ÉQUIPE SANTÉ ONTARIO
NIAGARA
ONTARIO HEALTH TEAM

SHAPING THE FUTURE OF HEALTH AND SOCIAL CARE

2023 ANNUAL 2024 REPORT

Land Acknowledgement

The NOHT-ÉSON recognizes the land on which we gather is the traditional territory of the Haudenosaunee and Anishinaabeg. This territory is covered by the Upper Canada Treaties, is within the lands protected by the Dish with One Spoon Wampum agreement, and is directly adjacent to the Haldimand Treaty territory. Today, this land continues to be the home of many Indigenous Peoples.

Acknowledging ensures we reflect on our past and what changes can be made going forward to further the reconciliation process, and it reminds us that the great standard of living that we enjoy in Niagara is directly related to the resources and friendships of the Indigenous People who make up this community.

Opening Message

The Niagara Ontario Health Team-Équipe Santé Ontario Niagara (NOHT-ÉSON) has undertaken several transformative initiatives to enhance primary care and address critical health and social care challenges in the Niagara region. These efforts have been mainly focused on connecting residents to essential services, addressing workforce shortages, and innovating care delivery models.

Through the collaboration of representatives at the Planning Table and the efforts of various working groups and ad hoc committees, the NOHT-ÉSON continues to drive innovation and collaboration in the Niagara region's health care landscape.

The primary care expansion initiative is a cornerstone of the NOHT-ÉSON's strategy to improve health outcomes in Niagara. The network also recognizes the significant impact of health care worker shortages undermining access to primary care, and one of its first actions was to launch a region-wide survey to identify gaps in health care provision and develop targeted recruitment and retention strategies.

Further, by supporting the formation of the Southern Ontario Physician Recruitment Alliance (SOPRA) with physician recruiters and other OHTs across Ontario Health West, the NOHT-ÉSON is aiming to attract and retain more health care professionals in the region. This collaborative approach aims to pool resources, share best practices, and increase the visibility of Southern Ontario on the international stage, ultimately improving patient access to primary care.

The creation of the Patient/Client and Family/Caregiver (PCFC) Advisory Council has further integrated the perspectives of people with lived experience into the NOHT-ÉSON's decision-

making processes. The PCFC Advisory Council, representing a diverse cross-section of the Niagara community, plays a crucial role in advocating for patient and client needs and ensuring that health and social services are responsive to the voices of those they serve. The Advisory Council's input helps shape the NOHT-ÉSON's strategic initiatives, ensuring that they align with the real-world experiences and expectations of patients and clients and their families and care partners.

The NOHT-ÉSON is at the forefront of using technology to enhance patient care, particularly through its Remote Care Monitoring (RCM) programs. These programs offer tailored support for patients with chronic conditions, surgical recovery needs, and palliative care requirements, enabling them to receive high-quality care in the comfort of their homes. The Surgical Transitions RCM, for instance, has supported nearly 900 patients since its launch, demonstrating its effectiveness in improving post-operative outcomes.

Virtual Urgent Care (VUC) and ConnectMyHealth are key digital health initiatives that the NOHT-ÉSON and its partners have implemented to improve health care accessibility. VUC provides a convenient alternative for patients with non-emergency health concerns, helping to reduce the burden on emergency departments. Meanwhile, ConnectMyHealth offers patients a unified view of their health records, empowering them to manage their health more effectively. These digital solutions are integral to the NOHT-ÉSON's vision of a more accessible, patient-centered health care system.

Through strategic initiatives like the primary care expansion, workforce development programs, community engagement efforts, and technological advancements, the NOHT-ÉSON is making significant strides in improving health outcomes and ensuring that all residents have access to the care they need.

We invite you to continue reading through our annual report and learn more about the successes the NOHT-ÉSON has achieved over the course of the 2023-24 fiscal year, and to engage with us as these programs and others continue to expand and evolve. The NOHT-ÉSON remains committed to addressing the region's most pressing health and social care challenges, focusing on inclusivity, innovation, and patient-centered care.

DAVID CEGLIE
Co-Lead
Planning Table

FRANK RUBERTO
Co-Lead
Planning Table

NADINE WALLACE
Alternate Co-Lead
Planning Table

CAROL NAGY
Past Co-Lead
Planning Table

SABRINA PILUSO
Executive Director
NOHT-ÉSON

Mandate of the NOHT-ÉSON

The Niagara Ontario Health Team-Équipe Santé Ontario Niagara (NOHT-ÉSON) is a collaborative network of health and social care providers across the Niagara region, united under the Government of Ontario's Ontario Health Teams initiative. Our mission is to build an inclusive, seamless, and efficient health care system that simplifies access to care, improves the patient and client experience, and enhances health outcomes for all Niagara residents.

Our membership spans nearly every sector of health care and social services in the region, including academic institutions, acute and rehabilitation hospitals, complex care facilities, community health centres, community support organizations, Indigenous health and social services, mental health and addiction services, primary care providers, French-language service organizations, public health, emergency medical services, and senior care providers. Additionally, representatives from the PCFC Advisory Council ensure the voices of people with lived experience are integral to shaping our work. Beyond improving the health of Niagara's residents, the NOHT-ÉSON fosters knowledge sharing among its members, enhances public communication, and provides a unified voice to address the region's health and social care challenges.

MISSION

To work as one coordinated team to provide service, support, and care, no matter when or where you need it.

VISION

Healthy together. Exceptional, connected care, now and for future generations.

OUR VALUES

RESPECT: We honour the feelings, wishes, rights, and traditions of all. We are driven by empathy and are committed to providing culturally safe and appropriate care.

EQUITY: We are committed to reducing barriers to access and achieving inclusive health care for all.

INTEGRITY: We will conduct ourselves consistently with honesty and make ethical decisions that are worthy of trust.

ACCOUNTABILITY: We are responsible for our actions, behaviours, performance, and decisions.

ENGAGEMENT: We will inform, include, and partner with our interested and affected parties in health and community social service planning and decision-making.

Governance

The Planning Table serves as the primary decision-making body for the NOHT-ÉSON, with representation from every partner. All decisions are made through consensus, ensuring that every representative has an equal voice. Issues are openly and thoroughly discussed until everyone can support a decision. This consensus-based approach is also used by the various working groups and ad hoc committees.

The working groups are responsible for executing tasks and providing recommendations to the Planning Table. Decisions made at the Planning Table are evaluated against the Ontario Health Team's mission, vision, and values, the mandate provided by Ontario's Ministry of Health, and the potential health benefits for patients, clients, families, and care partners in Niagara.

In 2019, the PCFC Advisory Council was created. Since then, the membership has grown from seven to 15 members. Currently, six representatives sit at the Planning Table, and all members actively contribute to the NOHT-ÉSON's working groups. Through their involvement at the Planning Table, Advisory Council, and working groups, the representatives broaden the range of perspectives from people with lived experience in accessing health and social services in the Niagara region.

Working Groups and Project Teams

The many NOHT-ÉSON initiatives contained within this annual report would not have been possible without the efforts of our working groups whose members were tasked with addressing particular challenges and bringing forward solutions/informed recommendations to the Planning Table:

- Alternate Level of Care
- Cancer Screening
- Communications and Engagement
- Dementia Care
- Financial Oversight Group
- Governance
- Health Equity
- Health Human Resources
- Home and Community Care (Paused)
- Integrated Care
- Mental Health and Addictions
    - Sub-committees include Coordinated Access, Case Management, Long-Acting Injectables, and Collaborative Quality Improvement Plan (cQIP)
- Palliative Care
- Patient/Client and Family/ Caregiver Advisory Council
- Primary Care
- Stroke Care

Our Staff Team

To drive the NOHT-ÉSON's strategic initiatives and ensure day-to-day operations align with the network's mission and vision, a project management office was created, consisting of the following key roles:

- Executive Director
- Executive Assistant
- Finance Manager
- Manager of Communications and Engagement
- Manager of Indigenous Health Care Relations
- Project Manager for Information Technology
- Project Manager for Mental Health and Addictions
- Project Manager for Population Health
- Senior Human Resources Advisor

The team was a blend of full-time and part-time roles, including contract staff, secondments, and service agreements.

The NOHT-ÉSON also wishes to highlight the contributions of numerous organizations and individuals who have generously contributed additional resources and time to support the network's efforts behind the scenes. Your assistance is invaluable, and we extend our sincere gratitude for your dedication.

Partners

In the 2023-2024 fiscal year, the NOHT-ÉSON was comprised of the following partners:

- Alzheimer Society of Niagara Region
- Arid Group Homes
- Brain Injury Community Re-Entry (Niagara) Inc.
- Bridges Community Health Centre
- Brock University
- Canadian Mental Health Association – Niagara Branch
- Centre de santé communautaire Hamilton/Niagara
- Community Addictions Services of Niagara
- Consumer/Survivor Initiative of Niagara
- Contact Niagara for Children and Development Services
- Dr. Darija Vujosevic, NOHT-ÉSON Clinical Lead
- Entité[2] de planification des services de santé
- Foyer Richelieu Welland
- Gateway Residential and Community Support Services of Niagara Inc.
- Happy in my Home - Community Support Services of Niagara
- Heidehof - Benevolent Society for the Care of the Aged
- Hospice Niagara
- Hotel Dieu Shaver Health and Rehabilitation Centre
- Ina Grafton Gage Home
- Indigenous Health Network
- March of Dimes Canada
- McMaster University's Michael G. DeGroote School of Medicine, Niagara Regional Campus
- Meals on Wheels Fort Erie
- Meals on Wheels Niagara Falls
- Meals on Wheels Port Colborne Inc.
- Niagara College

- Niagara Falls Community Health Centre
- Niagara Health
- Niagara Medical Group Family Health Team
- Niagara North Family Health Team
- Niagara Region Mental Health Services
- Niagara Region Emergency Medical Services
- Niagara Region Public Health
- Niagara Region Senior Services
- Niagara-on-the-Lake Community Palliative Care Service
- Oak Centre Alternative Community Support
- Ontario Health atHome, formerly Home and Community Support Services
- Patient/Client and Family/Caregiver Representatives
- Portage Medical Family Health Team
- Positive Living Niagara
- Quest Community Health Centre
- Radiant Care - Pleasant Manor and Tabor Manor
- REACH Niagara
- The Wayside House of St. Catharines
- United Mennonite Home
- Welland McMaster Family Health Team

Patient-Facing Initiatives

Regional Approach to Expanding Access to Primary Care

Efforts are underway to connect thousands of people in the Niagara region who don't have regular access to primary care services, like a family doctor or nurse practitioner, with the right health care providers.

With the help of several NOHT-ÉSON partners, this initiative focuses on areas of Niagara where many people are without a regular doctor or nurse practitioner. The plan also includes services like mental health and addictions support.

In February 2024, the NOHT-ÉSON received $2.1 million from the Ministry of Health to help launch this initiative. Bridges Community Health Centre is leading the effort, along with partners like the Centre de santé communautaire Hamilton/Niagara, Niagara Falls Community Health Centre, Niagara Medical Group Family Health Team, Niagara North Family Health Team, Quest Community Health Centre, REACH Niagara, and the Alzheimer Society of Niagara Region. Collectively, the organizations offer services across the region from Fort Erie in the south to St. Catharines in the north.

Since the funding was received, the group has hired seven nurse practitioners and seven other allied health professionals, including social workers. The aim is to connect between 5,800 and 7,200 people to team-based care or other services, like physiotherapy and mental health supports, across the region.

As part of this initiative, mobile geriatric cognitive assessments are being done across the region by the Alzheimer Society of Niagara Region. This will help people living with dementia receive an earlier diagnosis and quicker access to the right services and supports. The partners also plan to hold PAP test and vaccine clinics for people who might not have access to this level of health care.

Improving Palliative Care in Niagara

In January 2023, the NOHT-ÉSON submitted a proposal for a palliative care clinical coach (PCCC) to the Ministry of Health and Ontario Health. The network received confirmation in March 2024 that the proposal was successful with the position set to begin in fall 2024.

The PCCC plays a vital role in advancing palliative care services within participating community organizations, aligning with the strategic goals set by Ontario Health and the Ontario Palliative Care Network.

The PCCC offers palliative care coaching and mentoring to community health care staff, focusing on building their primary-level palliative care competencies. The role also requires collaboration with leaders of community organizations on local service integration, change management, and quality improvement initiatives, and calls for clinical consultations when patients' needs exceed the current skill set of providers.

Lastly, the PCCC is supporting Indigenous communities and organizations with implementation efforts, in partnership with interested and affected parties.

Creation of the Health Human Resources Working Group

Since the COVID-19 pandemic, many areas in Canada, including the Niagara region, have been dealing with shortages of health care workers. This shortage makes it difficult for health organizations to provide timely and high-quality care, sometimes forcing them to cut back or eliminate services altogether. The Niagara region is no different.

One major issue in Niagara is the need for clear information about where these shortages are and how severe they might be. The NOHT-ÉSON created the Health Human Resources Working Group (HHRWG) to address this problem. The working group's primary goal is to better understand the local situation and find solutions that work for Niagara.

One of the HHRWG's primary objectives is to build a strong, healthy, and diverse workforce to meet the needs of the community. This goal is part of the NOHT-ÉSON's new strategic plan, launching in late 2024.

The NOHT-ÉSON also aims to increase the number of health practitioners and team-based care providers. Additionally, the HHRWG is working to improve recruitment and retention rates in Niagara and develop strategies to enhance job satisfaction for health care providers.

Members of the NOHT-ÉSON's Planning Table were invited to join the HHRWG. The group also reached out to representatives from outside the NOHT-ÉSON, including municipal and regional officials.

The HHRWG is co-led by Jill Croteau, Physician Recruitment Specialist with the Niagara Region, who is also responsible for the creation and implementation of SOPRA (see Opening Message), and Dr. Jeff Remington, Founding Physician at Niagara South Family Medicine.

The group held its first meeting in March 2024 and has already begun its work.

One of the group's first tasks was creating a survey in collaboration with the Workforce Collective, a Niagara-based non-profit organization that focuses on workforce challenges. This survey, launched in mid-June and sent to NOHT-ÉSON partners, aims to identify hard-to-fill roles, vacancy rates, and the human resource strategies used by different organizations. The results will be analyzed by a research assistant from Brock University, under the

supervision of Dr. Kathryn Halverson, Assistant Professor from the Department of Nursing in the Faculty of Applied Health Sciences.

The HHRWG is also meeting with different organizations to understand their perspectives. They have already met with groups that work with internationally-trained health professionals and are discussing a marketing strategy to highlight Niagara's learning, employment, and recreational opportunities.

PCFC Advisory Council

Patients, clients, families, caregivers, and their perspectives are integral to the work of the NOHT-ÉSON because they provide firsthand experience from various stages of life and different areas of the health and social services sectors. They work together to help the NOHT-ÉSON's Planning Table and working groups make informed decisions, representing the voices of those directly impacted by the health care system.

Currently, six PCFC Advisory Council representatives sit at the Planning Table. They, along with other representatives from the Advisory Council, provide their perspectives on the network's many working groups, amplifying the voices of the end users in the health and social services sectors.

Representatives are people from different ages, ethnic backgrounds, socio-economic statuses, and areas within Niagara. As a group, the PCFC Advisory Council is responsible for the following:

- Advocating for the needs of patients, clients, families, and care partners within the health care and social services system.
- Representing a range of experiences and perspectives, including those from priority populations like Indigenous and Francophone communities.
- Promoting positive and consistent messaging to build the public reputation of the NOHT-ÉSON.
- Ensuring effective engagement in health, community, and social services planning to build trust, transparency, and collaboration.

Addressing Physician and Health Care Workforce Shortages in Niagara

The Niagara region is facing a critical shortage of health care professionals, particularly family physicians. This shortage has led to longer wait times, increased reliance on emergency services, and overall poorer health outcomes for the population. Currently, Niagara has a deficit of 90 family doctors, with the capacity to serve only 67% of its residents. With plans to grow the population by over 125,000 by 2041, the region urgently needs to recruit 30 new doctors each year for the next decade to meet the increasing demand.

To tackle this issue, the NOHT-ÉSON sought financial support from the Ministry of Health through Ontario Health's Models of Care Innovation Fund, which supports innovative projects that optimize health human resources (HHR). The network's proposal, Building Physician and HHR Capacity in Niagara, was submitted in August 2023 and proposed building a dedicated team focused on recruiting health care professionals, particularly family physicians and physician assistants. The team was to create and implement strategies to attract doctors, including those trained internationally, and ensure they were well-integrated into the community. Additionally, the proposal called for a grant program to incentivize doctors to hire physician assistants, helping to alleviate the workload and improve patient care. Part of the funding received would have covered 50% of the salary for newly hired physician assistants for one year.

The plan included hiring four new temporary positions: a Manager of Physician Recruitment, a Primary Care Advisor, a Human Resource Advisor, and a Resource Coordinator. The team was to work collaboratively to recruit health care professionals, address clinic space shortages, and support the integration of internationally-trained professionals into the local workforce.

The project aimed to significantly increase the number of physicians recruited to Niagara, with a goal of boosting candidate leads, site visits, and new physician hires by 50% annually.

The NOHT-ÉSON is awaiting approval of its proposal from the Ministry of Health and Ontario Health at the time of the annual report's publication.

Remedying Southern Ontario's Physician Shortage: A Regional Approach

While the NOHT-ÉSON awaits an update on its recruitment proposal, there are positive developments happening in southern Ontario.

The physician deficit is exacerbated by the fact that only 400 family medicine graduates are produced yearly in Ontario, too few to meet the needs of the 2.2 million residents without a family doctor. The situation is expected to worsen with changes to the Family Medicine Residency program, which will extend from two to three years, creating a gap year with no new graduates in 2026.

Physician recruiters play a crucial role in addressing this shortage by acting as community ambassadors, tracking local clinic needs, and navigating the complex requirements for licensing and immigration. However, many areas in Southern Ontario lack dedicated recruiters, and those that do often have limited budgets for international recruitment efforts. To tackle this issue, the 15 Ontario Health Teams (OHTs) in Ontario Health West (OHW), along with 12 physician recruiters, are collaborating to form the Southern Ontario Physician Recruitment Alliance (SOPRA).

SOPRA, the brainchild of Niagara's Physician Recruiter, Jill Croteau, aims to enhance the visibility of Southern Ontario on the international stage, making the region more attractive to physicians from abroad. By pooling resources and working together, recruiters can attend more international events, reach new markets, and share leads more effectively. This collaborative approach is expected to increase the number of physicians coming to the area, help distribute them more evenly across the region, and ultimately improve patient access to primary care.

SOPRA's goals include raising awareness of opportunities in Southern Ontario, developing a shared client relations management platform to streamline recruitment efforts, and standardizing best practices for attracting international physicians.

In the short term, SOPRA hopes to generate more leads from outside Canada and improve data tracking of recruited physicians. Over time, the initiative aims to reduce physician shortages in Southern Ontario, leading to more equitable access to care, decreased reliance on emergency services, and better overall health outcomes for the region.

SCOPE Niagara: Enhancing Patient Care and Reducing ED Visits

Seamless Care Optimizing the Patient Experience (SCOPE) Niagara is a transformative program designed to streamline health care by connecting family physicians and nurse practitioners with a dedicated nurse navigator to improve patient outcomes. The Niagara Health-led NOHT-ÉSON initiative is particularly valuable for primary care providers registered with SCOPE, offering them direct access to Niagara Health's on-call specialists.

Since its inception in May 2022, the program has registered nearly 200 family physicians and nurse practitioners, who have collectively made almost 500 calls to the SCOPE service, seeking support across a wide range of medical needs. Over that time, the program has helped people avoid more than 1,200 unnecessary visits to the emergency department (ED) in Niagara.

In the 2023-24 fiscal year alone, SCOPE successfully diverted approximately 88% of unnecessary ED visits, highlighting its effectiveness in optimizing health care delivery and reducing strain on emergency services. These calls have addressed issues such as general internal medicine, diagnostic imaging, and kidney care, reflecting the program's broad applicability and its ability to meet diverse health care needs.

SCOPE Niagara continues to evolve to meet the changing needs of the community. Recently, the program expanded its services to include mental health and palliative care pathways, broadening its reach and impact. As the program grows, it is exploring additional options to enhance its offerings, including expanding into orthopedic care and assistance for individuals dealing with addictions. These potential expansions reflect SCOPE's commitment to addressing a wide range of health care needs and ensuring that patients receive the comprehensive care they deserve.

Enhancing Access to Non-Emergency Medical Care in Niagara

The NOHT-ÉSON, in collaboration with Niagara Health, launched an innovative service in April 2022 called Virtual Urgent Care (VUC). Designed for adults with non-pressing medical issues or health concerns that are not life-threatening, VUC provides a convenient alternative to in-person hospital visits. This service allows Niagara residents to book online appointments easily and connect with health care professionals from Niagara Health, all from the comfort of their homes or any location with internet access.

Over the course of two years, from April 2022 to March 2024, the platform saw significant utilization, with 1,902 visits recorded. This level of engagement highlights the growing demand for accessible and flexible health care options in the region.

Patient feedback on the service has been overwhelmingly positive. According to survey results, 88% of patients reported satisfaction with their VUC experience. The service's ability to provide timely medical advice and care has made it a valuable resource for many in the community. Moreover, VUC has had a tangible impact on reducing unnecessary visits to emergency departments; 51% of survey respondents indicated that using VUC helped them avoid a trip to the emergency department.

VUC represents a forward-thinking approach to health care, offering a convenient and efficient way for patients to receive the care they need without the stress and time commitment of a hospital visit.

Empowering Patients' Health Journeys

ConnectMyHealth (CMH) is a digital health solution designed to give patients in the Ontario Health West Region (Southwestern Ontario) seamless access to their health records. This web-based tool offers a single access point where users can view records from participating hospitals within the region, enhancing their ability to manage personal health information conveniently.

CMH is able to consolidate various types of health records from hospitals across the West Region into one unified view. This integration offers patients a more comprehensive understanding of their health history, and centralized access to health records supports better preparation for medical consultations, enabling more informed discussions between patients and care providers.

The NOHT-ÉSON is among the Ontario Health Teams (OHTs) in the West Region to participate in this collaborative effort that is operated by the HITS eHealth Office at Hamilton Health Sciences and funded by Ontario Health.

Among the 15 participating OHTs, the NOHT-ÉSON saw the most account registrations and activations in the 2023-24 fiscal year with more than 2,000 accounts created. The number of activations is due largely to the assistance of Niagara Health, Hotel Dieu Shaver Health and Rehabilitation Centre, and community-based primary care partners, like the Niagara North Family Health Team and the Welland McMaster Family Health Team, in sharing information about CMH with their patients.

Innovative Remote Care Monitoring Pilot Project Launched

Remote Care Monitoring (RCM) is poised to transform how health care is delivered in Niagara, offering a flexible, patient-centered approach that meets the community's diverse needs. By providing tailored support through these specialized programs, the NOHT-ÉSON is making it possible for more residents to receive the care they need in the most convenient and comfortable setting—their own homes.

The NOHT-ÉSON has partnered with the Toronto Grace Health Centre (TGHC) to launch a groundbreaking pilot project aimed at transforming transitional care for vulnerable patient populations. This innovative initiative, focused on RCM, positions the NOHT-ÉSON as the only Ontario Health Team in the West Region to undertake such an advanced program. The project targets people at risk of hospitalization and alternate level of care (ALC) patients with non-acute diagnoses, who often remain in hospitals longer than necessary due to the lack of adequate support for home-based recovery.

The six-month Transitional Care RCM pilot project is designed to provide patients with a personal alert device that enables 24/7 remote monitoring and follow-up care. This device, managed by the expert team at TGHC, allows immediate intervention when needed, whether dispatching Niagara Emergency Medical Services or contacting the patient's care partners. This approach aims to facilitate quicker discharges from hospitals. It ensures that patients receive the necessary care in the comfort of their homes, promoting recovery and reducing the strain on hospital resources.

The primary objectives of this pilot project include validating the scalability of the RCM program, assessing its effectiveness in managing both medical and non-medical conditions and enhancing support for ALC patients at home.

Participating referral groups in this pilot include Niagara Health's discharge planners for ALC patients, the Centre de santé communautaire Hamilton/Niagara, the Life Long Care Indigenous Community program, and the Let's Go Home (LEGHO) program.

The pilot project, which commenced in January 2024, initially targeted a small group of 10-12 patients, with referrals from participating groups already underway. The program's early results have shown promise, leading to expansion plans, including adding medication dispensing services.

The program's success could lead to a broader implementation, offering a sustainable solution to improve patient experiences and outcomes while reducing hospital readmissions. As the project progresses, updates will be provided, ensuring interested and affected parties are informed of its developments and successes.

Expanding Access to Care

In addition to the Transitional Care Remote Care Monitoring (RCM) pilot project with TGHC, RCM is leveraging advanced technology and integrated care teams in other areas to provide targeted support for individuals with specific health care needs, making it easier for patients to receive high quality care without leaving their homes.

The NOHT-ÉSON has developed other streams of RCM, in addition to Transitional Care RCM, each designed to meet different patient needs. Some of these streams have already been implemented, while others are still under development.

The Community RCM program, for instance, includes two clinical pathways: one for palliative care services, focusing on patients with congestive heart failure and chronic obstructive pulmonary disorder, and another for diabetes management. The palliative care pathway, led by Hospice Niagara, has already shown significant benefits, such as increased patient engagement, timely support to avoid emergency room visits, and a reduction in caregiver burden. As of November 2023, about 30 patients had enrolled in the program, with the potential to expand to serve 75-100 patients, depending on their conditions.

Another critical pathway within the Community RCM program is the diabetes management pathway, led by the Niagara Medical Group Family Health Team. As of September 2023, 15 patients have been enrolled in the program, which aims to provide continuous care and monitoring to help manage their condition more effectively at home. This pathway exemplifies how RCM can be adapted to meet the needs of patients with chronic conditions, offering them a reliable means of receiving care without frequent hospital visits.

The Surgical Transitions RCM program, led by Niagara Health, has also seen substantial engagement. This program supports patients recovering from surgeries, including procedures involving hips, knees, bowels, shoulders, vascular systems, prostate, and breast oncology. From December 2022 to September 2023, 873 unique users have benefited from this program, highlighting its critical role in ensuring smooth transitions from hospital to home care, reducing complications, and enhancing recovery outcomes.

Additionally, a Palliative Oncology RCM pathway is currently under development, led by Niagara Health, which will further expand the range of support available to patients facing complex health challenges.

Advancing Lower Limb Preservation and Diabetes Care

In May 2023, Ontario Health (OH) identified a critical opportunity to enhance care for people with diabetes and peripheral vascular disease. Specifically, the focus was on lowering the rates of avoidable, non-traumatic lower-limb amputations.

The Niagara region has the second highest loss of lower limbs in Ontario, and it is estimated that 85% of lower-limb amputations are preventable.

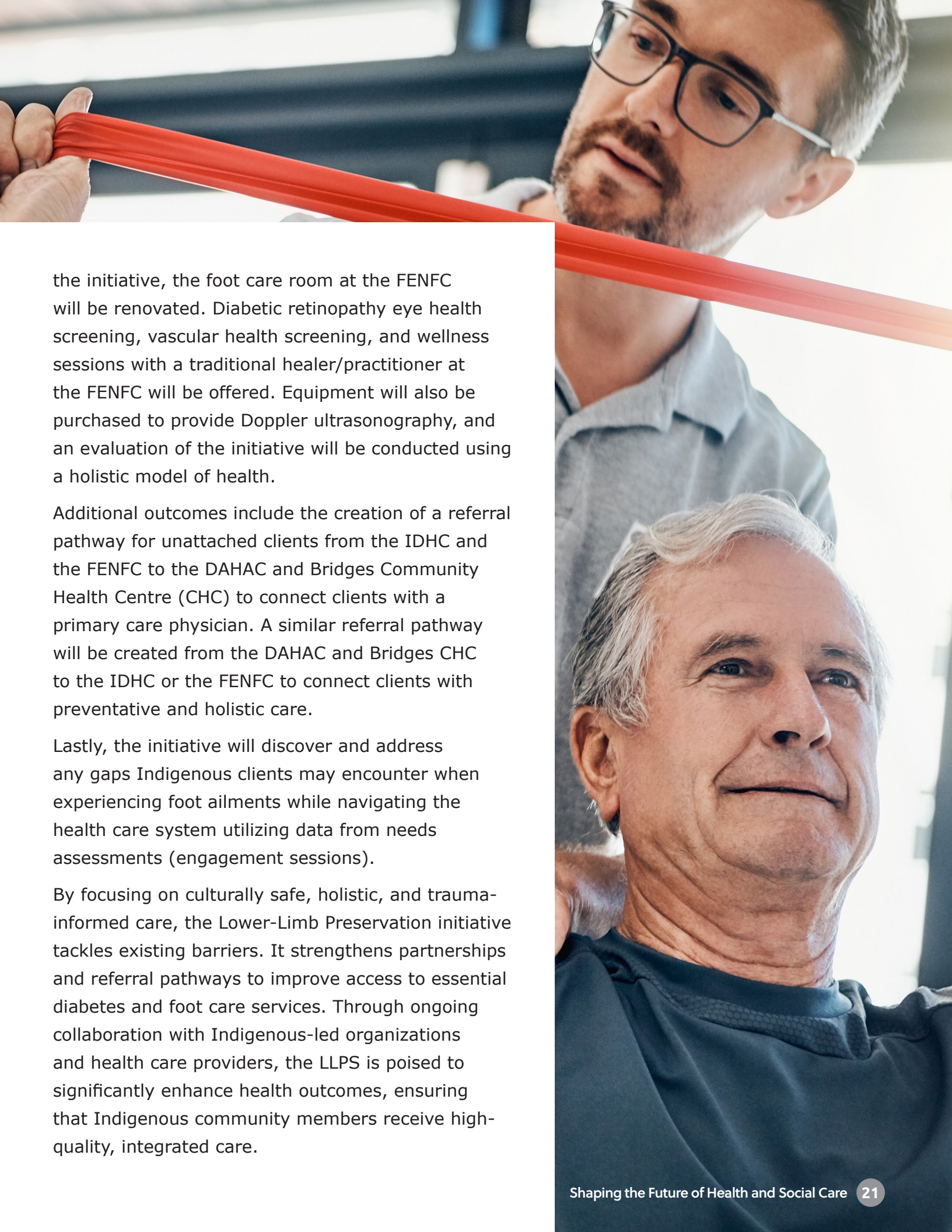
The NOHT-ÉSON and its partners identified significant gaps in care in the Niagara region, especially in providing culturally safe and appropriate diabetes education and management services for Indigenous Peoples.

Several barriers prevent Indigenous Peoples from accessing high-quality diabetes and lower limb preservation services in Niagara. Given these gaps, the NOHT-ÉSON and its partners adopted a holistic approach to diabetes management, focusing on prevention, early intervention, and providing culturally safe care.

The NOHT-ÉSON successfully secured approval for the initiative, and work is now underway. In the first year, the Indigenous Primary Health Care Council (IPHCC) played a pivotal role in shaping the initiative to ensure it followed an Indigenous-led approach to service planning. In the second year, leadership transitioned to the Indigenous Diabetes Health Circle (IDHC), with continued support from the Fort Erie Native Friendship Centre and the De dwa da dehs nye>s Aboriginal Health Centre. The IPHCC remains an active partner in the initiative. Together, through community engagement, they developed and implemented a comprehensive Lower-Limb Preservation Strategy (LLPS) focused on the following key goals:

- Reduce avoidable, non-traumatic major lower-limb amputations in the Niagara region.
- Link community members with additional local community-based programs and services to assist with the management of overall health.
- Improve equitable access to culturally safe, holistic, high quality, trauma-informed best practices for:
    1. Early screening for foot care, diabetic retinopathy screening (eye health), and vascular health.
    2. Integrated lower-limb wound care.

The priority for the LLPS is to ensure the work undertaken is appropriate for the Indigenous Peoples living in the Niagara region. The IDHC currently offers a foot care program (assessment by a nurse, education, and self-care resources) at the centre's head office in Thorold and at the FENFC. Through



the initiative, the foot care room at the FENFC will be renovated. Diabetic retinopathy eye health screening, vascular health screening, and wellness sessions with a traditional healer/practitioner at the FENFC will be offered. Equipment will also be purchased to provide Doppler ultrasonography, and an evaluation of the initiative will be conducted using a holistic model of health.

Additional outcomes include the creation of a referral pathway for unattached clients from the IDHC and the FENFC to the DAHAC and Bridges Community Health Centre (CHC) to connect clients with a primary care physician. A similar referral pathway will be created from the DAHAC and Bridges CHC to the IDHC or the FENFC to connect clients with preventative and holistic care.

Lastly, the initiative will discover and address any gaps Indigenous clients may encounter when experiencing foot ailments while navigating the health care system utilizing data from needs assessments (engagement sessions).

By focusing on culturally safe, holistic, and trauma-informed care, the Lower-Limb Preservation initiative tackles existing barriers. It strengthens partnerships and referral pathways to improve access to essential diabetes and foot care services. Through ongoing collaboration with Indigenous-led organizations and health care providers, the LLPS is poised to significantly enhance health outcomes, ensuring that Indigenous community members receive high-quality, integrated care.

Integrating Mental Health and Addiction Case Management Services

A new initiative is being developed in the Niagara region to streamline access to mental health and addiction services and improve service coordination across multiple providers. The Integrated Case Management Project aims to create consistent processes across all adult intensive case management services to enhance client access and improve the flow between high- and low-intensity services.

Currently, the Niagara region's service providers have varied eligibility criteria, leading many people to be assigned to more than one waitlist and/or being asked to retell their circumstances. The current process has resulted in delays in accessing care, frustration among clients and referral sources, and inefficiencies in service delivery.

In response to community feedback, the Case Management Working Group, a subcommittee of the NOHT-ÉSON's Mental Health and Addictions Working Group, has been working since October 2023 to create a more seamless referral process. The group includes CMHA Niagara, Gateway Niagara, the Mental Health and Addiction Access Line, Niagara Region Mental Health, and the Oak Centre. Their goal is to pilot an integrated intake process for case management model services that will centralize referrals, allowing residents to access services through a consistent assessment method and be directed to the appropriate care provider.

The Mental Health and Addiction Access Line will serve as the initial contact point for individuals seeking services. Referrals will be reviewed by intake staff, and clients will participate in standardized assessments to determine their care needs. The collaborative team will meet weekly to discuss referrals and assign cases to the most appropriate agency, with the opportunity to prioritize referrals based on criteria including but not limited to people recently discharged from hospital, released from custody, who are unhoused, or under community treatment orders.

One of the key outcomes of this initiative is to reduce the number of people on multiple waitlists, eliminate incomplete or inappropriate referrals, and enhance the use of standardized assessment tools across organizations. The pilot program, set to launch in the 2024-25 fiscal year, will focus on individuals 16 years and older and will also utilize client satisfaction surveys to measure its success.

Through this collaboration, the team hopes to improve the client experience, ensure quicker access to services, and foster a more coordinated approach to mental health and addiction care in Niagara.

Let's Go Home (LEGHO): Supporting Seniors in Niagara

In the summer of 2022, several community support providers, Happy in my Home - Community Care Support Services of Niagara, Niagara Health, the Alzheimer Society of Niagara Region, and the NOHT-ÉSON launched the Let's Go Home program. This initiative was designed to help seniors transition from the emergency department to their homes by offering essential community support such as meal services, transportation, homemaking, and respite care. The primary goal of LEGHO is to reduce hospital admissions among individuals aged 65 and older who have non-acute or non-medical concerns or are living with dementia.

Approximately 275 seniors visited Niagara's emergency departments each year with non-urgent or non-clinical issues, highlighting the need for programs like LEGHO. Officially launched in late January 2023, LEGHO alleviates pressure on emergency departments while ensuring that seniors receive the care and assistance they need in their communities.

LEGHO First Link Care Navigators, employed by Happy in my Home - Community Support Services of Niagara and the Alzheimer Society of Niagara Region, play a crucial role in the program, working closely with hospital discharge staff at Niagara Health's emergency departments in Welland, St. Catharines, and Niagara Falls. The navigators identify eligible patients and their families, connecting them with appropriate community supports, dementia-specific services, and respite care. The services offered through LEGHO are time-limited and provided free of charge for up to six consecutive weeks, with the option for eligible individuals to access the program a second time within a year.

Since its launch, LEGHO has made significant strides in supporting seniors in Niagara. From January 2023 onward, the program has received 342 referrals and served 226 individuals. The services provided have been substantial, including 777 hours of homemaking, the distribution of 16,067 meals, the arrangement of 74 rides to medical appointments, the conduct of 780 wellness checks, the facilitation of 780 navigation visits, and the delivery of 697 hours of respite care. These milestones demonstrate the program's effectiveness in meeting the needs of seniors and their families.

As the program continues to grow, LEGHO remains committed to enhancing the quality of life for seniors in Niagara by providing them with the support they need to live safely and comfortably in their own homes. Its innovative approach to community care exemplifies the power of collaboration in addressing the complex needs of an aging population.

ÉQUIPE SANTÉ ONTARIO
NIAGARA
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