collaborative development my multiple partners and sectors

Collaborative Governance

organizational leaders from multiple sectors engage in a collective decision-making process that is deliberate, consensus-oriented, and directed to the achievement of a shared goal

*Ministry of Health & Ontario Health.

Consensus-Based

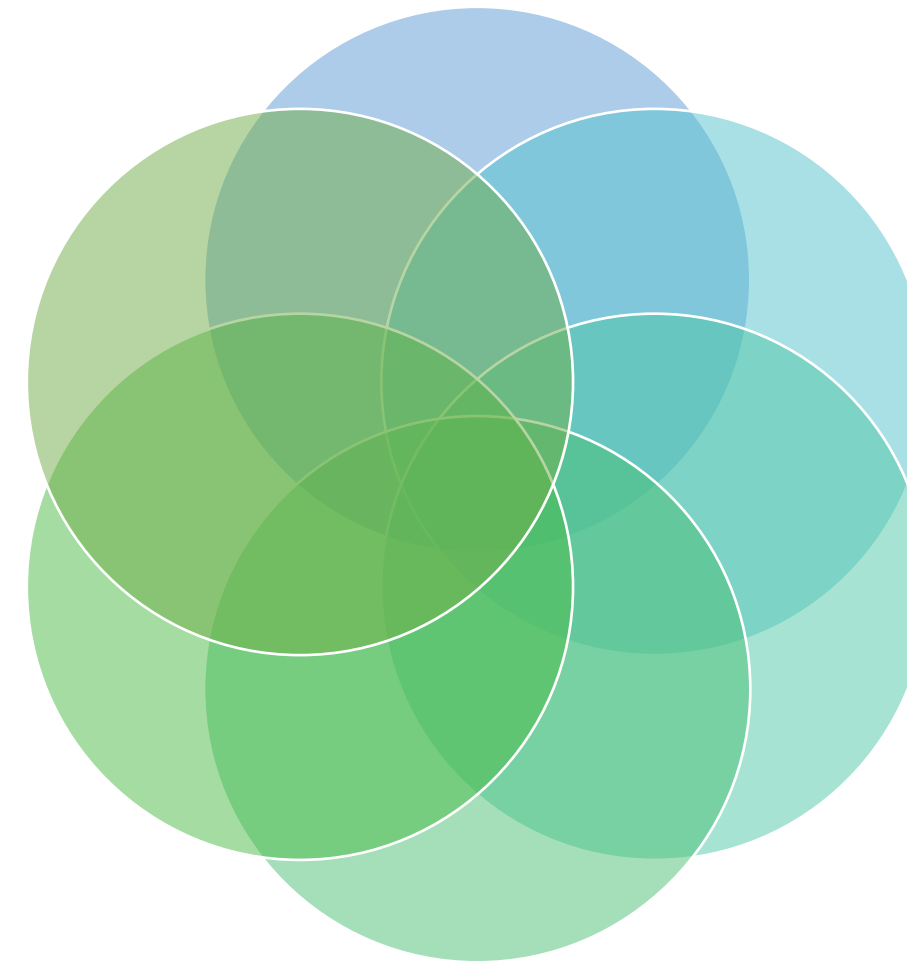
- Decisions are made through consensus rather than majority rule.

Forum Neutrality

- Different perspectives are welcome; the process itself is not biased.

Transparency and Accountability

- Decisions take place in the public eye.



Equity and Inclusiveness

- All interested parties, who are needed and willing, contribute to a solution.

Effectiveness and Efficiency

- Solutions are tested to make sure they make practical sense.

Responsiveness

- Public concerns are authentically addressed.

Principles & Values

OHT Collaborative Values

- Person partnered – working with diverse people to meet their care needs
- Collaboration
- Trust
- Accountability
- Respect
- Leadership
- Commitment to excellence
- Sustainability
- Diversity and inclusion

Patient, Family and Caregiver Declaration of Values for Ontario

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

OHT Priority Areas

Integrated Care through Population Health Management & Equity Approaches

Mental Health Addictions & Substance Use Health (MHASUH)

Complex Chronic Disease (CCD) - Diabetes

Patient Navigation & Digital Access

Collaborative Leadership, Decision-Making, Governance & Community Engagement

Primary Care Engagement & Leadership



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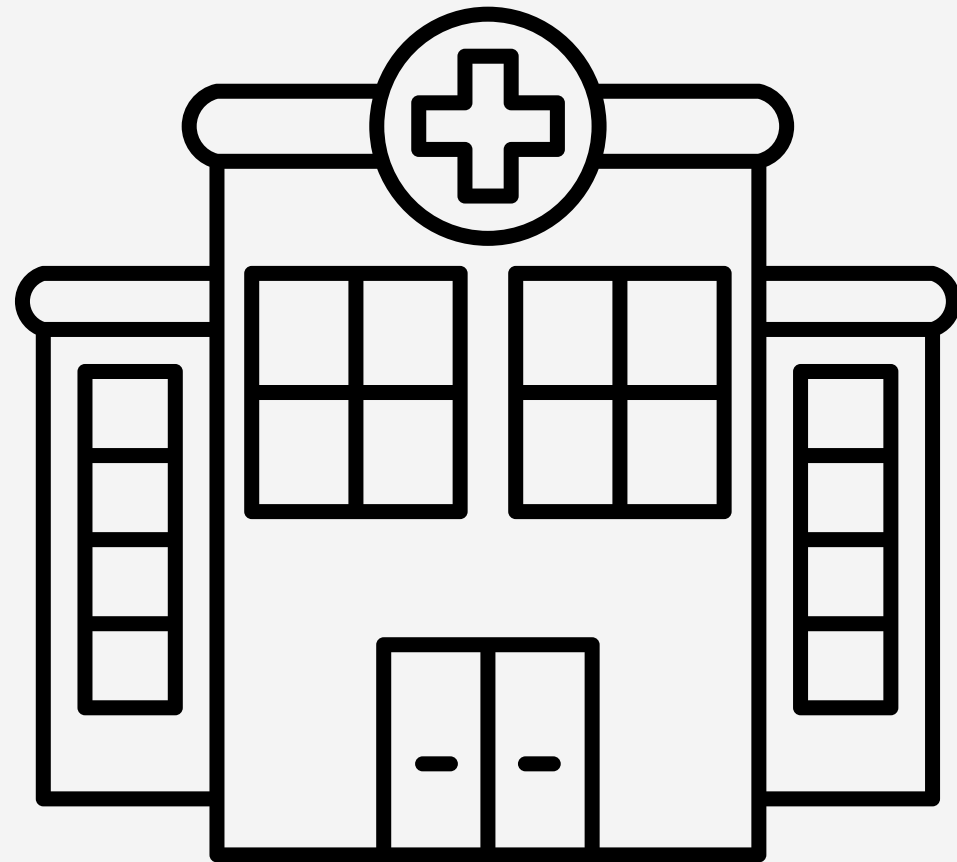
MHASUH Urgent Care Facility

Mental Health, Addictions and Substance Use Health (MHASUH)



What is the MHASUH Urgent Care Facility?

An innovative, collaborative approach to treat patients with MHASUH concerns.



Repatriate Paramedic
& Police Services

By using diversion protocols, we can dramatically reduce offload times and return paramedics and police back to service.

Reduce Emergency
Department Volumes

By diverting patients from the ED, we can decrease wait times and provide alternate care options.

Right Care at the
Right Time

By providing an appropriate integrated care model designed to meet the unique needs of MHASUH patients, we can increase patient outcomes and reduce repeat visits.

The work so far...

May 2022

Sept - Nov 2022

Jan - Feb 2023

March - April 2023

May - Present

- In person brainstorming with MHASUH Action Team members to land on a plan for priority projects
- Review of data for the OWFR OHT

...what did the data show us?

The Background



35%

ED visits were made as the first point of contact for MHA related care



1,806

Level Zero incidents were reported in Ottawa in 2022 for a total of 73060 minutes over over 1200 hours of ZERO available paramedics

1 in 5

Canadians experience mental illness in any given year.



75%

increase in opioid-related deaths in 2021 in Ottawa.



MHASUH Paramedic and QCH Emergency Visit Data

Based on data collected from paramedics, there are an average of 34 appropriate divertible patients per day.

QCH Emergency Department is seeing thousands of individuals that could be better suited for a facility set up for their needs.

Count of Paramedic Call Numbers		
Final Primary Concern	Average/Week	Average/Day
Alcohol Intoxication-(81.2)	39.5	6
Behaviour/Psychiatric-(45)	168.5	24
Drug/Alcohol Overdose-(81)	39.5	6
non-Opioid Overdose (81.3)	5	1
Opioid Overdose Suspected (81.1)	12	2
Excited Delirium	0	0
Emotional Distress	3.5	1
	240	34

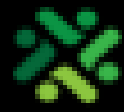
ED Mental Health & Addictions						
Diagnosis Category	Visits			Unique Patients		
Year	19/20	20/21	21/22	19/20	20/21	21/22
All MHASUH	3244	2731	3077**	2776	2386	2673**

68% of visits are TOP 5 MHA Diagnosis

- Other anxiety disorders
- Mental and behavioural disorders due to use of alcohol
- Depressive episode
- Reaction to severe stress, and adjustment disorders
- Self harm cases

Accessing Mental Health, Addictions and/or Substance Use Health Services for Patients in Your Community

A SURVEY FOR PRIMARY CARE



Number of Participating Practices: 21

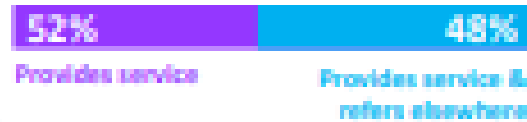
The services provided at these practices are:



- Pharmaceutical Treatment
- Diagnosis
- Mental Health Assessment
- Counseling Treatment
- Psychoeducation
- Wellness
- Psychiatric Assessment
- Addictions Assessment
- Other
- Not Applicable

Providing Services and Referrals

When an individual presents with **mild concerns**:

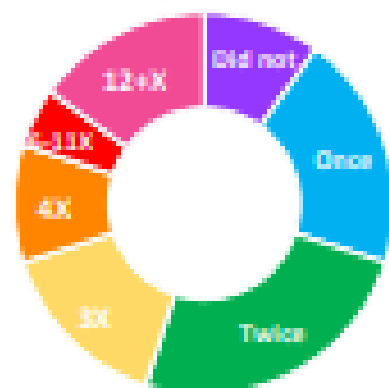


When an individual presents with **severe concerns**:



Emergency Department Referrals

Total number of referrals to the emergency department for a mental health concern within a 12-month period:



61% Noted that at least 50% of those referrals would have been more appropriate for a community service if it could have been immediately accessed



76% Suggested that rapid access to urgent mental health services would reduce avoidable emergency department referrals

Strengths

Strengths of the mental health, addictions, and/or substance use health systems in their area:

- Access to online counselling services
- Good quality primary care providers
- Good communication between primary care providers to identify opportunities to support complex patients

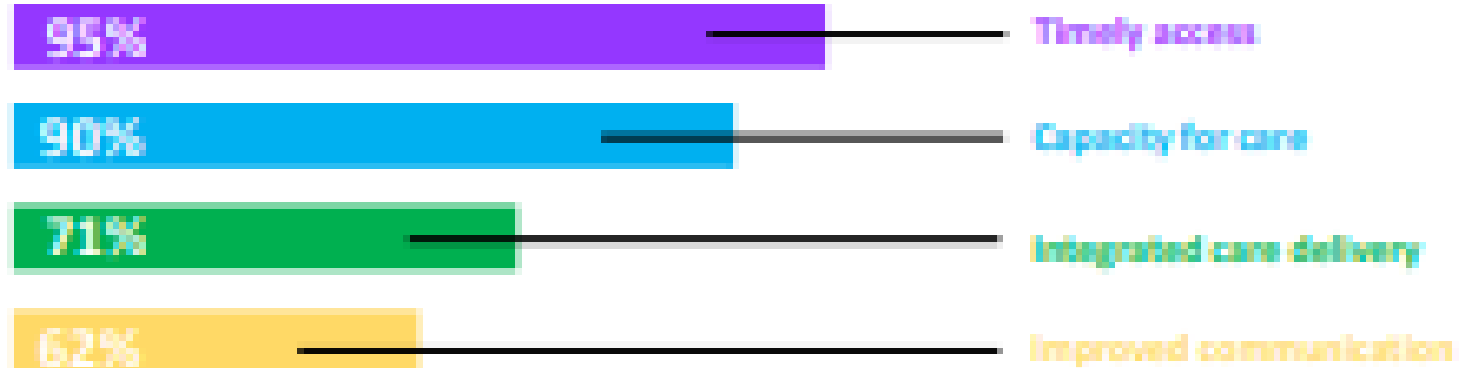
Weaknesses

Gaps in the mental health, addictions, and/or substance use health systems in their area:

- Long wait times for services
- Limited longitudinal care
- Lack of available resources, especially OHTP-funded psychological therapy

The OHT Strives to Connect Mental Health, Addictions and/or Substance Use Health Services with Primary Care

What is needed to achieve this vision?



What should be the initial areas of focus to achieve this vision?

- 1 Coordinated care plans
- 2 Updates on programs and services available
- 3 System navigation

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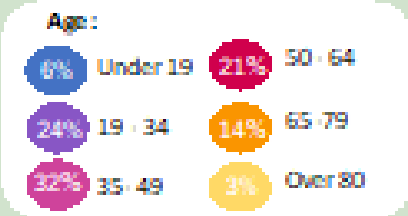
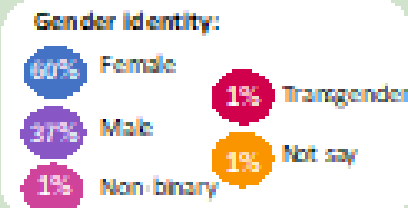
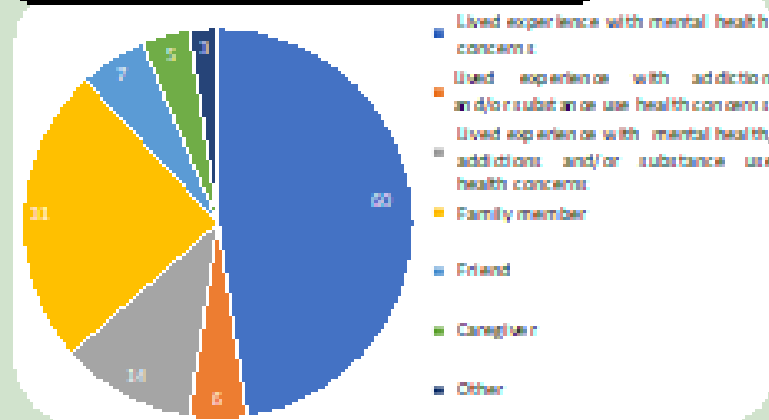


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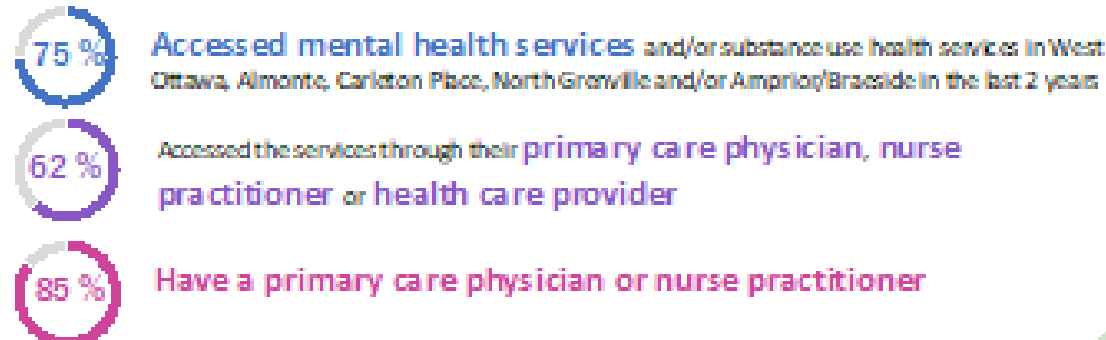
LIVED EXPERIENCE SURVEY

March 2022

Number of Participants: 128

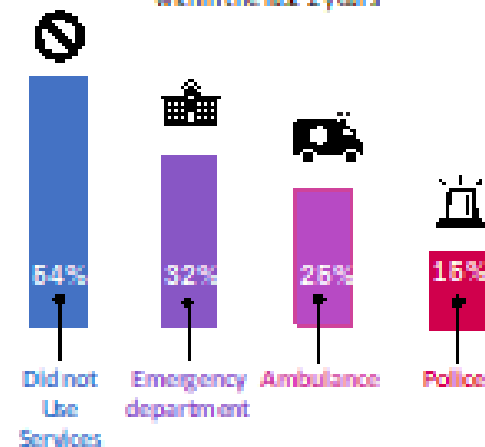


Service Access

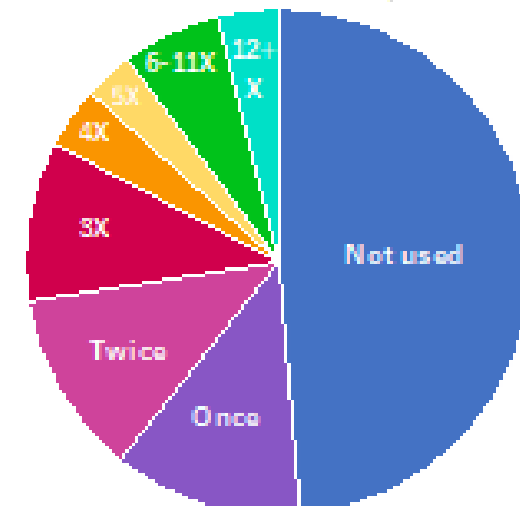


Emergency Services Use

Types of emergency services used for mental health or substance use health concerns within the last 2 years



Number of times emergency services were used within the last 2 years



Service Access Barriers

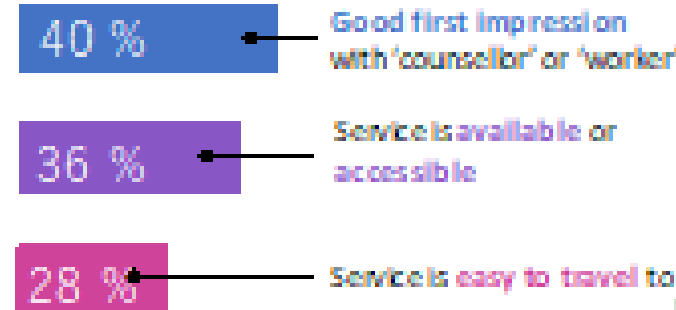


The 3 most common barriers were:

- Time on the wait list
- Time to get a referral
- Complicated referral process

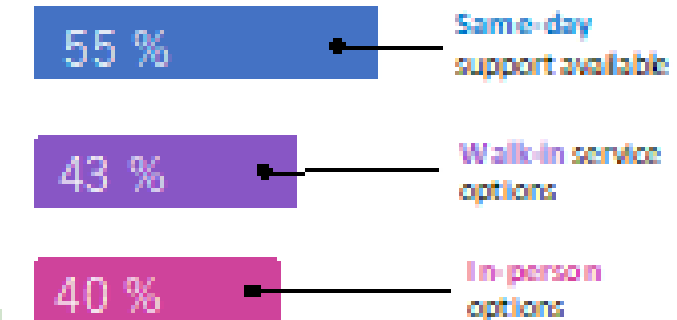
Strengths

What has gone well when receiving mental health and/or substance use health supports in your community?



Suggestions

What would have helped you receive supports in your community?



Referrals



The work so far...

May 2022

- In person brainstorming with MHASUH Action Team members to land on a plan for priority projects
- Review of data for the OWFR OHT
- Concept of MHASUH Urgent Care Facility emerges

Sept - Nov 2022

- Working group created and project work started
- Review of similar projects in Ontario

Jan – Feb 2023

March - April 2023

May -Present

...what have others learned?

Provincial (Alternate Destination) Pilot Projects

Middlesex- London Paramedic Service (MLPS) Pilot Project

- Launch March 2020 – Target lower Acuity MHA patients
- Models of Care
 - 1) Alternate Destination
 - 2) Crisis Response Team (treat and community refer)
- 12 month review
 - 91% of patients stated Pilot project addressed their needs
 - Improved access to care
 - 17x quicker than ED
 - 11minute to assessment
 - 94 % of patients did not end up going to the Emerg in next 72 hours (some had to attend for medications as pilot does not prescribe)
- **11 minute paramedic offload -213 HOURS returned to paramedics**
- LOW patient volumes <1200 patients over the first year

Crisis Mental Wellness Centre – Windsor

- Also running 2 programs with Alternate Destination and Police/Social Worker Community program
- Low usage and diversion numbers <2000 per year

TEDS – Ottawa

- Homeless living with MHA – Stabilize and introduce wrap around care
- Police and Ambulance diversion
- VISITS **2015=4091 2016=12773 2017-17996** (Right services – Right population)



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- **Creation of the scope of services and other core concepts**

Jan – Feb 2023

March - April 2023

May -Present

...what is essential to our success?

Services

A high-level overview of services to be offered at the Centre. This Centre will be inclusive of clinical medical support.

We recognize that the more services that can be offered, the better the patient outcomes and we are open to additions/collaborations

- ✓ **Crisis intervention/support**
- ✓ **Brief psychotherapy/ psychosocial supports**
- ✓ **Urgent psychiatric assessment and Consultation**
- ✓ **Pharmacy services**
- ✓ **Lab services**
- ✓ **Stabilization- up to 24 hours**
- ✓ **Linkage to community-based services**
- ✓ **Rapid access addiction medicine (RAAM)**
- ✓ **Medical assessment, monitoring and interventions**



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- Received 100% support from all organizations engaged and many formal letters of support
- Worked to finalize the full Project Plan

March - April 2023

May -Present



Teams - Input and Review

MHASUH Action Team

AccessMHA
Arnprior and District Family Health Team
Arnprior Regional Health
Community Addiction Peer Support Association (CAPSA)
Children's Mental Health of Leeds and Grenville
Canadian Mental Health Association (CMHA) Ottawa
Crossroads Children Mental Health Care/ Counselling Connect
Grenville OPP Mobile Crisis Response Team
Home and Community Care Support Services Champlain -
Acquired Brain Injury Navigation
Jewish Family Services
Kemptville District Hospital
Ottawa Paramedic Services
Ottawa Police Service
Ottawa Public Health
Ottawa Salus
Pathways Drug and Alcohol Treatment Services
Pathways to Recovery
Phoenix Centre
Psychiatric Survivors of Ottawa
Queensway Carleton Hospital
Recovery Care
Réseau des services de santé en français de l'Est de l'Ontario
Richmond Medical Clinic
Rideauwood Addiction and Family Services
Rural Ottawa Youth Mental Health Collective
Saint Elizabeth (SE) Health
The Olde Forge Community Resource Centre
The Royal
Western Ottawa Community Resource Centre

Collaborative Leadership Committee

Arnprior and District Family Health Team
Arnprior Regional Health
Carefor Health & Community Services
County of Renfrew Paramedic Services
Kemptville District Hospital
Leeds Grenville & Lanark District Health Unit
Lived Experience Partner
Ottawa Paramedic Services
Ottawa Valley Family Health Team
Queensway Carleton Hospital
Rural Ottawa South Support Services
Saint Elizabeth (SE) Health
The Phoenix Centre for Children and Families
West Carlton Family Health Team
Western Ottawa Community Resource Centre

Project- Working Group

Arnprior and District Family Health Team
Arnprior Regional Health
Children's Hospital of Eastern Ontario (CHEO)
Canadian Mental Health Association (CMHA) Ottawa
County of Renfrew Paramedic Services
Ottawa Paramedic Services
Pathways to Recovery
Queensway Carleton Hospital
Recovery Care
Richmond Medical Clinic
Rapid-Improvement Support and Exchange (RISE)
The Royal



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- Approval of Project Plan (Phase 1) OWFR OHT
- Support to secure collaborations and partnerships
- Support to search for project funding and space

May -Present





Current Collaborating Organizations

Access MHA

Arnprior District Family Health Team

Arnprior Regional Health

Children's Mental Health Leeds & Grenville

Grenville Mobile Crisis Response Team

Kemptville District Hospital

Lanark County Paramedic Service

Montfort Renaissance

Ottawa Paramedic Service

Ottawa Police Services

Ottawa Public Health

Ottawa Salus

Ottawa Valley FHT/ Co Chair of Primary Care Engagement Committee

Ottawa West Four Rivers OHT

Pathways to Recovery

Recovery Care

Renfrew Paramedic Services

Rideauwood

The Royal

Western Ottawa Community Resource Centre

Queensway Carleton Hospital

Psychiatric Survivors of Ottawa

CMHA Ottawa

The Ottawa Hospital Mobile Crisis Team

CAPSA

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May -Present

- Working with collaborating partners to get to net needs
- Sourcing funding lanes and preparing applications
- Alignment with community

DISCUSSION

- How can the Ottawa West Four Rivers OHT work in alignment with municipalities and municipal leaders on projects?
- How can the Ottawa West Four Rivers OHT work with municipalities and municipal leaders on community engagement for projects (forums, promotion & awareness)
- How can the MHASUH Urgent Care Project align with the municipalities to explore community opportunities for sponsorships and funding supports? (enterprise funds? facility sponsorships etc.)
- Are there other groups that should receive this presentation?

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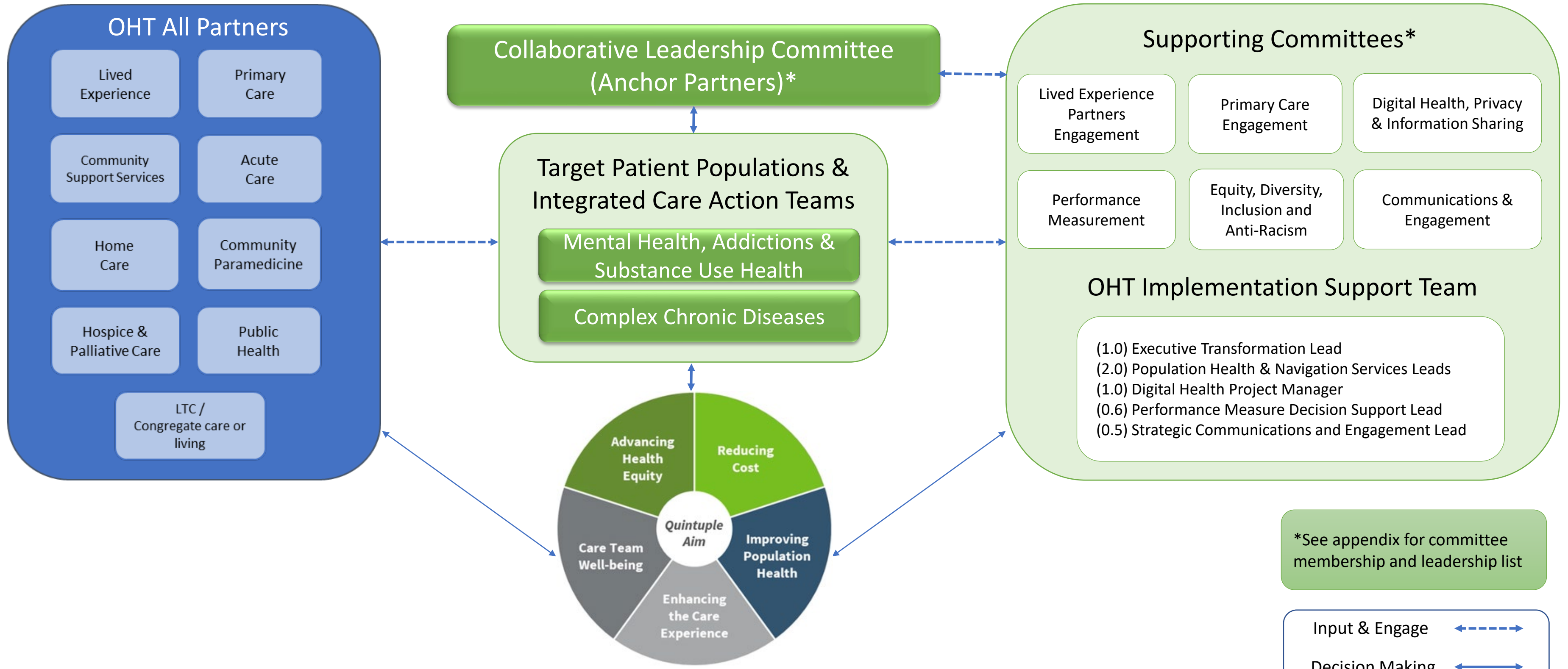


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APPENDIX

OHT Operating Structure

Vision: A simplified and coordinated healthcare and community support system for all members of our diverse population.



*See appendix for committee membership and leadership list

With ongoing support and collaboration from Ontario Health, RISE, ADVANCE, and Neighbouring OHTs

Collaborative Leadership Committee

Member (Anchor Partners)	Organization
Amy Boudreau (Co-chair)	Carefor Health & Community Services
Chris LeBouthillier (Co-chair)	West Carleton Family Health Team
Leigh Couture	Western Ottawa Community Resources Centre
Karen Luyendyk	Lived experience partner
Glenda Owens	Lived experience partner
Frank Vassallo	Kemptville District Hospital
Leah Levesque	Arnprior Regional Health
Diane Heinecke	SE Health
Dr. Andrew Falconer	Queensway Carleton Hospital
Kelly Dumas	Rural Ottawa South Support Services
Shannon Leduc	Ottawa Paramedic Service
Rebecca (Becky) Kavanagh	Leeds, Grenville & Lanark District Health Unit
Mike Nolan	County of Renfrew
Susan Kennedy	Phoenix Centre for Children and Families
Peter Hamer	Ottawa Valley Family Health Team
Emily Van de Klippe	Arnprior & District Family Health Team
Donna Sarrazin	Recovery Care
Dr. James Fullerton	Primary Care Provider (MD, NP, PA)
TBD	Primary Care Provider (MD, NP, PA)

Action Team & Supporting Committee Co-leads

Action Team / Committee	Co-Leads / Leads
Mental Health, Addictions and Substance Use Health	Donna Sarrazin, Leigh Couture
Complex Chronic Diseases (Diabetes)	Jennifer Lalonde, Amy Boudreau
Lived Experience Partners Engagement	Glenda Owens, Karen Luyendyk, John Tammadge
Primary Care Engagement	Peter Hamer, Chris LeBouthillier
Digital Health, Privacy, Information & Data Sharing	Tim Pemberton, Chris LeBouthillier
Equity, Diversity, Inclusion & Anti-Racism	Karen Luyendyk
Communications & Engagement	Trevor Eggleton
Performance Measures & cQIP	Shannon Leduc, Kelly Dumas
OHT Implementation Supports Team	Nadia Prescott (Executive Transformation Lead)

OHT Partnership Levels

- **Organizational partners** are health and social service providers to the OWFR OHT population or geography and may partner at one of the following levels

Anchor

Each CLC member
has one vote



- Signatory of CDMA
- May participate as full voting member of the CLC
- Contributes in-kind and/or financial resources
- Collectively makes decisions on use of OHT funding to support infrastructure and Action Teams
- Has leadership and financial accountability for OHT
- May lead/participate as an Action Team or Supporting Committee member
- Participate (including staff participation), as appropriate, in Projects and initiatives of the OHT, which may include financial contributions
- Be willing to collaborate on joint initiatives and to share information and expertise to improve services to our population

Engaged

- May be signatory of CDMA (encouraged)
- Participates as member of Action Team(s) or Supporting Committee(s)
- Contributes to work planning and implementation activities of Action Teams and/or Supporting Committees
- Provides input to CLC through participation in OHT activities, Action Teams, and/or Supporting Committees
- Be willing to collaborate on joint initiatives and to share information and expertise to improve services to our population
- Is informed of decisions made by the CLC
- Participates in all member sessions to receive information about OHT work

Supportive

- Not actively involved in the work of the OHT
- Periodically engages in specific initiatives aligned with interest and/or expertise
- Remains informed about the OHT via various communication channels
- Contributes to the overall health and well-being of the attributed population
- In advance of their onboarding to our OHT, confirmed commitment to our vision, values, and priorities

OHT Partnership Levels

- **Lived Experience Partners (LEP)** are a client, patient, resident, (chosen) family member, caregiver or advocate that represents the diverse population we serve

Lived Experience Partner

- May be signatory of CDMA (encouraged)
- May participate as full voting member of the CLC
- Participates as member of, and/or may co-lead, Action Team(s), Supporting Committee(s), and/or ad hoc contributions
- Contributes to work planning and implementation activities of Action Teams and/or Supporting Committees
- Provides input to CLC through participation in OHT activities, Action Teams, and/or Supporting Committees
- Be willing to collaborate on joint initiatives and to share information and expertise to improve services to our population
- Is informed of decisions made by the CLC
- May participate in all member sessions to receive information about OHT work

OHT Partnership Levels

- **Primary Care Providers, Physicians, and other Clinician Partners** are interprofessional primary care providers, including physicians and specialists, within the OWFR OHT population or geography

Primary Care Providers, Physicians, and other Clinician Partners

- May be signatory of CDMA (encouraged)
- May participate as full voting member of the CLC
- More information is expected in 2023 from Ontario Health with respect to primary care partnership with OHTs
- Participates as member of, and/or may co-lead, Action Team(s), Supporting Committee(s), and/or ad hoc contributions
- Contributes to work planning and implementation activities of Action Teams and/or Supporting Committees
- Provides input to CLC through participation in OHT activities, Action Teams, and/or Supporting Committees
- Be willing to collaborate on joint initiatives and to share information and expertise to improve services to our population
- Is informed of decisions made by the CLC
- May participate in all member sessions to receive information about OHT work