

# November 2021



**The Guelph Wellington Ontario Health Team has a new logo!!**

In our last newsletter we invited you to help us select a new logo for the GW OHT. Thanks to all who voted! We really like our new logo because it represents a diverse group supporting the heart in the centre. That group is the local healthcare system being transformed by your OHT and that heart is everyone who needs our services.

**JOIN US for a 'GW OHT Webinar with Community Partners'** on Tuesday, December 14 from 11:30-12:30 for a conversation about the current status, progress and plans of the Guelph Wellington Ontario Health Team. (Check out our website [here](#)). We want your ideas and feedback about where we are heading and how we can do our best to help our community be as healthy as it can be!

Click [here](#) to register.



**Guelph  
Wellington OHT**  
STRATEGIC PRIORITY  
SETTING UPDATE

**We are in the final stages of the GW OHT Strategic Priority Setting Process!** GW OHT partners are theming the feedback collected from providers, patients and other members of the community to identify priorities for the GW OHT over the next two years. We will share the priorities early next year and be seeking your input about the actions to achieve our priorities over the next two years.

*Please share this newsletter and engagement opportunities broadly.  
Any questions or comments, please contact Emmi Perkins, GW OHT Director, Transformation*  
[askus@guelphwellingtonoht.com](mailto:askus@guelphwellingtonoht.com)

## Integrated Primary Care Teams

As a first step to building 'Integrated Primary Care Teams' (IPCTs), Waterloo Wellington Home & Community Care Support Services staff are working within primary care at three locations: the Guelph Family Health Team (one practice), Guelph Community Health Centre and the East Wellington Family Health Team.



Integrating providers within primary care improves care coordination and transitions of care, reduces the need for patients to repeat their story, supports patients to navigate the health care system, and prevents avoidable emergency department visits and hospitalizations.

Since the launch of these IPCTs, we have seen a significant positive impact on provider and patient experiences. Communication is a key enabler of the IPCT model and providers who have part of these initial IPCTs have reported:

- improved communication through real-time, in-person conversations between providers in the patient's circle of care (by virtue of being physically co-located) and the use of Hypercare (a secure provider-to-provider, real-time app)
- quicker acceptance of and communication about referrals (through the eReferrals)
- improved efficiency and patient experience - the care coordinator organizes a visit, at the same location on the same day the patient already has an appointment with their primary care physician.
- the use of the fax-based communication is decreasing as Care Coordinators have access to the primary care record for communicating with the rest of the care team

At one of the sites, the Mental Health & Addictions Nurse (MHAN) is filling a service gap for those with complex mental health and/or addiction challenges. The MHAN nurse also meets with school staff to support children and their parents.

IPCT next steps:

- invite in-home service provider organizations to also become integrated members of the primary care team
- expand digital health opportunities to find more efficiencies in communication and patient care
- use data to identify the most complex and at-risk patients at each IPCT to identify what additional resources are needed within the IPCT to support these complex clients
- implement a patient experience survey to better understand how integrated care is improving their experience
- integrate mental health and addiction services or Home & Community Care services into six additional primary care practices over the next few months



## Guelph Wellington Ontario Health Team recognizes Trans Day of Remembrance - November 20th and Trans Awareness Week - November 13th - 19<sup>th</sup>

Recent estimates are that 1 in 200 adults may be transgender. Finding inclusive and supportive healthcare offered in a safe space, is a challenge for transgender individuals. Many avoid healthcare due to not feeling comfortable when talking to members of their healthcare team. The Canadian Trans & Non-Binary Youth Health Survey from 2019, identified that 87% of transgender individuals do not feel comfortable discussing their gender-affirming health care needs with a health practitioner they do not know. Ensuring transgender patients feel safe can ensure they access healthcare when they need it.

### Some facts about transgender health care:

- Each transgender person has unique healthcare needs. It is important their team collaborate with them on decisions regarding medical transition, so the patient feels empowered and supported. Prescriptions for HRT and routine bloodwork are a lifetime commitment for transgender patients.
- Transgender individuals are able to access funding for gender-affirming surgeries in Ontario but many have to travel out of province or out of country to be able to access these surgeries. While the government pays for the surgical procedure, they do not cover the cost of travel to access the procedure which can cost tens of thousands of dollars.
- Transgender patients may need prescriptions for hormone replacement therapy (HRT), support to complete and submit applications for funding, name change and gender change documentation, referrals for surgery and post-operative care, mental health supports and social services supports.
- It is important that all clinicians understand that mental health supports must also be inclusive and they should understand some of the issues transgender individuals may be facing including family rejection, friend rejections, bullying, feeling unsafe, difficulty accessing employment, difficulty accessing housing and may also suffer from trauma and/or PTSD. Additionally, transgender individuals may struggle with gender dysphoria, stigma, discrimination, housing issues, employment issues, violence.
- The transgender community has a very high suicide rate. In a study completed by the Human Rights Campaign in 2018, it was identified that more than 50% of trans male and approximately 30% of trans female teens reported a suicide attempt in their lifetime. Studies have shown when transgender patients are linked with gender-affirming care, the rates drop in half.
- Psychiatric evaluations are no longer mandatory or expected by the government in order to have HRT prescriptions, or gender-affirming surgeries. However, some clinicians require that transgender individuals complete counselling sessions and / or undergo several psychiatric evaluations. These requirements can create barriers to care.

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## Introducing Members of the GW OHT Team



**Katelyn Young, GW OHT Patient & Community Engagement Coordinator**, has been working in healthcare and community services for over 15 years in Guelph & surrounding areas. Katelyn has both direct service and leadership experiences mainly in the mental health & addictions field. Katelyn has a Master's in Public Health and has focused on system planning in healthcare, evaluation and project-based work. At home, Katelyn is passionate about getting outside, staying active and exploring by foot, bike or canoe. She is a mother to two children and several animals.

Since March, Katelyn has been working with patient advisors to support the patient voice to incorporate the experience, input and insights from a wide range of diverse community members. To support our continued and expanding work, we are currently recruiting members of a Patient, Family and Caregiver Advisory Council (PFAC) AND community members to be a part of OHT working groups.

The Guelph Wellington OHT wants to have community voices heard at all levels of the healthcare system and is committed to recruiting members with different points of view and representing diverse communities. Efforts to recruit from equity-deserving groups who face additional barriers, discrimination and racism will be a priority. Whenever possible we will seek voices from individuals with experiences of health inequity and who bring a different perspectives to our work. For more information about the opportunities and how to get involved, click [here](#)

## Shout Out to GW OHT Partners for Supporting the Residents of College Place!

GW OHT partners came together to support the successful transition of residents from College Place Retirement Residence which closed on October 31. This was no small feat - a huge and dedicated effort with great success!



With some of the residents receiving care and services for very complex health needs through H&CCSS WW, it was critical we come together with partners to help find housing, support seamless transitions, and work closely with residents to ensure they continued to receive the care they need. In the end, all residents successfully moved to either long-term care, supportive housing, retirement homes or market rent housing.

Special thanks to Tanda Duguay, Care Coordinator, H&CC SS WW; Colleen Brosseau, General Manager, College Place; Nathalie Bouchard, Social Work, CBI Health; and Sonja Roks, Housing Coordinator, County of Wellington.