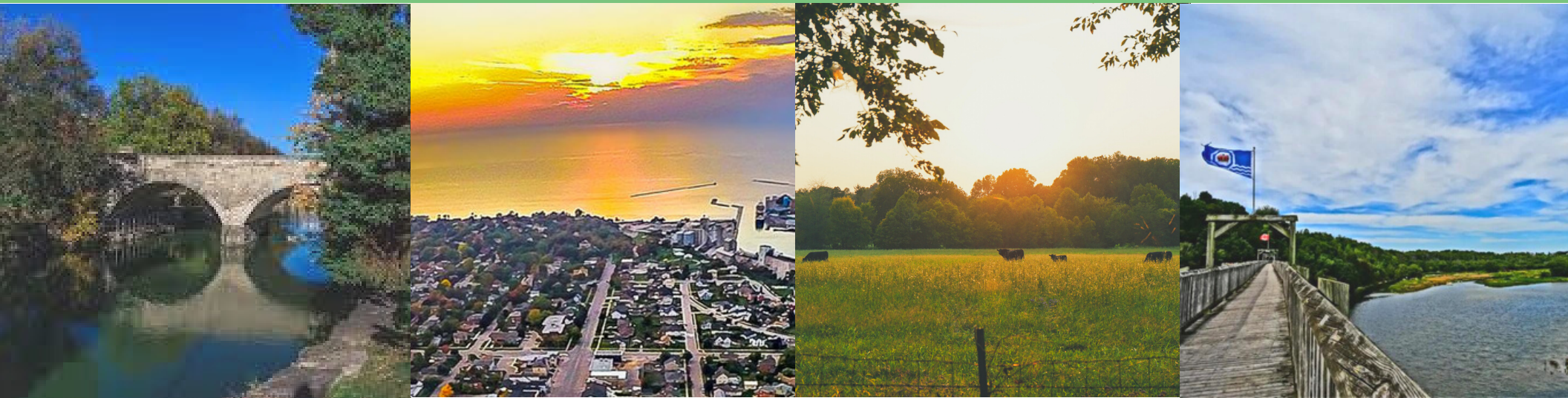


# STRATEGIC PLANNING

DISCOVERY REPORT

2022



## INTRODUCTION

The Huron Perth Area OHT (HPA-OHT) embarked on a strategic planning process in the Spring 2022. The Planning & Priorities Committee developed a process to ensure the voices of many stakeholders were included to set the direction of the HPA-OHT. Following is a summary of the rich feedback provided by

over 144 participants. Additionally, an environmental scan was conducted to inform the strategic planning process. In preparation for the October 3, 2022, Summit, please read the report and answer the reflection questions that follow after Part I and Part II.

## HURON PERTH AREA OHT - CONTEXT

### HISTORY

In February 2019, the Government of Ontario announced the transformation of the public healthcare system to improve patient experience and strengthen local services through the Ontario Health Team model. In Huron and Perth, healthcare providers have a strong history of collaboration, and collectively decided to apply to become a Cohort 1 Ontario Health Team (OHT).

The development of this application consisted of over 2,000 hours of engagement from various healthcare providers including community support services, paramedic services, home care, hospitals, long term care, mental health and addictions, midwifery services, palliative, patient/family/caregiver partners, physicians, and primary care.

In December 2019, Government of Ontario approval was received, and Huron Perth and Area Ontario Health Team (HPA-OHT) became one of the first 24 OHTs in the province, with membership from over 52 healthcare organizations! As part of the application process, HPA-OHT established a vision of *“A sustainable people-driven system that strives to provide a positive experience for all”*.

*“A sustainable people-driven system that strives to provide a positive experience for all”*

With the following commitments:

- We will embrace change to enrich the lives of citizens and put community health outcomes first

- We will create relationships based on trust and commit organizational resources towards collective improvement
- We will deliver evidence-based, fiscally responsible and sustainable care
- We will pursue opportunities to eliminate gaps, duplication and provide seamless care
- People will partner together for effective decision making

In addition to vision and commitments, the application established priority populations that would be the focus of Year 1. As a result of the needs assessment that was completed, the priority populations were identified as:

- Mental health and addictions
- Complex and palliative

The application outlined that a focus would be taken on navigation, communication, and care coordination for these three priority populations.

Shortly after approval was received, the COVID-19 pandemic was declared, and priority population work was paused as all focus was diverted to supporting organizations with the work of the pandemic. HPA-OHT members transitioned to meeting virtually, and eventually a COVID-19 Working Group was formed to discuss various aspects of the COVID-19 pandemic and how best to deal with some of the challenges sectors were facing.

One of the key requirements from the Ministry for OHTs is a Collaborative Decision-Making Agreement (CDMA). HPA-OHT decided to develop a Collaboration Agreement for members

that was reflective of the current state of the OHT. The Collaboration Agreement was approved, and implementation began in April 2022 after months of consultation with members and collection and review of feedback. In current state, HPA-OHT is fortunate to have 43 member organizations and eight collaborating partners.

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As time progressed, the OHT work increased with the start of various other working groups, advisory councils, and committees in accordance with the Accountability and Implementation Structure established by HPA-OHT. Of note, there are three Accountability and Governance committees, Implementation Committee, Planning and Priorities Setting Committee and Board-to-Board Reference Group.

- **Implementation Committee** serves as the leadership for the HPA-OHT, approves the Annual Plan and supporting goals and objectives for implementation of the OHT. In achieving this mandate, the Committee identifies the supports necessary to achieve the goals and objectives and works closely with Sector Advisory Councils. The committee is composed of three physicians, two patient partners and one sector representative from the following sectors: hospital, home care, primary care, community support services, long term care, and mental health and addictions.

- **Planning and Priorities Setting Committee** develops the OHT's draft Strategic Plan for review and approval by OHT Members. Inherent in the Plan will be specific annual goals and objectives developed in consultation with OHT members. The committee is composed of two patient partners, two physicians, co-chairs of the Implementation Committee, and two representatives from the following sectors: hospital, home care, primary care, community support services, long term care, and mental health and addictions.
- **Board-to-Board Reference Group** provides a forum for the discussion of governance matters of interest to the HPA-OHT and formal member governing bodies.

HPA-OHT has been fortunate to have strong engagement and involvement from the physicians in Huron Perth and Area. As outlined in the HPA-OHT Collaboration Agreement, physicians contribute to consensus decision making at various tables including Implementation Committee and Planning and Priorities- Setting Committee, and they have formed a **Physician Advisory Council** where they discuss various topics and have released statements including a joint letter to address COVID-19 vaccine hesitancy in patients and populations. As well, physicians are involved in the priority population projects in various capacities and are members of some working groups.

As a result of the pandemic, one of the priority populations, palliative, was put on hold for **Infection Prevention & Control (IPAC)** as members recognized the differences that existed across health care when it came to IPAC practices, the need for

effective IPAC practices and the opportunity to improve patient care through standardization of these IPAC practices. HPA-OHT was able to develop eight IPAC policies for member organizations through the work of an IPAC Consultant and the IPAC Working Group composed of experts from various healthcare organizations.

A few committee highlights include:

- **Communications Advisory Council** launching
  - an HPA-OHT logo, website and branding materials
  - the development of an HPA-OHT Communications plan
- **Diversity Equity and Inclusion Advisory Council**
  - launching a Land Acknowledgement, Statement, and a Guide.
- Work has begun on an **HPA-OHT Accreditation process, system navigation and a COVID-19 Mobile Assessment Team for Congregate Care.**
- **Digital Advisory Group** has sorted through numerous funding opportunities received from the province, secured funding for
  - Online Appointment Booking. which was successfully implemented in some of the primary care offices within our OHT
  - Received funding for a secure messaging platform (Hypercare) for use in the home care and hospital sectors

Due to the pausing of the priority population work as a result of the pandemic, this work is continuing beyond Year 1 for all three projects. **Heart failure** was selected as the condition to focus on for the complex population, and this project involves

the implementation of a **Spoke-Hub-Node model of care**. As well, this project was selected as one of five projects across the province to receive **Heart Failure Quality Based Procedure funding** in partnership with London-Middlesex OHT.

The **Mental Health and Addictions project** has completed an inventory review of services offered within Huron Perth and Area.

The **IPAC Project** has completed a review and updated the IPAC policies to ensure they are reflective of current best practices.

HPA-OHT is in the process of onboarding primary care and long-term care to the Integrated Decision Support (IDS) platform to use for analytics and as a decision support tool.

The **Patient, Family, Caregiver Advisory Council** has been an integral part of HPA-OHT work thus far. The council has developed a framework that is based upon the principles of Patient Declaration Values for Ontario, and highlights those various ways patient, family, caregiver partners are involved in HPA-OHT. A patient, family, caregiver recruitment process is in development to recruit and onboard new patient, family, caregiver partners.

The priority population working groups have started the work outlined in each of the project plans that were developed in the summer of 2022. These plans are being approved by the Implementation Committee in September 2022. Terms of reference for these working groups are also being developed.

The **Digital Advisory, Integrated Decision Support, Hypercare, and Decision Support** working groups have been updated with

a project plan and terms of reference based on the collaborative agreement and Ministry of Health requirements for reporting on OHT work and accomplishments.

At this time, the HPA-OHT has increased the secretariat staff and is moving forward with aligning the work of the OHT with the collaborative agreement, and the reporting and maturity levels of the Ministry of Health outlined for OHTs. As we continue this work, more formal reporting and guidelines for working groups and priority populations will be created.

## SUMMARY OF ACCOMPLISHMENTS

### Collaboration

- 42 OHT Members
- 7 Collaborating Partners

### Online Appointment Booking:

- Phase One (prior to March 31, 2022), HPA-OHT 'went-live' with 32 licences
- Phase Two (beginning August 2022), HPA-OHT will 'go-live' with an additional 74 licences
- HPA-OHT kicked off the Phase Two OAB work: we were the first OHT in the West Region to go-live with 2 licences!

### Cybersecurity Training:

- 170 people signed up to take the Cybersecurity training
- HPA-OHT greatest interest in West region

### Heart Failure

- Best Care providing heart failure care within primary care teams
- Nurse practitioners working within Hub
- Funding for Clinical Administrator through Quality Based Project in collaboration with Middlesex London OHT

### Infection Prevention and Control

- 8 standard IPAC policies reviewed and approved for 2022-23
- 74% of organizations in HPA-OHT have aligned with the IPAC policies
- PAC published a joint letter regarding COVID-19 vaccines

### Mental Health and Addiction

- Website page developed
- 90% diversion rate from April 2021 – March 2022 for mental health calls when MCRRT is involved

### Accreditation

- 14 organizations committed to collaborative accreditation survey in fall 2023
- 3 policies and 8 IPAC policies aligned by all organizations

### Decision Support Working Group

- Primary care joining DS this fall
- LTC sector next to receive presentation

### IPAC Policies Community of Practice

A community of practice was developed with the member organizations of the HP & A OHT for IPAC, that meets regularly supporting the implementation of the IPAC policies. There was also the creation of a dedicated page on the HP & Area OHT website to support IPAC implementation with the different organizations. It includes audit tools etc.

### Successful Collective Covid19 Response

- Successful collective Covid19 response - in an effort to reduce hospital admissions, ED visits, with weekly cross sector webinars with the health unit.
- The collective covid response was successful to support sharing resources and reassigning resources.

There collaborative QIP submission by the HPA OHT



## PART I: STAKEHOLDER ENGAGEMENT SUMMARY

The following is a summary of feedback collected at sessions with patients and caregivers, physicians, Communications committee, Implementation Committee and Strategic Planning Committee, Digital Strategy committee, boards, and three open sessions with a variety of partners. Sessions took place in April and May 2022, and utilized a combination of discussion questions, breakout groups, and interactive polls to capture responses.

The table below shows the number of participants in each group.

Session	Participants
Open sessions (3)	73
Board-to-Board	13
Patients and Caregivers	12
Physicians	10
Comms Committee	6
IC and SPC Committee	13
Digital Strategy Committee	17

Numbers of participants varied between groups. As such many of the statements made by stakeholders presented their personal perspectives on topics. Stakeholders spoke from various levels of knowledge, involvement, and expertise and did not always demonstrate a full working knowledge of the work of the OHT. Nonetheless their input is important in showing the multiple, varied, and complex perceptions of stakeholders. Qualitative data was analyzed using methods that highlighted commonalities and prominent themes throughout the responses, as well as allowed all voices – even dissenting ones – to be recognized. This occasionally resulted in conflicting themes, and differing opinions within themes, which were included to show the range of responses.

The feedback collected was qualitative and resulted from data collection techniques that encouraged experiential feedback.

In this summary, tables are used to show the thematic analysis of data. Topics and examples are provided in the descriptions of themes to show the type of responses that contribute to each theme. Themes are ranked by number of responses that contribute to themes; ranks are provided by group. Checkmarks show where additional themes were present in responses but not in the top 5 ranked themes by a specific stakeholder group.

## DESCRIPTION OF THE OHT

Board, patients and caregivers, and physician groups were asked, “In your own words, please describe what you think an OHT does.”

Theme	Boards	Patients/ Caregivers	Physicians
<b>Coordination:</b> Coordinate between organizations, health units, and services coordinating, connecting, and collaborating. Systems design, linking records, breaking down silos, “Collaboration, expected to do more with less so collaboration becomes more important. Understand all the pieces.”	1	1	4
<b>Communication:</b> Share perspectives, care communication, integrated systems of communication, use of communication tools	4	2	✓
<b>Team-based:</b> Diverse teams working together to provide care, gather teams together	3	5	5
<b>Consistency/standardization:</b> Work to avoid duplication, provide consistency across the area, consolidating	2		
<b>Availability/access of care and supports:</b> Mental Health care	5	✓	
<b>Increasing understanding of community needs:</b> understand everyone’s needs in the community, leaving no one behind	✓	✓	
<b>Complex care:</b> Hub for complex care teams, treating beyond symptoms		3	
<b>Funding:</b> Reallocate funding, resources			3
<b>System navigation:</b> One person in the system who understands the system who can guide patients.	✓	✓	





Theme	Boards	Patients/ Caregivers	Physicians
<b>Improving services:</b> Improve quality of care			2
<b>Person-centred approach:</b> Recognizing patients as persons, looking at the whole person		4	
<b>Foundational work:</b> Changing our system, making “real change”, still in its initial stages			1
Don't know much yet	✓		

When asked to describe the OHT, participants’ responses highlighted the collaborative nature of the work. Forming connections to provide good service, one respondent captured this in their response: The OHT is “people coming together towards a common direction” (Board member). Top themes that emerged were coordination, communication, and team-based care. Participants saw coordination as a positive force where the OHT is “Helping solve coordination between health units for care” (Patient/caregiver), coordination including effectively working together to pull together aspects of care and collaborate to find solutions. For example, one respondent noted the difficulties for care when a patient has surgery in one hospital but is living in, and care is provided in, another jurisdiction. Working together to provide care for that individual is an important task for the OHT.

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*“People coming together toward a common direction.”*  
*– Board member*

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Communication was a related theme to coordination; one participant described a visual of the OHT: “visual of phone cords connecting siloes” (Patient/caregiver), highlighting the importance of communication to bring teams together and coordinate care. Another aspect of communication brought forward by patients and caregivers was teaching caregivers what to ask and who to ask, and “include everyone to help them along their healthcare journey” (Patient/caregiver).

Team-based care also emerged as a top theme and included responses about de-siloing care, working in teams, working with caregivers as part of the team, and utilizing specialists as part of care teams. One physician said the OHT has the “goal to try to broaden teams to work together for common purposes.” The theme of team-based care was also closely linked to coordination with respondents noting that “gathering teams to coordinate different parts of the system” (Board member) was an important part of the OHT.



## BENEFITS

All groups were asked to consider the OHT and answer the question: “What do you think the benefits could be?” Many diverse themes emerged from the question, illustrating the many benefits that were identified by participants. Below is a table of themes in all groups.

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC & SPC	Digital Strat Committee
<b>Relationships:</b> Partnerships, collaborations, connections across sectors, new opportunities, “Building on trust that already existed, but has deepened more.”	1	1	1	1	1	1	
<b>Sharing resources and information:</b> Collective efforts, resource sharing and reassigning, stronger voices at table, reassigning, “Improved problem-solving abilities with diverse expertise amongst the agencies”	2	2	2	2	2	3	2
<b>Communication:</b> Increased communication, communication teams, “Learning all about different systems and how they interact, what can we do to improve communications?”		3		✓			1
<b>Improvement of services/care:</b> Seamless patient care and alignment	3	✓				4	5
<b>Increased understanding:</b> Learning about community, other sectors, “A greater understanding of system partners (different sectors) and the services they provide”		4					
<b>IPAC:</b> IPAC best practice, resources, “IPAC resources while implementing a new IPAC policy and procedure”	5	5				5	

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC & SPC	Digital Strat Committee
<b>Standardization/consistency:</b> Uniform delivery of care, policies, procedures	✓			4		2	
<b>IT:</b> Good work to date	4						
<b>Nothing</b>		✓					
<b>Multi-disciplinary work:</b> Multidisciplinary Team (NP, dietician, MH, EMS)			3				
<b>System navigation:</b> Easy pathways for patients, touchpoints, “Do we need a navigator? Beyond what a navigator can do – are they limited?”			4				
<b>Scalability:</b> More success with more participation, how to scale				3			
<b>Commitment to digital</b>							4
<b>Funding:</b> funding for digital health projects, “funds can hopefully be appropriately distributed”		✓					3

While there were many themes in responses, the discussions in sessions focused on building relationships and how forging those relationships would strengthen care. They are one of the top benefits of the OHT. One physician participant tied this back to experiences through the pandemic: “we had connections with each other as the pandemic hit” and that was a benefit. Relationships was the top theme across all groups

except the digital strategy committee whose top theme was communication.

Sharing resources and information was a benefit discussed by all groups. Physicians noted that a benefit was “reassigning resources at times when resources were overwhelmed in one part of the system, and these could be reallocated in places where resources were less utilized.” An example given of the

benefits of sharing information and committing to collaboration was Hypercare: “Hypercare example – a project that got everyone together on one platform” (Digital Strategy committee member).

another top benefit was communication. The “increased communication between organizations” (open session participant), communications between silos, teams, and the sector were also noted by groups.

## CHALLENGES

While thinking about the OHT, participants reflected on the challenges. They were asked, “What do you think the challenges have been?” Responses among groups were very similar for this question with the top 3 themes being communication, clarity in decision making, and managing change. The following table shows the themes that came out of the discussions about challenges.

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC	Digital Strat Committee
<b>Communication:</b> Meetings, lack of concise communication, silos, “Communication plan to frontline staff and how it impacts the agency.”	1	2	1	4	1	5	1
<b>Clarity/decision making:</b> Shared decision making, defining priorities, lack of structure and guidelines, ideas to move forward, “The Boards need to hold us accountable for the OH work”, “Lack of vision- not clear”	2	1	3	1	✓	2	2
<b>Managing change:</b> Changes to services, no one to navigate system, “Time constraints”, “Policies of organizations that are restricting inter-collaboration”	3	3	2	2	2	1	
<b>Pandemic:</b> Continued challenges from COVID-19, including staffing, strain on system, “Impact of COVID-19 halted project/accomplishments, etc.”	4	✓		✓			✓
<b>Limited resources:</b> People doing the work “off the side of the desk”, lack of resources		4		3			5

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC	Digital Strat Committee
<b>Gaps in services/supports:</b> Identifying gaps, filling in areas needed, example: home care, identify barriers, example: transportation		✓	5			3	3
<b>Strategy:</b> Need for short-term and long-term planning	5						
<b>Human Resources:</b> Crises in staff, HHR, competition	✓	✓	✓			4	
<b>Build/increase participation:</b> Getting more agencies involved	✓	✓		✓	3		
<b>Funding:</b> Securing funding, understanding funding, global budget sharing		5					4
<b>Size:</b> The size of area, meeting all needs		✓		5	5		
<b>Housing/homelessness:</b> Lack of residential supports, lack of housing, increasing homelessness			4				
<b>Roles for PAC:</b> Help with communication, awareness, and clarity					4		

Communication emerged as the top theme for Board members, patients and caregivers, comms committee, and digital strategy committee, and in the top five of all groups. The communication theme included response challenges such as “difficulty connecting into meetings” (open session participant), and “creating a balance with opportunity to have a voice” (open session participant). Discussions were also about how to share information with patients/clients, one

member of the Communications committee expressed that “many people are asking, what is the OHT? – it just tells us we need to communicate more.”

Clarity in decision making was also discussed in all groups, and this theme ranked in the top 3 themes for all groups except the Communications committee where it was present, but not a top theme. Responses that fit into this theme included

questions about priorities, accountability, and structure. One member of the IC and SPC group asked, “Our accountability as leaders – what are the most important areas from a leadership perspective?”. This theme also included questions about how to move forward, such as “What are the big ideas, how does it move forward, what are we focusing on?” (Board member)

Another top challenge was managing change. It was clear from discussions that managing change and working through barriers towards change were challenges. This included addressing communication issues such as “systems that don’t

speak to each other” (Digital Strategy committee), keeping stakeholders informed, and “Systems that don’t speak to each other” (Communication committee). It was expressed that the large scope of the project was intimidating, and making change happen was a challenge. One open session participant commented that the OHT was a “Great idea but implementation is tricky...how to make it come alive? How this will happen is ‘a mystery’.” “Time restraints” and “working off the side of the desk” were also challenges discussed during open sessions.

## WORRIES

Board and patient & caregiver groups were asked “Regarding you and your family’s health, what do you most worry about?” Their responses covered a range of insecurities around the healthcare system and its ability to address individual needs. The following table shows ranked themes in the responses from these groups.

Theme	Board	Patients/ Caregivers
<b>Access:</b> Access to all services, access across area, ER, MH&A supports, rural access, access for all ages, ‘waitlists’, literacy challenges, “our son has moved somewhere else just to get care”	1	1
<b>HR/staffing:</b> Not enough family doctors, nurses or support for staff, competition	2	
<b>Healthcare equity:</b> Inequity in quality of care in different areas	3	4
<b>Home care:</b> Support in homes, people being able to stay in their homes, care before and after procedures		2

Theme	Board	Patients/ Caregivers
<b>Limited resources:</b> Too few people doing too much, lack of resources, planning to ensure use is appropriate, “lack of resources, identified lack of beds”	4	
<b>Accountability:</b> Oversight, feedback loops		5
<b>Virtual care:</b> Digital/virtual care as an option coming out of COVID-19, more reliable for appointments, access	✓	3
<b>Different populations:</b> Different needs of populations, population aging, different needs at times of the year	5	
<b>Healthcare system:</b> Sustainability of healthcare system, strain on system, meeting needs	✓	
<b>Funding:</b> Funding model, ‘brick and mortar needs’, “buildings are aging, and hospitals are aging, not clear if there is funding to fix these issues”	✓	

Board members and patients & caregivers discussed a number of worries they have about themselves and their family members. Overall, it was clear that worries about the ability of the system to consistently meet individuals’ needs were prominent in these groups. These included worries about access both in-person and in virtual care. One board member commented that their primary worry was not being able to have “access to what they need, when they need it, where they need it”. “Barriers to access such as waitlists and the resources available in rural settings” were points discussed. One element of access that emerged as its own theme,

because of its importance to respondents, was human resources and the lack of specialists and primary care physicians, nurses, and support staff in the area. It was noted that “We have the tech and stuff but not the people” (Board member). The related theme of healthcare equity developed in responses about the differences in care available and given in different areas. One caregiver commented that they worried about the “inequity in quality of home care in areas.” They were told by a physician that it was best if they left the area and lived somewhere else because the quality of care is not good here.



Home care was highlighted by patients and caregivers as an area of inequity, and therefore, worry. In addition to inequity, there were other worries about home care related to access.

## CURRENT REALITY - COMMUNITY AND CURRENT ENVIRONMENT

Two questions were asked about the current context in Huron Perth. Participants were asked, “What do you see/hear about in your community that you think we need to pay close attention to regarding health and wellbeing?” and, “What in our current environment must we pay attention to as we plan?” Board members were not asked these questions. Below is a table of themes from groups.

Theme	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC	Digital Strat Committee
<b>Demographics:</b> Changing populations, changing needs, aging population, younger people with complex needs, newcomers, “boomers, gen x’ers, millennials and more -- all have preferences for healthcare delivery,” “Influx of population in summer”	1	5		2	4	4
<b>Human Resources:</b> Staff strategies, lack of primary care, inequity in pay, “HR crisis - not enough staffing to meet needs”	2	1		4	1	3
<b>Access:</b> Access to information, rural access to care, strategies for equal access, “Internet access is challenging for virtual care”	3		2		5	2
<b>Funding:</b> Budgeting, meeting needs of population, time limiting funding is a challenge	4			5	3	
<b>Client-centered care:</b> Improvements, patient-driven intake, transitions, “Patient driven – one intake	5					5

Theme	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC	Digital Strat Committee
process through the OHT – transition of care,” “Treat whole person including their full history”						
<b>Inflation/housing/homelessness:</b> Impact of inflation, cost of living, housing crisis and increased homelessness, “Need affordable housing options”	✓	3				
<b>Communication:</b> Marketing, effective communication, “Clients are frustrated with multiple providers and lack of effective communications tools with providers and clients”	✓			1		
<b>Healthcare system:</b> More support for caregivers, need to assess the system, “Need fundamental changes to change the system”	✓	2			2	
<b>Visibility/understanding:</b> People need to know what the OHT is in order to use it	✓		3			1
<b>Technology:</b> Use technology effectively, example: virtual care						
<b>COVID-19:</b> Lasting effects of COVID-19	✓					
<b>Health equity:</b> Meeting the needs of the entire community		4				
<b>Importance of relationships:</b> Building relationships will create stability				3		
<b>Sustainability:</b> Will this system be here long time?			1			

Responses to these questions were varied, with many themes emerging to provide a good understanding of community and environmental factors that influence the OHT. In the open sessions, access surfaced as the top theme. This included difficulties navigating the system, barriers to access to information, and the needed goal of “developing strategies to ensure equal access to care” (open session participant). Human resources was the top theme for patients and caregivers, as well as IC and SPC committees. They asked, “With respect to HHR as an OHT, what can you do?” One suggestion was to focus on recruitment: “Short term crisis and longer-term perspective – we need to do some recruitment – actively recruit and invite into the field.”

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*“Short term crisis and longer-term perspective – we need to do some recruitment – actively recruit and invite into the field” – IC and SPC committee member*

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For the Communications committee, communication was the top theme. They discussed the questions of environment from a marketing perspective and looked for ways to connect with audiences: “What is best way to reach every audience, we are not resource intensive, so how do we do this? What about those who do not have the connection with healthcare – build the trust.” Visibility/understanding was the top theme for the Digital Strategy committee, this included “Mapping of our patient and the geography – ensuring we have equitable access – looking at it from the patient and community perspective.” Lastly, sustainability was the top theme for physicians, which encompassed concerns about fiscal durability/constraint. One physician commented that “the reality of this is not sustainable – there are many things that are huge and costly (e.g., tech, cost of a drug); makes me cringe when we don’t think this through.”

## EQUITY

Questions about equity included: “What must we consider regarding health equity and population health as we plan on moving forward?” and, “What do you think we should consider when we think about people who are marginalized in terms of how to provide good health care for them?” Session participants offered insights into ensuring equity and creating supports for marginalized populations.

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC	Digital Strat Committee
<b>Geographical equity:</b> Same service/access for all areas	1	2		2		3	1
<b>Creativity to support marginalized pops:</b> Be innovative to support everyone, “Include the entire community and all its services and supports”	✓	1			1	4	2
<b>Access:</b> Ensure access for all, “The differential access to health services (e.g., tertiary care, dialysis) in rural areas. We have a small population in a large disperse geography”	2	✓					
<b>Population health:</b> Indigenous services, women's health, 2SLGBTQ+ community services, “Demographics are shifting and will continue to have significant impacts on health in the future”	✓	3	1	3		2	3
<b>Funding:</b> Funding support initiatives	3	✓					
<b>Holistic approach:</b> Social supports, MH, treat the entire person, “Social services, education - other sectors”	4	✓					
<b>Technology:</b> How to use technology to bridge gaps, ensure access to technology, “think about generational gaps and growing technology”	5	✓					
<b>Transportation:</b> Barriers, provide transportation, “Transportation challenges in rural areas”	✓	✓					

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC	Digital Strat Committee
<b>Different voices at the table:</b> Ask for feedback, consider different perspectives	✓	✓					
<b>Communication:</b> How to reach everyone					2		
<b>Data:</b> Know the population				1		1	5
<b>Resources:</b> Need for resources for marginalized populations, “ensure every organization has the resources to achieve priorities”		✓					
<b>Primary care:</b> Primary care for everyone, “Ensuring primary care providers for all in the area that they live.”		✓					4
<b>Housing/homelessness:</b> Increasing homelessness, lack of affordable housing, “Housing cost is seeing a shift in population and the shift of family members not in area to support seniors with care”							
<b>Health Human Resources:</b> Equity in staff		✓					
<b>Education:</b> Learn about health equity		4					

A prominent theme for many groups was geographical equity. This was the top theme for Board members and members of the Digital Strategy committee, and the second-ranked theme for physicians and at the open sessions. Participants expressed that one equity goal should be to ensure “services are as equitable as possible – across the region so they are accessible,

so patients do not worry about travel to get service they need.” To achieve this, it was stated that there needs to be “consistent services – across both counties.” Meeting the needs of diverse and marginalized populations was a top theme for open session participants and the Communications committee. Creativity will be needed to identify gaps and fill

them. For example, having a “wellness focus” for all demographics and areas. Population health was identified by groups such as patients and caregivers as a key area of focus. These populations included women, Indigenous, elderly, youth, refugees, 2SLGBTQ+, those requiring mental health care.

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*“LGBTQ community – some work done by UW, Stratford has the largest population of same sex marriages, no services oriented – leaving to get appropriate services. We see this with mental health for our seniors, - no choice but to leave the area.” – Patient/caregiver*

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The IC and SPC’s and physicians’ top theme was about data collection. Data is needed to know the population. This will help to identify gaps and inequities; help develop solutions and support decision making. A participant of the IC and SPC session noted the connection between “Lack of data/clean data and lack of action.” Physicians advised “paying attention to where our data comes from; what information we are missing, population health data – what is missing?” because “we need accurate data, so we make good decisions going forward.”

## VISION

All groups were asked to consider 10 years out, and asked, “How do you imagine the health system working in Huron Perth and area?” Many sessions took the opportunity to reflect on an optimistic future where there is a functional system with increased linkages and information sharing, others highlighted areas such as accessibility and easy navigation.

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*“When I have a patient that needs services– I have someone to talk to and they connect them where they need to go, services wraparound; and I know what happens because notes are flowing to me, and I am communicating out; patients move through their journey and not get dropped and we are all on the same page together” – Physician*

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Prominent themes were similar across groups with the top themes below, present in each group. The following table illustrates the themes that developed out of discussions about vision.

Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC Committee	Digital Strat Committee
<b>Functional system:</b> Increased linkages and information sharing	1	1	1	2	3	1	1
<b>Accessible/easy navigation:</b> Improved flow for patients, referrals	✓	✓	3	1	1	✓	3
<b>Patient-centred:</b> One client record, seamless care	✓	2	2	5	4	2	✓
<b>Long-term planning:</b> Strategy, governance, proactive planning, organization	2	5				4	
<b>Local focus:</b> Work with agencies, unique governance, reduce political involvement	4		✓	✓			
<b>Learn for other provinces:</b> See successful models, example: BC	3						
<b>Virtual care/innovation:</b> Education, digital information, digital tools	5					5	2
<b>Funding:</b> Funding for all sectors, remove barriers, distribution	✓	✓			5	✓	
<b>Human resources:</b> Importance of frontline staff, “people make the difference”, build HHR		3		4		3	
<b>Reduce barriers:</b> More choice for patients		4	4	✓	✓		
<b>Communication Hub:</b> Sharing the story	✓	✓	5	✓			5



Theme	Board	Open session	Patients/ Caregivers	Physicians	Comms Committee	IC and SPC Committee	Digital Strat Committee
<b>More resources:</b> People and resources to meet needs				3			
<b>Awareness/engagement:</b> Engage community, promote OHT					2		
<b>Relationship-focused:</b> Forming connections, collaboration							4

A few areas to note outside of the overall top 3 themes were the second-ranked themes for the Digital Strategy committee and the Communications committee. For the Digital Strategy committee, the second-ranked theme was virtual care/innovation, which included education, sharing digital

information, and better utilizing digital tools. The Communications committee's second-ranked theme was awareness/engagement, which included expanding community awareness, as well as cultivating and supporting partnerships and collaborations.

## VISION QUOTES AND OVERALL THEMES

"HP is resilient. It is part of our culture in HP. We are solution focused" – Board member

- Huron Perth Area will be a safe and healthy community.
- We will respect and acknowledge all OHT members and build understanding for each other's different perspectives
- The spirit and energy will come back to why we started doing this work: helping each other, people first, and natural connections.
- The OHT will be Re-imagined to include Health and Social Care -- Building A Healthy Inclusive Community
- HPA OPHT will be a seamless, integrated care system where a smaller number of partners deliver exceptional care focused on the wishes and values of citizens.
- We will know who is not accessing the services and reach out to them
- We will attract providers – multiple qualified people wanting to work here, working across all sectors (e.g. housing, quality of life)
- We will provide universal access to primary care; no orphan patients, all patients and physicians have access to Allied Health Professionals
- Ensure that all of our people who deliver care – are happy, have great wellness, enjoy work-life balance – coordinate approach to this – all hands on deck to achieve

"This process brings us closer together. Know each other for who we are and what we do. We will reach out and help each other." – Open session

"Take the politics out of medicine – there is no reason, non-partisan that runs the show for 5-10 years vs. those worried about the votes (not based on election cycle) someone who has the long vision." – Physician

"Working with a Navigator – easier communications. We need navigators across the OHT to help with this" – Communications committee

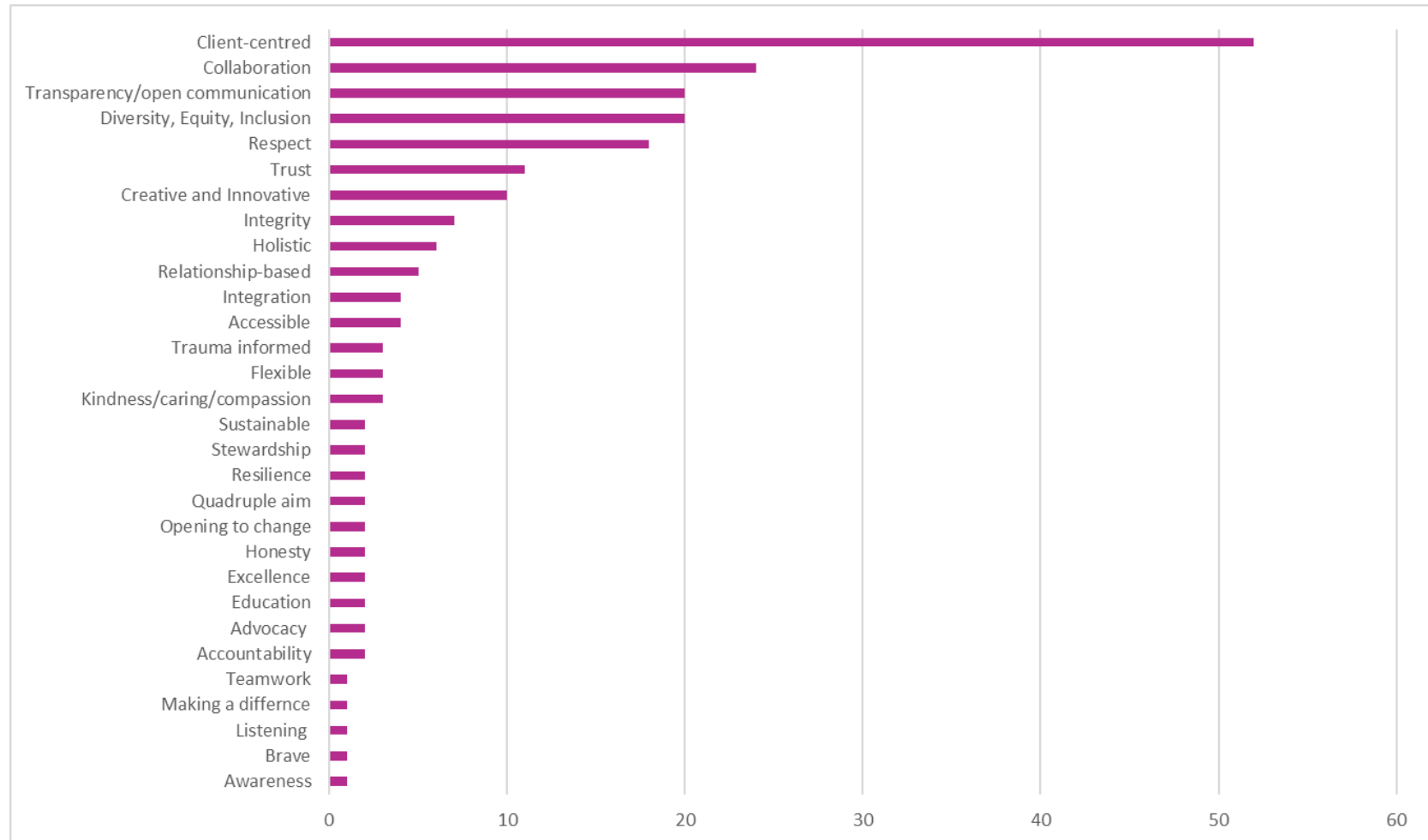
"We need to rethink how we do healthcare focus on wellness of population" – ICC

"IT'S ABOUT RELATIONSHIPS – SPEAK ABOUT WHO THEY KNOW – REACHING OUT TO PEOPLE THAT THEY KNOW (SOFT TRANSFER) – CREATE THE INTERCONNECTIONS – ENABLE THIS THROUGH DIGITAL, EDUCATION, TRAINING" – DIGITAL STRATEGY COMMITTEE



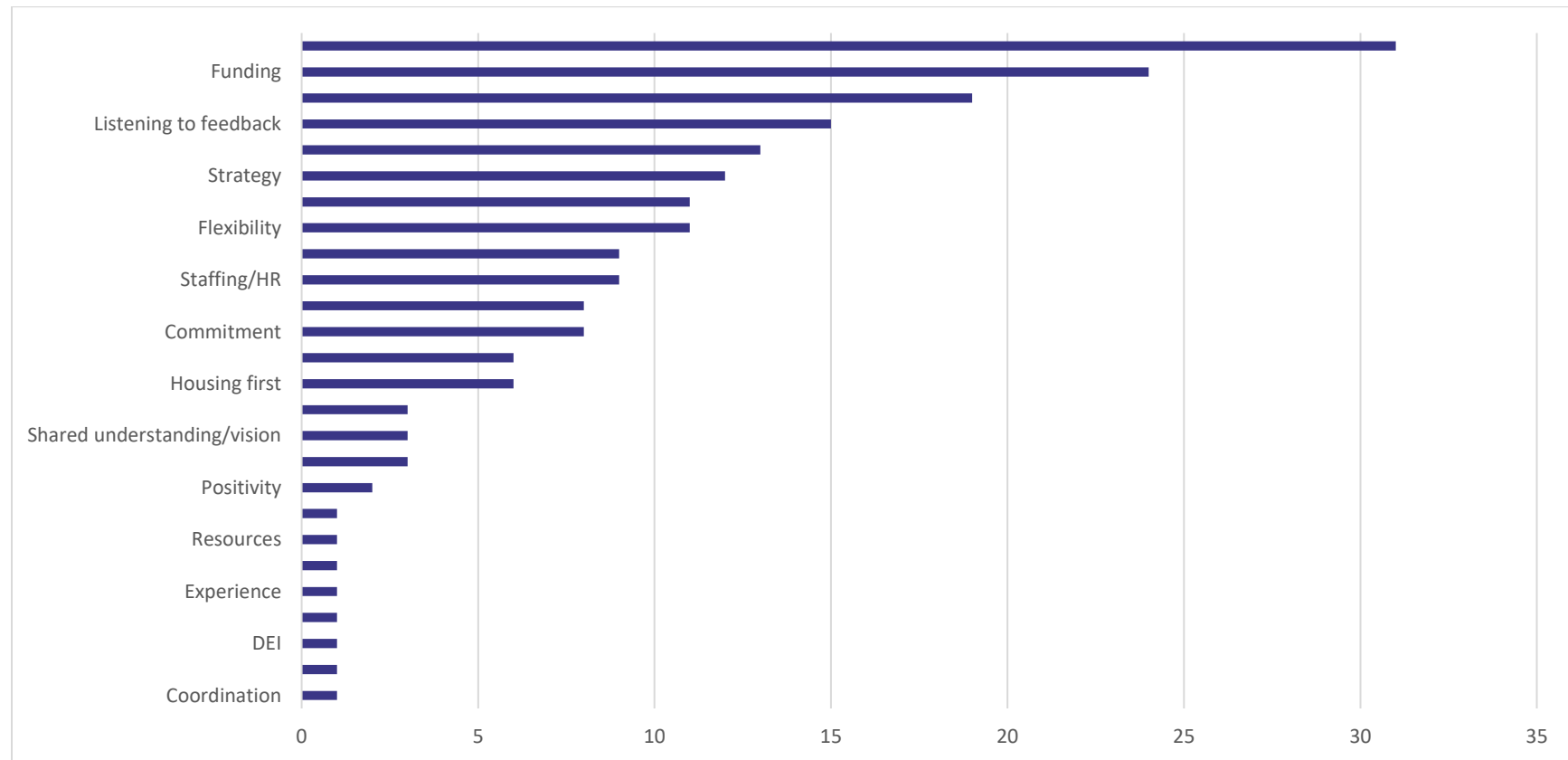
## VALUES

The open session, boards, physicians, Digital Strategy Committee, and the Communications Committee were asked, “What values do we wish to live by as we do our OHT work together?” The following chart illustrates the values identified by the participants of those sessions.



## ENABLERS

Communications Committee, Digital Strategy Committee, physicians, boards, and open sessions were also asked, “What are the key enablers that will assist us in getting to the vision?” The following chart illustrates the themed responses from the discussions about enablers held in each session.



## SUMMARY OF TOP 3 THEMES

Following is a summary of the top 3 themes per area discussed in the session with HPA OHT stakeholders:

<b>Description of OHT:</b> <ul style="list-style-type: none"> <li>• Coordination</li> <li>• Communication</li> <li>• Team-based</li> </ul>	<b>Benefits to date:</b> <ul style="list-style-type: none"> <li>• Relationships</li> <li>• Sharing resources and information</li> <li>• Communication</li> </ul>	<b>Challenges to date:</b> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Clarity/decision making</li> <li>• Managing change</li> </ul>
<b>Worries:</b> <ul style="list-style-type: none"> <li>• Access</li> <li>• HR/staffing</li> <li>• Healthcare equity</li> </ul>	<b>Current environment:</b> <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Human Resources</li> <li>• Access</li> </ul>	<b>Equity:</b> <ul style="list-style-type: none"> <li>• Geographical equity</li> <li>• Creativity to support marginalized populations</li> <li>• Access</li> </ul>
<b>Vision:</b> <ul style="list-style-type: none"> <li>• Functional system</li> <li>• Accessible/easy navigation</li> <li>• Patient-centred</li> </ul>	<b>Values:</b> <ul style="list-style-type: none"> <li>• Client/people-centred</li> <li>• Collaboration</li> <li>• Transparency/open communication</li> </ul>	<b>Enablers:</b> <ul style="list-style-type: none"> <li>• Collaboration/compromise</li> <li>• Funding</li> <li>• Communication</li> </ul>



## REFLECTION QUESTIONS – PART I – STAKEHOLDER FEEDBACK

1. What are the recurring themes from the stakeholder feedback that you believe need to inform the strategic plan?

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2. As you reflect on the feedback, what is really striking you about what stakeholders shared?

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3. What from the data must we pay close attention to as the strategic plan is developed?

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4. From the visions shared, what elements must be included as we project the HPA-OHT vision for the next ten years?

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## PART II: ENVIRONMENTAL SCAN

### SUMMARY

A scan of the external environment is completed to support the Huron Perth and Area Ontario Health Team in its strategic planning process. This scan focuses on four context areas:

- Political Context
- Economic Context
- Health System Context
- Impact of COVID-19 on Population Health

### POLITICAL CONTEXT

**Federal priorities:** The federal government's spring budget, *A Plan to Grow Our Economy and Make Life More Affordable*, includes measures to strengthen the healthcare system, respond to mental health and addictions needs of Canadians, and support the health and wellbeing of Indigenous communities. It also promised to review COVID-related spending with intent to "normalize" spending. Details are expected in the fiscal and economic statement later this year.

Priority areas (based on funding announcements) include addressing surgery and procedure backlogs, impacts and long-term effects of COVID-19, brain health, including aging and

dementia, as well as caregiver wellbeing and models of care, rural and remote communities, dental care, digital solutions and innovations in mental health, and the opioid crisis. Details of the new Canada Mental Health Transfer and national standards on mental health are still to come.

**Provincial priorities:** Ontario's Speech from the Throne, *Together, Let's Build Ontario* reinforces and recommits to announcements in Ontario's spring budget, *Ontario's Plan to Build*. In the *Plan to Stay Open: Health System Stability and Recovery*, Ontario provides additional detail on the direction of health transformation.

Priorities include expanding Ontario's healthcare workforce to address workforce shortages across the health sector, increasing hospital capacity by building more beds and diverting people from emergency rooms, expanding long term and home and community care, and moving forward on the *Roadmap to Wellness*, Ontario's mental health and addiction strategy. Ontario Health Teams (OHTs) can expect to receive new direction and guidance in mental health and addictions care and standards, home and community care, OHT



governance, digital and virtual care and standards, primary care role and in-scope services.

## ECONOMIC CONTEXT

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Uncertainty, high inflation, fiscal challenges and the potential for a near term economic slowdown describe Ontario's current economy. The Ontario government's statement that these challenges "require prudent economic management in the months and years to come" signals the potential for tighter spending. At the same time, there is a growing need for charitable services as people struggle with the financial, health and mental health impacts of COVID-19, and non-profit organizations contend with workforce and financial challenges.

## STATE OF THE SYSTEM

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**Virtual Care:** The use of virtual care accelerated with COVID-19, with most visits occurring virtually at the height of the pandemic and most doctors providing virtual care (most often by telephone). While virtual care is considered to have improved access to care, many family physicians felt that care management, diagnosis, assessment and the patient-provider relationship suffered.

**Workforce Challenges:** The pressure that Ontario's health system was under before the pandemic has increased with healthcare workforce recruitment and retention challenges

related to burnout, retirements, funding models, systemic barriers and mental health concerns related to COVID-19. Healthcare job vacancy rates in the second quarter of 2022 were more than double what they were in the second quarter of 2017. While the province has announced initiatives to increase the size of the healthcare workforce, there is concern that the measures will not be enough to make a difference.

**Impact on Health System Performance:** These have resulted in long wait times for care, lack of access to family physicians and team-based care, and emergency room closures. Health providers and leaders warn that these issues may persist for some years to come. Moving forward on removing barriers to licensing for foreign-trained healthcare professionals including physicians, moving quickly to create Integrated Ambulatory Centres, and creating more hospice beds and palliative services are three measures that could be implemented in the short term to ease pressure, according to the Ontario Medical Association (OMA).

## IMPACT OF COVID-19 ON POPULATION HEALTH

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Statistics Canada reports that mental health worsened since the beginning of the pandemic for 36% of the general population (Statistics Canada, Experiences). COVID-19 response measures resulted in patients not seeing their health provider as often as may have been needed. Pre-pandemic opioid

trends increased, worsening the opioid crisis. COVID-19 and the restrictions imposed to respond to the pandemic are likely

to have longer term impacts on the population and the healthcare system.

## POLITICAL CONTEXT

### FEDERAL DIRECTION

#### HIGHLIGHTS

- Health sector supports announced in the federal government's spring budget, *A Plan to Grow Our Economy and Make Life More Affordable* includes measures to strengthen the healthcare system, respond to mental health and addictions needs of Canadians, and supporting the health and wellbeing of Indigenous communities.
- Priority areas (based on funding announcements) include addressing surgery and procedure backlogs, impacts and long-term effects of COVID-19, brain health, including aging and dementia, as well as caregiver wellbeing and models of care, rural and remote communities, dental care, digital solutions and innovations in mental health, and the opioid crisis.

#### DETAILS

Health sector supports in the federal government's spring 2022 budget, *A Plan to Grow Our Economy and Make Life More Affordable*, include measures aimed at the healthcare system, mental health and addictions, and Indigenous communities. Of note is the announcement that spending on COVID-19 pandemic responses will be re-examined over the coming months. This budget announced that up to \$3 million of previously announced pandemic program spending will be revisited to "rein in overspending" and normalize the overall spending level. Additional information about this initiative will be in the fall economic update, still to be released.

Area	Priority Areas of Investment
Healthcare System	<ul style="list-style-type: none"> <li>Canada Health Transfer: \$45.2 billion in 2022-23 plus a top-up of \$2 billion to address surgery and procedure backlogs</li> <li>Research on the long-term effects of COVID-19 and the wider impacts on the health and healthcare systems with a five-year funding commitment to the Canadian Institute of Health Research (CIHR)</li> </ul>

Area	Priority Areas of Investment
	<ul style="list-style-type: none"> <li>• Research and evaluation to learn more about dementia and brain health, to improve treatment and outcomes of those living with dementia and to evaluate and address mental health consequences for caregivers and different models of care with a five-year funding commitment to CIHR</li> <li>• Innovations in brain health and aging with a three-year funding commitment to the Public Health Agency of Canada (PHAC)</li> <li>• Increasing access in rural and remote communities by incentivizing nurses and doctors working in underserved rural or remote communities with a 50% increase to the forgivable student loan amount for those working in those areas, and reviewing the definition of rural communities to not leave out certain communities in need</li> <li>• Free public dental care for eligible Canadians. This will be rolled out in stages and fully implemented by 2025</li> </ul>
<b>Mental Health and Addictions</b>	<ul style="list-style-type: none"> <li>• New Canada Mental Health Transfer to be developed (no details provided) and national standards on mental health to be created</li> <li>• Identify and expand effective mental health interventions and funding to continue to provide the Wellness Together Canada portal and the free app PocketWell that helps Canadians access free and confidential sessions with social workers, psychologists and other professionals from their phone</li> <li>• A new Minister of Mental Health and Addictions role is created and filled in fall 2021 (not announced in the budget)</li> <li>• Responding to the opioid crisis with \$100 million over three years, starting in 2022-23 to Health Canada for the Substance Use and Addictions Program to support harm reduction, treatment and prevention at the community level</li> </ul>
<b>Indigenous Communities</b>	<ul style="list-style-type: none"> <li>• High-quality health care in remote and isolated First Nations communities on-reserve</li> <li>• Helping Indigenous communities and organizations mitigate the ongoing impacts of COVID-19 with funding to Indigenous Services Canada for the Indigenous Community Support Fund</li> <li>• Trauma-informed, culturally-appropriate, Indigenous-led service to improve mental wellness and continue to co-develop distinctions-based mental health and wellness strategies</li> </ul>

*On September 13, the government announced that the first stage of the Canada Dental Program will begin December 1, 2022, for children under 12 years of age. Eligible families will receive \$260 to \$650 per year per child, depending on family income. The program will roll out after enabling legislation, Bill-31, passes through Parliament. (News Release)*

*"Children and young people make up almost 50 per cent of users of mental health services [of Health Canada's Wellness Together Canada portal]. (A Plan to Grow)"*

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*"Many jurisdictions reported a record number of opioid-related deaths in 2021" (A Plan to Grow)"*

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## PROVINCIAL DIRECTION

### HIGHLIGHTS

- Announcements made in the provincial budget, *Ontario's Plan to Build*, are reinforced and recommitted to in the Speech from the Throne, *Together, Let's Build Ontario*, and *Plan to Stay Open: Health System Stability and Recovery*, the five-point plan for the health system
- Priorities include expanding Ontario's healthcare workforce to address workforce shortages across the health sector, increasing hospital capacity by building more beds, expanding long term and home and community care, moving forward on the *Roadmap to Wellness*, Ontario's mental health and addiction strategy, and continuing health system transformation
- Ontario Health Teams (OHTs) can expect to receive new direction and guidance in mental health and addictions care and standards, home and community care, OHT governance, digital and virtual care and standards, primary care role and in-scope services

### DETAILS

It has been three years since the passing of the *People's Health Care Act, 2019*, the establishment of Ontario Health (OH) as the new Crown agency overseeing the programs and operations of multiple health agency partners, and the introduction of Ontario Health Teams (OHTs). This section of the scan provides updates on health system transformation including OHTs, Digital First for Health Strategy, and Ontario's mental health and addictions strategy

In April 2022, the Ontario government released its 2022 budget, *Ontario's Plan to Build*. This was followed by the August 9 Speech from the Throne, *Together, Let's Build Ontario*. On August 18, the Ministry of Health (MoH) and Ministry of Long-Term Care released their *Plan to Stay Open. Health System Stability and Recovery*. These outline how the province intends to continue the health system transformation work that began before the COVID-19 pandemic.

## ONTARIO'S PLAN TO BUILD

*Ontario's Plan to Build* announced new investments to expand Ontario's healthcare workforce, build more hospital beds, support more seniors and patients to remain at home, and build mental health capacity.

### Expanding Ontario's Healthcare Work force:

- Recruiting and retaining healthcare providers in underserved communities with the new Learn and Stay Grant (launching in 2023)
- Supporting the retention of nurses, providing nurses across the health sector with a retention incentive of up to \$5,000 per person
- Modernizing clinical education for nurses
- Permanently enhancing the wages of personal support workers
- Expanding medical education and training to increase the number of undergraduate seats by 160 and the number of postgraduate positions by 295 over the next five years
- Proposing legislative changes to make it easier and quicker for foreign-credentialled health workers to begin practicing in Ontario by reducing barriers to registering with, and being recognized by health regulatory colleges and eliminating requirements for Canadian work experience

*"Increasing the number of doctors, nurses and personal support workers in Ontario is a key element of the government's Plan to Stay Open" (Ontario's Plan)*

### Building More Hospital Beds:

- Adding 3,000 new beds over 10 years and supporting the continuation of 3,000 beds put in place during the pandemic
- Investing in hospitals to support health human resources, address surgical and diagnostic imaging recovery, increase access to high-quality care
- Building surgical capacity through the province's Surgical Recovery Strategy to increase scheduled surgeries, procedures and diagnostic imaging, and provide funding to hospitals for innovative solutions to address local needs and increase surgeries across Ontario

### Expanding long term care and home and community care:

- 30,000 new long term care beds to be built by 2028
- Improving the sharing of information and health data between the long-term care, hospital sectors and healthcare providers, and streamlining re-admissions
- Investing up to \$1 billion more over three years into home care
- New Ontario Seniors Care at Home Tax to help low- to moderate-income senior families with eligible medical expenses
- Investing \$100 million in additional funding over three years to expand community care programs like adult day programs, meal services, transportation, assisted living services and caregiver supports *(Note: It is not clear if this*

*includes the additional funding to expand Ontario's Dementia Strategy and funding to extend the Ontario Community Support Program)*

- Expanding the Community Paramedicine for Long Term Care program to serve all eligible seniors across Ontario
- Additional \$5 million a year for three years to expand Ontario's Dementia Strategy so more people with dementia can live independently within their homes and be engaged in the community
- Investing an additional \$5.5 million in 2022-23 to extend the Ontario Community Support Program which delivers meals, medicine and other essential items to low-income seniors and people with disabilities
- Expanding the home and vehicle modification program to help 1,200 more individuals with long term disabilities remain in their homes

#### **Building mental health capacity:**

- Investing an additional \$204 million to continue to move forward on expanding existing services, implementing innovative solutions and improving access to mental health and addiction services in areas including: online cognitive behavioural therapy support, child and youth mental health, addictions services, supportive housing, mental

health, justice and Indigenous mental health and addictions.

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### **TOGETHER, LET'S BUILD ONTARIO**

The Speech from the Throne confirmed that the province will continue its work to “build a health system that better cares for patients and keeps the province open. The Speech recapped progress on the health sector investments announced in *Plan to Build*.

The Speech outlines the next steps that the sector can expect, including:

- OHTs will soon reach full provincial coverage
- OHTs will help increase the digital and virtual care options available to patients
- Expansion of scopes of practice so qualified professionals like paramedics can provide care for people at home through community paramedicine program
- Continuing to invest in Roadmap to Wellness, Ontario's mental health and addictions strategy

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### **PLAN TO STAY OPEN: HEALTH SYSTEM STABILITY AND RECOVERY**

In this plan, the MoH and MoHLTC detail a five-point plan that targets the preservation of hospital capacity, reducing pressure on hospitals, reducing surgical waitlists, reducing pressure on

emergency departments, and expanding Ontario's health workforce.

**Preserving hospital capacity:** measures focused on access to COVID-19 testing, therapies for treatment, COVID-19 shots and flu shots, and extending temporary COVID-19 physician funding.

**Providing the right care in the right place:** measures focus on diverting people from emergency rooms, moving people to long term care for respite services and for patients no longer in need of hospital treatment (*Bill 21, Fixing Long-Term Care Amendment Act, 2022*) and expanding community paramedicine.

**Reducing surgical waitlists** with over \$300 million in funding in 2022-2023, working with hospitals for innovative solutions to increase surgeries. This can include more involvement of independent health facilities, increasing surgeries in pediatric hospitals and existing OHIP-covered private clinics.

**Easing pressure on emergency departments** with increased access to the Family Health Organization model of primary care, launching a new provincial emergency department peer-to-peer program in rural emergency departments and building workforce capacity in northern and rural Ontario.

**Further expanding Ontario's health workforce** by supporting internationally trained nurses to become licensed to work in Ontario and removing financial barriers to support retired and internationally trained nurses to receive their accreditation to practice.

## SECTOR RESPONSES TO THE FIVE-POINT PLAN

According to the Association for Family Health Teams of Ontario (AFHTO), things missing from the Plan include:

- Tangible support for primary care as a key component in health system stability and recovery
- Measures to address the backlog of mental health and addiction, chronic disease, cancer screening and vaccination that primary care is seeing
- Measures addressing mental health and addictions

With regards to expanding Ontario's health workforce, AFHTO notes that while 19,000 healthcare workers will be added over the two phases of the plan, the number that have left the system is unknown.

## DIGITAL FIRST FOR HEALTH STRATEGY

Ontario's Digital First for Health Strategy, announced in 2019, aims to improve the patient experience and supports a fully connected healthcare system. In the first phase of the strategy, availability of virtual care was to be increased, and funding was



provided to compensate physicians for video visits. Changes to the *Personal Health Information Protection Act* (PHIPA) will enable OHTs to collect, use and share information. Once the strategy is fully implemented, patients can expect more virtual

care options, online booking, greater data access for patients, better and more connected tools for providers, and data integration and predictive analytics (Gov't of Ontario. Ontario Expanding Digital).

Table 1: 5 Pillars of Ontario's Digital First for Health Strategy

Virtual care options	Online appointment booking	Data access for patients	Tools for frontline providers	Data integration and predictive analytics
<p>More options including availability of video visits and enabling virtual care tools such as secure messaging</p> <p>Ability to leverage a variety of virtual care technologies to meet patient needs</p>	Expanded access to online booking with patients able to book appointments	Greater access with patients able to review their secure health records online and make informed choices about care	More providers able to access patient records stored across multiple health service provider	Providers face fewer barriers to integrating and using secure health information to manage health resources and improve care

Health Canada lists the key aspects of the Province's strategy for enhancing virtual care include:

- Setting clear population-level targets for demonstrated use of virtual care
- Moving towards a provincially-set standards-based technology environment
- Emphasizing patient and provider choice of which tools they use for virtual care, provided privacy, security, usability and interoperability requirements can be met
- Removing compensation-related barriers to virtual care, while encouraging appropriate use across provider types (e.g., physicians, home and community care providers)
- Integrating virtual care into health system planning and the development of clinical pathways at multiple levels:

- Provincial - Ontario Telemedicine Network (OTN) amalgamated into Ontario Health
  - Local – Ontario Health Teams (OHTs) given specific targets for adoption and use of virtual care
- Modernizing and connecting provincial supports for navigation and access (e.g., Healthcare Navigation Service procurement)

### Ontario's Digital Standards for Health Care

Ontario Health has established provincial standards for virtual visit solutions, digital health information exchange, online appointment booking and patient portals.

Ontario Health is working with the MoH to provide digital and virtual care funding opportunities to support new or enhanced digital health and virtual care programs that align with the following priorities:

- Improving care navigation
- Increasing access to mental health and addictions services
- Enhancing care for target populations

- Improving care transitions
- Supporting surgical backlog recovery
- Improving health equity
- Transforming how care is delivered

This one-time funding will be administered by OH through a phased approach where OHTs, In Development Teams and other eligible healthcare organizations will be invited to submit funding proposals.

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### ONTARIO HEALTH TEAMS – CURRENT DIRECTION

Implementation of OHTs continues to be a priority as the health system responds to COVID-19. At the writing of this report, there are 51 OHTs across Ontario. At maturity, these OHTs will cover 95% of Ontarians. The ministry continues to support the expansion of provider partnerships in existing OHTs. The Ministry of Health's Year End Update, released April 2022, reports on progress to date and provides information on what to expect looking ahead.

## Progress Update

<p>Patient Partnership, Community Engagement</p> 	<p>Declaration of values for Ontario issued by the Minister's Patient and Family Advisory Council in September 2021, setting the standard for patient, family and caregiver expectations</p>
<p>Defined Patient Pop Towards Population Health Management and Equity</p> 	<p>Coaching, data packages, and the Data Supports Guidance Documents provided to OHTs to build population health management capacity</p>
<p>Patient Care and Experience and Service Delivery</p> 	<p>OHTs have been, and will continue to be, engaged in the governance and co-design of the Healthcare Navigation Service as it evolves</p>
<p>Performance Measurement, Quality Improvement, and Continuous Learning</p> 	<p>Developing Annual Collaborative Improvement Plans helps OHTs align efforts across partners</p>
<p>Leadership, Accountability and Governance</p> 	<p>Collaborative Decision-Making Arrangements (CDMAs) guiding planning, operations, and decision making have been developed and implemented by all OHTs</p>
<p>Digital Health and Information Sharing</p> 	<p>\$81 million in digital health and virtual care funding made available in 2021-2022, with similar types of opportunities expected in 2022-2023</p> <p>OHT Health Information Management Plans completed by the first two OHT cohorts</p>

## Looking Ahead

### Leadership, Accountability and Governance



Expect guidance and direction on OHT governance in Fall 2022. The future trajectory towards legal designation of OHTs will be informed by developments in OHT governance and other topics

### In-Scope Services



Primary care remains foundational to OHT success. Models supporting primary care and physician involvement at OHT decision making tables are being assessed by the ministry and Ontario Health for capturing and spreading successful elements.

Managed Entry has been expanded to allow more physicians into the Family Health Organization model with the new Physician Services Agreement

A number of OHTs will be selected to implement Leading Projects to advance new models of home care

Home and community care legislation and regulations were proclaimed on May 1, 2022. Guidance for home care will inform OHT planning in 2022.

### Patient Care and Experience and Service Delivery



The ministry reaffirms its commitment to prioritize new service funding or service expansion through OHTs. To that end:

- A recently launched demonstration project will test and assess opportunities to integrate service delivery for heart failure patients. All approved demonstration projects will offer non-acute services through a collaboration of acute care, primary care and community care providers
- Significant local expansion of OH-funded community services will require OHT input

Mental health and addictions care presents to the ministry and OH an opportunity for pathway implementation and future standardization

### Digital Health and Information Sharing



Amendments to the *Personal Health Information Protection Act* are being sought to improve sharing of personal information among health service providers within OHTs

Expect an update to the Digital Health Playbook and stronger direction, funding and supports to further drive digital health and information management

## MENTAL HEALTH AND ADDICTIONS STRATEGY

Launched in Winter 2020, [Roadmap to Wellness](#) outlines Ontario's four-pillared plan for providing Mental Health and Addictions services so that people have better access to supports and services across the lifespan. The [Mental Health and Addictions Centre of Excellence](#) (CoE) is the centrepiece of the new plan. The CoE plays a critical role in overseeing the delivery and quality of mental health and addictions services and supports, including system management, quality improvement, disseminating evidence and setting service expectations. Working with the Canadian Institute for Health Information (CIHI), CoE will develop a system-level approach for measuring performance. Data will play a critical role in

Table 2: Roadmap to Wellness: Four Pillars

Improving Quality	Expanding Existing Services	Implementing Innovative Solutions	Improving Access
<p>Develop core services based on:</p> <ul style="list-style-type: none"> <li>Core services framework</li> <li>Core services standards</li> </ul> <p>Planned for 2022:</p> <ul style="list-style-type: none"> <li>Quality icons for display for local programs and services</li> </ul>	<p>Priority areas for investing:</p> <ul style="list-style-type: none"> <li>Child and youth mental health</li> <li>Mental health and justice services</li> <li>Mental health supports for police and correctional staff</li> <li>Supporting first responders</li> <li>Supportive housing</li> </ul>	<ul style="list-style-type: none"> <li>Pilot Ontario Structured Psychotherapy Program in 2020</li> <li>New service delivery framework for people with autism spectrum disorder and mental health issues</li> <li>Addiction services to address opioid crisis</li> <li>Youth wellness hubs</li> </ul>	<p>New provincial program and approach to navigation:</p> <ul style="list-style-type: none"> <li>Coordinated access to mental health and addictions core services</li> <li>Identifying mental health and addictions services and supports through a common quality icon</li> </ul>

driving service quality and accountability. OHTs will better integrate mental health and addictions supports between hospitals, primary care providers and community service providers, helping improve people's access to these important community-based services and improving navigation of the system.

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*The CoE will provide support and resources to OHTs as they connect people to mental health and addictions services (Ontario Health, Mental Health and Addictions Centre of Excellence)*

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that meet CoE quality standards	<ul style="list-style-type: none"> <li>• Services for Indigenous people and communities</li> <li>• Services for Francophone community</li> </ul>		
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### Going forward:

- The Ontario Structured Psychotherapy program continues to expand
- Access to mental health and addictions services improves with immediate access to crisis counselling, screening, referral to core services and online and virtual resources
- Using the core services framework and best practices from Cancer Care Ontario, Health Quality Ontario and clinical research, the CoE will identify service gaps, establish performance metrics, define the link between services and outcomes, set expectations-related outcomes and identify the data and digital health needs of providers

The MoH and OH recognize that mental health and addictions are a top concern among OHTs. According to the OHT Year End Update, “mental health and addictions care presents to the Ministry and OH an opportunity for pathway implementation and future standardization” (7).

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## ONTARIO MEDICAL ASSOCIATION

The OMA’s white paper “*Responding to a mental health and addiction tsunami*” prepared in anticipation of the government moving forward with its renewed mental health and addiction strategy outlines more than 20 immediate priorities to address the significant gaps in mental health and addictions care and the impacts of COVID-19. Priority populations include children and youth, seniors, and those who provide care and marginalized communities. The OMA calls on the government to:

- Accelerate and evolve the rollout of the province’s psychotherapy program to provide equitable access to high-quality therapy for all Ontarians, given the cost of private therapy is out of reach for many
- Expand the number of supervised consumption sites and other harm-reduction initiatives
- Fund all Ontario hospitals to ensure that all emergency departments offer dedicated on-site mental health resources 24/7
- Report on and regularly update mental well-being indices and the emergence or exacerbation of mental illness and/or addiction and death from suicide and overdose

- Increase access to public health nurses and social workers in schools for early intervention
- Prioritize in-person learning at school only when it is safe to do so, based on sound public health evidence

## ECONOMIC CONTEXT

### HIGHLIGHTS

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- Uncertainty, high inflation, fiscal challenges and the potential for a near-term economic slowdown describe Ontario's current economy
- The Ontario government's statement that these challenges "require prudent economic management in the months and years to come" signals the potential for tighter spending
- At the same time there is a growing need for charitable services as people struggle with the financial, health and mental health impacts of COVID-19, and non-profit organizations contend with workforce and financial challenges

### DETAILS

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Ontario's Speech from the Throne communicated bluntly about the current state of the economy. There is growing uncertainty in the economy, record level inflation with no consensus on when it will return to normal, and new fiscal challenges resulting from unprecedented spending throughout the pandemic. There is the possibility of a near-term economic slowdown. These challenges "require prudent economic management in the months and years to come".

At the same time, people are paying more for everyday goods, and businesses are experiencing labour shortages and supply chain problems. Businesses are having to pay more for labour and supplies which may result in rising costs.

With high inflation, rising costs and the end of pandemic supports, charitable and non-profit organizations are experiencing growing demand for support. Many of these organizations are experiencing declining revenue and workforce challenges that makes it difficult to meet the level of need in their communities.

- **Growing need:** the number of Canadians who may use charitable services to meet basic needs will increase from 11% to 26%. (Imagine Canada/CanadaGives)
- **Food security is a growing issue:** Canada's Food Price Report (Dalhousie et al) predicts that food security will be a big issue in 2022 and food programs may see increased demand (p. 7). Released in the early months of 2022, forecasted food price increases for Ontario in 2022 were conservative, predicting an overall 5% to 7% increase, with dairy, restaurants, vegetables and bakery items increasing more than meat, fruit, seafood and other foods
- **Food bank use rises:** According to Feed Ontario's Hunger Report 2021, the pandemic accelerated income and affordability problems in Ontario. Highlights from the report include growing

food bank use. Primary reasons for the increase include insufficient social assistance, precarious employment, and unaffordable housing. In 2020-2021 in Ontario, compared to the previous year:

- The number of adults and children visiting a food bank in 2020-2021 was 10% higher
- The number of visits was 12% higher
- Senior citizens were almost twice as likely to access a food bank compared to adults under 65 years of age.

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*COVID-19 has had a significant impact on non-profit agencies with many experiencing increased demand, retention and recruitment challenges, loss of volunteers, staff burnout, and revenue loss with recovery likely to take longer than other sectors. Bill 124 is a contributing factor.*

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Ontario Nonprofit Network (ONN) released its “State of the Sector” report for 2022. Nearly 1,500 non-profits, charities, and grassroots groups across Ontario responded to ONN’s sector-wide survey conducted with l’Assemblée de la Francophonie de l’Ontario (l’AFO) between May and June 2022. The survey reports on the state of financial health, staffing and volunteers, and general operations of Ontario’s non-profits. This scan shares the key findings emerging from the survey:

- **Growing demand, particularly in the health sector** – 89% of health organizations report increased demand in 2022 compared to an average of 74% across the non-profit sector
- Increasing costs due to inflation while revenues decrease
- “Financial forecasts are alarming” (2) and 34% report they are unable to sustain their operations beyond 12 months
- Many non-profits did not benefit from government pandemic supports
- “Relentless HR crisis”: as a result, 86% scaled back essential programs and services, there are longer waitlists, and/or discontinuing services, and program quality has been impacted. *Bill 124* contributes to the human resources crisis in this sector
- Rapid digitization of the sector means that non-profits need staff with a variety of related skill sets
- Volunteers are not returning, with 62% losing volunteers; health, sports, and faith organizations have seen the biggest impact

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*Recruitment and retention, rising prices and increasing demand are current priorities and challenges for non-profits in 2022 (Barr & Jensen).*

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## STATE OF THE SYSTEM

### HIGHLIGHTS

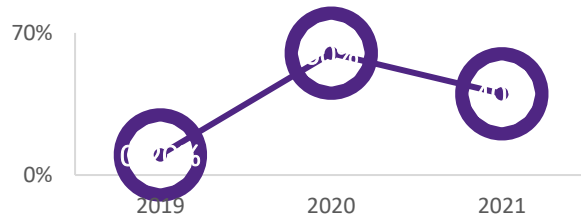
- The use of virtual care accelerated with COVID-19 with most visits occurring virtually at the height of the pandemic and most doctors providing virtual care (most often by telephone). While virtual care is considered to have improved access to care, many family physicians felt that care management, diagnosis, assessment and the patient-provider relationship suffered.
  - The pressure that Ontario's health system was under before the pandemic has increased with healthcare workforce recruitment and retention challenges related to burnout, retirements, funding models, systemic barriers and mental health concerns related to COVID-19, resulting in long wait times for care, lack of access to family physicians and team-based care, and emergency room closures.
- Healthcare job vacancy rates in the second quarter of 2022 were more than double what they were in the second quarter of 2017. While the province has announced initiatives to increase the size of the healthcare workforce, there is concern that the measures will not be enough to make a difference.

## VIRTUAL CARE

COVID-19 brought about a “radical transformation of the care environment” (Virtual Care Task Force, 3), accelerating the move to virtual care that is part of OH's strategy to improve access. The proportion of doctors providing virtual care increased from 30% in February 2020 to 80% in December 2020. In 2021, 40% of health care visits were conducted virtually compared to 10-20% in 2019. In the Fall of 2021, top medical officers of health in Ontario (and other provinces) formally encouraged physicians to return to more in-office care, where appropriate, to better meet standards of care and provide the level of care needed by many patients.

In its second report, the Virtual Care Task Force (VCTF) concludes that while many of the virtual care developments have been positive, issues of equity and appropriateness, and the growth of virtual care services by private companies (along with payment outside of the publicly funded system) are concerns to be addressed. Specific to patients and providers, The VCTF recommends the promotion of “guidance for patients and providers on the appropriate use of virtual care” (2). The VCTF is a collaboration of the Canadian Medical Association, the College of Physicians of Canada and the Royal College of Physicians and Surgeons of Canada.

Percent of Healthcare Visits Conducted Virtually, 2019 to 2021

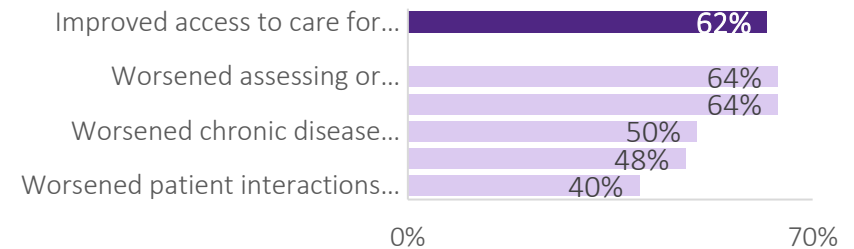


Percent of Doctors Providing Virtual Care in February and December 2020



According to 62% of family physicians surveyed in 2021, virtual care has improved access to care for patients; however, many say it has worsened various aspects of quality and the patient-provider relationship (College).

Impact of Virtual Care on Access and Quality in Family Practice



Source: CFPC | Family Physicians' Response to the COVID-19 Pandemic

### FAST FACTS

- **98%** of doctors in a community setting provided virtual care. Telephone was the top modality used. Females were higher users of virtual care than males (Leger)
- Patients surveyed by the College of Family Physicians of Canada (CFPC) in June 2021 found patients rated virtual care conducted by phone as being less satisfactory than in-person care
- **86%** of Digital Health Survey respondents rated "quality of care when using digital technology" as "very important" (Competition Bureau of Canada)
- **91%** of patients surveyed by the Canadian Medical Association in 2020 were satisfied with the virtual care they received, and **42%** who used virtual care prefer a virtual method as the first point of contact with their physician (Canadian Medical Association 2020)
- **56%** of people surveyed by KPMG in 2021 felt their family doctor was using virtual care or telehealth services effectively (KPMG 2021)

## HEALTH SYSTEM

### EMERGENCY CARE

Across Canada, the health system is stressed. There are emergency room closures, long wait times and lack of access to family physicians particularly in rural areas and smaller communities. COVID-19 placed increased pressure on an already stressed healthcare system and exposed system inequities.

Over the course of the summer of 2022, emergency room closures and long wait times were topics that appeared in the news frequently. Across Ontario, it takes an average of two hours for the first assessment by a doctor. On average, low-urgent patients not admitted to the hospital are in emergency for three hours and high-urgency patients not admitted to the hospital are in emergency for almost five hours. Patients admitted to the hospital spent almost 21 hours in emergency. In terms of the percent of patients finished within target times, 74% to 88% of patients not admitted to hospital finished their visit within the target times; however, only 24% of patients were admitted within the target of eight hours. (OH, System Performance)

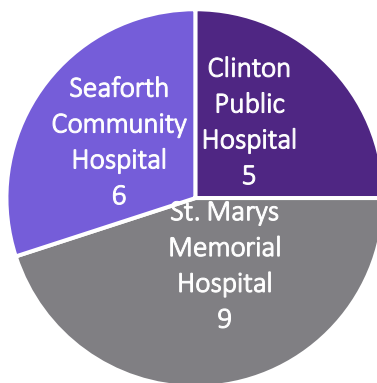
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*Patients coming to hospital emergency in Huron Perth do not have to wait as long as patients across Ontario on any of these measures and more patients are finished or admitted within the target times. (Data is available for Alexandra Marine & General Hospital, Huron Perth Healthcare Alliance hospitals).*

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A scan of hospital news releases for hospitals partnering with the HPA-OHT gives a sense of the impact that healthcare workforce shortages are having on the health system and access to emergency care. From April to September 21, 2022, Huron Perth Healthcare Alliance issued 17 news releases announcing temporary closures and reduced hours at one or more of the hospitals. Service disruptions could continue for several years with healthcare worker shortages (Fortier).

### Number of News Releases Announcing Emergency Room Closures in Huron and Perth, April to September 2022



The Ontario Medical Association proposed three immediate steps that could be taken by the government to make a difference in the short term:

- Licensing more foreign-trained physicians through increased residency spots and a government practice-ready assessment program
- Moving ahead urgently with the creation of Integrated Ambulatory Centres for less complicated outpatient surgeries and procedures to ease the burden on hospital and reduce wait times
- Creating more hospice beds and palliative care services

## HEALTHCARE WORKFORCE

### WORKFORCE SHORTAGE

The shortage of healthcare workers is a global issue and there are growing concerns about retirement and profession abandonment (Lemire). Healthcare human resources has been an ongoing issue that has been exacerbated by the pandemic. According to job vacancy data from Statistics Canada, there were about 44,000 unfilled positions in healthcare in Ontario in the second quarter of 2022, 31,000 more than in the second quarter of 2017. Job vacancy rates ranged from 5.5% in ambulatory healthcare services to 5.8% in hospitals to 8.3% in nursing and residential care facilities. In 2017, job vacancy rates ranged from 1.8% to 2.7%. Turnover is expected to remain high with one-in-five staff in the healthcare field over the age of 50 (Alexandra Marine).

In their pre-budget submission to the Government of Ontario (2022), AFHTO cites the following challenges related to the workforce and system capacity:

- Recruitment and retention challenges are higher in primary and community care given lower funding and salary limits
- Structural barriers such as funding models stifle ability to fully leverage the skills and experience of all providers

- Teams' work has increased but has not matched with sufficient funding to ensure capacity and continuity

### FAMILY PHYSICIAN SHORTAGE

Even before the pandemic, many doctors and family health teams, especially those in smaller towns, were not able to take on new patients.

Ontario currently has 14,500 family doctors. While there were 6,000 newly registered physicians last year the number that will become family physicians is not known as they have yet to be certified. Data indicates that fewer graduates seem to want to go into family medicine. Barriers commonly cited include "too much red tape and too little support" (Butler).

Funding models, administrative tasks, and paperwork are reported to have a negative impact on family physicians' time with patients/clinical time.

*Some things that would help family practices include: "providing family practices with clerical support, reducing unnecessary administrative processes, patient navigators to connect family practices and other services with patients with complex needs, enhancing remote monitoring, and using virtual care, where appropriate" (Lemire 392).*

### FAST FACTS

- One-in-four Ontarians has access to team-based primary care (AFHTO, Response)
- 31% of Canadians with a family doctor had not seen them either virtually or in person since the pandemic began (Results of KPMG June 2021 survey as reported by the Virtual Care Task Force)

*94% of the population aged 12 and over in Huron and Perth have a health care provider they regularly see or talk to when they need normal care or advice for their health. This compares to 90% across Ontario. (Statistics Canada, Health Characteristics)*

### WORKFORCE WELLBEING: IMPACT OF THE COVID-19 PANDEMIC ON HEALTHCARE WORKERS



There is ample evidence that COVID-19 has had an impact on the health and wellbeing of the healthcare workforce.

Labour force survey data for January 2022 shows that 13.3% of healthcare and social assistance workers were absent due to illness and disability, a 34% increase from previous years (COVID-19 Data Tool. As of February 7, 2022).

A survey of 3,409 family doctors found that 51% reported working "beyond their desired capacity" and 15% reported

“feeling burnt out”, up from 5% in May 2020 (College of Family Physicians). The study pointed to the need to support the wellbeing of family doctors.

The Survey on Health Care Workers’ Experience During the Pandemic (SHCWEP), a national survey of Canadian healthcare workers, found that COVID-19 impacted the jobs of 95% of healthcare workers, and increased work-related stress for 87%, particularly among physicians, nurses and other healthcare workers, and mental health worsened for 45%.

Similar results were found in the Gateway Centre of Excellence in Rural Health’s survey of healthcare workers in Huron-Perth in 2020. The study found that workplace stressors negatively affected healthcare workers’ physical and mental health and created work/life balance and/or family challenges and concerns, with 65% of respondents reporting new work-related stresses due to COVID-19.

- Fear was the biggest stressor reported (fear for one’s own health, fear of infecting loved ones, and fear related to service delivery and changing protocols)
- Workload and feeling overworked, constant change, and management and communication challenges in a constantly changing environment were other stressors. For many, these were new stressors and a direct result of the pandemic. For others, the pandemic exacerbated pre-pandemic stresses

- Less than 15% of rural healthcare workers sought formal support to deal with pandemic-related stressors and 71% sought informal support through “connection with others,” mostly friends and family. To mitigate stress, healthcare workers engaged in various activities (e.g., gardening, food, sleep), exercised, and communicated with others

A follow-up study was initiated in March 2022.

Workload, stress and mental health concerns are contributing to healthcare workforce shortages. SHCWEP found that 18% of healthcare workers not intending to retire planned to leave their current job or change jobs within the next three years, with nurses most likely to report intending to leave or change jobs. Job stress or burnout were the most common reasons for leaving, particularly among women and nurses. Mental health concerns and lack of job satisfaction were the next most common reasons.

## IMPACTS OF COVID-19 ON POPULATION HEALTH

Statistics Canada reports that mental health worsened since the beginning of the pandemic for 36% of the general population (Statistics Canada, Experiences). COVID-19 response measures resulted in patients not seeing their health provider as often as may have been needed, and increased demand on mental health services. Family physicians are highly concerned

about their patients' emotional or mental stress, use of alcohol and other non-prescription drugs, reduced interactions with patients, and health risks due to reduced patient-doctor contact (CFPC). COVID-19 and the restrictions imposed to respond to the pandemic are likely to have longer term impacts on the population and the healthcare system.

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*31% of Canadians with a family doctor had not seen them either virtually or in person since the pandemic began (Results of KPMG June 2021 survey as reported by the Virtual Care Task Force)*

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### FAST FACTS

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- The pandemic has increased mental health and addiction challenges and is putting greater pressure on the system
- Previous trends and priorities in mental health and addiction persist with COVID-19 adding pressure to the system as more people report a decrease in mental health, more mental health concerns, and increased use of substances and substance use-related harms
- Various surveys and studies provide evidence of populations that have been disproportionately impacted, including those who are unemployed, people with a pre-existing mental health condition, those who identify as LGBTQ2, students, those with a disability, Indigenous, and parents

- Ongoing research and data are needed to monitor the long-lasting impact of COVID-19 on mental health and the mental health of the many different subgroups that are particularly impacted
- Suicide, opioid use, substance use, and mental health intersect. Historically, suicide rates increase with a pandemic
- Children and youth have the highest mental needs of any age group. Youth between the ages of 18 and 34 have been the most impacted by COVID-19. Social isolation, school interruptions and anxiety around job prospects are key factors contributing to poor mental health.

The pandemic has significantly affected Huron-Perth communities through “program and service closures, job losses, increased isolation and anxiety, loss of life, and uncertainty about what the future holds” (Community Safety, p 3).

Between March 2020 and September 21, there have been 8,253 total confirmed cases of COVID-19 in Huron Perth - 1,425 or 17% of them have been in healthcare workers - and 125 people have died (Huron Perth COVID).

A current research project, “Rural Response to Disruptive Events” (Deacon), explored the experiences of Huron and Perth residents, surveying 3,600 people. The results highlight the impact of the pandemic on residents' mental health and the

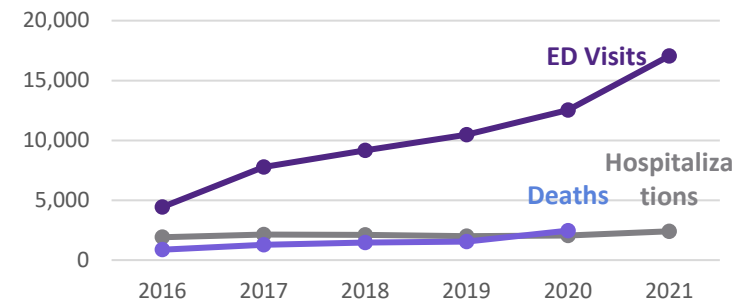
disproportionate impacts on females, people under 40, as well as highlighting the relationship between age, gender, income and access. Data from the survey is not available at the time of this scan.

## IMPACT OF COVID-19 ON OPIOID CRISIS

Pre-pandemic opioid trends were increasing. With COVID-19, the numbers jumped in Ontario. Huron-Perth is seeing increasing numbers of opioid-related emergency department visits.

- From 2019 to 2021, opioid-related visits to Ontario emergency departments increased 63% and hospitalizations increased 21%. The number of deaths increased by 58% from 2019 to 2020.

## Opioid-Related Morbidity and Mortality, Ontario, 2016 to 2021

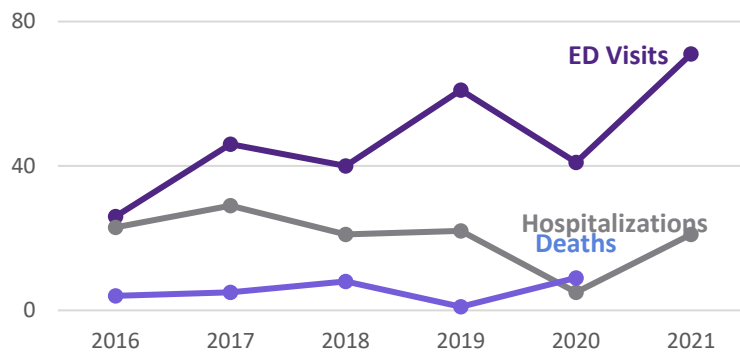


Source: Public Health Ontario. Interactive Opioid Tool.

- In Huron-Perth, there were more opioid-related emergency department visits in 2021 compared to previous years and the number of deaths in 2020 is the highest since tracking started in 2003.



### Opioid-Related Morbidity and Mortality, Huron Perth, 2016 to 2021



Source: Public Health Ontario. Interactive Opioid Tool.

*Overall, rates of opioid-related morbidity and mortality in Huron-Perth are lower than across Ontario:*

Rates	Ontario	Huron Perth
ED Visits (2021)	113.8	51.1
Hospitalizations (2021)	16.1	15.1
Deaths (2020)	16.6	6.5

Source: 1: Public Health Ontario. Interactive Opioid Tool.

**Safer supply is one response (among many) to the opioid crisis.** The Safer supply approach is about providing prescribed medications as a safer alternative to the illegal drug supply. Early evidence for safer supply services is promising. In 2021, an evaluation of ten federally funded safer supply pilot projects in three provinces, including Ontario was conducted. Preliminary results found that safer supply resulted in improvements to the lives of many participants. The evaluation report identifies key features for effective design and delivery (Government of Canada. Responding to Canada's Opioid Crisis).



## REFLECTION QUESTIONS – PART II – ENVIRONMENTAL SCAN

1. What are the elements of the environmental scan that you believe need to inform the strategic plan?

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2. As you reflect on the environmental scan, what is really striking you?

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3. What from the data must we pay close attention to as the strategic plan is developed?

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4. Any further thoughts to bring to the Summit?

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