G&A OHT Supplementary - TABLE 2.1.1

NAME OF GROUP/FHT *From dropdown list, select the name of the participating group or FHT, as registered with the Ministry or select 'solo fee-for-service' if not part of a group practice. If a group is not found in this list, add it to Other (column H).*	**PHYSICIAN NAME** *(Last name, First name)* *If all physicians in group (column A) are included in the application, note as N/A*	**PRACTICE MODEL** *Select model type from dropdown list . If 'other' is selected, please specify model type in Other (column H).*	**NUMBER OF PHYSICIANS** *For participating physician groups, please indicate the number of physicians who are part of the group.*	**NUMBER OF PHYSICIAN FTEs** *For participating physician groups, please indicate the number of physician FTEs.*	**PRACTICE SIZE** *For participating physicians, please indicate current practice size (i.e., active patient base); participating physician groups should indicate the practice size for the entire group.*
FHT - EAST WELLINGTON FHT	N/A	BSM - Blended salary model	11	8.7	12,449
FHT - GUELPH FHT	N/A	FHT - Family Health Team	88	88.0	114,715

G&A Supplementary - TABLE 2.1.2

NAME OF ORGANIZATION *Provide the legal name of the member organization*	**TYPE OF ORGANIZATION** *Select type from dropdown list, if 'other' please specify type in column C*	**OTHER ORGANIZATION TYPE**	**LHIN/MINISTRY FUNDING RELATIONSHIP(S)** *Indicate all existing contracts or accountability agreements between the organization and LHINs, MOH, or other ministry.* *(e.g., MSAA with ESC LHIN, contract with MCYS, etc.)*	**PRIMARY CONTACT** *NAME* *(Last name, First name)*	**PRIMARY CONTACT** *TITLE* *(e.g., Director)*
Canadian Mental Health Association Waterloo Wellington	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		MOH / LHIN funding via MSAA: 58%; MCSS / MCYS via Service contracts: 29%; Municipal funding via Service contract: 5%	Fishburn, Helen	Executive Director
eHealth Centre for Excellence	OTHER, PLEASE SPECIFY		Ministry, LHIN, and eHealth Ontario (through cSWO	Alarakhia, Mohamed	Managing Director
Guelph Community Health Centre	COMMUNITY HEALTH CENTRES		MSAA with WWLHIN; Funding Agreement with the County of Wellington for EarlyON programs (Ministry of Education funding flows through County of Wellington); Community Benefit Agreements (x4) with the City of Guelph	Devereaux, Raechelle	Executive Director
Guelph General Hospital	HOSPITALS		HSAA with the LHIN and several agreements with CCO related to cancer care services	Walker, Marianne	President & CEO
Hospice Wellington	COMMUNITY SUPPORT SERVICES		MSAA with WW LHIN for community. Accountability agreement with WW LHIN for residence	Stuart, Pat	Executive Director
Sanguen Health Centre	COMMUNITY SUPPORT SERVICES		Our funders include MOHLTC (Hep C Secretariat), LHIN (via other agencies, we are not TPA), various grants, as well as corporate & private donors.	Steingart, Chris	Executive Director
St. Joseph's Health Centre Guelph	HOSPITALS	Long Term Care Home Community Support Service	HSAA with WW LHIN; LSAA with WW LHIN; MSAA with WW LHIN; SLP contract with Wellington Dufferin Guelph Public Health (Fund 3)	Wormald, David	CEO
Stonehenge Therapeutic Community	COMMUNITY SUPPORT SERVICES		LHIN - MSAA; LHIN via County of Wellington – MOU; LHIN via City of Guelph – Community Benefit Agreement; Ministry of Community Safety and Correctional Services	Manthenga, Kerry	Interim Executive Director
Traverse Independence	COMMUNITY SUPPORT SERVICES		MSAA with WWLHIN, MSAA with MOH ABI Direct Funding	Harris, Toby	CEO
The Elliott Community	LONG-TERM CARE HOMES	Retirement Home	LSAA – In partnership with the City of Guelph – we both sign it – with the WWLHIN	Karker, Michelle	President & CEO

G&A Supplementary - TABLE 2.3

TEAM MEMBER *(Last name, First name)*	**OTHER AFFILIATED TEAM(S)** *List the other teams that the member has signed on to or agreed to work with.*	**FORM OF AFFILIATION** *Select from dropdown list to indicate whether the member is a signatory member of the other team(s).*	**REASON FOR AFFILIATION** *Provide a rationale for why the member chose to affiliate themself with multiple teams (e.g., member provides services in multiple regions).*
Canadian Mental Health Association WW	Cambridge North Dumfries	SIGNATORY	CMHA WW provides services to all four geographic areas across Waterloo Wellington. We are a key service provider for each of these OHT Planning Groups
East Wellington Family Health Team	Rural Wellington	OTHER	QIDSS staff who is funded to support 7 FHTs in Waterloo-Wellington. This support, in part, will involve assistance with data analytics required as part of the OHT application process
East Wellington Family Health Team	Cambridge North Dumfries	OTHER	QIDSS staff who is funded to support 7 FHTs in Waterloo-Wellington. This support, in part, will involve assistance with data analytics required as part of the OHT application process
eHealth Centre of Excellence	Cambridge North Dumfries OHT	SIGNATORY	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Kitchener, Waterloo, Wellesley, Wilmot and Woolwich (KW4) OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Couchiching OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Western OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Burlington OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Ottawa East OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Chatham Kent OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Huron Perth & Area OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Hills of Headwater OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Southlake OHT	OTHER	Member provides enabling technology support in multiple regions.
Sanguen Health Centre	Kitchener-Waterloo	SIGNATORY	Member provides services in multiple regions.
St. Joseph's Health Centre Guelph	Brant Brantford OHT	SIGNATORY	Leadership role as President, St. Joseph’s Lifecare Centre Brantford
Stonehenge Therapeutic Community	Cambridge-North Dumfries	SIGNATORY	member provides services in multiple regions
Stonehenge Therapeutic Community	Kitchener-Waterloo	OTHER	member provides services in multiple regions
Stonehenge Therapeutic Community	Rural Wellington	OTHER	member provides services in multiple regions
Traverse Independence	Cambridge North Dumfries	SIGNATORY	Member provides services in multiple regions.
Traverse Independence	K4 (Kitchener)	OTHER	Member provides services in multiple regions.
Traverse Independence	North Wellington	OTHER	Member provides services in multiple regions.

G&A OHT Supplementary - TABLE 2.6.1

NAME OF GROUP *From the dropdown list, select the name of the participating physician group, as registered with the Ministry or select 'solo fee-for-service' if not part of a group practice. If a group is not found in this list, add it to Other (column F).*	**PHYSICIAN NAME** *(Last name, First name)* *If all physicians in group (column A) are included in the application, leave this column blank.*	**NUMBER OF PHYSICIANS** *For participating physician groups, please indicate the number of physicians who are part of the group. (e.g., 850)*	**COLLABORATION OBJECTIVES (E.G., EVENTUAL PARTNERSHIP AS PART OF TEAM) AND STATUS OF COLLABORATION (E.G., IN DISCUSSION)**	**OTHER** *If the physician group is not listed or works in a practice model that is not listed, please indicate here.*
OTHER, PLEASE SPECIFY	Alarakhia, Mohamed, Lead Physician eCE			
OTHER, PLEASE SPECIFY	Jett, Steven, Clinical Psychiatrist			
OTHER, PLEASE SPECIFY	Kunuk, Rhee, WWLHIN Clinical Lead			
FFS - SOLO FEE-FOR-SERVICE	McGavin, Cameron, Guelph FHT, Lead Psychiatrist			
FFS - SOLO FEE-FOR-SERVICE	McKenzie, Ken, VP, Medical Staff Association			
OTHER, PLEASE SPECIFY	Patcai, John, SJHCG, Chief of Staff			
FFS - SOLO FEE-FOR-SERVICE	Patel, Samir, Clinical Psychiatrist			
FFS - SOLO FEE-FOR-SERVICE	Phillips, Ian, President Medical Staff Association			
OTHER, PLEASE SPECIFY	Schieck, David, WWLHIN Clinical Lead		Endorse Guelph and Area OHT Submission and opportunties for collaboration are being explored	
OTHER, PLEASE SPECIFY	Heintzman, John, CMHA WW, Lead Psychiatrist			
FFS - SOLO FEE-FOR-SERVICE	Nasser, Hamid, Sec/Treas. Medical Staff Association			
OTHER, PLEASE SPECIFY	Caspers, Jennifer, GGH, Chief of Staff			
FHT - GUELPH FHT	Ruddock, Will, Guelph FHT Lead Physician			
FHT - EAST WELLINGTON FHT	Samson, Kevin. EW FHT and OMD Practice Lead			
OTHER, PLEASE SPECIFY		9	Endorse Guelph and Area OHT Submission and opportunties for collaboration are being explored	Medical Advisory Committee - Guelph General Hospital
OTHER, PLEASE SPECIFY			Endorse Guelph and Area OHT Submission and opportunties for collaboration are being explored	Medical Advisory Committee - St. Josephs's Health Care Guelph
		327	Endorse Guelph and Area OHT Submission and opportunties for collaboration are being explored	Medical Services Association Guelph
OTHER, PLEASE SPECIFY				

G&A OHT Supplementary - TABLE 2.6.2

NAME OF NON-MEMBER ORGANIZATION *Provide the legal name of the collaborating organization.*	**TYPE OF ORGANIZATION** *Select type from dropdown list, if 'other' please specify type in column C*	**OTHER ORGANIZATION TYPE**	**COLLABORATION OBJECTIVES (E.G., EVENTUAL PARTNERSHIP AS PART OF TEAM) AND STATUS OF COLLABORATION (E.G., IN DISCUSSION)**
Alzheimer's Society	COMMUNITY SUPPORT SERVICES		Collaborative Partner
ARCH-HIV/Aids Resources Community Health	COMMUNITY SUPPORT SERVICES		Collaborative Partner
Bayshore Home Health	HOME CARE SERVICE PROVIDER ORGANIZATION		Collaborative Partner
CBI Home Health	HOME CARE SERVICE PROVIDER ORGANIZATION		Collaborative Partner
Closing The Gap Healthcare Group	HOME CARE SERVICE PROVIDER ORGANIZATION		Collaborative Partner
Dunara Homes for Recovery Inc.	COMMUNITY SUPPORT SERVICES		Collaborative Partner
Family Counselling & Support Services Guelph Wellington	COMMUNITY SUPPORT SERVICES		Supportive Partner
Guelph Independent Living	COMMUNITY SUPPORT SERVICES		Collaborative Partner
Guelph Wellington Paramedic Services	MUNICIPALITY		Supportive Partner
Homewood Health Centre	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		Collaborative Partner
LaPointe Fisher Nursing Home	LONG-TERM CARE HOMES		Supportive Partner
Mango Tree Family Health Team		Family Health Team	Collaborative Partner
Thresholds Homes and Supports	COMMUNITY SUPPORT SERVICES		Supportive Partner
The Village of Riverside Glen	LONG-TERM CARE HOMES	Retirement Homes	Collaborative Partner
University of Guelph Student Wellness	OTHER, PLEASE SPECIFY	Secondary Education	Collaborative Partner
University of Guelph Academic	OTHER, PLEASE SPECIFY	Secondary Education	Supportive Partner
University of Guelph Academic	OTHER, PLEASE SPECIFY	Secondary Education	Supportive Partner
Victorian Order of Nurses	HOME CARE SERVICE PROVIDER ORGANIZATION		Collaborative Partner
Waterloo Wellington Local Integrated Health Network	OTHER, PLEASE SPECIFY	WWLHIN	Collaborative Partner
Wellington Dufferin Guelph Public Health	OTHER, PLEASE SPECIFY	Public Health	Supportive Partner

G&A OHT Supplementary - TABLE 2.8

SERVICE	PROPOSED FOR YEAR 1 *Select Yes/No from dropdown list*	CAPACITY IN YEAR 1 *How many patients can your team currently serve?*	PREDICTED DEMAND IN YEAR 1 *Of year 1 population, how many patients are predicted to need this service?*	DESCRIPTION *Indicate which team member(s) will provide the service. If a proposed service differs from your existing scope, explain how you will resource the new service. If there is a gap between capacity and demand, identify plans for closing the gap.*
Interprofessional team-based primary care				**Pallative:** Primary Care at Home Team will deliver primary palliative care and includes Registered nurses, Social Workers with access to MDs, Nurse Practitioners, Registered Dietitians and Home & Community Care resources. **Mental Health & Addictions:** See MH&A Row below; The G&A OHT recognizes that MHA issues span across the full range of healthcare services, which contributed to the G&A OHT's decision to focus on 'tiers' of mental health / addiction issues rather than identifying the target population by diagnosis or by use of any one specific service. While this allows for a more comprehensive, inclusive and integrated approach to service, it does pose challenges around quantifying current system capacity in the absence of a system-wide mechanism to collect such metrics. For this reason, among others, the G&A OHT will provide a full range of services to individuals struggling with mental health and / or addiction issues by creating IPCT's (as described in MHA row) and by inviting other specialized and contracted services, such as those listed above, to participate in an IPCT for individuals struggling with Tier 3 – 5 mental health and addiction challenges. Additionally, the G&A OHT will take steps in year one to create a single MHA patient registry, with the goal of identifying true population need and service use patterns in order to provide better care and assess system capacity/efficiency.
Physician primary care				**Palliative:** Family Health Teams, Community Health Centres, Hospice Palliative Care MDs, **Mental Health & Addictions:** Please see "Interprofessional team-based primary care" row.
Acute care – inpatient				**Palliative:** Hospitalist, specialists, RNs/RPNs, therapists will be educated and suported to identify patients who would benefit from a palliative approach to care and/or serius illness conversation (SIC) and how to deliver a palliative approach to care (SIC) **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Acute care – ambulatory				**Palliative:** GP Oncologists x 2, chemo nurses, SW **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Home care	Yes	6,500	6,500	**Palliative** H&CC SPO Nursing teams, spiritual care, palliative NPs, HPC physicians, Social Work, Occupational Therapy, Physical Therapy, Speech Language Pathology, Registered Dietitian, PSWs, e-shift, palliative care coordinators. Community based palliative care teams, including hospice and other organization providers, incl. nursing, physicians, therapy and PSWs provide holistic care within the 8 domains of palliative care including use of virtual technology See Appendix A - LHIN CCs will be integrated into existing PC teams as teams explore how to best integrate the functions of care coordination across the IPCT. **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Community support services				**Palliative:** Social engagement support via Hospice-supported volunteer offered to existing and new seriously ill patients. Continuation of existing community support services and Hospice volunteer services. *integration of community services into palliative community care team – shared platform for sharing information; access to 24/7 seriously ill call line; access to Integrated primary care team for wrap around service. Bereavement support for broader population of caregivers/family. **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Mental health and addictions	Yes	750* *Estimate generated using the G&A total population of 160,000, combined with Dr. B.Rush's national population estimates for Tier 3 (6.1%) of 12,200 rostered FHT patients in G&A OHT included in Year 1 pilot	9760** **Estimate generated using the G&A total population of 160,000, combined with Dr. B.Rush's national population estimates for tier 3 (6.1%) of G&A OHT total population of 160,000)	**Mental Health & Addictions: IPCT- Tier 3 focus** (FHT in collaboration with all OHT partners as well as specialized and contracted services on an as needed basis) Primary care, addictions counselling, mental health counselling, integrated behavioural health consultants, care coordination supports that focus on system navigation and social prescribing, 'primary worker' from the IPCT, specialized and contracted supports as needed; These functions will be provided by existing service providers within our MH&A/primary care system Please see "Interprofessional team-based primary care" row.

Mental health and addictions	Yes	320*** *** Estimate generated using the G&A total population of 160,000, combined with Dr. B.Rush's national population estimates for each tier 5 (.02%); G&A OHT intends to serve 100% of Tier 5 MH&A patients in Year 1	320	**Mental Health & Addictions: Rapid Access Health Hub IPCT-Tier 5** (GCHC and Sanguen Health Centre in collaboration with all OHT partners as well as specialized and contracted services on an as needed basis) 7-day / week urgent and walk in access to primary care, psychiatry, and mental health and addictions services including outreach and mobile services, 'primary worker from IPCT to coordinate care clients, virtual care visits, other specialized and contracted services as needed; These functions will be provided by existing service providers within our MH&A/primary care system and by the addition of a non-rostered physician at the GCHC to allow for walk-in / urgent primary care provision Please see "Interprofessional team-based primary care" row.
Long-term care homes				**Palliative:** Serious Illness care will continue to be offered to new/existing LTC residents who have a life limting illness. Palliative Pain & Symptom Management Consultation team provides palliative expertise and consult to LTCHs. There is an opportunity to consider integration with Older Adult Services for Serious Illness Conversations and delivery of integrated care **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Other residential care				**Palliative:** Retirement Homes. Palliative NP for RH to support Guelph and area **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Hospital-based rehabilitation and complex care				**Palliative**: SJHC 10 palliative beds **Mental Health & Additions**: Please see "Interprofessional team-based primary care" row.
Community-based rehabilitation				**Palliative:** H&CC rehab programs available as needed. Rapid recovery for optimization of patient functioning **Mental Health & Additions**: Addictions residential treatment beds. Please see "Interprofessional team-based primary care" row.
Short-term transitional care				**Palliative:** e-shift used to transition to hospice or LTC. Convalescent care available as needed. RH supporting transition from acute care to home **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Palliative care (including Hospice)	Yes	500	500	**Palliative:** Hospice Palliative Care Team: NPs, MDs, RNs, Spiritual Care, supportive care workers, Hospice patient and caregiver programs (incl grief and bereavement); 10 bed Hospice residential unit; community wide access to MAiD services **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Emergency health services (including paramedic)				**Palliative:** On site treatment being initiated. Monitoring support of COPD, CHF patients **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Laboratory and diagnostic services				**Palliative:** In home bloodwork for house bound patients. Point of Care Ultrasound in community. **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Midwifery services				**Palliative:** Available in the community but not a requirement for this priority population. **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Health promotion and disease prevention				**Palliative:** Serious illness conversations to improve quality of life and identificaiton acheivement of person-centred goals of care. Health teaching associated with pain and symptom management. **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Other social and community services (including municipal services)				**Palliative:** Aesthetic classes for patients receiving palliative care at GGH; peer / lived experience interest groups **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.
Other health services (24/7 Support Service)				**Palliative:** 24/7 Serious Illness support line. 911 Triage tool (for year 2). 24/7 phone support and access to coordinated care plan for Tier 5 patients through CMHA Here 24/7 service **Mental Health & Additions:** Please see "Interprofessional team-based primary care" row.

APPROXIMATE SIZE OF YEAR 1 POPULATION (FROM QUESTION 1.2):	8,070

G&A OHT Supplementary - TABLE 6.6

RISK CATEGORY *Select risk category from dropdown list*	**RISK SUB-CATEGORY** *Select risk sub-category from dropdown list*	**DESCRIPTION OF RISK**	**RISK MITIGATION**
PATIENT CARE RISKS	PATIENT SAFETY	The main patient care risk is associated with the transfer of resources from the LHIN to OHTs and the transition to new models of care.	To mitigate these risks, we will initially transfer staff in whole to ensure current care continues to be delivered and then once in place physically, develop plans that are informed by providers to safely evolve functions within the team towards achievement of the mature model of care. We will also embed a relentless focus on patient safety in the design of out OHT and immediately develop a process to monitor patient safety incidents as a marker of the impact of the system transformation on patient care.
PATIENT CARE RISKS	QUALITY	Our plans are to transform the system. A significant risk is related adoption of the change at the front lines and the capacity to do so at the same time meeting the challenges related to increased volumes and need for daily care.	We will continue to determine the focused areas, change that is required and capacity to so. Using the LEAN methodology will assist us to set manageable priorities and allocate appropriate resources for change management.
COMPLIANCE RISKS	LEGISLATIVE (INCL. PRIVACY)	Current privacy restrictions present barriers to organizations like home care service provider organizations who cannot access the electronic health record (ClinicalConnect) due to privacy restrictions	Advocate for revisions to privacy regulations to enable fully integrated care. As we look to new ways to share patient information, we will follow best practices in the design of our processes to share information amongst partners to ensure privacy is maintained .
COMPLIANCE RISKS	REGULATORY	Current reporting requirements are labour intensive and expensive. Introducing new, OHT-specific reporting will add additional costs.	A review of reporting requirements should be completed to streamline and standardize reporting requirements
RESOURCES RISKS	INFORMATION TECHNOLOGY	Cybersecurity: A real threat as we further integrate digitally is cybersecurity.	We will need to review our current cybersecurity processes and develop a cybersecurity plan as we adopt more digital applications. Investment will need to be made to improve the security for our systems
RESOURCES RISKS	HUMAN RESOURCES	Labour Relations/HR 1: The current human resources legislation creates issues when mergers or staff combine with another organization - inequities in pay and pension could create culture and other personnel issues	Labour Relations/HR 1: Suggest that the government consider, the Public Sector Labour Relations Transition Act (PSLRTA). There could be amendments to the Act that would allow for, from an employer's perspective, a more efficient less costly process. It is noted that that recently Bill 100, Protecting What Matters Most (Budget measures) amended the integration definition within PSLRTA that may be triggered only when larger integrations occur.
RESOURCES RISKS	HUMAN RESOURCES	Labour Relations/HR 2: Loss of identity as it relates to commitment /loyalty to an organization resulting in recruitment and retnetion issues. Experience form other organizations and jurisdictions suggests there is a risk that the adoption of a new model of care/ integration of organizations and services creates a situation whereby staff feel that they have moved from working for an organization which they know, to a large, impersonal organization where they are simply an employee number.	Labour Relations/HR 2: We will quickly mobilize our HR Working Group to develop a labour realations and organizational development plan for the OHT

RESOURCES RISKS	FINANCIAL	Funding 1: Each participant has unique sources and types of funding and revenues. Not all funding comes from the MOH, participants also rely on funding from municipality, private donations, and fee for services. If funding fails to keep pace with inflation and growth then this may impact the transformation and provisioning of services. With mergers there is a risk that other funding sources may not see the need to continue funding.	Funding 1: Over time the OHT may find efficiencies and saving that can be reinvested into system transformation. Communication and negotiation with other funding sources may be necessary to maintain funding.
RESOURCES RISKS	FINANCIAL	Funding 2: Currently we have limited understanding of financial and utilization data and the impact on our OHT.	Funding 2: We have formed a Data & Performance measurement group that includes staff from our organizations to analyse the data and its impact.
RESOURCES RISKS	FINANCIAL	Funding 3: Costs associated with digital integration and solutions	Funding 3: Leverage joint solutions and platforms to minimize costs/maximize efficiencies both in up-front costs and costs asscoaited with improved quality patient outcomes
RESOURCES RISKS	OTHER	Procurement: Hospitals procure through Mohawk/Medbuy while other HSPs purchase through their central provincial organization.	Procurement: Contract alignment and merging should bring cost saving and standardized medical supplies and pharmaceuticals.
PARTNERSHIP RISKS	PATIENT ENGAGEMENT	Patient Partnership: Patient, caregiver & persons with lived experience are critical partners in this transformation and significant and skilled attention is requried to maintain this priority partnership.	Patient Partnership - We have strong community and patient/caregiver support for our work to date and are in the process of developing communication and engagement plans to ensure we retain this support.
PARTNERSHIP RISKS	GOVERNANCE	Governance integration is a sensitive and challenging task.	Governance - We will progress slowly and thoughtfully and leverage the support of experts to assist us. Both service and governance integration will be managed openly and with the health of our population at the primary priority.
PARTNERSHIP RISKS	OTHER	Partner Organizations Serviing Multiple Networks: E.g. CMHAWW and WWLHIN, face challenges in light of the need to refocus on locally integrated services.	Partner Organizations Serviing Multiple Networks: We will work closely and thoutfully with our partners to optimize the health of the Guelph and Area attributed population while ensuring equity and high quality care is preserved across the region.
PARTNERSHIP RISKS	OTHER	Organizational Loss: Organizations fearful of loss of autonomy and control including potential loss of identity, loss of charitable dollars, loss or volunteers etc. This is especially a considerable perceived risk for community organizations that base their services on donations and volunteers	Organizational Loss: We will progress slowly and thoughfully and in consideration of both individual organization risks and needs and th opportunity to evolve and transform towards new ways of doing old things that while unfamiliar, may be better in the end.

G&A OHT Supplementary - TABLE B1

MEMBER	HOSPITAL INFORMATION SYSTEM INSTANCES *Identify vendor, version, and presence of clustering*	ELECTRONIC MEDICAL RECORD *Identify vendor and version*	ACCESS TO OTHER CLINICAL INFORMATION SYSTEMS *E.g., Other provincial systems such as CHRIS, or other systems to digitally store patient information*	ACCESS TO PROVINCIAL CLINICAL VIEWERS *ClinicalConnect or ConnectingOntario*	DO YOU PROVIDE ONLINE APPOINTMENT BOOKING? *Yes/No*	USE OF VIRTUAL CARE *Indicate type of virtual care and rate of use by patients where known*	PATIENT ACCESS CHANNELS *Indicate whether you have a patience access channel and if it is accessible by your proposed Year 1 target population*	Notes
Canadian Mental Health Association WW	N/A	Coyote Corporation's CaseWORKS V. 4.6.3 - Moving to 4.10 shortly, 4.11 or 5 by end of year. **Scalability** – Being able to run for both large sized organizations to organizations of 4. The small organizations require the same level of features as larger organizations. **Privacy by design** – The system must have privacy and security setup at its core. CaseWORKS has been built with features which include: - **Consent Management** – Establishing both the consent directive for access but also what service that a client or their decisions support consents to over time. - **Release of Information** – Incorporate strong process to manage the requests for release of information. Tied to the consent directives and document what has been released to specific parties. - **Audit Trail** - A strong well-defined audit trail that states not only who and what they on time but also states their role and the actual change from what to what. **- Technically Secure** – Incorporating technology to ensure that the information is secure. (3 PIA/TRA/Pen Tests) One the Ministry of Ontario. - **Sealin**g – Being able to seal enrollments, clients and programs **Highly Configurable** – Organizations in the mental health and addictions differ in the programs they provide and how they provide it. Each organization has the capability to define their programs and how they provide it. By defining their program, where it is being provided, what services do they provide, what documentation they will capture, etc. **One singular client record** – In order to achieve the full story of a client within an organization the system must have one single client record where all services and documentation can connect to	**Integration** - CaseWORKS has the CaseWORKS Integration Engine framework (CIE) which is utilized to bi-directionally integrate systems together in a real-time transactional manner. Additional systems can be added to the Engine either built on HL7 transactions or customized transactions defined by the system CaseWORKS is interfacing with. This interface is utilized for both hospital interfaces but also interfaces to systems like OCEAN. **Submission of Data** - CaseWORKS has a submission engine to allow the system to submit data to external funder bodies. This is utilized by the BI Initiative (Children's Mental Health), OCAN, InterRAI CHA, and DATIS We are in late stage development of an Enterprise Master Person Index, with Consent Management, that will connect any agency using CaseWORKS, allowing the sharing of demographic information, consent, as well as program involvement and documentation, as set by partners, and according to the consent wishes of those we support. Using the foundation of the CIE with the foundational components, CaseWORKS is able to establish a highly configurable, secure, bi-directional interface between CaseWORKS and other systems. - Each organization keeps their data configuration to the way they provide services. In order for an enterprise integration to succeed each agency must be able to track and keep their data in the format they provide services in order to maintain efficient and effect service while also ensuring that their data quality is at a high level. - Each organization maps their information to an enterprise configuration model established by the group of organizations who are itegrating their information. - Agencies can define their own data sharingestablish what information is shared from each organization, based on client consent. - Consent directives do not go back in time. As the consent directive changes it will apply the sharing of information moving forward. - All agencies should have access to view the consent directive. Consent directives must be tied to the client record and must be shared across all the connected systems. - Master repository of all information shared between connected organizations within the enterprise will contain the unique client MPI record, it's information and the shared consent directive. - There is an interface to the enterprise level system that allows for data quality with regards to merging clients within the enterprise. - Enterprise transactions are real time and not batched. **Integrated Coordinated Access and Referral Syste**m - single access point for all Ministry-funded mental health and addiction services - partner organizations have access to CaseWORKS portal to view service waitlists, referral documents, appointment availability and booked client appointments - CaseWORKS system has ability to receive referrals coming from face-to-face, fax, email, phone, electronic referral - CMHA WW sponsors the regional Specialized Geriatric Centralized Intake for Waterloo Wellington, using CaseWORKS as it's base software - as a confirmed Health Information Network Provider (HINP) with a successful PIA/TRA, we have a governance structure in place with our portal partners (Here 24/7) with shared policies and procedures (e.g. privacy breach management) HRM - sending agency (psychiatry reports)	Access to Clinical Connect - one way as eHeath Ontario has not accommodated our ability to post CMHA WW psychiatric assessments to Clinical Connect Discussion started around access to DHDR and CDR - predominantly allied health, which CDR does not easily accommodate	No	We utilize OTN and PCVC throughout our agency. In addition, through the eConsult process we have a robust GeriMedRisk (pharmacy, geriatric psychiatry, consultation) system completely enabled through CMHA WW CaseWORKS.	Initial start for client portal in CaseWORKS is more from the operational side of service - clients being able to get text messages or emails ab out next appointment details and then accept or cancel their appointments. Moving forward to establish a client-level portal is planned with the same foundational components - privacy by design, agency definition of what can be shared, consent directive built in. *Our experience is the only way in mental health that a client portal system can be successful is if it's built with a robust consent management overlay.*	Please note that our current eHealth setup does not fit well into the questions provided here. We do not do online appointment booking for clients, however we manage online appointment booking for initial appointments internally, as well as with partner organizations that connect to our EMR via our Partner Portal (intakes are done by Here 24/7 for these agencies). CaseWORKS has a robust scheduler with the capability of an enterprise-level booking system. In order to meet Accreditation Canada standards, we have developed and implemented a community-based medication reconciliation process with the lead of our in-house Pharmacists and Nurse Clinician Lead that will be showcased in our upcoming Accreditation Survey (November 2019) Another potential integration process - Homewood Health Centre is using CaseWORKS software and can be easily integrated with CMHA WW. CaseWORKS also handles payroll for CMHA WW CMHA WW has a formal relationship with University of Waterloo (John Hirdes, interRAI developer) to implement the interRAI standardized tool for the lifespan that will allow us to measure client outcomes across acute and community care. CaseWORKS has the ability to build eforms, which allows us to pull data from all assessments completed in this manner, reducing double documentation. CMHA WW has a robust ethics committee, led by an ethicist, where all program evaluation and research is vetted to meet PHIPA standards.
East Wellington Family Health Team	none	TELUS PSS version 5.14.306	Health Report Manager (HRM) Cancer Care Ontario Screning Activity Reports (SAR) HQO My Practice Reprots	**Clinical Connect:** - enabled for the Acute and Community Clinical Data Repository (**acCDR**), the Digital Health Drug Repository (**DHDR**), the Digital Health Immunization Repository (**DHIR**), and the Ontario Laboratories Information System (**OLIS**)	No	Virtual care currently provided using **text, audio and video** through OTN, the Think Research Virtual Care Pilot Project, and an EMR integrated email server. **OTN:** - 702 pts seen via OTN in 2018/19 **Think Research Virtual Care Platform:** - Completed visits: 83 - Registered patients: 24 - Total providers: 1 **Messaging:** In a 6 month period, EWFHT physicians, collectively, provided clinical consultation via messaging 5643 times, averaging 513 messages sent by each of the 11 physicians. **eConsults**: 664 eConsults done between EWFHT physicians and specialists **eReferrals:** EWFHT physicians each currently average 33 eReferrals/wk Since eReferrals go-live date	No	
eHealth Centre of Excellence	None	Test Instances of Telus PSS, OSCAR, Accuro	OTN Hub for eConsult, UiPath (Robotic Process Automation) Offers Change management and adoption, privacy supports for Ocean eReferral system with integrations to Excelicare, Novari, Coyote Caseworks, CareDove, Primary Care EMRs TelusPSS, QHR Accuro, OSCAR complete or underway.	Offers Change management and adoption, privacy supports for ClinicalConnect		Offers licenses and change management and adoption support for the adoption of the ThinkResearch VirtualCare app for text and video visits	Ability of patients to view eReferral status online and confirm appointments	
Guelph Community Health Centre	N/A (CHC MD's have access to GGH's Meditech Solution)	Practice Solutions Suite, Telus Health, Version: 5.14.305	IDS (on hold post- EMR transition)	ClinicalConnect	No	OTN (~100 services/quarter)	No	
Guelph Family Health Team	NA	TELUS PSS Version A5.14.306	Access to CHRIS for some providers. Access to Caseworks at CMHA and Homewood for some providers. SAR (CANCER CARE ONTARIO). Practice Reports (HQO). HRM REPORTS (integral to TELUS PSS) DaisyLink (GGH Decision Support Dashboards). GGH/GFHT SFTP Reports Portal. MOHLTC Health Data Branch Web portal.	Access to ClinicalConnect including enabled for the Acute and Community Clinical Data Repository (acCDR), the Digital Health Drug Repository (DHDR), the Digital Health Immunization Repository (DHIR), and the Ontario Laboratories Information System (OLIS	Yes	Type is Virtual Visits The rate used by patients so far in this pilot is as follows. Completed Visits 1,235 Registered Patients 679 Total Providers 5	Ocean (CognisantMD) Secure messaging which is available to Physicians and consenting patients	

Guelph General Hospital	**Clustered with** Groves Memorial Community Hospital and North Wellington Healthcare **MAIN HIS** - Meditech 5.67 **MAIN HIS Clinical Systems** - Admissions, Abstracting, Patient Scheduling, Radiology, Core LAB, Microbiology, Hematology, Microbiology, Pharmacy, Nursing Documentation, Order Entry, Dictated Reports, **Fully HIS Integrated** other vendor clinical applications for OR, Birthing, CPOE, PACS, Dietary, Pathology Tracking	Meditech Magic, PICIS Perioperative Suite, PICIS Dietary, Phillips Perinatal, GE Centricity PACS, Philips Cardiology, PatientKeeper Clinical Viewer /CPOE System, MED2020, Nuance Digital Dictation, Nuance PowerScribe 360 RAD Dictation, Eventus Surgical Booking, OPIS, LAB Lion Pathology	**Access to:** DHDR, DHIR, DiR, Criticall **Data Contributors to:** OLIS, eCHN, EMPI, HRM, ClinicalConnect, CDR, SWODIN DiR, Grand River Hospital OPIS, WTIS, BORN, KFLA Infectious Disease Surveillance, Cancer Care Ontario, CCIS, Homewood's HIS (EMHU), HOBIC	ClinicalConnect	Yes	OTN = Good penetration,	??	
Hospice Wellington		InfoAnywhere Web-based system for community client referral and service only Residence: Paper Charting process in place	HPG					
Sanguen Health Centre								
St. Joseph's Health Centre Guelph	PointClickCare (hosted)	PointClickCare (Hosted)	OSCAR McMaster 15	ClinicalConnect	No	No	No	Implementation of eOcean for electronic referrals is currently in progress.
Stonehenge Therapeutic Community	N/A	CaseWORKS by Coyote Software, v4.9.3.449 (used for our residential program and most of our community programs & services) Catalyst by DATIS/Ministry of Health, v11.4 Build 72517727. Our entries in CaseWORKS are uploaded to Catalyst nightly as it is the mandatory provincial addiction client database	PS Suite version A-5.15.103 (used for the Guelph RAAC and Rural Wellington RAAC. This is our own license but it is connected to the Guelph FHT PS Suite database. Does Here 24/7 count? We are part of the Here 24/7 Partner Portal as it provides client referrals for our resdiential, housing and Let's Grow Together programs.	No	No	OTN for weekly Opioid Substitution Treatment (OST) program appointments (as part of our Residential Addiction Treatment program) with out-of-area physician with opioid expertise. OTN (via laptop) is used for some other programs as well, like CWSS. Sorry, our Telemedicine Nurse is off this week and she holds the stats for usage of OTN. I can provide stats at the meeting.	No	
The Elliott Community		Point Click Care 3.7	CHRIS through HPG	Clinical Connect		OTN Vital Hub - technology used by front line staff through iphones.	N/A	
Traverse Independence	NA	NA	NO	Clinical Connect		No	No	