

HPA OHT STRATEGIC PLANNING FEEDBACK SESSIONS

SUMMARY

Through November, stakeholders were provided opportunity through virtual sessions, to provide feedback on the proposed strategic plan (1 pager). Over 80 people participated including 2 open sessions, the Patient-Caregiver Committee, Board to Board Committee, Physician Committee, Communications Committee and Digital Committee. Following is a summary of the feedback received.

WHAT DO YOU APPRECIATE ABOUT THE DRAFT STRATEGIC PLAN?

KEEPING IT MORE FOCUSED AND LESS BROAD

- very clear and focused
- more focused and less broad
- Like general organization of this and keeping it simple but dealing with the complexity (matrix allows you you to see matrix and supporting themes, weave through the others)
- Its great, like they way we put it together

THEMES ARE CLEAR

- Themes, clear
- clear and concise
- Theme areas
- It breaks down the plan into clear steps
- Logical, organized and understandable
- Like the way it is laid out
- It looks great; filter we could use
- Really nice starting point

ORGANIZATION/MATRIX

- Clear & organized. I like the matrix layout
- Matrix is helpful, both directions and focus
- Clear and organized
- organized and detailed. straight forward ideas
- I like the strategic matrix and how it interacts with the directions. Very clear.
- Matrix allows more focussed discussion on specific initiatives
- The matrix approach
- Weaving the strategic matrix through the directions
- User friendly, covering pertinent issues with clear steps and goals
- Overall good matrix, reflects conversation I heard
- Resonates for me; buckets reflective of conversation that have taken place so far
- 4 high level directions, when it comes to us (and see across the 4 areas, we should be spending out time at, it prioritizes our work); where we spend out time and resources
- Laid out clearly, table – good road map
- Read report – good to see priorities
- Road map, it looks good, comes down to execution – concrete, next steps beyond
- Love weaving, where we want to go with action, speakers to the values of OHT, ‘alive values’
- Intention work is more intersectional, how all the sectors interact
- Everything we need as a person they are – move away from separate
- Create in intersectional way
- Looks really interesting, really like it
- Looks great, this might help drive the questions, answer questions for volunteer applicant – it gives purpose to our work
- Looks really great, good way to onboard new patient/caregiver partner, knowledge of where OHT is going
- Excellent work; hard to explain to a person who isn’t involved what is going on with OHT, everything that has happened is improving our health care system

- Really good, clear visual, how we can structure our work
- People want to hear the outcomes and easier to explain
- Strategic Plan – needs to be clear

FOCUS

- Focus on community as a whole
- focusing on client need
- Client focused
- Focus on both patient and providers
- Including the matrix areas as priorities across the strategic directions. So important!
- Worried – woven model – what’s on top and in the moment (but green is on top); difficult to bring a focus to it
- Cannot be side work vs. focus (due to immediate concerns and how to make it practical)

CITIZEN VOICE

- Citizen voice is great, expanded beyond patient and caregiver, form what they need
- Citizen voice – look at those voices we are not hearing, expand our voice (e.g. youth, what other voices, diverse perspective and inclusive voice at the table); broader lens over it

PRIORITIES AND DIRECTIONS

- Realistic number of priorities
- It gives guidance (with the matrix areas) on how to achieve the strategic directions. Actual starting plan on how to work together to advance the work of the OHT
- Focus on collaboration to advance the strategic directions
- Broad components of health -- promotion, prevention ... etc. (crosses continuum of care)
- System level thinking - not split by sector
- Like the directions – they are bang on
- Great strategic plan, good to see next steps (goals to action)

- Don't need to know what the OHTs but the outcomes yes (strategic directions)
- EDs are overwhelmed – OHTs, go in the direction, more of a calling to include NP scope
- Messages re: ED

WHAT IS MISSING? WHAT ARE WAYS TO STRENGTHEN IT?

COLLABORATION

- Collaboration
- I agree with enhanced collaboration over time
- Greater inter-sector understanding so that collaboration is more achievable
- How do we engage citizen voice?

FUNDING

- Will be difficult to capture all these with minimal funding
- How do we tackle these issues when funding is an issue?
- The plan doesn't address all of the Quadruple Aims. Where is efficiency and reducing cost of healthcare.
- Budget goes through my head

MEASUREMENT/ACCOUNTABILITY

- SMART measures
- Specific indicators
- A place for feedback (and close the loop), through these tools, a place to say this is working (confirm that we are aligned to the provincial strategy)
- I find it interesting that accountability is so low; living in a limited resource environment, prioritizing will be the most important part of strategy

- Accountability and optimizing resource utilization - transferable outcomes are critical in how you frame and decided which project will take on
- Citizen voice – and accountability
- Accountability and prioritization in a limited resource situation I feel was a theme of our October meeting as well
- How do we keep track of it all?
- OH has a clear expectation of measurement and reporting improvements in patient care. Should performance measurement be captured in our strategic plan?

NEXT STEPS/ADDING DETAILS

- The broad matrix ideas capture most, if people are able to think broadly - e.g., relationships should capture cross-sector awareness within the overall group
- The plan is very general. There will need to be clear, actionable objectives created to support the plan.
- Recognition that we are in a different time in healthcare, with challenges we have not faced historically.
- I don't think there are ways to strengthen it at this level. that will come in the detail.
- Acknowledge sector differences to provide better bridges to care, resources, and limitations; where one sector is weak the other can be strong.
- Important to make sure the matrix is filled with operational goals in each of the cells of the matrix over the 3 years
- While all directions are important, the first step needs to be identifying the population health needs of the people we support.
- This is fine – what I'm looking to – practical elements on how we put this together and get it done
- Committees, will this continue to move forward
- Like matrix areas – concerned as we work through – should we compartmentalize? What if there are other pressing issues, how do we plug this in? have we covered it all? How will it all work together?
- Visualize how we operationalize this and make it come to life
- Every project should be mapped on to this
- Digital strategies maybe under Equity & Reconciliation – looking forward to each piece, and our work, how much we are actually doing and goals we are achieving – re-encouraged with work we are doing – to bring us some hope
- There needs to be concreteness – this need to be tied to outcomes, initial actions – report card

- Discovery Report – benefits – (rights side – clear benefits that are actionable) – concrete framework
- Major themes – next steps are critical
- ‘Light’ on detail and would benefit from more substance. Perhaps some documentation of the commitment to develop the operational details that support the strategic directions is needed. E.g. Are there key strategies that can be listed under each strategic direction?

DEI

- DEI language with the Ontario Health framework (“Equity, Inclusion, Diversity and Anti-Racism” - [OH Framework](#))
- speak specifically to Indigenous Reconciliation as it relates to the Health-related items in the TRC Report as well as part of the Strategic Plan document but the broader language in the Themes (I think) should speak to all racialized groups.

SUGGESTIONS/DOUBLE CHECKING

- In Transformative Care – add **supportive care** vs. acute intervention (for example), **supporting people in their daily lives – add this possible to this transformative care direction**
- Strengthen the ways we can help people become engaged in digital strategies before we can move forward with these digital strategies – this is so significant to make sure the strategy is successful
- Other guiding frameworks (quadruple aim or digital strategy) – can we double check – to be sure we haven’t missed anything (and are in alignment with that as well)
- Use the same words throughout vs. using new words where possible (use the same language so it decreases confusion)
- Love the simplicity of it and then you can make it deeper
- Citizen idea – move to upstream, a lot of population not covered by primary care (50% ED visits)
- Population based health (maybe under Transformative Care); opening care to non-rostered population
- Relationships with innovation – do we see this connection – does this make sense – innovation together?
- If we consider the Quadruple Aim, there is no direction that addresses reducing cost or value to the system. There are no references to performance management or measurement. How will we know we are achieving objectives?
- There are references to development and support which, for me, implies existing staff. Has the plan considered the role of education of health human resources? We can’t recruit if no one is trained.

- As a geriatrician my patients are touching many services. Home care, Primary care, Alzheimers Society, Behavior supports Ontario/ seniors mental health, community support services etc. I am trying to formulate a multifaceted treatment plans without having the benefit of any of these clinical notes.
- Shared documentation portal for all health care providers in Huron Perth.

COMMUNICATION

- Would this format help us as communication tool on what we work on
- Where does it fit in with Strategic Directions?
- Communication – OHT who cares, what are the deliverables? ‘what’s in it for me?’”
- Change as a result, where we are going
- Try to not use acronyms – keep it simple

OTHER

- Realistic
- Connected care
- I worry about the mental health and addiction sector not being woven throughout health care in planning.
- It is essential to have "buy-in"/ commitment from all members of the OHT to break-down the silos
- Interested in strategies to realize some of this
- How do we operationalize?
- Read through the lens of a patient or provider, what is going to be better for patients and providers 3 to 5 years from now as a result of this plan?

RESULTS IN 3 YEARS

EXCEPTIONAL ACCESS

Other	<ul style="list-style-type: none"> • Utilization of Nurse practitioners in emergency departments, long-term homes • Population health and priority populations • Language, service and delivery, understanding unique expectations in approaches, increase sustainable support • This will transform care • Do we need 8 ED after midnight?
Reduce wait times	<ul style="list-style-type: none"> • Reduced wait times is a measurable outcome. We should be able to measure this across all health care providers from hospitals, LTC beds, access to services, specialist appointments. • Decrease wait times for speciality and surgical care • Wait times improved/eliminated • Less wait time for services • Surgical and diagnostic backlogs (OHT discussion wrt surgery – redistribution of workload) – on everyone’s radar – what can OHT do about it? •
Enhanced Access	<ul style="list-style-type: none"> • Equitable access • Enhanced access – care where the patient wants it • Everyone can get the care they need, when they need it, where they need it • Everyone who wants a primary care provider should have one • More people have GP and other team-based care • Decrease number of assessments (accept other people’s assessments) • Develop after-hours services (across primary care – rotating) BUT this is set up and then constrained by government policies (complicated) – role for advocacy • Hospitals – excellence of care across the HP (specialization in each hospital) – joint ventures • Same access to programs and services, whether you are rostered with family doctor or not • Enhanced access to respite care - pre-pandemic it was good, but now not great, ADP (go into hospital and LTC because they don’t have access to respite) • Ways to identify programs we are doing and offer it to a broader audience, not duplicating services, efficiencies and one org take the lead; (hit access, transformative care, thriving workforce) • Easier access for patients coming in to hospital and clinic – what resources are available to them and where to go get resources; and information that they need •

System Navigation	<ul style="list-style-type: none"> • No wrong door • Need GPS for health care • Easing navigation – collaboration with knowledge of the system and use of technology for navigation • General public knows where and how to access the services they need • Central referral system for specialist care • Referral process is easy, streamlined and timely • One virtual/door; one place people go to get care what they need (completed pilot) – coordination across our system (HP) • Centralized access to multiple services • Centralized surgical wait list (for example) • Coordinating toward centralizing (joint ventures) • Better communication of what is available • Better able to know what is available across all of our systems • Better access to long term care • Substantial increase in improvement in functionality of system (user-ability to digital access, patient portal, online appts, enhanced communication, updating clinical systems to be more efficient) • One stop shop – one area get all the info. (simplify, what is local) • Decrease number of times you have to tell your story • Increasing navigation and understanding navigational system for all populations
Access to Resources	<ul style="list-style-type: none"> • Resources? Regional? • Great resources already in place for HCPs, scheduling DB programs for clients to relate to HCP • OHT overview of needs: Primary Care resources • Resource across sectors to enable the community to share information using education tools • Single shared database • Better use of current resources • Understanding how many people have/have not primary care – connected by 25% - we need data; relative to rest of province we are good/per capita basis • Knowledge Mobilization aspect communication – what is out there outside of hospital? (what are options besides going to ED) – teaching the public what health services are in HP to access them • If we had our own data, we don't reinvent the wheel with our progress – fill out a form – anything different, build on my chart/story

Home care access	<ul style="list-style-type: none"> • Access PSW homecare within 48 hours post discharge • Meet citizens where they are at (home care services, check-ins paramedics services)
Tracking	<ul style="list-style-type: none"> • Easier way to keep track of visits/physicians/treatments (road map/journal) of my care • Access to things such as x-ray, cat-scan – centralized access (even if my GP is in Toronto), track through health card
Local	<ul style="list-style-type: none"> • As many services as possible are local
Digital/IT	<ul style="list-style-type: none"> • One set of login credential for electronic health record, visit, the same platform for booking tool (so many people want this more than anything else); everything under one platform, built in remote care tools (this is all doable) • We know the digital solutions we need to make this happen • Digital dashboard – monitoring progress (1 would be # of people with primary care physician) • A single digital door for all care (not just physical, mh, preventative); access to my own data
Capacity	<ul style="list-style-type: none"> • Increased capacity at all levels who need the services – primary care, neurology, service *much better wait times; what is being under-utilized and then focus on areas we need more service • System talking to each other enough • Influx respiratory infection – pediatric beds – it should be simple – centralize this, what are beds available – this all needs to be simpler – digital strategy – lottery
Population Health	<ul style="list-style-type: none"> • Within CHF – priority group – what can we deliver in 3 years; within target priority groups (can we then use access, and transformative care) • We have communicated, 80% the system and what OHT means to general population; people understand the health care system
Access for all	<ul style="list-style-type: none"> • Take any patient regardless of socio-demographic background, or where you live, you have the same access • No door is the wrong (we get you to where you are) – I will know where to get you to (e.g CSS) – Digital and comms strategy

TRANSFORMATIVE CARE	
Client Focus	<ul style="list-style-type: none"> • Client focus, individualized care needs, asking questions, greater adaptability, better resource the system not cost-prohibitive, form follows function, ownership of the whole vs individual sectors, changing our mindsets. • People remaining healthier into older age – aging in place • Access to home and palliative care to die at home as desired

	<ul style="list-style-type: none"> • Meeting the client where they are presently to provide proactive support and resources – engaging HC/ holistic partners • Building up patient advisory committee – citizen voice, type of care we can give (involved as many people as possible) •
Care teams	<ul style="list-style-type: none"> • Utilization of care teams (Doctor, NP, MHA, OT, etc.) appropriate level of care at the right time for best care needed. • Less pressure on ED • Every indi. In HP has primary care physicians (CHC, FHT or some mechanism), where care starts – we should be able to do this – we have some wins, not unrealistic • Focused care with an appropriate team • Role of primary care • Increase in number of people who have primary care (this is the anchor) • Important for OHT to really focus on base fundamental things that constitute good health care (medical home, primary health care team) not just focus on physicians (in rural communities they are also ED, OB) • Primary care system is really critical • Primary care fundamental – could really transform care •
Circle of Care	<ul style="list-style-type: none"> • Circle of care – health system partners, patients and caregivers creating plans together • Circle of care access to support the continuum of care
Integration	<ul style="list-style-type: none"> • Utilization of fully integrated technology in care • Education and understanding in change management toward fully integrated model of health care • Patient portal – log in somewhere as a patient, what meds I’m on, lab results, diagnosis I have had, systems speak to each other, linkages to resources into your community, online booking • NP scope – transformative care • Leverage our services that can be brought together • Side pieces – see as values – make sure they are in all of them – interwoven all the way through • How is partnership going to happen with patient (we are all involved in self-management already, where do I go? Where do I get medicine) • Key responsibility of citizen voice – route to get their care, outside of what is coming from MoH or OH
Local	<ul style="list-style-type: none"> • As many services as possible are local

	<ul style="list-style-type: none"> • More healthcare comes to the person vs. transporting them • If OHT could maybe localized call in centres with NP – with that assist the ED issue; this would also assist with inclusion
Delivery	<ul style="list-style-type: none"> • Totally different view of how healthcare system is delivered (access to primary care provider); need to reimagine how we deliver care (NP, PA etc.) • Total review of how we deliver healthcare vs. little band aids • Virtual appointments/care • Options to move away from ER • Self-management without literacy, with awareness, not relying on news feed, where do go for this care right now
Long term care	<ul style="list-style-type: none"> • Robust long term care plan within h/p addresses the needs (with beds securely), are there enough beds to access for our population (stay in your home community) • Homecare a part of the solutions as well
Digital/IT	<ul style="list-style-type: none"> • Robust digital strategy will transform health care system, client experience – pathways to make it easier for our staff (put into our system, to simplify processes), this will help thriving workforce, as a region and as a community
Resources/programs	<ul style="list-style-type: none"> • Opportunity to decongest the system by not using resources in low priority areas and focus on higher priority areas (e.g medicine) – this could be said for radiology access (opportunity to triage things that are low priority items, maintain capacity for higher priority areas) • Using programs that are preventative/early intervention • Primary prevention (already developed); using health care providers – adapt these to the actual patient care that we deliver – from Public Health innovation strategy – adapt things that work well, early on, promote early messaging in wait bias in medicine, deliver more accurate info. about what patients might experience, directions the research (e.g. obesity research, weight bias, this is an example), this can have implication on MH, triaging medical conditions, for procedures – recently trying to figure out different care pathways (eating disorders, early intervention, primary prevention – adapted toward primary care – self-management, bias issues – would transform the care); addressing inherit biases, platform to optimize the care we do provide • Away from physicians and it needs to look at entire WA services for citizens in OHT – what are those resources
Public Health	<ul style="list-style-type: none"> • Connection with Public Health – what is role of OHT and public health
Communication	<ul style="list-style-type: none"> • Letter to our patients: ways to protective ourselves, vaccinated, mask (but some have dropped us from our emails) – this needs <u>trusting</u> relationships • How do we maintain trust on someone disagrees and then the long term

	<ul style="list-style-type: none"> • Role of social media • Explain role of pharmacy, dietician etc – team based primary care – all professionals are key • Literacy of the system and options to improve self-management care • Stepped care – is critical (prevention,pyramid), do people understand that – communicate this • Pathways are key – preventative piece (one stop shop and navigation system)
Equity and reconciliation	<ul style="list-style-type: none"> • How equity and reconciliation – being prepared to not talk about equity and inclusion – need to move to provide culturally sensitive services – to address this • Cant do enough training for Indigenous care and services – to provide exceptional access and LGBTQ, Mennonites (we know the approach can work)
Population Health	<ul style="list-style-type: none"> • In addition to population health, 2026 – we are already seeing changes - Nov 1 – directives – Ministry not moving toward this – makes is more difficult to to do this

THRIVING WORKFORCE	
System	<ul style="list-style-type: none"> • Schedules filled in 3 years – fully staffed and no wait lists • Ease burden on workers in the system • Have a workforce plan that is actionable • Where can we use those talents elsewhere? (reduce 8 ED after midnight); other resources; to increase access (surgeries) • Workforce issues in homecare (equity, reasonable wage) • We need to have a workforce before it can thrive • Having capacity is going to be key (technology can be great) but there is a whole process to even get us there (e.g. technology issues) • Engage in the context of the system burning down (I can't get the basics – so why should I care in technology) • Advocacy at a government level – across the system and the country – pay disparity – agencies paid PSW getting paid so much more; will this change anything? • HHR – how can we shift this to actually meet the needs to determine more critical • How we can work as a system to fill positions that we need • All our orgs fully staffed • HPA – short-staffing (rate of pay), consistently around are HR processes among everyone

	<ul style="list-style-type: none"> • Not duplicating what we are doing • Sharing our resources – generosity of spirit • Step back as org. lead – who else could benefit, can I push this across the whole system? • We won't be changing much in 2026 • Change in perspective re: healthcare provider – rewarding occupation – right now that is not the perspective • From patient/caretgiver perspective – biggest component is the relationship development and generosity (government is not generous); it really is based on trust and respect • Innovation that come into play by OHT that generates relationship at the CARE level • How is the programs developing trust and respect (mutual)
Student recruitment	<ul style="list-style-type: none"> • Engage students (starting in the high school system: teachers and guidance counsellors) • Incentives (wk. 2 years- pay student debt) for attraction and retention • Utilizing coop opportunities – enhancements • University/College health program needs to be reviewed to be 'job' ready.
Compensation and support	<ul style="list-style-type: none"> • HR – shortages across the OHT. An outcome would be reduced vacancies. How to get there? We need more funding an equity in wages across the system. McDonalds is offering better wages and benefits than some positions in healthcare. • Pay people a living wage • Parity across sectors • Compatible pay structures • Provide MHA supports to all health care staff • Mentoring • Allowing people that they are collaborators, a lot more communication, and support of various kinds • Making sure staff are able to continue working; protect them so they are able to work for a longer period of time; not burn out – how they do it, so they can continue to do it • Pay Equity lens – ridiculous disparity – healthcare workers are paid within the system (nurses, hospitals, work in primary care, PSW across the system, this contributes to the problem never get a PSW at nursing home) – how do we transform care with this model? • Good work conditions • Coordinated PD strategy • Education of HS level to explain, where can we go? What do we need?

Vacancies	<ul style="list-style-type: none"> • Less than 5% job vacancies for departments in hospitals • Lower vacancies • Hire back people displaced due to vaccine mandating • How do we deploy the staff we have? (Collectively, an OHT, priority set appropriately, staff where they need to be; do the more we can, most effective) • More staff • Not burnout staff • Need to think all of those from infrastructure in all areas (not just HHR)
Workplace culture	<ul style="list-style-type: none"> • A workforce that is connected, thriving culture that is supported • Inclusive workplace, community approach to its culture and identity – providing the knowledge and training – embedded in WP culture, unassuming, needs-based • Retention of people in the system – switch the dialogue from stresses to positives • Satisfaction survey results are positive (engagement in their work) • Together investing in stall wellness • Equitable practices • Employer of Choice” – people want a flexible schedule – this is a huge priority, more joy in their work (fun committees); DEI training (together?)
Engagement/Education	<ul style="list-style-type: none"> • How we engage, educate and bring people with us as we go – this is the extra challenge that we have in here • Get to the things that would make their life easier – this will be key (and communicate to attract enthusiasm)
Digital/IT	<ul style="list-style-type: none"> • Also great tools for our health care professionals (available to use, for not just MDs, NPs, all health care providers, EMS, specialists has the tools), if they are not funded, it is clear how they are going to be implemented and afforded (to enable this digital access) – know how this is going to be paid for; for all (equity part) • Digital tools that keep people out of ED – consider the opportunities (e.g. hyper care pilot) • Digital is essential to transforming – so much that keeps us where we are at; but the ability to interface, to have teams at front line talking to each other has tremendous ability to transform what we do • It will drive a lot of possibilities
Budget	<ul style="list-style-type: none"> • Budgets – always fascinating to me – org budget is so fixed, one org. an be out of \$ and other can have surplus and spend money that is not priority activity

ROBUST HEALTHCARE SYSTEM	
Healthy population	<ul style="list-style-type: none"> • Patient satisfaction scores are enhanced • Robust health – healthier population, investing more in basic needs (housing, food, etc.), holistic approach to people, whole health approach, identify barriers, cause and effect • Increase long term care beds • Continue to work on health promotion and prevention for clients / patients. Use prescription pads for doctors to use (Grand Bend Health Centre) so that health care becomes part of the prescription for care. We can measure this by documenting that more people are taking part in health promotion and prevention programs
Funding	<ul style="list-style-type: none"> • Better balance of collaboration and funding between acute care and community care • Funding Regionalized • Funding directed to prevention vs reaction • Funding to support people to remain in their homes • Reallocation of funding for training and recruitment
Sharing knowledge	<ul style="list-style-type: none"> • Better access to services – means that OHT organizations need to know what others are providing. • Improve communication internally amongst service providers. • Sharing of knowledge, services, skills across organizations • Other parts of the system knowing how to access care for people • One health care record – any patient/client accessing services in OHT has one record shared across providers • Integrated care teams • One record • All OHT partners have a robust understanding of the work of other sectors • More knowledge and awareness of general public of services that are available and how to access them • How can we be proactive in listening or getting/ understanding the needs of those in community before a crisis happens.
Collaboration	<ul style="list-style-type: none"> • Work to improve communications between organizations. Can we find simpler and more timely means to communicate. Often there is not enough time for reporting, or people are filling in who are not trained

	<ul style="list-style-type: none"> • Collaboration across health system partners – attracting into healthcare, governing bodies and associations to do what needs to be done • Shared workforce between organizations (e.g., part time employees looking at FT work) • Comfort level with ability to pick up phone and talk to someone in another sector • Avenues for all OHT members/collaborating partners coming together for collaborative discussions on how to make things run smoother • Evidence of a joint venture (e.g., HF across sectors working together in the best interest of people) • Relational scales as it relates to governance for the targeted collaboration/partnerships/integration, etc. • The Huron Perth OHT is a way to bring our voices together • We are at the groundwork stage of the OHT and before we can create seamless care, we need to provide an even foundation of working together • Evidence of more joint ventures • Evidence of partnerships • Evidence of Coordination • Collaborative PD • HR strategy • If we do all 3 – then we move toward robust health care system • Cross check of the others
Digital/IT	<ul style="list-style-type: none"> • How much more can we produce if we don't wait for the province (how much do we go out on our own, and set the tone (audacious) – this is the HPOHT tone, approach - what is the trade off, if we do this? (what has been the history of provincial strategies moving to implementation?) • Given what we know historically, is there a value, what can we do for these 4 areas forge ahead without waiting) • Experience of London hospitals into online tool – thriving workforce – it tore the institution down for a couple of years • Communication and engagement will be so critical before any of this is possible (engagement, for all of these digital solutions we have – I can't even get their engagement) – so what are we going to do this? How are we going to do this engagement? • Implement our desire – we are the best OHT but what is the cost? (if not aligned to the provincial strategy) – connections and alliances across regions is so critical as we develop from a direction to hard plans • What can we control and what is completely out of our control? – successful system delivery easier when we are in control but we can't hold our breath on this – important (cross OHT and cross regional initiatives) BUT will this come to

	fruition, what are the unique opportunities locally – can we reduce frustration, repetition etc. – what is the balance of this?
Communication	<ul style="list-style-type: none"> • Having the actual SP completed, • Rewrite our comms strategy to have some deliverables to speak to HPOH; that aligned to planned deliverables • What is the product? Target audience? We need to the fundamentals • Benefits, values to the population – we need to get it from the Secretariat • Knowing what engagement we need from our wider citizenship? (how do we support the citizen voice • What does this mean for me in terms of what work I need to do? • How do we make this doable for me? How do I contribute to this?’ • What are the key take aways, deliverables?

IDEAS FOR IMPLEMENTATION

EXCEPTIONAL ACCESS	
Other	<ul style="list-style-type: none"> • Educate all service providers about the work of all sectors and organizations • Primary care for all • More collaboration amongst Huron Perth
One record	<ul style="list-style-type: none"> • Continue work for one electronic record • Health record access for everyone – goes with you
Navigation	<ul style="list-style-type: none"> • A go-to spot for access to care • Person-friendly way of finding the supports that you need • One-stop referral and access to services

TRANSFORMATIVE CARE	
Other	<ul style="list-style-type: none"> • Funding that specifically targets wellness and prevention

	<ul style="list-style-type: none"> • Understand each sector to help be more comfortable to learn and navigate
Home care	<ul style="list-style-type: none"> • More people successfully supported to recover/age in place at home • Home care - clarity of role (home community care model redefined or clarified) • Exploration of housing options (cooperative housing, senior housing options with home care staff)

THRIVING WORKFORCE	
Retention	<ul style="list-style-type: none"> • Worker well-being supports across the OHT • Quadruple aim – a satisfied and engaged workforce (retention) • Training/Educational opportunities – support learning • Outcome – work to build a system of sharing staff – like PSWs - among organizations. Can this be done through small projects (e.g., when PSWs were shared with home care and LTC during Covid)
Parity in compensation / Pay scales	<ul style="list-style-type: none"> • Parity of wages between sectors • Review and work toward commonalities in pay scales for common work • Huron Perth OHT can work as a collective voice in advocating for equity. It’s not enough for individuals and individual organizations to do this. We have to clear the way of how we each work to make for equitable wages. OHT can advocate to MPPs, municipalities and get leaders on board. • Open fee/pay structures
Recruitment	<ul style="list-style-type: none"> • Incentives to attract workforce • Regional re OHT-wide recruitment and retention strategy • Recruitment plan – what is needed and take a regionalized approach

ROBUST HEALTHCARE SYSTEM	
Leading	<ul style="list-style-type: none"> • 6 active collaborative networks (incentives/recognition)

	<ul style="list-style-type: none"> Huron Perth OHT is ahead of the games among other OHTs in the province. We can be leaders, but we will also need to be patient if things are moving slowly in other areas. We can lead by example for others to follow.
Client satisfaction	<ul style="list-style-type: none"> Use client satisfaction surveys to report success of social prescribing. Also have survey questions about transition of care within the system
Innovation	<ul style="list-style-type: none"> Encourage innovative approaches – be risk oriented Seek unusual resources
Funding	<ul style="list-style-type: none"> Coordinated funding that reflects patient/client wish to remain in their home Stability and equity of funding
Digital/IT	<ul style="list-style-type: none"> Cybersecurity is going to be essential All of our current projects could fit under one or more of these (e.g. robust cybersecurity) Maintain privacy, cybersecurity, (each of the ones What are the ones that support all of these Strengthen the ways we can help people become engaged in digital strategies before we can move forward with these digital strategies – this is so significant to make sure the strategy is successful Biggest part of making something success is changing your process Engagement is fundamental – it is so difficult right now Regional discussion – opportunity input for regional documentation – look within the lens of the strategic plan – get its ship in order – ‘tell us’ where we are going