

Building Health Together

Stories of Progress and Partnership in Niagara



Annual Report **2024-25**



Contents

Land Acknowledgement	2
Leadership, Governance, and Foundations	3
Indigenous Health and Reconciliation	10
Primary Care Expansion and Access	11
Palliative and Home Care Initiatives	15
Dementia Care Advancements	19
Equity, Workforce, and Mental Health	21
Community Navigation, Long-Term Care, and Resident Supports	23

Land Acknowledgement

The NOHT-ÉSON recognizes the land on which it undertakes its work 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.

Message from Leadership: A Year of Connection, Progress, and Hope

Across Niagara, change is happening—and it's happening together. The NOHT-ÉSON has spent this past year bringing people, ideas, and services closer than ever before.

We've seen our strategic direction formalized, primary care access grow, and new supports reach people when and where they're needed most. From innovative virtual care to culturally grounded Indigenous health initiatives, from empowering patient voices to building stronger partnerships—every milestone reflects the strength of a community united for better health and social care.

Behind every number is a story: a patient finding the right care without stepping into an Emergency Department, a caregiver discovering new resources and relief, a practitioner gaining the tools to make a faster diagnosis, a community member having their voice heard in shaping the system. We know there is more work to do and that there are many people whose experiences have yet to improve. This is motivating our conversations, advocacy and connections every day!

This past year, we didn't just talk about integrated care—we lived it. We shared knowledge, broke down silos, and built solutions that are as unique as the people we serve.

The journey isn't over. But with every step, Niagara's health and social care system is becoming more connected, more compassionate, and more responsive to the realities of our communities.

**Together, we are building a healthier future—
one relationship, one innovation, and one act of
care at a time.**



Tara Galitz
Executive Director



Frank Ruberto
Planning Table
Co-Lead



Nadine Wallace
Planning Table
Co-Lead



Stephen Szeplaki
Planning Table
Alternate Co-Lead

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 practitioners, 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.

Partners

The NOHT-ÉSON brings together partners from nearly every health and social service sector in Niagara, guided as well by the voices of lived experience through the PCFC Advisory Council. In August 2025, Bethesda and Distress Centre Niagara joined as new members, expanding the network to nearly 50 organizations dedicated to improving health, sharing knowledge, and shaping care across the region. The full list of member organizations is provided below:

Alzheimer Society of Niagara Region	McMaster University's Michael G. DeGroot School of Medicine, Niagara Campus
Arid Group Homes	Meals on Wheels Fort Erie
Bethesda	Meals on Wheels Niagara Falls
Brain Injury Community Re-Entry (Niagara) Inc.	Meals on Wheels Port Colborne Inc.
Bridges Community Health Centre	Niagara College
Brock University	Niagara Falls Community Health Centre
Canadian Mental Health Association – Niagara Branch	Niagara Health
Canadian Red Cross – Niagara Branch	Niagara Medical Group Family Health Team
Centre de planification des services de santé en français	Niagara North Family Health Team
Centre de santé communautaire Hamilton/Niagara	Niagara Region Mental Health Services
Community Addictions Services of Niagara	Niagara Region Emergency Medical Services
Consumer/Survivor Initiative of Niagara	Niagara Region Public Health
Contact Niagara for Children and Development Services	Niagara Region Senior Services
Dr. Darija Vujosevic, NOHT-ÉSON Clinical Lead	Niagara-on-the-Lake Community Palliative Care Service
Foyer Richelieu Welland	Oak Centre Alternative Community Support
Gateway Residential and Community Support Services of Niagara Inc.	Ontario Health atHome, formerly Home and Community Support Services
Happy in my Home - Community Support Services of Niagara	Patient/Client and Family/Caregiver Representatives
Heidehof - Benevolent Society for the Care of the Aged	Portage Medical Family Health Team
Hospice Niagara	Positive Living Niagara
Hotel Dieu Shaver Health and Rehabilitation Centre	Quest Community Health Centre
Ina Grafton Gage Home	Radiant Care - Pleasant Manor and Tabor Manor
Indigenous Health Network	REACH Niagara
March of Dimes Canada	The Wayside House of St. Catharines
	United Mennonite Home
	Welland McMaster Family Health Team

Leadership Transition at the NOHT-ÉSON Planning Table

In December 2024, the NOHT-ÉSON bid farewell to Dr. David Ceglie, CEO of Hotel Dieu Shaver Health and Rehabilitation Centre, who concluded his role as Planning Table Co-Lead after years of dedicated leadership. Stepping into the role alongside Frank Ruberto, Executive Director of Niagara Medical Group, Portage Medical and Welland McMaster Family Health Teams, was Nadine Wallace, Executive Director of Contact Niagara, with Stephen Szeplaki, Executive Director of the Niagara North Family Health Team, joining as Alternate Co-Lead in 2025 and set to become Co-Lead in 2026. The NOHT-ÉSON thanks Dr. Ceglie for his invaluable contributions and lasting impact on health and social care in Niagara.

NOHT-ÉSON Welcomes Tara Galitz as New Executive Director

In April 2025, the NOHT-ÉSON welcomed Tara Galitz as its new Executive Director, succeeding Sabrina Piluso, who led the organization through a foundational period of collaboration and innovation.

With over a decade of experience in the community health sector, Tara brings a deep passion for health equity, system integration, and strategic transformation. Her career includes leadership roles such as Lead for Policy and Stakeholder Relations with the Alliance for Healthier Communities, Director of Primary Care at the Centre de santé communautaire Hamilton/Niagara, and most recently, Senior Director of Clinical Health Services at Lamp Community Health Centre in Etobicoke.

Tara's vision for the role centers on careful planning, interconnectedness, and the removal of barriers within the health and social care systems.

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 and informed recommendations to the Planning Table:

Alternate Level of Care

Cancer Screening

Communications and Engagement

Dementia Care

Digital Health

Financial Oversight Group

Governance

Health Equity

Health Human Resources

Home and Community Care (Paused)

Integrated Care

Mental Health and Addictions

Palliative Care

Patient/Client and Family/ Caregiver Advisory Council

Stroke Care

PCFC Advisory Council: Driving Meaningful Engagement across the NOHT-ÉSON

The PCFC Advisory Council is made up of dedicated members who bring invaluable lived experience, insight, and passion to every conversation, decision, and action that shapes the future of health and social services in Niagara. Co-led by Jori Warren and Ruth Stranges, the Council also includes Patricia MacLaren, Tyler English, Livia Martin, Elizabeth Spaan, Jim Prescott, Dominic Ventresca, Andrea Hernandez Bueno, Cathy Neil, Dr. Tapo Chimbanga, and Ijeoma Michael.

These Advisors are more than participants—they are champions of change. Drawing on personal journeys through the health care system, professional expertise, and frontline caregiving experience, they reflect the rich diversity of the people we serve. Their perspectives are represented not only at the NOHT-ÉSON's Planning Table but also within working groups, where their voices inform strategic planning and drive more equitable, person- and family-centred outcomes.

The NOHT-ÉSON's recent self-assessment process, shaped in large part by the Patient/Client and Family/Caregiver Advisory Council (PCFC), identified both meaningful progress and key areas for improvement in engagement. Advisory Council members played an instrumental role in reviewing the draft, identifying next steps, and helping develop an action plan to address outstanding Level 1 milestones and work toward Level 2 designation.

Looking ahead, as part of the self-assessment action plan, the PCFC Advisory Council has made recruitment its top priority to ensure broader, more diverse representation across all NOHT-ÉSON working groups. The recruitment campaign will focus on engaging individuals from equity-deserving communities, with an emphasis on Francophone and Indigenous peoples, to ensure their voices are meaningfully included in planning and decision-making. As part of this strategy, onboarding and orientation materials will be reviewed and updated, with the expectation that all members complete Indigenous Cultural Safety training and have opportunities for ongoing learning. By bringing more perspectives to the table and ensuring members are engaged early in the decision-making process—not after decisions are made—the Advisory Council aims to strengthen its role as a trusted voice for patients, clients, families, and caregivers across Niagara.

These Advisors are more than participants—they are champions of change. Drawing on personal journeys through the health care system, professional expertise, and frontline caregiving experience, they reflect the rich diversity of the people we serve.

Our Staff Team

In 2024/25, the NOHT-ÉSON's dedicated staff team continued to turn strategy into action, ensuring our day-to-day work stayed true to our mission and vision. Anchored by a project management office, the team brought together expertise across key areas:

Executive Director

Executive Assistant

Finance Manager

**Manager of Communications
and Engagement**

**Manager of Indigenous
Health Care Relations**

**Project Manager, Information
Technology**

**Project Manager, Mental Health
and Addictions**

Project Manager, Population Health

Senior Human Resources Advisor

Our team composition blended full-time and part-time positions, contract staff, secondments, and service agreements—reflecting the flexible, collaborative approach needed to deliver results in a complex health and social services environment.

Beyond the core team, we are deeply grateful to the many partner organizations and individuals who contributed their skills, time, and resources behind the scenes. Their generosity strengthens our capacity, amplifies our impact, and keeps us moving toward a more connected, equitable health system for all in Niagara.



NOHT-ÉSON Strategic Plan to Enhance Care for Niagara Residents

In November 2024, the NOHT-ÉSON unveiled its comprehensive 2024–2027 Strategic Plan, developed through an extensive and collaborative process that amplified the diverse voices of the Niagara community. The plan reflected the network’s commitment to ensuring that every resident had access to high-quality health and social care services.

A broad spectrum of community groups participated in its development, including health and social care partners and individuals with lived experience. Their insights shaped the NOHT-ÉSON’s priorities for the next three years, resulting in a roadmap grounded in both evidence and the real-world needs of Niagara’s residents. Patient/Client and Family/Caregiver Advisors played a central role, helping to identify strengths, challenges, and opportunities that informed the plan’s direction.

The strategic plan is structured around six key pillars:

1 Indigenous Health

Indigenous Health: Ensure that health and social care services reflect Indigenous values and prioritize Indigenous voices in decision-making, and integrate Indigenous perspectives in all levels of planning.

2 System Integration

Build an integrated system that provides seamless access to care, services, and supports, improving transitions and service navigation for patients.

3 Safety and Inclusivity

Ensure that our health and social care system embraces and respects everyone in our community, providing safe and inclusive care regardless of race, ethnicity, or other factors.

4 Primary Care

Ensure timely and equitable access to primary health care services for all Niagara residents, fostering partnerships with family doctors and primary care teams.

5 Workforce

Develop a strong, healthy, and diverse workforce to meet community needs, focusing on recruitment, retention, and practitioner satisfaction.

6 Trust and Accountability

Foster a culture of trust, transparency, and accountability among partners through improved communication and performance monitoring.

Strengthening Indigenous Health Relations in Niagara

In September 2024, the NOHT-ÉSON worked with the Indigenous Health Network to ensure continuity of the Indigenous Healthcare Relations Manager role and determine its placement within an Indigenous-led organization. Following relationship-building discussions, role scoping, and consultations with community leaders, the Indigenous Diabetes Health Circle (IDHC) agreed to host the position. With over 25 years of service in Niagara, strong partnerships, aligned policies, and a reputation as a safe and trusted space, IDHC is well-positioned to assist with advancing the Indigenous Health Pillar in the NOHT-ÉSON's Strategic Plan through its extensive programs, services, and culturally-safe approach.

Honouring Kitten Moses at the Strawberry Social

In June 2025, the Indigenous Diabetes Health Circle's Strawberry Social in Thorold brought together partners, providers, and Indigenous leaders to celebrate culture, tradition, and community. A highlight was the recognition of Kitten Moses for her prior leadership in shaping the Indigenous Health pillar of the NOHT-ÉSON's Strategic Plan. Her guidance has ensured that Indigenous voices and priorities remain central to advancing equitable, culturally safe health care in Niagara.



Tuesday, June 17, 2025, Strawberry Social at the Indigenous Diabetes Health Circle.

Welcoming Alex Jamieson as Manager of Indigenous Healthcare Relations

In June 2025, the Indigenous Diabetes Health Circle (IDHC), in partnership with the NOHT-ÉSON, welcomed Alex Jamieson as the new Manager of Indigenous Healthcare Relations. This NOHT-ÉSON-funded role was created to advance shared strategic priorities between the Indigenous Health Network and the NOHT-ÉSON, with a focus on improving health outcomes for Indigenous Peoples across Niagara.

Reporting jointly to Autumn Watson, Director of Programs at the IDHC, and Tara Galitz, Executive Director of the NOHT-ÉSON, Alex works closely with IDHC contacts, NOHT-ÉSON teams, and local Indigenous communities to ensure health care planning is grounded in Indigenous knowledge and values. A central responsibility of his role is leading the implementation of the Indigenous Health pillar within the NOHT-ÉSON's Strategic Plan, which was developed entirely by Indigenous communities through a community-led engagement process.

In addition to stewarding the Indigenous Health pillar, Alex supports other Indigenous-identified priorities aimed at ensuring health and social care services in Niagara are culturally safe, community-driven, and reflective of Indigenous perspectives—a vital step in centering Indigenous voices at all levels of health care planning and decision-making.



Tuesday, June 17, 2025, Strawberry Social – (L to R) Tara Galitz, Renee Thomas-Hill, Kitten Moses, Alex Jamieson and Roslynn Baird.

Niagara Practitioners Healthcare Alliance: Building Connections in Primary Care

The Niagara Practitioners Healthcare Alliance (NPHA), the Primary Care Network for the region, has developed a focused work plan targeting five priorities: enhancing OB/GYN and orthopedic referral pathways, supporting unattached patients, streamlining clinical care referrals, and strengthening engagement with patients, clients, families, and caregivers.

While progress has been steady rather than rapid, the approach is intentional—building trust and breaking down silos across Niagara’s 12 municipalities. Over the past year, membership grew by 55, including 30 new family physicians, bringing the total to 179 members representing a wide range of health care roles.

Led by Chair Donna Blaney, Co-Chair Dr. Darija Vujosevic, and Administrative Lead Frank Ruberto, NPHA ensures primary care voices are represented at the NOHT-ÉSON Planning Table and across multiple provincial and regional committees. This collaborative, engaged network is steadily shaping a more connected, responsive primary care system for Niagara.

Bringing More Primary Care to More People in Niagara

Since February 2024, thousands of Niagara residents have gained better access to the care and supports they need through a Ministry of Health-funded initiative led by Bridges Community Health Centre in partnership with organizations across the region. From April 1, 2024 to June 30, 2025, the partnership has connected 7,377 unique individuals to a wide range of services—including primary care visits, physiotherapy, mental health supports, and social work services.

This region-wide effort, supported by the NOHT-ÉSON and \$2.1 million in provincial funding, brought together 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. Together, these partners are making team-based care available from Fort Erie to St. Catharines, with newly hired nurse practitioners and allied health professionals ensuring more people can access the right care, in the right place, at the right time.



Niagara Falls Community Health Centre Receives \$2.7 Million to Expand Primary Care Access

In July 2025, the Niagara Falls Community Health Centre (NFCHC) received \$2.696 million in new funding from the Ministry of Health to expand primary care and wraparound services for residents, with a particular focus on equity-deserving populations. This investment builds on the 2024 Primary Care Expansion Initiative, which brought together the NFCHC, the Niagara Medical Group Family Health Team, and the Niagara North Family Health Team under the NOHT-ÉSON to increase access to team-based care across the region.

The new funding will enable the NFCHC to attach an additional 3,800 people to comprehensive, team-based primary care, while enhancing its interdisciplinary service model. Working in collaboration with NOHT-ÉSON partners, the initiative aims to connect another 2,500 individuals to primary care within the first year. Collectively, the goal is to attach between 6,100 and 6,725 new patients across priority postal codes in Niagara Falls.

This expansion represents another significant step in strengthening primary care access in Niagara, building on the momentum of last year's region-wide efforts and ensuring more residents have timely access to the right care, close to home.

Working Toward Centralized System Navigation in Niagara

The NOHT-ÉSON is advancing efforts to develop a centralized system navigation model to make it easier for Niagara residents to find a family doctor or nurse practitioner. As part of this work, partners have supported the launch of the Connect to Care campaign, led by Niagara Region's Economic Development team in partnership with the Niagara Practitioners' Healthcare Alliance (NPHA).

The campaign raises awareness about local doctors accepting new patients and directs residents to the updated Find a Doctor webpage on the Niagara Region's website.

These efforts represent an important step toward improving primary care attachment, maximizing physician capacity, and building trust in Niagara's health care system—laying the groundwork for a coordinated approach that will strengthen care for the future.



SCOPE Niagara Marks Three Years of Enhanced Care and Reduced ED Visits

Now in its third year, SCOPE Niagara – Seamless Care Optimizing the Patient Experience – has continued to transform how primary care practitioners support patients with complex or urgent needs. Developed under the NOHT-ÉSON, in collaboration with the Niagara Practitioners' Healthcare Alliance, the program connects family physicians and nurse practitioners with nurse navigators and hospital-based specialists at Niagara Health, enabling real-time consultation that helps manage cases in the community and reduce unnecessary visits.

Since its launch in 2022, SCOPE Niagara has grown from 30 participants to over 227 primary care practitioners, expanding from four clinical pathways to include general internal medicine, diagnostic imaging, palliative care, nephrology, mental health and addictions, home and community care coordinator, and paediatrics. Between April 2024 and April 2025 alone, the program:

Received over
1,160 practitioner calls

Prevented ED visits in
91% of cases

Welcomed
40+ new practitioners

Responded to
100+ mental health and addictions-related requests

The call volume has risen from approximately 40 per month in its early days to around 160 today, reflecting both the growing demand and the program's success in providing timely, coordinated care. Nurse navigators triage and route requests according to urgency.

The program's evolution has also included dedicated mental health and addictions support, connecting practitioners directly with psychiatrists and community resources. Primary care practitioners report greater confidence in managing complex cases and improved coordination with hospital services, underscoring SCOPE Niagara's role as a trusted, effective bridge between community and hospital care.

*SCOPE enables
real-time
consultation that
helps manage cases
in the community
and reduce
unnecessary
ED visits.*

Strengthening Online Appointment Booking Access Across Niagara

In collaboration with local primary care practitioner (PCP) networks, the NOHT-ÉSON focused on strengthening the use of Online Appointment Booking (OAB) among existing practitioners rather than expanding to new ones. This strategic approach, shaped by local feedback, recognized that the greatest opportunity lay in deepening adoption where OAB was already in place. As a result, participating practitioners worked to increase patient access by introducing shared intake systems among groups of practitioners—offering weekend, after-hours, and cross-clinic scheduling options.

While no new practitioners were added this fiscal year, the focus on optimization has yielded significant results. Across the NOHT-ÉSON partner area, 55 active OAB licenses now support 61 unique practitioners, giving more than 35,000 rostered patients across Niagara access to convenient online booking. The impact is clear: from March to December, the monthly average of completed appointments rose by 61% year over year—from 230 in 2023 to 370 in 2024—despite patient roster sizes remaining stable.

Patients are also actively engaging with the service. The OAB webpage on the NOHT-ÉSON website recorded 1,743 visits from 1,049 visitors over the year, reflecting the growing demand for easy, accessible appointment scheduling. By focusing on sustained growth and meaningful enhancements, NOHT-ÉSON and its partners are making online booking a stronger, more reliable tool for primary care access in Niagara.

Centralized System Navigation for Primary Care Attachment

This year, we continued our work toward establishing a centralized system navigation model in Niagara to support residents seeking attachment to a family physician or nurse practitioner. The initiative aims to simplify access by connecting individuals with available primary care practitioners through a coordinated, region-wide approach.

For more information on finding a family doctor or nurse practitioner in Niagara, please visit the Niagara Region's "Find a Doctor" resource at:

niagararegion.ca/health/find-a-doctor.aspx

Expanding Access and Empowering Choice in Palliative Care

The Palliative Care Working Group is making significant progress in improving access to compassionate, timely, and person-centred care for people across Niagara.

One key focus has been enhancing bereavement support for children and youth, ensuring services are available where they spend much of their time—at school—and when they most need them. In partnership with Hospice Niagara, Contact Niagara for Children’s and Developmental Services, the Niagara District School Board, the Niagara Catholic District School Board, and the Society for the Prevention of Cruelty to Animals (SPCA), accessible pathways to grief programs have been created. To date, 268 children and youth have accessed these services, which also include specialized programming for those grieving the loss of a pet.

At the same time, the Working Group is empowering individuals and families to make their own care decisions through the Let’s Connect program, a new initiative that removes barriers by enabling direct self-referrals for palliative care services. Led and funded by Hospice Niagara—and developed in consultation with the NOHT-ÉSON’s Patient/Client and Family/Caregiver Advisory Council, Indigenous partners, and health care organizations—the program has already facilitated 305 self-referrals across all programs since its launch.

Anyone can now call or send a message and receive a personal follow-up within two days from a Hospice Niagara team member. These follow-up conversations focus not only on logistics but also on listening, understanding, and finding the most meaningful ways to provide support.

System navigation initiatives in palliative care are breaking down barriers and making it easier for both patients and practitioners to access the right supports at the right time.

To simplify the referral process for primary care practitioners, a single pathway was created for all referrals to Hospice Niagara programs and supports. This change, made in consultation with primary care, addresses previous concerns that reporting to multiple programs was time-consuming and cumbersome. Now, all palliative care referrals are managed through one coordinated entry point.

These initiatives reflect commitment to self-determination, accessibility, and compassionate care.

In addition, primary care practitioners now have direct access to specialist palliative care consultations through the Niagara Health SCOPE model program. Practitioners can call at any time during working hours to request guidance from the Niagara Health palliative care team, with the goal of reducing hospital admissions and emergency department visits.

Together, these initiatives reflect the Working Group’s commitment to self-determination, accessibility, and compassionate care—ensuring that individuals and families receive the right support, at the right time, in the right place.

Helping Patients Transition Home Through the Let's Go Home Program

The Let's Go Home (LEGHO) program, led by Happy in my Home – Community Support Services of Niagara, provides essential short-term community supports to help patients safely return home after visiting the Emergency Department (ED), being admitted to hospital, or receiving an Alternate Level of Care (ALC) designation. Referrals are made directly by hospital staff, and once enrolled, clients receive up to six weeks of services such as homemaking, meal delivery, transportation, respite, wellness checks, and system navigation. A dedicated community navigator works closely with patients and families to connect them to longer-term or additional supports beyond the program's duration.

The initiative brings together partners across the continuum of care—including primary care, hospitals, and home and community support services—ensuring patients receive the right care, in the right place, at the right time.

From January 2023 to March 31, 2025, the Let's Go Home program:

received 1,073 referrals and **served 682 individuals.**

In that time, participants benefited from:

2,168 hours of homemaking,
40,499 meals delivered,
188 rides provided,
2,313 hours of respite care,
1,377 wellness checks,
1,934 system navigation interactions,
and **93 safety-at-home visits.**

Palliative Care Working Group Hosts Empowering Community Event

On April 10, 2025, the Palliative Care Working Group of the NOHT-ÉSON welcomed more than 200 residents to Navigating a Life-Changing Diagnosis: 7 Keys for More Choice and Control at the Club Italia Banquet Centre in Niagara Falls.

Led by Dr. Sammy Winemaker and Dr. Hsien Seow, the event offered practical strategies to help patients and caregivers navigate the health system, advocate for better care, and live well through serious illness. Hosted in partnership with Hospice Niagara, Niagara-on-the-Lake Community Palliative Care, and The Waiting Room Revolution—with support from Ontario Health (West Region)—the evening provided free registration, community resource booths, and a complimentary copy of Hope for the Best, Plan for the Rest for every attendee.

Through its coordinated, person-centred approach, LEGHO is helping hundreds of Niagara residents transition home safely, maintain independence, and access the supports they need to thrive in their community.

Remote Care Monitoring: Innovation, Integration, and Community Connection

Niagara Health and the NOHT-ÉSON continue to strengthen the partnership with the Toronto Grace Health Centre (TGHC) to deliver Remote Care Monitoring (RCM) services in the region. Through this collaboration, patients are provided with access to specialized remote monitoring supports that allow them to safely recover at home following a hospital stay. Services include personal alert devices, 24/7 remote monitoring, and coordinated follow-up care. When needed, TGHC can immediately activate responses such as dispatching Niagara Emergency Medical Services or contacting a patient's care partners. This approach not only facilitates smoother hospital discharges, but also ensures that patients receive the right care in the right setting, reducing pressure on hospital resources.

Building on this foundation, the RCM program has integrated with local initiatives to support broader patient populations. To date, 273 people have been referred to the Let's Go Home (LEGHO) program, with 172 of those patients supported through RCM in this fiscal year. The RCM team meets regularly with partners to refine processes, track referrals, and ensure patients benefit from timely, coordinated care.



Patients are provided with access to specialized remote monitoring supports that allow them to safely recover at home following a hospital stay.

Since May, Toronto Grace Remote Monitoring (TGRM) has been utilized three times in collaboration with Niagara Health's Hospital to Home (H2H) program, expanding access to transitional care. Partners are optimistic that Niagara Health's new hospital information system will eventually support digital referral tracking, as the current process relies heavily on paper.

System leadership has also played an important role. Frank Ruberto, Executive Director of Niagara Medical Group, Portage Medical and Welland McMaster Family Health Teams, participates in H2H operations meetings to connect navigators and service practitioners in primary care, responding to metrics requested by Ontario Health West.

This year has also brought stronger community partnerships with the region's primary care teams, who are now learning about and leveraging the Community Health Prosperity program, another valuable community-based resource supported by Niagara Health. These connections underscore the importance of collaboration in expanding RCM's reach and improving patient outcomes across Niagara.

DREAM: Connecting ER Patients to Community Dementia Supports

A collaborative effort in helping to improve dementia care, DREAM is reducing avoidable ER admissions, while enhancing the quality of life for individuals and their care partners across Niagara.

Three Dementia Resource Consultants (DRCs) are now embedded in Niagara Health's Emergency Departments (ED) to support individuals living with dementia and their care partners. Often, care partners bring individuals to the ED because they are struggling to cope in the community. The DRCs help divert patients who do not require medical intervention by connecting them to community-based supports such as navigation, counselling, education, and social programs offered by the Alzheimer Society of Niagara Region. They can also directly arrange weekly respite hours, giving care partners valuable time for rest and self-care.

In the ER setting, DRCs use therapeutic tools—such as activity kits, tablets, and MP3 music players—to reduce responsive behaviours and improve the patient experience. They also offer strategies to care partners on-site and connect them with appropriate community resources.

The NOHT-ÉSON plays a supporting role in this initiative, while several OHT partners are active collaborators, working together to ensure its success. In particular, the DRC team works closely with the Let's Go Home (LEGHO) team, led by Happy in my Home, Community Support Services of Niagara.

Building Knowledge, Collaboration, and Support in Dementia Care

The Dementia Care Working Group (DCWG) has made significant strides in improving dementia care across Niagara through targeted education, collaboration, and engagement.

To strengthen dementia knowledge among care practitioners, the NOHT-ÉSON funded 150 Geriatric Foundations e-learning licenses, which were distributed to long-term care homes and retirement residences throughout the region. This initiative is helping staff build skills and confidence in supporting individuals living with dementia.

Collaboration has also been a key focus. A Community of Practice was established for memory clinics in Niagara, providing a forum for members to share challenges, explore solutions, and

DREAM Impact

(as of March 31, 2025):

341 persons served

106 diverted from ER admission

31.08% diversion rate

...continued from page 19

exchange best practices. Through this network, the clinics secured funding for a digital version of the Montreal Cognitive Assessment (MoCA) Tool, used to detect early signs of cognitive decline, making it easier to use and accessible in multiple languages—an important step in serving Niagara's diverse population.

In 2023, the Niagara Medical Group Family Health Team and Portage Medical Family Health Team expanded access to their memory clinics by accepting patients from outside their rosters. This change has improved access to specialized care for individuals across the region. In 2024/25, the clinics served 31 non-FHT clients, with 91 practitioners referring patients to memory clinics. In the third quarter, the average wait time from referral to a face-to-face visit across all memory clinics was 75 days.

In addition, as part of the Primary Care Initiative announced in February 2024, the Alzheimer Society of Niagara Region began providing mobile geriatric cognitive assessments across the region. Open to referrals from all primary care practitioners in Niagara, the service offers in-home cognitive assessments for clients who are homebound. This approach is helping to reduce wait times, improve patient and practitioner experiences, and make specialized care more accessible. To date, 44 assessments have been completed, with 263 interactions recorded—already achieving 63.5% of the annual target.

To better understand education needs and barriers to a dementia diagnosis, the DCWG developed a survey that was initially sent to 1,900 individuals. Recognizing the challenges care partners face when transitioning a loved one into long-term care, the group engaged consultants to design an engagement plan and conduct interviews with care partners. These conversations will provide a deeper understanding of the obstacles and emotional strain associated with this critical transition.

Most recently, the DCWG secured funding from the Niagara Community Foundation to launch the Niagara Family Physician Dementia Care Community of Practice. Officially launched in August 2024, the group brings together a Lead Physician, a Project Advisor, the CEO of the Alzheimer Society of Niagara Region, nine family physicians, and one geriatrician. Guided by the DCWG, this new network meets regularly and provides updates on its work, ensuring dementia care remains a shared priority across the health care system.

These collaborative initiatives have contributed to a notable reduction in wait times for cognitive assessments and improved access to community supports during the 2024/25 fiscal year.

Collaborative initiatives contributed to a notable reduction in wait times for cognitive assessments and improved access to community supports.

Advancing Health Equity in Niagara

In the third quarter of 2024/25, the Health Equity Working Group, in partnership with the Diversity Institute at Toronto Metropolitan University, launched the Health Equity Toolkit. Designed to support organizations across the Niagara region, the toolkit provides practical guidance for improving health outcomes among marginalized groups, with a focus on Indigenous and Francophone communities. It enables NOHT-ÉSON partners to measure and track progress toward their health equity goals, offering a framework to assess current practices, identify areas for improvement, highlight best practices, and inspire discussions on future strategies. While not intended as an audit, the toolkit serves as a valuable resource for driving continuous improvement and embedding equity into organizational culture and decision-making.

Identifying Niagara's Gaps in Health Human Resources

To address growing concerns about workforce shortages, the Health Human Resources Working Group (HHRWG), in collaboration with the Workforce Collective, launched a survey targeting health, social, and community service practitioners across Niagara. The goal was to gain a comprehensive, system-level view of the region's human resource capacities and challenges, building a foundation for targeted, region-specific solutions.

Prior to the onset of the COVID-19 pandemic and since, persistent reports of staffing shortages had underscored the urgency of this work. The survey collected detailed data on hard-to-fill roles, vacancy rates, and the recruitment and retention strategies in use. This information helped pinpoint Niagara's most pressing workforce challenges and guided the development of actionable solutions.

The NOHT-ÉSON's partner organizations were encouraged to participate, with one representative from each organization asked to complete the survey. Results were analyzed over the summer, and the HHRWG used the findings to prioritize issues and create a detailed work plan to strengthen Niagara's health and social service workforce.

The HHR Working Group's 2024–2026 Work Plan focuses on strengthening Niagara's health and social care workforce by developing a comprehensive workforce data strategy, setting minimum dataset requirements, and supporting targeted education, training, and clinical placement opportunities. It emphasizes awareness and expansion of tuition and educational programs, better integration of primary care practitioners, and enhanced practice management supports. The plan also prioritizes improving workplace culture and flexibility, advocating for pay equity across care sectors, and ensuring sustained access to legal, business, and professional resources—advancing a coordinated, equitable, and resilient workforce for the region.

Collaborative Intake Streamlining Access to Intensive Mental Health Services

A group of mental health practitioners in Niagara has come together to simplify and improve the referral process for adult community intensive mental health services. Through the Collaborative Intake for Community Intensive Mental Health Services pilot project, currently underway, the partners are developing a coordinated approach that uses a standardized assessment to ensure each referral is directed to the service best suited to the individual's level of need.

The model includes a shared electronic medical record (EMR) supported by data-sharing agreements, enabling practitioners to securely access and update client information across organizations. To further strengthen coordination, the group meets weekly to review referrals, ensuring timely connections to care and a more seamless experience for clients. Once fully implemented, this approach will reduce duplication, improve service navigation, and help people access the right mental health supports faster.

Connecting Niagara Residents to the Care They Need

The NOHT-ÉSON's Resource Navigator has become a vital gateway to both local and provincial health and social services. Designed as the NOHT-ÉSON's "front door" for residents seeking care, the Resource Navigator ensures community members can easily find and access the services they need.

Public response has been strong. Between April 1, 2024, and March 31, 2025, the NOHT-ÉSON website recorded 12,798 unique visits, with Resource Navigator pages among the most frequently visited outside of the home page. Notably, the "Family Doctor or Nurse Practitioner" page drew 2,000 visits, while the Resource Navigator itself attracted 1,301 visits—an average of 108 unique visitors per month. This clearly reflects the community's strong interest in accessible, curated health information.

For the 2024/25 fiscal year, the most visited pages on the NOHT-ÉSON website illustrate the Resource Navigator's importance in connecting residents to care:

HOME

5.4K visits

FAMILY DOCTOR OR NURSE PRACTITIONER

2K visits

ONLINE APPOINTMENT BOOKING

1.7K visits

RESOURCE NAVIGATOR

1.3K visits

OUR TEAM

1.1K visits

The Resource Navigator is more than a webpage—it is a trusted, growing hub that empowers residents to find the right care at the right time, while strengthening connections between NOHT-ÉSON partners and the community they serve.

Strengthening Collaboration with Long-Term Care Homes

In the third quarter of 2024/25, the NOHT-ÉSON established a Long-Term Care Advisory Council to strengthen collaboration with the long-term care sector across Niagara. The council brings together all 33 long-term care homes in the region—both not-for-profit and for-profit—creating a unified voice for the sector within the Ontario Health Team.

Meeting bi-monthly, the council has already completed its Terms of Reference and identified its leadership. The co-leads are the Director of Seniors Services from Niagara Region and the NOHT-ÉSON's Executive Director, who will sign the OHT's Collaborative Decision-Making Agreement on behalf of the council. Both will also serve as the group's representatives at the NOHT-ÉSON Planning Table.

The council's purpose is to facilitate two-way communication and coordinated planning between the long-term care sector and the OHT. This structure allows both parties to share information, address challenges, and identify shared priorities aimed at improving system functioning and care for Niagara's residents.

Grief and Bereavement Support in Long-Term Care: The Time Together Program

The Time Together program is providing vital grief and bereavement support to residents in long-term care (LTC) homes, creating a safe, supportive space to address both tangible and intangible losses—such as changes in independence, identity, and relationships. Delivered in two phases, the program begins with a closed group of three sessions focusing on key grief and loss topics, followed by an open group offering monthly sessions with rotating themes. This structure helps normalize grief and provides ongoing opportunities for connection and support.

Through shared experiences and peer relationships, residents are finding renewed purpose and emotional resilience. To date, the program has served 338 participants across 597 sessions, including 38 peer support groups in 10 LTC homes, one of which is Francophone.

The impact is best captured in the words of an LTC Director of Spiritual Care: “One resident, once a passionate musician, had stopped playing his guitar and given up on both himself and his music after moving to the facility. However, after participating in the Time Together program, he rediscovered his passion. Today, he is playing his guitar again, reconnecting with both his music and his sense of self.”

By fostering connection, purpose, and healing, Time Together is transforming the way LTC homes support residents through grief and loss.



ÉQUIPE SANTÉ ONTARIO
NIAGARA
ONTARIO HEALTH TEAM



[NOHT-ESON.CA](https://noht-eson.ca)

Timely information on the NOHT-ÉSON and its initiatives are only a click away!



The Niagara Ontario Health Team – Équipe Santé Ontario Niagara is supported by funding from the Government of Ontario.