

North Toronto Health Collaboration

Ontario Health Team

Appendices

May 15, 2019
Self-Assessment Submission

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1. Ontario Health Team: Submitting Members



2. North Toronto Health Collaboration: Vision

- Our vision is to become **one connected system** of health care for people living and seeking care in North Toronto*
 - This means working together to **connect a complete continuum** of care that meets the needs of local citizens
 - In the eyes of our community, care will be simple to access, it will be coordinated, and providers will communicate as One Team
 - We are committed to coordinating care around the people in need of care, not providers
- We recognize that this has yet to be achieved in Ontario and we are **committed to learning** how to achieve this
- As we move forward, we will be guided by our **shared principles**

*While we are connecting care within the natural catchment area of North Toronto, we are doing so in a way that:

- Does not create boundaries (real or perceived) that would limit peoples' access
- Respects the multiple accountabilities that we collectively hold, such as the care we provide beyond North Toronto

3. North Toronto Health Collaboration: Guiding principles

- We are **guided by the needs of communities and the people we serve** (community over organization)
 - Build a system that responds to what we have heard
 - Respectfully engage clients / patients and communities
 - Respect diversity (guided by the citizen voice) and maximize equity (inform investments)
- Success will **require strong and engaged leadership** of the partnership / network
- Implementation will be underpinned by a willingness and **commitment to learning and continuous improving (rapid adaptation)**
 - This is an evolving / evolutionary process
 - Development is evidence-informed and will be supported with timely evaluation
- We will **capitalize and build on what has been accomplished to date**
 - Adopt values defined by the Local Collaborative (person-centred, transparent, cooperative, inclusive, leading change)
- Process will be **inclusive** and **transparent** both within the participant membership and with our partners in our communities
 - Will be implemented through a collaborative / participatory model and on a voluntary basis
 - This is a system approach
 - Committed to consistency in messaging and how we communicate

4. North Toronto Health Collaboration: Goals

1. **Everyone is able to access and navigate health care in the North**
 - Access to care that meets needs
 - Support self navigation and health literacy
2. **Every person will have access to primary and team-based care when needed**
 - All residents of North Toronto will have the opportunity to be rostered, enrolled, or attached to primary care
 - All residents will have choice and flexibility in where they can receive primary care
 - Primary care will be available when people need it and urgent care will be offered
3. **People and providers will be satisfied with the coordination available to them**
 - Will be achieved by building on the community assets available in North Toronto
4. **Every health care provider will be connected as part of one system of care, including primary care**
 - Providers will work as one team and one brand will be built
 - Providers will work as one team
 - Communication will happen in a timely manner
 - Platforms will be interoperable
5. **Leadership and governance model will reflect shared accountability and collaboration across primary care, community-based care, and hospital care**
 - Shared accountability will be established
 - Gains and risks will be shared across providers
6. **Performance measures will:**
 - Reflect population health status and health equity
 - Reflect client and community experience
 - Track value
 - Show improvement in what we do

Transparent access targets will be published
7. **Providers will be jointly committed to continuous improvement and connecting with social services**
 - One collaborative Quality Improvement Plan (cQIP) will be published
 - The network will actively engage partners to contribute to improving social determinants of health
8. **Investment will be targeted to meeting need**

5. North Toronto Health Collaboration: Statement of Intent (Part 1)

NORTH TORONTO HEALTH COLLABORATION

STATEMENT OF INTENT

THIS STATEMENT OF INTENT is made on the 16 day of April, 2019 (the "Effective Date")

AMONG:

SUNNYBROOK HEALTH SCIENCES CENTRE

LOFT COMMUNITY SERVICES

VHA HOME HEALTHCARE

UNISON HEALTH AND COMMUNITY SERVICES

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

SAINT ELIZABETH HEALTH CARE

BAYCREST HOSPITAL

SPRINT SENIOR CARE (SENIOR PEOPLES' RESOURCES IN NORTH TORONTO)

VIBRANT HEALTHCARE ALLIANCE

(each a "Party" and collectively, the "Parties")

WHEREAS the Government of Ontario introduced Bill 74, *The People's Health Care Act, 2019* on February 26, 2019 which is currently under consideration by the legislature of Ontario;

AND WHEREAS through Bill 74 the Government of Ontario has indicated its intention to establish several Ontario Health Teams across the Province the purposes of which are to create integrated health systems centred around the patient which will enable seamless access to care;

AND WHEREAS the Government of Ontario has indicated that it intends to initiate an application process through which local teams may apply to become an Ontario Health Team;

AND WHEREAS the Toronto Central Local Health Integration Network has invited certain parties to participate as members of the North Toronto Health Collaboration Executive Leadership Table to work collaboratively to design and implement a regional integrated delivery system which will improve access, navigation and delivery of health and social services across the continuum of care to meet the needs of persons in North Toronto;

AND WHEREAS the Parties hereto desire to collaborate in considering establishing the North Toronto Health Collaboration as an Integrated Care Delivery System (known also as Ontario Health Team) for the North Toronto Region, as such term(s) is or becomes defined by legislation or regulation;

NOW THEREFORE the Parties entering into this Statement of Intent set out their mutual intention as follows:

The Parties are entering into this Statement of Intent to confirm mutual intention to collaborate in exploring and pursuing the establishment of the North Toronto Health Collaboration as an Ontario Health Team.

2. Good Faith Collaboration

The Parties shall proceed in good faith to:

- consider providers across the continuum of care who may be appropriate partners for the North Toronto Health Collaboration;
- explore, assess and develop the structure and terms for the North Toronto Health Collaboration; and
- support the preparation and submission of an application to the Ministry of Health and Long-Term Care (the "Ministry") to establish the North Toronto Health Collaboration as an Ontario Health Team, including any prior readiness assessment submissions as may be required by the Ministry.

The Parties may have other service and business relationships and obligations outside of the North Toronto Health Collaboration, including participating in other Ontario Health Teams, provided that in doing so the Parties do not knowingly compromise or compete with the purposes or interests of this Statement of Intent or the North Toronto Health Collaboration. Nothing in this Statement of Intent shall affect the current operations of any of the Parties until such time as an Ontario Health Team has been formed and a Health Team Agreement (as defined below) has been signed.

3. Information Exchange and Due Diligence

Subject to section 7, the Parties commit to exchange and share with the other Parties information that may be reasonably required for the purpose of exploring, assessing and developing the North Toronto Health Collaboration as determined by each Party, acting reasonably.

The Parties shall work together to obtain and share requisite due diligence information in respect of the Provincial requirements related to the Ontario Health Teams, funding and accountability structures and other legal and financial implications, including labour relations. It is acknowledged by the Parties that obtaining requisite due diligence information will be essential to the terms of any Health Team Agreement among the Parties and the decision to participate as a member of the North Toronto Health Collaboration.

4. North Toronto Health Collaboration - Health Team Agreement

The Parties agree to work collaboratively to develop an agreement among the Parties setting out the intended structure, terms and implementation process for establishing and operating the North Toronto Health Collaboration as an Ontario Health Team (the "Health Team Agreement"). The Parties acknowledge that the implementation of the North Toronto Health Collaboration in accordance with the Health Team Agreement shall be expressly conditional upon approval of the governing authority of each of the Parties of their participation, approval of the Ministry of Health and Long-Term Care or designate and the terms of the Health Team Agreement.

5. North Toronto Health Collaboration: Statement of Intent (Part 2)

Unless and until a Party has approved, executed and delivered a Health Team Agreement regarding the North Toronto Health Collaboration, the Party shall not be under any legal or equitable obligation with respect to the North Toronto Health Collaboration, including, without limitation, any obligation to enter into any such Health Team Agreement, by virtue of this Statement of Intent or otherwise.

5. North Toronto Leadership Table

The Parties shall establish the North Toronto Health Collaboration Executive Leadership Table with equal representation from each of the Parties (the "**North Toronto Leadership Table**") to facilitate the exploration and development of the North Toronto Health Collaboration as an Ontario Health Team. The Parties shall develop and agree upon terms of reference for the North Toronto Leadership Table. The Parties will also collaborate on holding a governance-to-governance meeting with representation from each Party's Board of Directors to facilitate the development of a North Toronto Health Team Agreement. The North Toronto Leadership Table shall not fetter the independent governance authority of any Party.

6. Public Communications

Except to the extent required by law, no press release, public statement, announcement or other public disclosure with respect to the North Toronto Health Collaboration, this Statement of Intent, the existence or status of discussions regarding this Statement of Intent or the matters contemplated hereby may be made except with the prior written consent of the Parties.

7. Confidentiality and Non-Disclosure

The Parties are committed to keeping all matters relating to the North Toronto Health Collaboration, including but not limited to all correspondence, documents, and third party communications arising therefrom, and information provided or exchanged in the course of discussion (the "**Confidential Information**") and any documents or materials prepared which reflect, interpret, evaluate, include or are derived from the Confidential Information (the "**Evaluation Materials**"), together with all copies, extracts and summaries thereof, in strict confidence and not to disclose the Confidential Information or the Evaluation Materials except to the directors, officers, employees, lawyers, accountants or consultants to whom it is necessary to disclose for the purpose of considering and developing the North Toronto Health Collaboration, without the consent of the other Parties, except for information that:

- a) was known to the recipient prior to its being supplied by the informant, and the recipient can produce reasonable evidence of such prior possession;
- b) is disclosed to the recipient by anyone else who is acting lawfully and independently of this Statement of Intent;
- c) is already in the public domain or becomes so through no breach of the recipient's obligations under this Statement of Intent; or
- d) is otherwise permitted or required to be disclosed by applicable legislation, including but not limited to the *Freedom of Information and Protection of Privacy Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, the *Personal Health Information Protection Act, 2004*, and the *Personal Information Protection and Electronic Documents Act*, or other binding legal or regulatory requirement.

Each Party agrees that it shall not use the other Parties' Confidential Information and/or the Evaluation Materials for any purpose other than considering and developing the North Toronto Health Collaboration. Each Party further agrees that it shall give immediate notice to any other Party of any requirement to disclose such Party's Confidential Information arising under section 7(d), insofar as permitted by the legal/regulatory obligation, and take any reasonable steps requested to assist the other Party in contesting the disclosure, and thereafter shall disclose only that portion/those portions of Confidential Information necessary to fulfill the legal obligation.

8. Intellectual Property

Except as otherwise set out herein, the Parties shall have a shared joint interest in all Intellectual Property developed or conceived through or related to the North Toronto Health Collaboration, and any use or disposition shall require the approval of the North Toronto Leadership Table. For certainty, any Intellectual Property belonging to a Party prior to the date of this Statement of Intent or developed by the Party following such date, if such Intellectual Property is not created for the purpose of or with the input of the North Toronto Health Collaboration, shall belong and will continue to belong to said Party. For the purposes of this section, "**Intellectual Property**" means all patents, industrial designs, trade-marks, trade-names, copyright, trade secrets, technologies, designs, specifications, drawings, know-how and all other intellectual and proprietary property, as recognized by any jurisdiction and whether registered or not.

9. Costs, Fees and Expenses

All costs incurred by a Party relating to the development of this Statement of Intent, the proposed Terms of Reference for the North Toronto Health Collaboration and the proposed Health Team Agreement shall remain the sole responsibility of the Party incurring the costs, unless all Parties agree in writing to share all or some such costs.

10. Termination and Withdrawal

This Statement of Intent shall terminate on the date that the Health Team Agreement has been executed and delivered by those Parties who elect to execute and deliver such Health Team Agreement, and those Parties who do not execute and deliver such Health Team Agreement shall be deemed a "withdrawing Party" under this Statement of Intent.

Any Party hereto may, by written notice to the others, elect for any reason not to proceed with the North Toronto Health Collaboration contemplated by this Statement of Intent without any liability except to the extent of its binding obligations hereunder. On delivery of a notice to withdraw from the Statement of Intent, the withdrawing Party shall be terminated from this Statement of Intent on the date of the notice or such later date as may be provided within the notice.

A Party may be terminated from this Statement of Intent on agreement of not less than two-thirds (2/3) of the Parties, if it is in material breach of any of its obligations or is not adhering to the spirit or intent of the Statement of Intent.

Upon withdrawal or termination of a Party from the Statement of Intent or termination of the Statement of Intent, the withdrawing/terminated Party shall return or permanently erase or destroy all Confidential Information, together with all copies extracts and summaries thereof, received pursuant to this Statement of Intent. The withdrawing/terminated Party shall also return or permanently destroy all Evaluation Materials, together with all copies, extracts and

5. North Toronto Health Collaboration: Statement of Intent (Part 3)

summaries thereof. Each non-withdrawing Party shall return or permanently erase or destroy all Confidential Information received from the withdrawing/terminated Party under this Statement of Intent. A withdrawing/terminated Party shall have no continuing interest in any Intellectual Property developed or conceived directly or indirectly through or related to the North Toronto Health Collaboration.

On withdrawal or termination of a Party from this Statement of Intent, the obligations in respect of sections 6 (Public Communications), 7 (Confidentiality and Non-Disclosure), 9 (Costs, Fees and Expenses) and 10 (Termination and Withdrawal) shall survive.

11. Addition of Parties

Any new organization proposed to be added to this Statement of Intent must be agreed upon by not less than two-thirds (2/3) of the Parties and the new organization must enter into an agreement to adhere to and become a Party to this Statement of Intent.

12. Governing Law

This Statement of Intent is governed by and will be construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein and the Parties irrevocably attorn to the exclusive jurisdiction of the courts of the Province of Ontario.

13. Binding Clauses

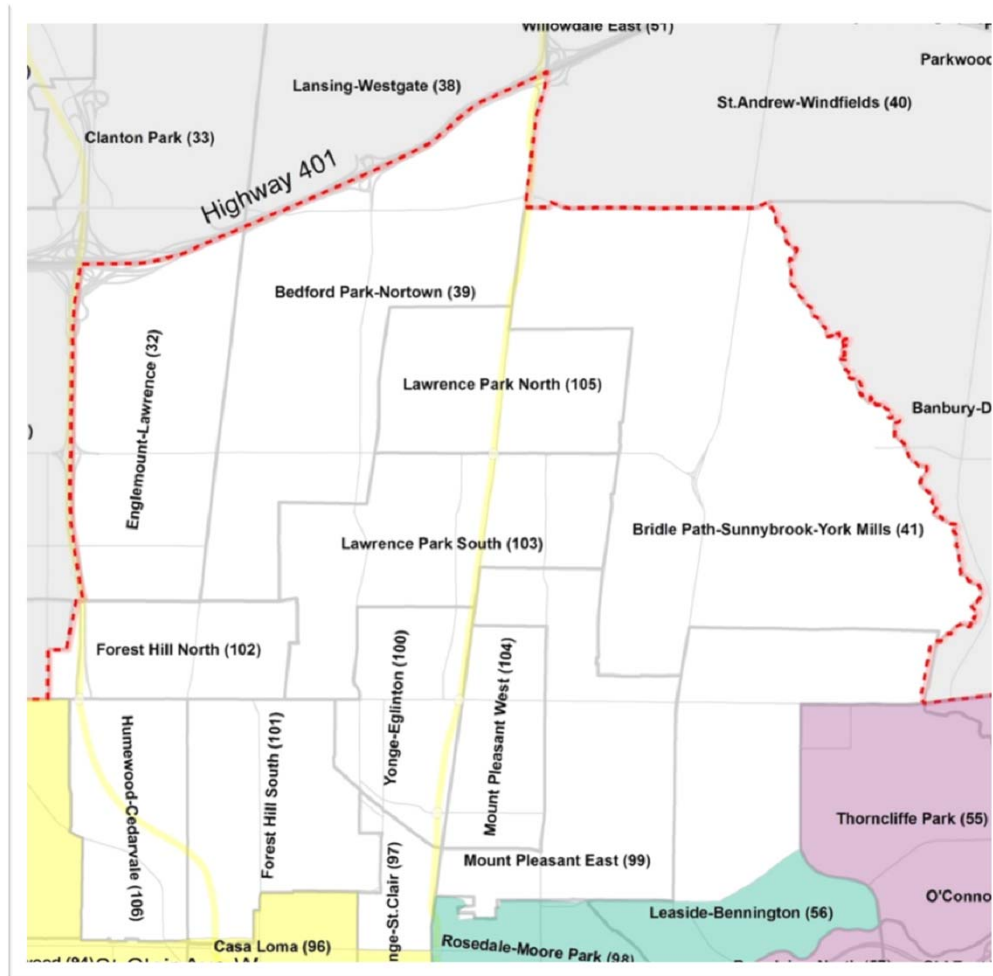
This Statement of Intent shall be construed solely as a Statement of Intent and is not intended to create any binding contractual obligations, except for Sections 6 (Public Communications), 7 (Confidentiality and Non-Disclosure), 8 (Intellectual Property) 9 (Costs, Fees and Expenses) and 10 (Termination and Withdrawal) which are intended to be binding and enforceable.

6. North Toronto Health Collaboration: Partnership List

- **Bolded** partners have signed the Statement of Intent to be part of 'North Toronto Health Collaboration'
- Non-bolded organizations have shown interest and / or we feel there is alignment with the mission / purpose of the North Toronto OHT and we hope to engage further with
- We recognize our partnership list will grow to reflect our governance model; as such not all organizations could be listed at this time

<i>Citizen / Patient Advisor</i>	<i>Primary Care</i>	<i>Community MH&A</i>	<i>Hospital & Ambulatory</i>	<i>Community Support Services</i>	<i>Home Care & Community Support</i>	<i>Other</i>
Leslie Millrod <i>Citizen Advisor</i>	Unison <i>Michelle Joseph, CEO</i>	LOFT <i>Heather McDonald, CEO</i>	Baycrest Hospital <i>William Reichman, CEO</i>	SPRINT Senior Care <i>Stacy Landau, CEO</i>	Home & Community Care <i>Tess Romain, Acting CEO</i>	Toronto Paramedic Services
	Vibrant Healthcare <i>Simone Atungo, CEO</i>	Bellwood Health Services <i>Joe Manget, CEO</i>	Sunnybrook <i>Andy Smith, CEO</i>	Alzheimer's Society of Toronto <i>Scott Russell, CEO</i>	SE Health <i>Shirley Sharkee, CEO</i>	
	SHSC Dept. Family & Community Medicine <i>Dr. Karen Fleming</i>	Skylark <i>Lydia Sai-Chew, CEO</i>		Bellwoods Centres for Community Living <i>Lori Holloway, CEO</i>	VHA Home Healthcare <i>Carol Annett, CEO</i>	
	Dr. Yoell Abels <i>Forest Hill Family Health Centre</i>			Centres d'Accueil Héritage <i>Barbara Ceccarelli</i> <i>Directrice générale / Executive Director</i>		
	Dr. Jocelyn Charles <i>Physician advisor, Primary Care</i> <i>TC LHIN</i>			PACE Independent Living <i>Laura Viser, Executive Director,</i>		
	Interprofessional Primary Care Team <i>Baycrest Hospital</i>					
	Integrated Community Care Team <i>Baycrest Hospital</i>					
	Sunnybrook Academic FHT					

7. Geographic Catchment



203,700

Area: 39 km²

13 City of Toronto Neighbourhoods
Population Density: 5,244.4 persons
per km²

Males: 46.2%

Females: 53.9%

% Seniors (ages 65+): 16.0% (32,615
individuals)

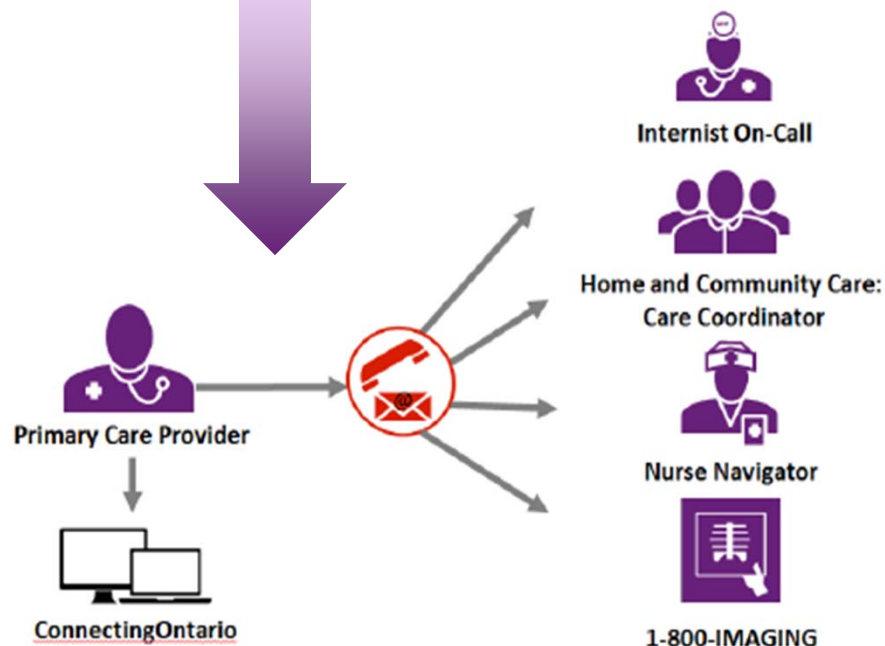
8. Primary Care and Community Committee (PCCC): Purpose & Membership

The North Toronto PCCC works **proactively** with Primary Care to **create a network** that identifies population and primary care needs and responds by engaging health and social system partners to **co-develop innovative direct care service delivery models**.

Member Name	Address	Email	Physician Model
Dr. Yoel Abells (PCCL/Chair)	491 Eglinton Avenue West 2nd Floor, Toronto ON M5N 1A8	yabells@mdcares.ca	FHG
Dr. Dan Cass	Sunnybrook Health Sciences Centre Room C114 2075 Bayview Avenue, Toronto ON M4N 3M5	Dan.Cass@Sunnybrook.ca	NA
Wilfred Cheung	Toronto Central Local Health Integration Network 250 Dundas Street West, Suite 305, Toronto, ON M5T 2Z5	Wilfred.Cheung@tc.lhins.on.ca	NA
Dr. Lisa Del Giudice	Sunnybrook Health Sciences Centre Room A100 2075 Bayview Avenue, Toronto ON M4N 3M5	Lisa.DelGiudice@Sunnybrook.ca	FHT/FHO
Dr. Karen Fleming	Sunnybrook Health Sciences Centre 2075 Bayview Avenue, Toronto ON M4N 3M5	Karen.Fleming@Sunnybrook.ca	FHO
Dr. Steven Gottesman	491 Lawrence Avenue West Suite 100, Toronto ON M5M 1C7	stevegottesman@gmail.com	FHO
Stacy Landau	SPRINT Senior Care, 140 Merton Street, 2nd Floor, Toronto, ON M4S 1A1	Stacy.Landau@sprintseniorecare.org	NA
Kitty Liu	Sunnybrook Health Sciences Centre, 2075 Bayview Avenue, Toronto ON M4N 3M5	Kitty.Liu@Sunnybrook.ca	NA
Dr. Rivian Miller	245 Eglinton Avenue East, Toronto ON M4P 3B7	srogul@rogers.com	FHG
Kittie Pang	Sunnybrook Health Sciences Centre, 2075 Bayview Avenue, Toronto ON M4N 3M5	Kittie.Pang@Sunnybrook.ca	NA
Dr. Mary Romaniuk	Unison Health & Community Services, 1651 Keele Street, Toronto ON M6M 3W2	Mary.romaniuk@unisonhcs.org	CHC
Debra Walko	LOFT Community Services, 15 Toronto Street, 9th floor, Toronto ON, M5C 2E3	DWalko@loftcs.org	NA
Lindsay Wingham-Smith	Toronto Central Local Health Integration Network 425 Bloor Street East, Suite 201, Toronto, ON M4W 3R4	Lindsay.WinghamSmith@tc.lhins.on.ca	NA
Dr. Patrick Wong	Vibrant Healthcare Alliance, 2398 Yonge Street, Toronto ON M4P 2H4	Py.wong@utoronto.ca	CHC

9. Seamless Care Optimizing the Patient Experience (SCOPE)

- SCOPE (Seamless Care Optimizing The Patient Experience) is a virtual interprofessional health team that supports primary care providers through a single point of access.
- Family physicians and nurse practitioners registered with SCOPE can connect to local specialists, imaging, and community services, to serve their patients with complex care needs.



SCOPE
SEAMLESS CARE
OPTIMIZING THE PATIENT EXPERIENCE

Current State & Next Steps



SCOPE currently supports over 220 Primary Care Physicians across TC LHIN, including 60+ in North Toronto



SCOPE now offers an expanded suite of services such as headache clinics, RN Health Coaches across more institutions



SCOPE expansion is being evaluated as a Quality Improvement initiative

10. North Toronto Sub-Region Advisory Council: Membership List (Part 1)

Active Members			
Member Name	Organization	Address	Email
Dr. Yoel Abells (co-chair; PCCL)	Forest Hill Family Health Centre	491 Eglinton Avenue West 2nd Floor, Toronto ON M5N 1A8	yabells@mdcares.ca
Stacy Landau (co-chair)	SPRINT Senior Care	140 Merton Street, 2nd Floor, Toronto, ON M4S 1A1	Stacy.Landau@sprintseniorcare.org
Simone Atungo	Vibrant Healthcare Alliance	2398 Yonge Street, Toronto, ON M4P 2H4	simonea@vibranthealthcare.ca
Dr. Dan Cass	Sunnybrook Health Sciences Centre	Room C114, 2075 Bayview Avenue, Toronto ON M4N 3M5	Dan.Cass@Sunnybrook.ca
Barbara Cawley	VHA Home HealthCare	30 Soudan Avenue, Suite 600, Toronto, ON M4S 1V6	bcawley@vha.ca
Dr. Jocelyn Charles	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Jocelyn.Charles@Sunnybrook.ca
Wilfred Cheung	Toronto Central Local Health Integration Network	425 Bloor Street East, Suite 201, Toronto, ON M4W 3R4	Wilfred.Cheung@tc.lhins.on.ca
Breanne Ciacco	LOFT Community Services	15 Toronto Street, 9th floor, Toronto ON, M5C 2E3	BCiacco@loftcs.org
Kelly Clarke	Toronto Central Local Health Integration Network	250 Dundas Street West, Suite 305, Toronto, ON M5T 2Z5	Kelly.Clarke@tc.lhins.on.ca
Dr. Carole Cohen	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Carole.Cohen@Sunnybrook.ca
Janet Dang	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Janet.Dang@Sunnybrook.ca
Judy Downer	Unison Health and Community Services	Lawrence Heights Site, 12 Flemington Road, Toronto, Ontario M6A 2N4	Judy.Downer@unisonhcs.org
Sharri-Ann Edmunds	Bellwoods Centres		sedmunds@bcclsp.org
Karen Fleming	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Karen.Fleming@Sunnybrook.ca
Jason Fuoco	LOFT Community Services (Pine Villa)	15 Toronto Street, 9th floor, Toronto ON, M5C 2E3	JFuoco@loftcs.org
Yan Gao	Don Mills Family Health Team	20 Wynford Drive Suite 200, Toronto ON M3C 1J4	ygao@donmillshealth.com
Stephanie Greco	Patient and Family Advisory Council Representative		
Lori Holloway	Bellwoods Centres		lholloway@bcclsp.org
Tracy Hussey	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Tracy.Hussey@Sunnybrook.ca
Helene LaCroix	Saint Elizabeth Health Care		HeleneLaCroix@sehc.com
Kitty Liu	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Kitty.Liu@Sunnybrook.ca
Ann Marie MacDonald	Mood Disorders Association of Ontario	36 Eglinton Avenue West, Suite 602, Toronto, Ontario M4R 1A1	annmariem@mdao.ca

10. North Toronto Sub-Region Advisory Council: Membership List (Part 2)

Active Members			
Member Name	Organization	Address	Email
Kimberly MacKenzie	Providence Healthcare	3276 St. Clair Avenue East, Toronto, ON M1L 1W1	kmackenzie@providence.on.ca
Linda Mather	Patient and Family Advisory Council Co-Chair		
Carol McFarlane	Saint Elizabeth Health Care		CarolMcFarlane@sehc.com
Kay McGarvey	Sunnybrook Health Sciences Centre / Saint Elizabeth Health Care		Kay.Mcgarvey@Sunnybrook.ca / KayMcGarvey@sehc.com
Kristy McKay	Alzheimer Society of Toronto		kmckay@alz.to
Susan Meikle	Toronto North Support Services	132 Rainside Road, Unit 2, Toronto, ON M3A 1A3	susanm@tnss.ca
Keith Menezes	Scarborough Academic Family Health Team	Building C, C-02, 3000 Lawrence Avenue East, Scarborough ON M1P 2V1	Keith.menezes@safht.ca
Tory Merritt	North York Central Health Link	4001 Leslie Street, Toronto, ON M2K 1E1	Tory.Merritt@nygh.on.ca
Leslie Milrod	Citizens' Panel Representative for the Toronto Central Local Health Integration Network		
Adijatukubra Musa	Don Mills Family Health Team	20 Wynford Drive Suite 200, Toronto ON M3C 1J4	amusa@donmillshealth.com
Dr. Mireille Norris	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Mireille.Norris@Sunnybrook.ca
Kittie Pang	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Kittie.Pang@Sunnybrook.ca
Cheryl Perera	Skylark Children, Youth & Families	40 Orchard View Blvd, Unit 255, Toronto, ON M4R 1B9	Cheryl.Perera@skylarkyouth.org
Ann Phillips	Vibrant Healthcare Alliance	2398 Yonge Street, Toronto, ON M4P 2H4	annp@vibranthealthcare.ca
Cécile Raymond	Circle of Care	4211 Yonge Street, Suite 401, Toronto, ON M2P 2A9	CRaymond@circleofcare.com
Kurt Rose	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Kurt.Rose@Sunnybrook.ca
Jagger Smith	Baycrest Hospital	3560 Bathurst Street, Toronto, ON, M6A 2E1	jsmith@baycrest.org
Dr. Rosalie Steinberg	Sunnybrook Health Sciences Centre	2075 Bayview Avenue, Toronto ON M4N 3M5	Rosalie.Steinberg@Sunnybrook.ca
Lisa Walker	Toronto Central Local Health Integration Network	250 Dundas Street West, Suite 305, Toronto, ON M5T 2Z5	Lisa.Walker@tc.lhins.on.ca
Lindsay Wingham-Smith	Toronto Central Local Health Integration Network	425 Bloor Street East, Suite 201, Toronto, ON M4W 3R4	Lindsay.WinghamSmith@tc.lhins.on.ca
Naomi Ziegler	SPRINT Senior Care	140 Merton Street, 2nd Floor, Toronto, ON M4S 1A1	Naomi.Ziegler@sprintseniorecare.org

11. North Toronto Sub-Region Advisory Council: Terms of Reference

The purpose of the North Toronto Advisory Table is to bring together leadership from across a variety of sectors, representing populations and geographies in the Sub-Region to provide a broad perspective and advance ideas through organizational support and leadership that further the health and social goals of the region. The work of the North Toronto Advisory Table will be to leverage and build on the existing work underway and support regional planning, identify how providers will collaborate to address health gaps, and improve patient experience and outcomes.

The Table will be jointly chaired by Dr. Yoel Abells (Primary Care Lead) and Stacy Landau (CEO, SPRINT).

The North Toronto Advisory Table will:

- Identify current and emerging issues using a population lens
- Provide strategic perspective on current and emerging issues
- Enable action, through strategic, cross-sectoral planning sessions, on the various initiatives underway
- Encourage and facilitate collaborative problem solving and approach
- Develop recommendations focused on the resolution of local system issues including creation of pathways for care that address the unmet needs of people in the Sub-Region and initiatives that help when there is no existing appropriate service to meet population care needs
- Support the advancement of Quality Improvement initiatives in the region
- Create a framework to determine the initial priorities to be achieved in first year

12. Palliative Care Journey Committee: Terms of Reference

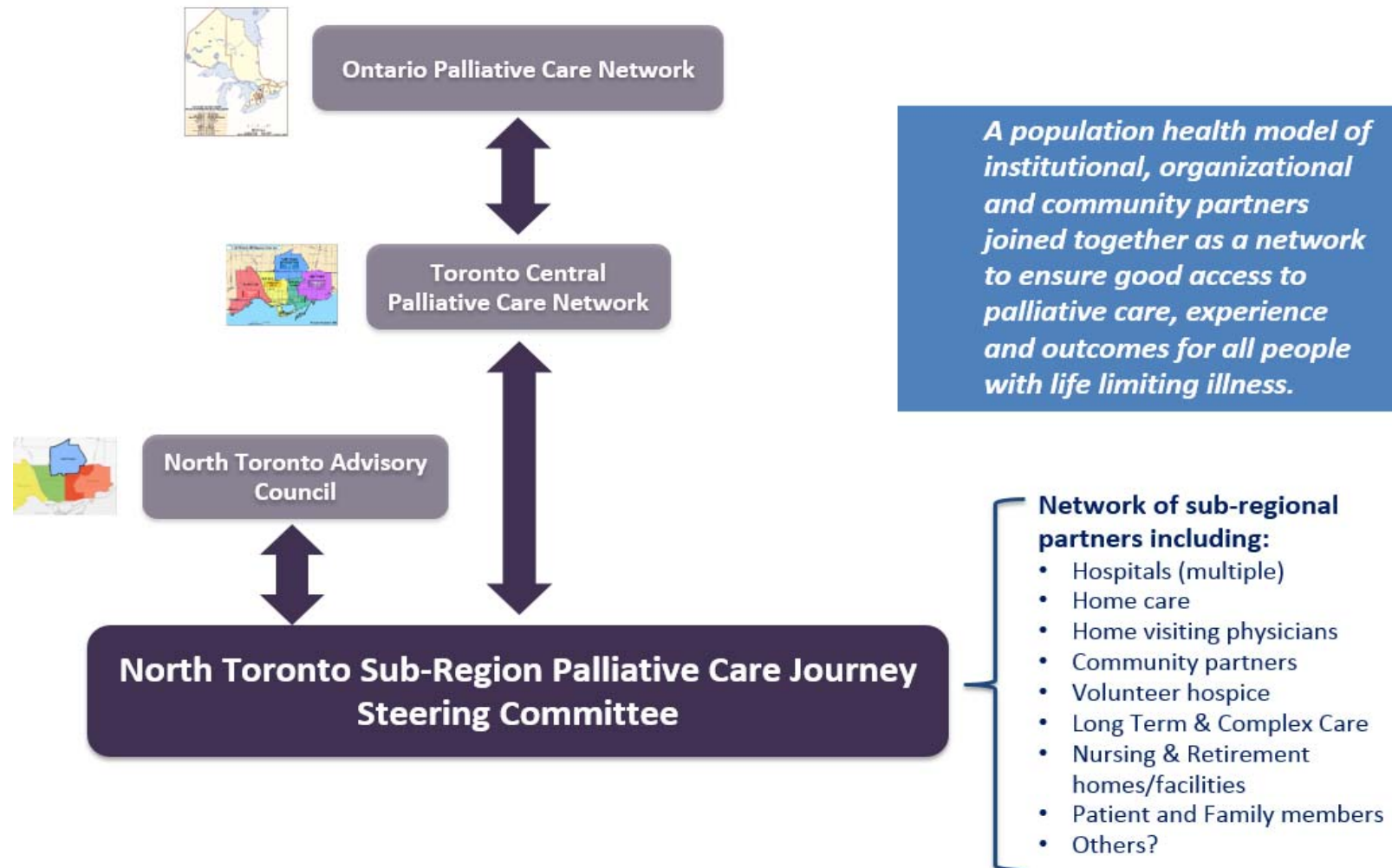
Patients with late stage illness and their families receive care in North Toronto in a variety of care settings: in the community (home & long term care), in community settings (primary care, community service agencies etc.) and in hospital (inpatient, outpatient, palliative care units etc.). Patients and their families expect seamless and personalized care aligned with their goals. This requires clear pathways and communication to ensure planned and coordinated care by their care teams.

Service delivery partners in North Toronto are committed to working together to build and support high performing cross-sector teams who deliver timely, effective and efficient care close to home. Sunnybrook, the North Toronto hospital resource partner, together with local partners, will ensure excellent care aligned with what matters most to patients and residents with advanced illness and their families.

Key Principles

- Focus on both the experience and outcomes for patients/residents and families
- Adopt a needs-based and resource-matched approach to palliative care
- Support the provider experience so clinicians have the appropriate competencies and access to support when needed
- Provide seamless palliative care inter-professionally and inter-organizationally where appropriate.

13. Palliative Care Journey Committee: Network of Partners



14. Sunnybrook Data: Seniors

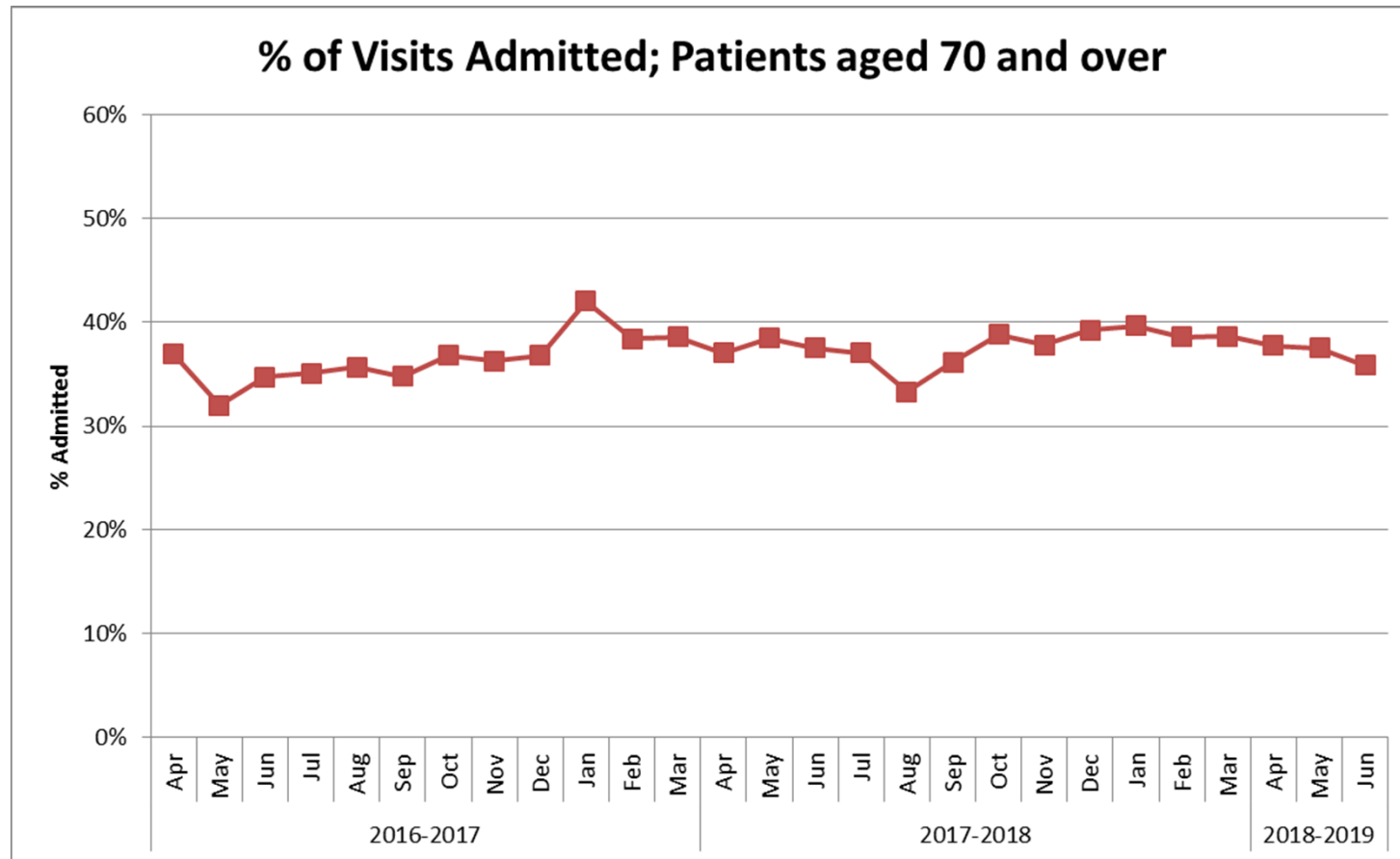
ED Admission Rate Analysis

Patients aged 70 and older

Decision Support: Michelle Martin-Rhee, Taryn Johnston, Kowchiga
Ratnasingam
Quality: Natalie Coyle

Age 70 and older

- The ED admissions are largely driven by Age, this relationship is statistically significant
- Patients aged 70+ make up just under 1/3 of all ED visits to Sunnybrook
 - This is larger than Peer Teaching hospitals where patients aged 70+ make up about 1/5 of all ED visits
- Patients aged 70+ comprise nearly half of all admits – over the last 3 years, **47% of all admitted patients were 70+**
- For patients 70 years and older, the admit rate is roughly 40%
 - This is larger than Peer Teaching hospitals where the admit rate for patients aged 70+ is roughly 30%



Quality Discussion Point: For patients 70 years and older, the admit rate is roughly 40%

70+ population: Comparison to Peers

- Patients aged 70+ make up just under a third of all ED visits at Sunnybrook – more than peer teaching facilities that have about 20%.

Ontario Peer Teaching Facilities – all visits:

	2017-18
	%
Less than 70 Years	81%
70 Years and over	19%
TOTAL	100%

Sunnybrook- all visits:

	2016-17		2017-18		2018-19 YTD	
	N	%	N	%	N	%
Less than 70 Years	44,992	72%	45,660	71%	11,026	72%
70 Years and over	17,642	28%	18,217	29%	4,271	28%
TOTAL	62,634	100%	63,877	100%	15,297	100%

70+ population: Comparison to Peers

- The admit rate for 70+ is 37%-38% at Sunnybrook vs. 32% at peer teaching facilities

Ontario Peer Teaching Facilities – all visits:

		2017-18		
Age Group		Not Admitted	Admitted	Total
Less than 70 Years	%	89%	11%	100%
70 Years and over	%	68%	32%	100%

Sunnybrook- all visits:

		2016-17			2017-18			2018-19 YTD*		
		Not Admitted	Admitted	Total	Not Admitted	Admitted	Total	Not Admitted	Admitted	Total
Less than 70 Years	N	37,592	7,400	44,992	38,265	7,395	45,660	9,068	1,958	11,026
	%	84%	16%	100%	84%	16%	100%	82%	18%	100%
70 Years and over	N	11,201	6,441	17,642	11,352	6,865	18,217	2,690	1,581	4,271
	%	63%	37%	100%	62%	38%	100%	63%	37%	100%

Consulting Service for Admitted Patients 70 + at Sunnybrook:

	2016-17		2017-18		2018-19	
	N	%	N	%	N	%
GIM	2784	45%	2868	45%	600	42%
Cardiology	708	11%	707	11%	169	12%
General Surgery	454	7%	507	8%	123	9%
Medical Oncology	434	7%	418	7%	102	7%
Critical Care	382	6%	448	7%	105	7%
Orthopedic Surgery	313	5%	338	5%	71	5%
Neurosurgery	212	3%	225	4%	47	3%
All Others	897	15%	873	14%	211	15%
Total	6,184	100%	6,384	100%	1,428	100%

	Under 70		70 and Over	
Consulting Service	N	%	N	%
INTERNAL MEDICINE	12,941	23%	12,136	48%
GENERAL SURGERY	7,387	13%	1,981	8%
PSYCHIATRY	5,350	10%	261	1%
CARDIOLOGY	2,694	5%	2,550	10%
ORTHOPEDIC SURGERY	2,966	5%	1,779	7%
OBSTETRICS AND GYNECOLOGY	3,335	6%	72	0%
PEDIATRICS	2,993	5%	4	0%
NEUROLOGY	1,325	2%	679	3%
UROLOGY	1,252	2%	647	3%
NEUROSURGERY	1,034	2%	557	2%
OTOLARYNGOLOGY	1,337	2%	240	1%
GASTROENTEROLOGY	1,185	2%	368	1%
PLASTIC SURGERY	1,242	2%	120	0%
NEPHROLOGY	856	2%	361	1%
CRITICAL CARE MEDICINE	750	1%	312	1%
All Others	9,177	16%	3,024	12%

Consulting Service for Peer Teaching Facilities

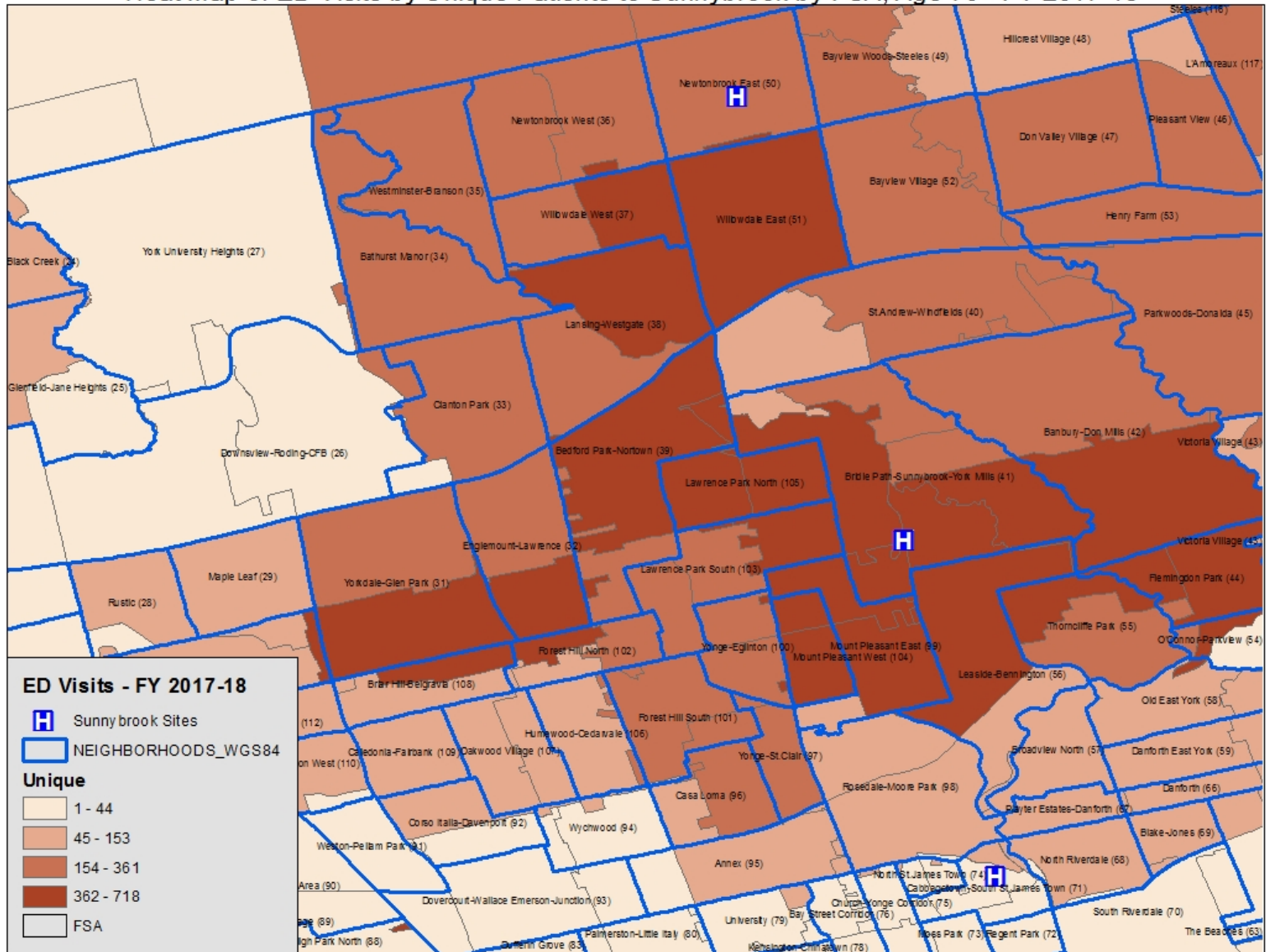
Source: IntelliHealth, 2017-18

Time of Admission for Patients 70 and over

	2016-17		2017-18		2018-19 YTD*	
Time of Visit Completion for Admitted Patients	N	%	N	%	N	%
7am-7pm	2,338	36%	2,428	35%	614	39%
7pm-Midnight	1,735	27%	1,909	28%	406	26%
Midnight - 7am	2,368	37%	2,528	37%	561	35%

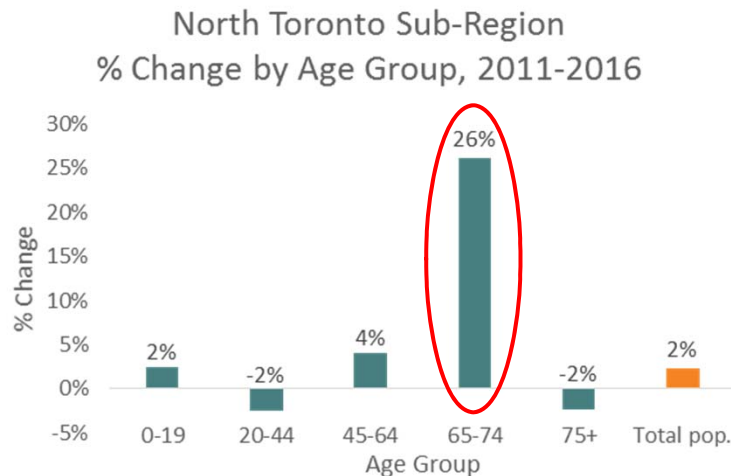
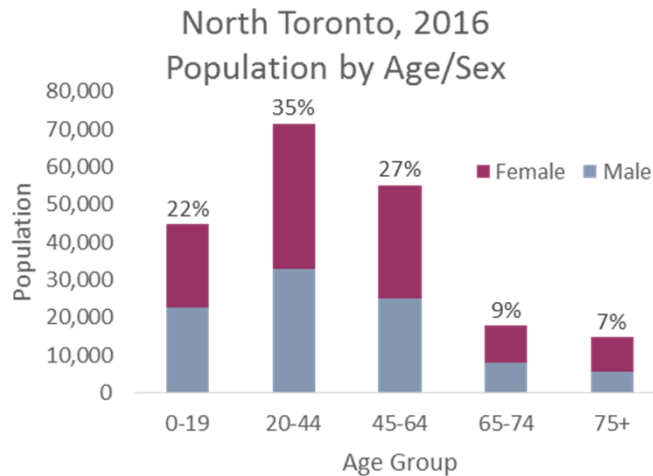
- Around 37% of patients aged 70 and over are admitted between midnight and 7am.
- A similar percentage are admitted throughout the day (7am to 7pm), while just over a quarter are admitted between 7pm and midnight.

Heat Map of ED Visits by Unique Patients to Sunnybrook by FSA, Age 70+ FY 2017-18



15. North Toronto Neighborhood-level Data

North Toronto: Population Growth (2011-2016) and Age Distribution



North Toronto			2011 - 2016 % Change	2016 Population		
Age group	2011	2016		% of S-R	% Male	% Female
0-19	43,710	44,750	2%	22%	51%	49%
20-44	73,140	71,350	-2%	35%	46%	54%
45-64	52,990	55,170	4%	27%	45%	55%
65+	29,230	32,615	12%	16%	41%	59%
65-74	14,140	17,845	26%	9%	44%	56%
75+	15,115	14,770	-2%	7%	38%	62%
Total pop.	199,055	203,700	2%	100%	46%	54%

SR – Sub Region

In 2016...

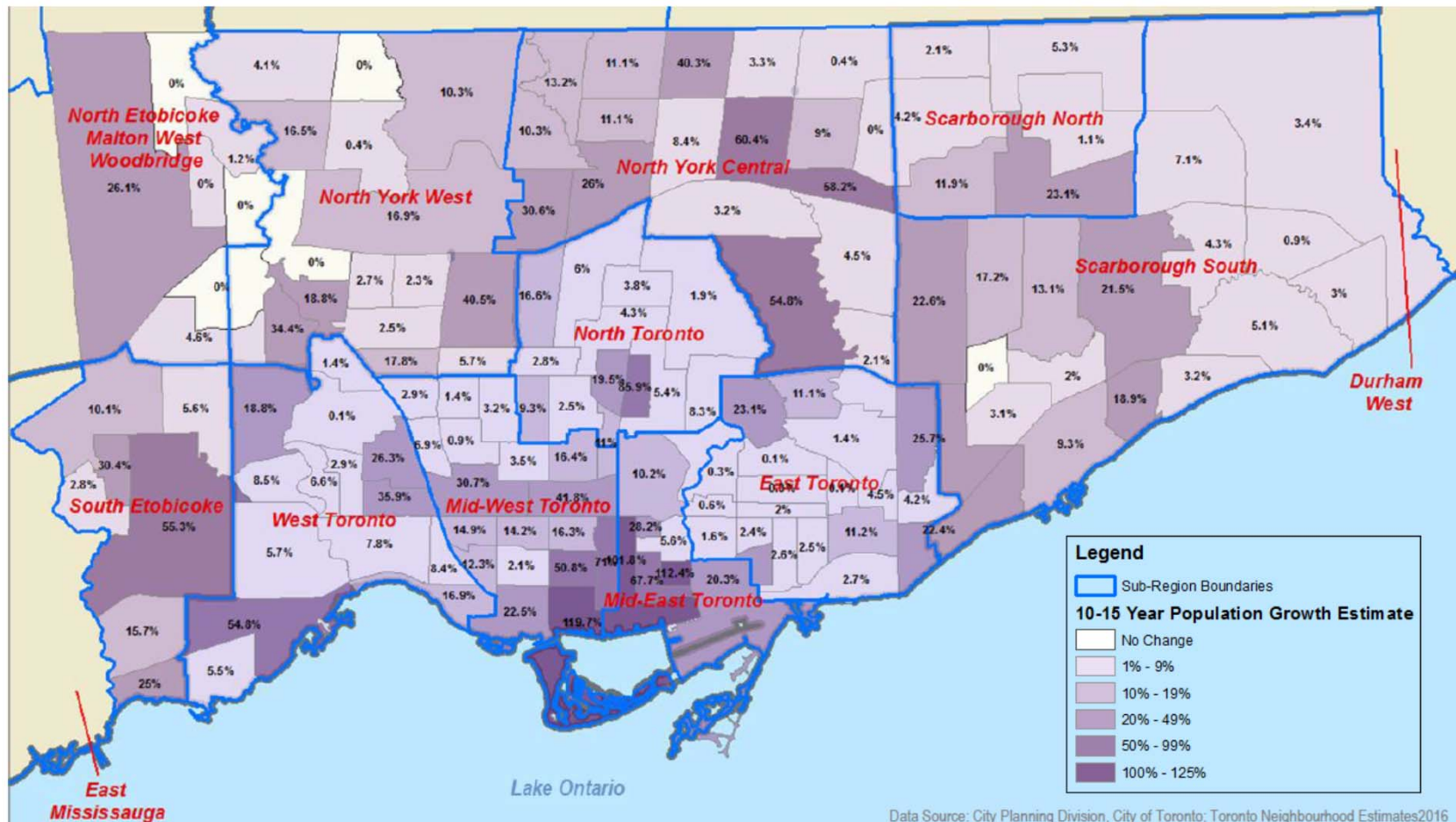
- Total population in North Toronto was 203,700 with 54% being female. Proportion of females was higher among seniors, particularly those aged 75+ (62%)
- 84% of the population is under the age of 65. 22% of the population are children aged 0-19

From 2011 to 2016...

- North Toronto had a low growth rate (2%)
- Highest population growth was among those aged 65-74 (26%). There were population decreases (-2%) in young adults aged 20-44 and those aged 75+

15. North Toronto Neighborhood-level Data (2)

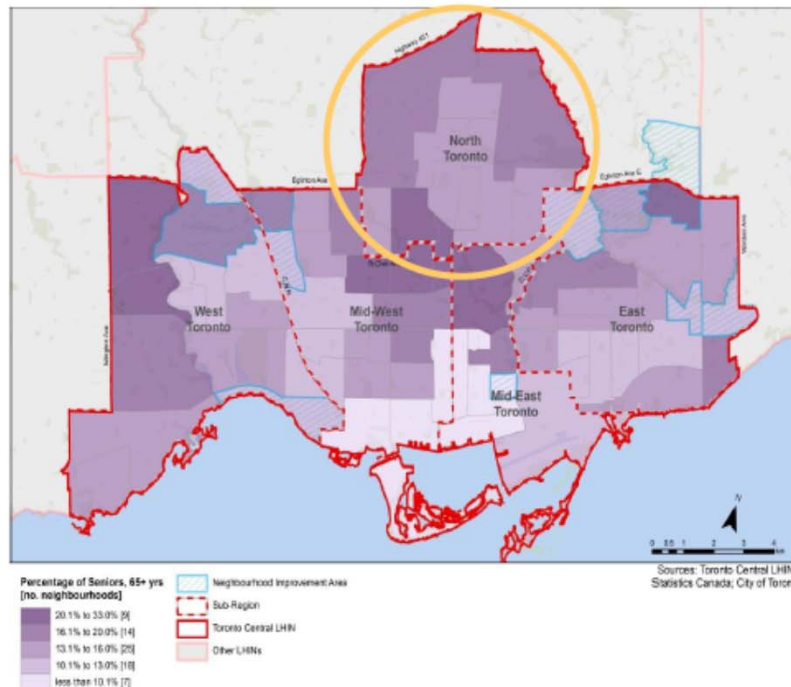
City of Toronto Neighbourhoods – 10-15 Year High Estimated Growth



15. North Toronto Neighborhood-level Data (3)

Building our partnership with a focus on a “Year 1 priority population”:

Seniors living in North Toronto



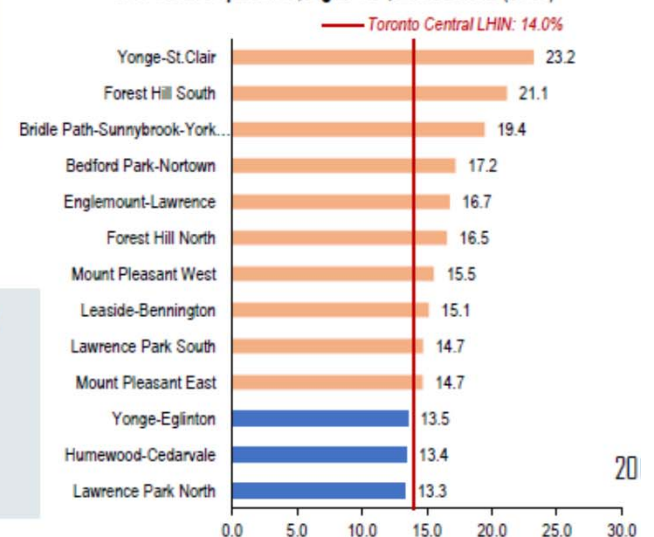
- More than half of neighbourhoods in North Toronto had a higher than average proportion of seniors in their neighbourhoods
- Yonge-St. Clair had the highest proportion of seniors (23.2%) which was 1.7 times that of Lawrence Park North (13.3%) which had the lowest proportion

Source: Ontario Community Health Profiles Partnership, Extracted: 2018;
Census of Canada, Statistics Canada, 2016

- Overall, 16.0% of the North Toronto population was over 65 years (2016). This was the highest proportion among the sub-regions and relative to Toronto Central LHIN (14.0%).

Sub-Region	Total Population, Ages 65+	
	Total	% seniors
West Toronto	36,665	14.9%
Mid-West Toronto	44,965	12.9%
North Toronto	32,615	16.0%
Mid-East Toronto	20,385	12.8%
East Toronto	37,650	13.7%
City of Toronto	426,940	15.6%
Toronto Central LHIN	172,280	14.0%

% of Total Population, Ages 65+, Both Sexes (2016)

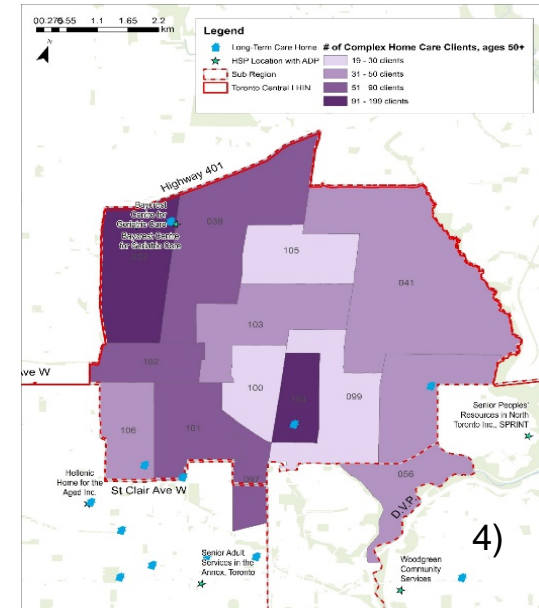
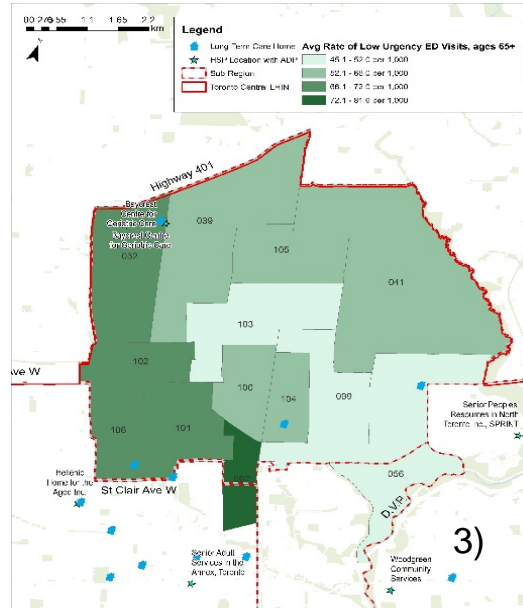
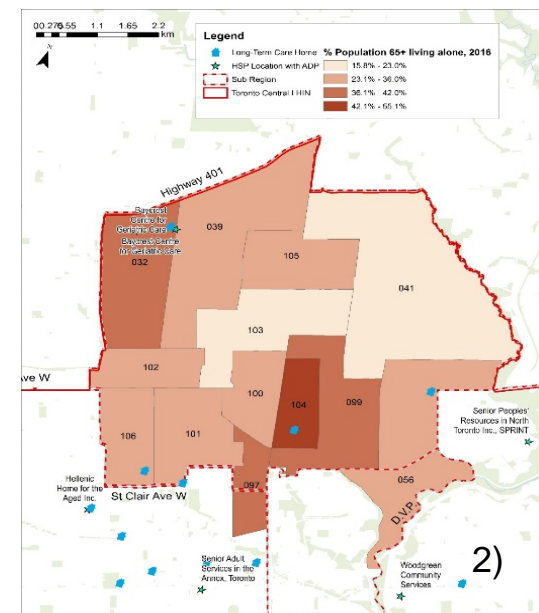
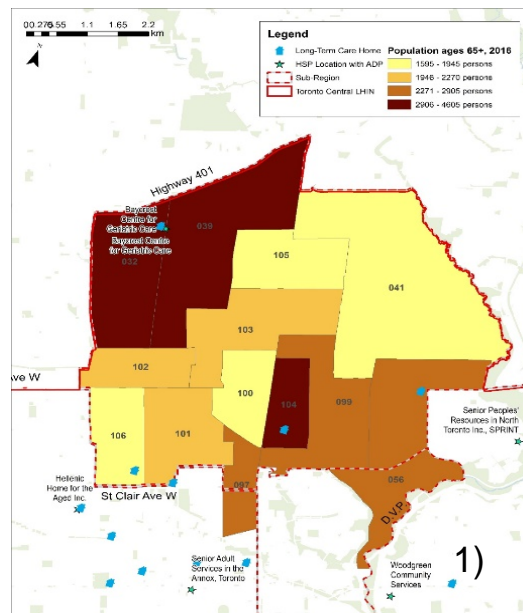


15. North Toronto Neighborhood-level Data (4)

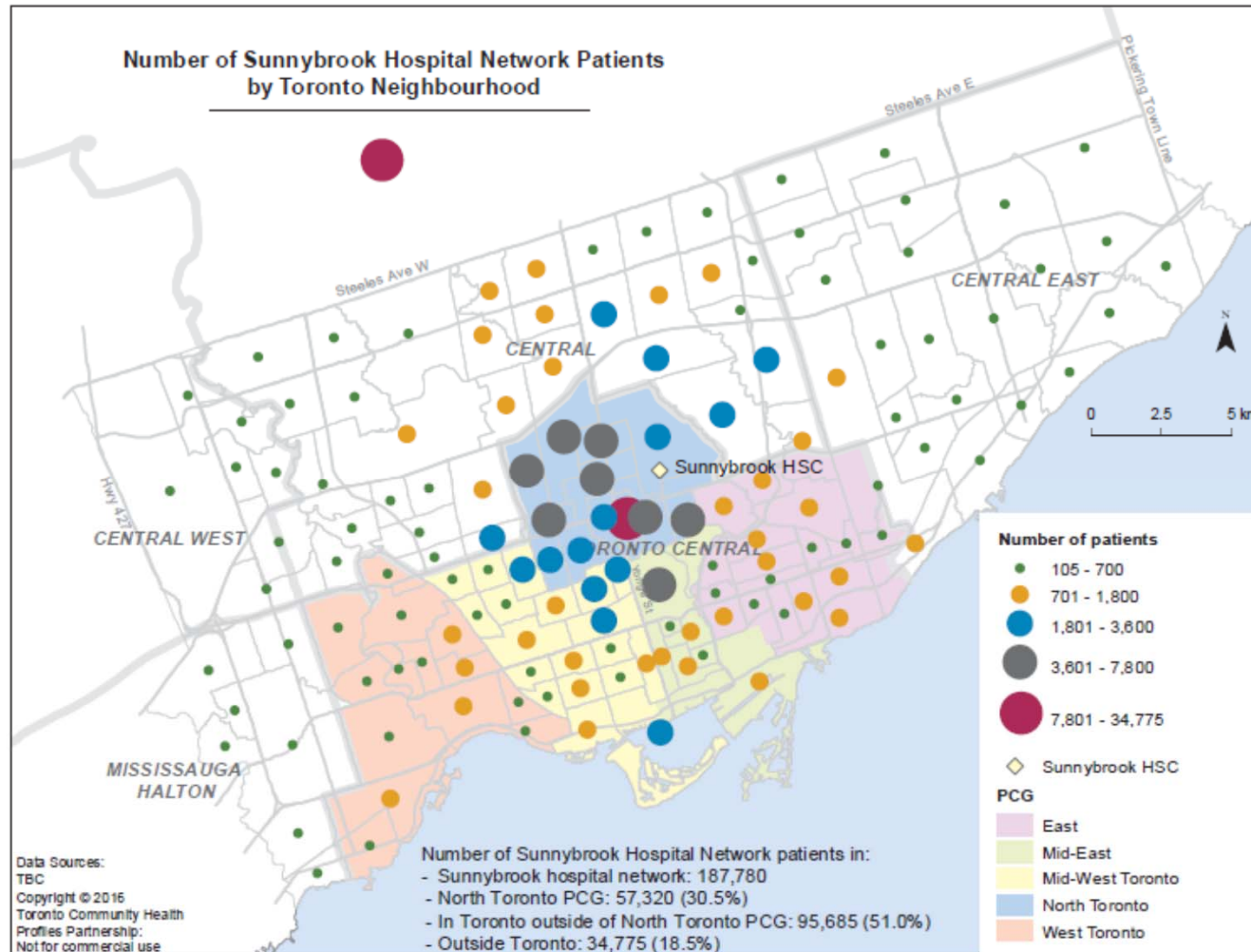
Seniors in North Toronto

1. Distribution of senior population in North Toronto, ages 65+, 2016
2. Proportion of seniors living alone in North Toronto, ages 65+, 2016
3. Average Rate of Low Urgency ED visits in North Toronto, ages 65+, FY15/16-FY16/17
4. Distribution of Complex Home Care Clients in North Toronto, ages 50+, FY17/18

ID	Neighbourhood	ID	Neighbourhood
032	Englemount-Lawrence	101	Forest Hill South
039	Bedford Park-Nortown	102	Forest Hill North
041	Bridle Path-Sunnybrook-York Mills	103	Lawrence Park South
056	Leaside-Bennington	104	Mount Pleasant West
097	Yonge-St.Clair	105	Lawrence Park North
099	Mount Pleasant East	106	Humewood-Cedarvale
100	Yonge-Eglinton		



15. North Toronto Neighborhood-level Data (5)



As we progress in our OHT development, we will refine our potential catchment area based on how people access health services

16. North Toronto Neighborhood Care (1)

Neighbourhood Care Team Vision: Integrated model of care that is **accountable** to meeting the needs of people living within a high-density urban neighbourhood. People will experience **one system** that provides **simple access** to service, **navigation / coordination** if unable to self navigate, and **streamlined communication** of health care providers



- Local teams with neighbourhood expertise



- Simplified access and navigation



- Shared accountability and improved outcomes

Local Knowledge, Simple Access, Shared Accountability

16. North Toronto Neighborhood Care (2)

Together, implementing meaningful change for people, providers, and the system

Starting with core team functions, inclusive of:



1. Access to **regulated health, community supports, mental health and addictions**
2. **Care coordination** for complex clients; one care plan
3. **Primary Care** including Community Health Centres

Who will be supported to:



- Include clients and caregivers as members of the care team
- Offer timely access (24/7)
- Test innovation and new partnerships
- Become neighbourhood experts
- Coordinate and organize care *based on local need*
- Connect to social services and local community supports (e.g. pharmacy, volunteer groups, churches, etc.)
- Connect with specialized and regional care

Creating positive impact in the community by:



- Reduce inappropriate / avoidable ED and hospital use
- Eliminating duplication (roles, assessments, communication)
- Simple navigation
- Improve efficiency in service delivery
- Improving sustainability by increasingly connecting 'upstream'

16. North Toronto Neighborhood Care (3)

The Team

TEAMS	CSS and CMHA Planning Leads	Home Care Planning Leads	Neighbourhoods
NORTH	SPRINT	St. Elizabeth, VHA, TC LHIN	Englemount Lawrence
			Mount Pleasant West
			Mount Pleasant East

Note: Toronto Central LHIN Primary Care Lead Yoel Abells and his team has been engaged as part of co-design for Neighbourhood Care

17. Patient, Family and Caregiver Engagement Committees and Activities (1)

Co-creating our engagement structures via an initial Patient and Family Council comprised of members from our respective engagement bodies.

The scope and breadth of client, patient, family and caregiver involvement includes, but is not limited to providing advice and feedback on:

- ☐ Strategic planning
- ☐ Governance
- ☐ Policies
- ☐ Programs and services
- ☐ Communications

We will leverage our Collaborative's extensive experience to integrate the patient experience into the work of the North Toronto Ontario Health Team.

18. North Toronto Areas of Activity (1)

Early areas of activity

1. Priority initiatives to enhance care in North Toronto



- **Population Health Management System**
 - Neighbourhoods and specific populations living in North Toronto
- **Program identification and simplification for enhanced access (year 1 priority population: seniors)**
 - Patient engagement and co-design
 - Set targets for hospital diversion (ED and Inpatient Admissions)
- **Plan for equity in access to services**

2. Measuring improvement



- **Assessing local need (baselining)**
- **Measuring health outcomes and experience**
- **Ability to track our progress and impact as a future Ontario Health Team**

3. Integration Agreement and Partnership Agreement / Joint Venture



Orienting on common purpose

- Goals, objectives, guiding principles
- Participatory approach



Facilitating collaboration

Focusing on service integration to meet local needs



Identified and committed primary care

- CHC leadership
- Inclusion of primary care organizations
- Support for solo physicians with appropriate support (SPIN, SCOPE, etc.)

4. Data infrastructure and decision support



- **Mapping IT assets, programs, providers, and initiatives**
- **Assessing data sharing across providers**
- **Building upon existing platforms (e.g. portals) and identifying opportunities for linkages**
- **Identifying opportunities for predictive analytics**

19. Building & Integrating Primary Care in Toronto (1)

1.0 EXECUTIVE SUMMARY

Primary Care Strategy Transition

Evidence is clear that high quality, accessible and integrated primary care leads to lower health system costs and better population health outcomes. In central Toronto, primary care is provided in some neighbourhoods by highly integrated, population focused primary care providers (FHTs, CHCs). However, the majority of Toronto citizens receive primary care from unconnected and often solo primary care providers without access to inter-professional teams and inconsistent access to specialists, and community care resources. Primary care, as the first contact with the health system and often a lifelong relationship for many people, is foundational to any system wide change to improve access and streamline care transitions. Therefore, there was an urgent need to build a more uniform integrated, high quality primary care system as a foundation for local health system organization.

Recognizing this need to build accessible and integrated primary care for all citizens of the Toronto-Central LHIN, a Primary Care Strategy was developed in 2015/16 through a consultative, co-design process with physician leaders. Primary Care Clinical Leaders worked with the TC-LHIN and primary and community care providers to develop guiding principles and tools for integration focused on simplifying and improving access and navigation, care coordination, use of digital tools and clear communication while building on existing capacity and enhancing effectiveness and efficiency. This work has successfully increased the capacity of many diverse primary care practices to be able to function in a fully integrated model and to measure progress towards full integration in response to initiatives and investments.

Further integration work with home and community providers has improved alignment with new LHIN initiatives e.g. neighbourhood care teams with involvement of local primary care liaison physicians. The LHIN invested substantially in implementing and operationalizing the Primary Care strategy through five priority working groups focused on key enablers required by Primary Care to achieve accessible and integrated care: Attachment, Access and Continuity; Access to Inter-professional Teams; Access to Specialists; Discharge Planning; and Secure Communications.

Local planning and key implementation structures have been put in place in each of the five sub-regions under the leadership of Primary Care Clinical Leads and supported by the Hospital Resource Partners. Each sub-region has a small core staff who support the PCCL and a Primary and Community Care Coordinating Committee in engaging providers and working with local partners from across the health care system to implement priority initiatives and improve care in identified areas. A performance measurement framework and dashboard provide quarterly reporting on implementation.

The strategy has always been guided and informed by data on population health needs and primary care resources currently available, coordination with other system partners (opportunities for enhanced integration), research and evaluation outcomes as well as guidance documents produced by Canadian and Ontario associations, including the Patient Medical Home Model (PMH) (1). The ideal state of fully

integrated primary care was articulated in the Integrated Primary Care framework described in this document, with connected governance, increased capacity through optimal use of resources and resulting in collectively improving population health outcomes at the local level. This framework provides a roadmap to achieve the Patient Medical Home Model (1, 2) within the diverse Toronto context and within our changing health care environment.

The Primary Care Strategy work accomplished to date in central Toronto by the Primary Care Leads, Hospital Resource Partners and local primary care teams is well aligned with the Ontario government's Peoples Health Care Act 2019 and will provide an excellent foundation for further local primary care development and integration with the new Ontario Health Teams. It is important that this momentum and work be continued, adjusted and, in some cases, expedited to ensure that primary care can fully participate in the design, development and implementation of Ontario Health Teams.