

COMPASSIONATE NORTH YORK



Strategic Plan 2022-2025

Introduction

North York Toronto Health Partners (NYTHP) is pleased to share our first Strategic Plan for creating a strong and sustainable local health system and healthy community.

NYTHP is an Ontario Health Team (OHT), an approach to health care where providers and health professionals coordinate services, engage with patients, families and caregivers, and act as one team supporting people with their health and wellness needs.

NYTHP is one of Ontario's first OHTs, with 21 core members, a Patient and Caregiver Health Council, a Primary Care Advisory Council and over 40 Alliance partner organizations working together to meet the health needs of our communities.

NYTHP's strategic vision was created in 2020. With the participation of patients/clients, caregivers, organizations, staff and volunteers serving North York, the NYTHP developed a **Shared Purpose**, *Compassionate North York*. Together, we embraced Collective Impact – a structured approach to collaboration to address complex challenges and achieve transformational change.

During its first few years, NYTHP played a lead role in the pandemic response – from distributing personal protective equipment (PPE) to frontline workers, to supporting over 60 long-term care and congregate

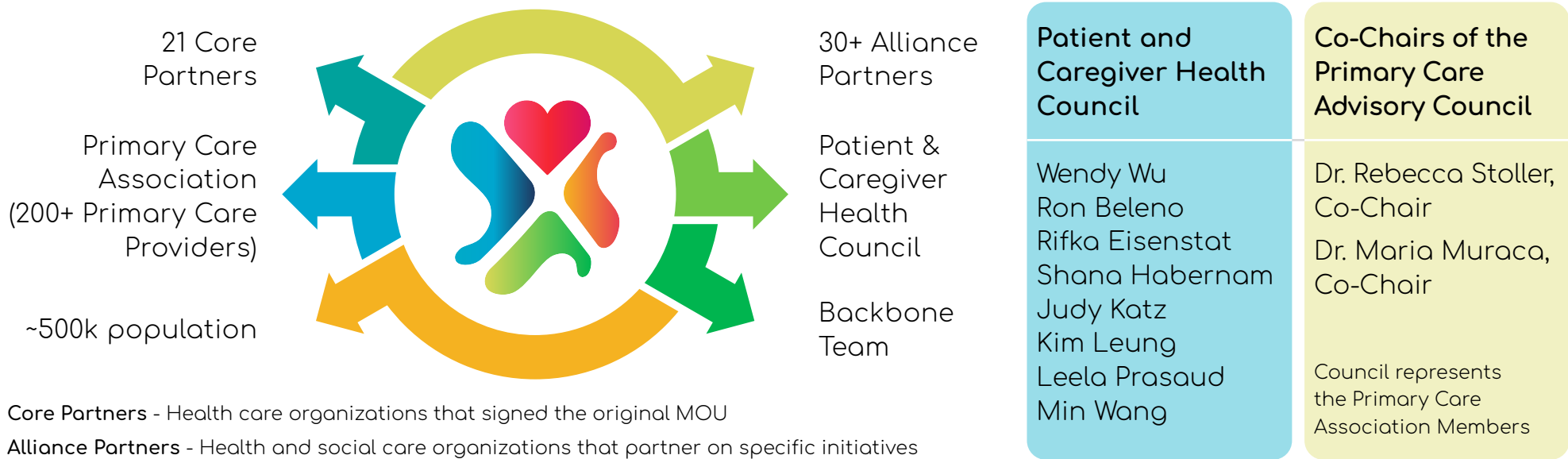
homes with expertise and Infection Prevention and Control (IPAC) resources, leading testing and vaccination for the public, to outreach to vulnerable and diverse groups. During this time, NYTHP became a more connected health system by using digital technology to improve people's access to care and creating new models to support people in their homes and communities, with a focus on seniors, palliative care and mental health and addictions.

In fall 2021, NYTHP further developed the Strategic Plan to respond to the community's post-pandemic needs, using the practical experiences gained during NYTHP's first 1.5 years. The three-year Strategic Plan will be reviewed and updated as needed to adapt to changes in the NYTHP's environment.

Thank you to everyone who has been involved in our journey and in creating our path forward to achieve better health for all in North York.



Who We Are



Core Partners - Health care organizations that signed the original MOU
Alliance Partners - Health and social care organizations that partner on specific initiatives
Backbone - Team from NYTHP organizations that supports the work of our OHT

www.northyorktorontohealthpartners.ca





Our Shared Purpose

We are a compassionate community of providers, patients, caregivers and residents who are committed to promoting health, wellbeing and positive experiences for all.

Together we are building from our strengths both individually and in partnership. We are igniting the power within each of us to support meaningful change for our community, now and into the future.

COMPASSIONATE NORTH YORK



Our Guiding Principles

Commitment to shared purpose and improvement within our system

Our community (patients, caregivers, residents, providers) are at the centre of co-designing the future of care.

Distributed leadership, shared responsibility and organization or individual resources

We acknowledge that a single organization or individual cannot advance change alone. We all have a part in advancing change and sharing the assets within our community.

Coordinated and collaborative action across the NYTHP community

Through deepening the relationships and trust across our community, we aim to be connected, coordinated and collaborative within our efforts.

Driving innovation

We are shifting our mindsets, behaviours and the ways we work to support and accelerate change. We are open to thinking outside of the box.

Commitment to diversity, inclusivity and equity

All voices matter. Not everyone can access services easily and there are power imbalances. By working with affected communities, we can reduce barriers and enable all people to access the care they need.

The Five Conditions of Collective Impact*

Common agenda

Participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Mutually reinforcing activities

Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Continuous communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives and create common motivation.

Backbone support

Creating / managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

*<https://www.collectiveimpactforum.org/blogs/1301/collective-impact-principles-practice-putting-collective-impact-action>

Our Strategic Goals for 2022 – 2025

L EAD our collective strategy to respond to urgent community needs, such as pandemic response and recovery, and realize greater value through integration, transformation and advocacy.

D EVELOP collective governance and operational structures and capabilities to accelerate integrated care and build strong teams for a healthy and sustainable future.



E NGAGE patients, caregivers, staff, partners and communities in NYTHP's work to understand and improve people's experiences and health.

A DVANCE population health outcomes through improving health equity and prevention and leveraging digital technologies.

Strategic Goals and Objectives

LEAD our collective strategy to respond to urgent community needs, such as pandemic response and recovery, and realize greater value through integration, transformation and advocacy.

- Continue to deliver an integrated pandemic plan to protect and support North York.
- Formalize our pandemic response practices and create a master system playbook for other urgent situations.
- Lead an integrated recovery and transformation plan for NYTHP providers and the population, in alignment with OH/MOH direction for OHTs, including addressing care and service gaps.
- Develop a common understanding of systemic challenges, with a focus on Health Human Resources (HHR) to inform local solutions and broader policy changes.


ENGAGE patients, caregivers, staff, partners and communities in NYTHP's work to understand and improve people's experiences and health.

- Implement and embed a patient, community and partner engagement strategy and framework.
- Embrace the Patient, Family and Caregiver Declaration of Values for Ontario and advance and monitor its implementation within provider organizations.
- Build the capacity of all parts of the NYTHP – and work in collaboration to engage our patients, caregivers, staff, partners and communities.
- Develop skills and tools to enable co-design across NYTHP and embed in our work.
- Apply the patient, community and partner engagement framework to strengthen our network of partners (health, social care patients, caregivers and communities).

ADVANCE population health outcomes through improving health equity and prevention, and leveraging digital technologies.

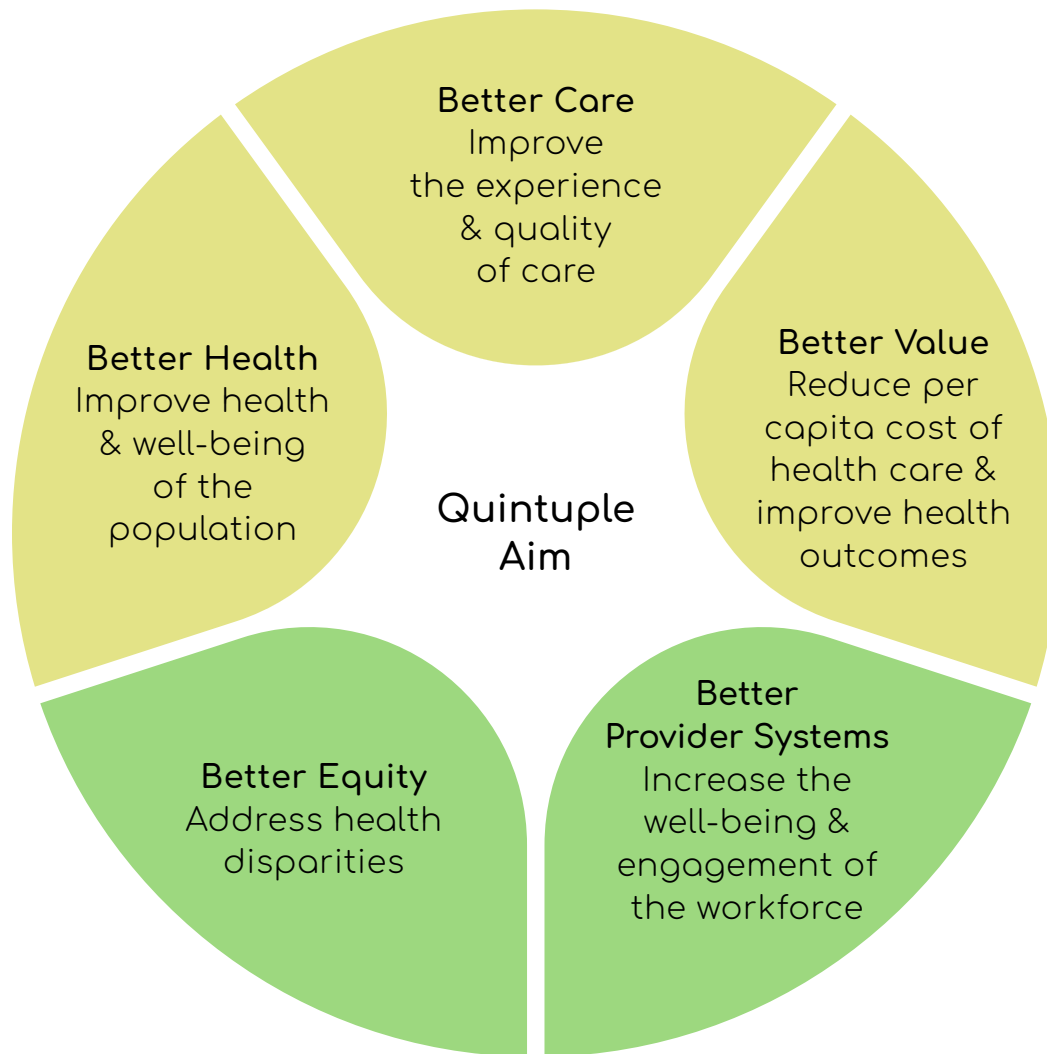
- Understand our population, and develop evidence-informed strategies to remove barriers and inequities (using data and quantitative and qualitative information from engagement and experience analysis).
- Address health inequities, focusing on identified populations/communities using culturally safe and appropriate approaches.
- Create the foundations and structures for a population health approach, including evaluation and leveraging digital health tools.
- Build and deepen our partnerships to advance an integrated health and social system that supports people to live healthy and full lives.

DEVELOP collective governance and operational structures and capabilities to accelerate integrated care and build strong teams for a healthy and sustainable future.

- Enhance the way we make decisions, operate and do our collective work.
 - Achieve better strategic alignment and collaboration across the NYTHP and its parts.
 - Build the foundations for NYTHP's evolution – including processes, guideline, tools, digital and information systems, communication channels, education and training.
 - Measure and share progress on our strategic goals and indicators.
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Ontario's New Approach to Integrated Care

Quintuple Aim



Adapted from IHI's Quintuple Aim

Ontario Health Teams



How Health Care Will Feel

"I started getting palliative care immediately after I was diagnosed with dementia because I wanted to live my life as fully and comfortably as possible."

"I transition easily between care team members and sites of care."

"I have 24/7 access to navigation resources to help access the care I need."

"I am proactively engaged with my care team for routine screening and preventative care."



"I provide feedback on experience and outcomes that is used to improve care delivery."

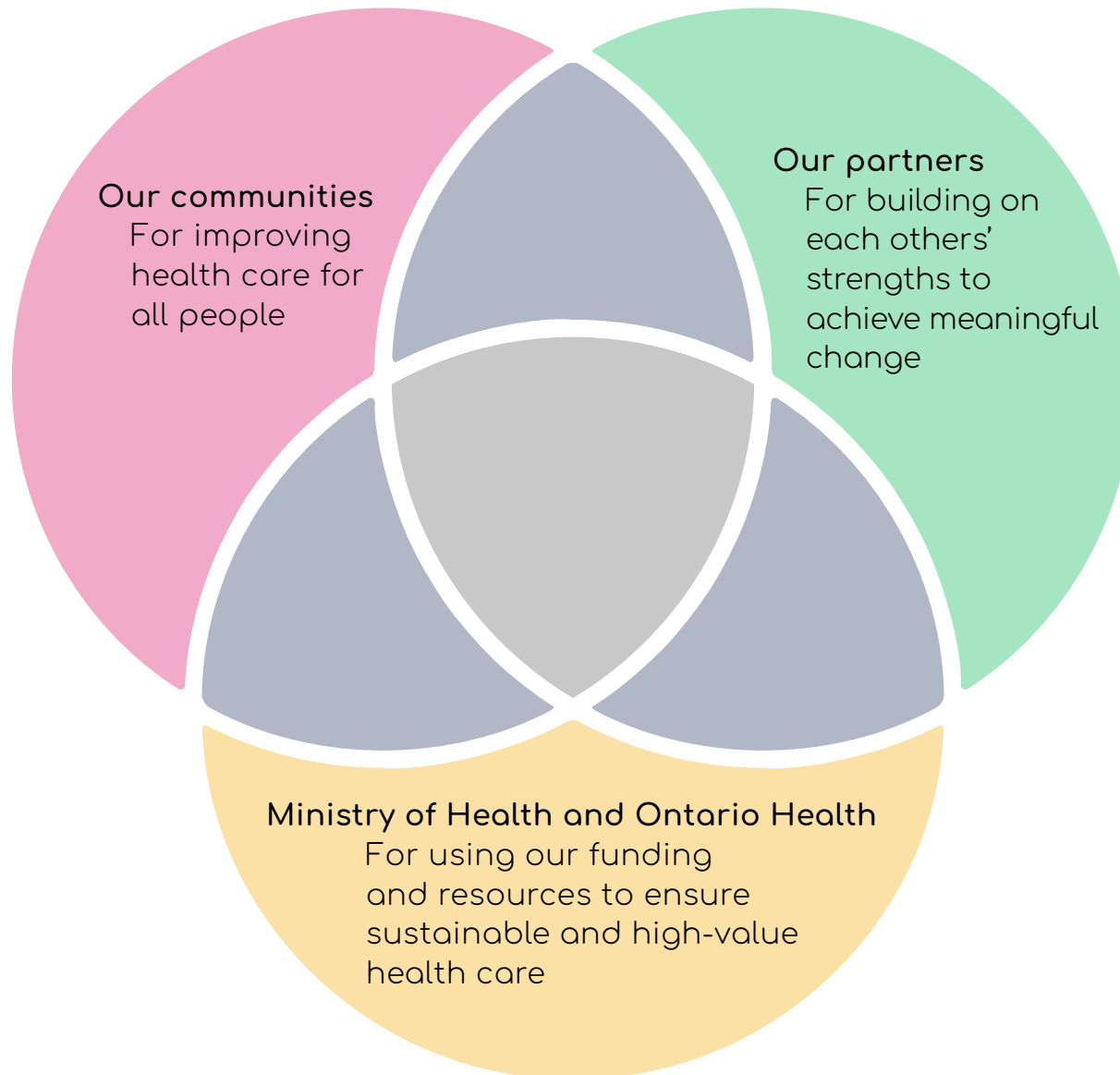
"I am automatically enrolled in an OHT and I have flexibility to move between OHTs."

"I feel empowered because I have access to my information, care plan and self-care resources and tools."

"My health condition has improved because of the care I am receiving."

Our Accountabilities

NYTHP is accountable to our communities, our partners, the Ministry of Health, and Ontario Health.



Measuring Our Success

NYTHP is accountable for improving the performance of the health system and the quality of care. We measure our impact on:

- Improving patients' access to care in the most appropriate setting (as measured by Alternate Level of Care days)
- Increasing access to community mental health and addictions services
- Enhancing preventative care with a focus on cancer screening

NYTHP's focus has been on three priority populations identified when originally planning our OHT – **seniors, mental health and addictions and palliative care.**

What is Palliative Care?

Palliative care is a holistic approach to maximizing one's quality of life that can be accessed as soon as a life-limiting diagnosis is received.



Who do we serve?

Our population includes people who live in the NYTHP geography (see map) and people who are part of our “attributed population”.

Geographic population

It is crucial that NYTHP understands and meets the needs of everyone who lives in our communities, including those who are not well-served by the health system such as people without a primary care provider.

By understanding and designing services with and for people living in a geographic area, we can address health inequities. For example, by understanding the barriers different people encounter accessing local services, and shining a light on the impact of “social determinants of health” such as lack of housing, employment and food.

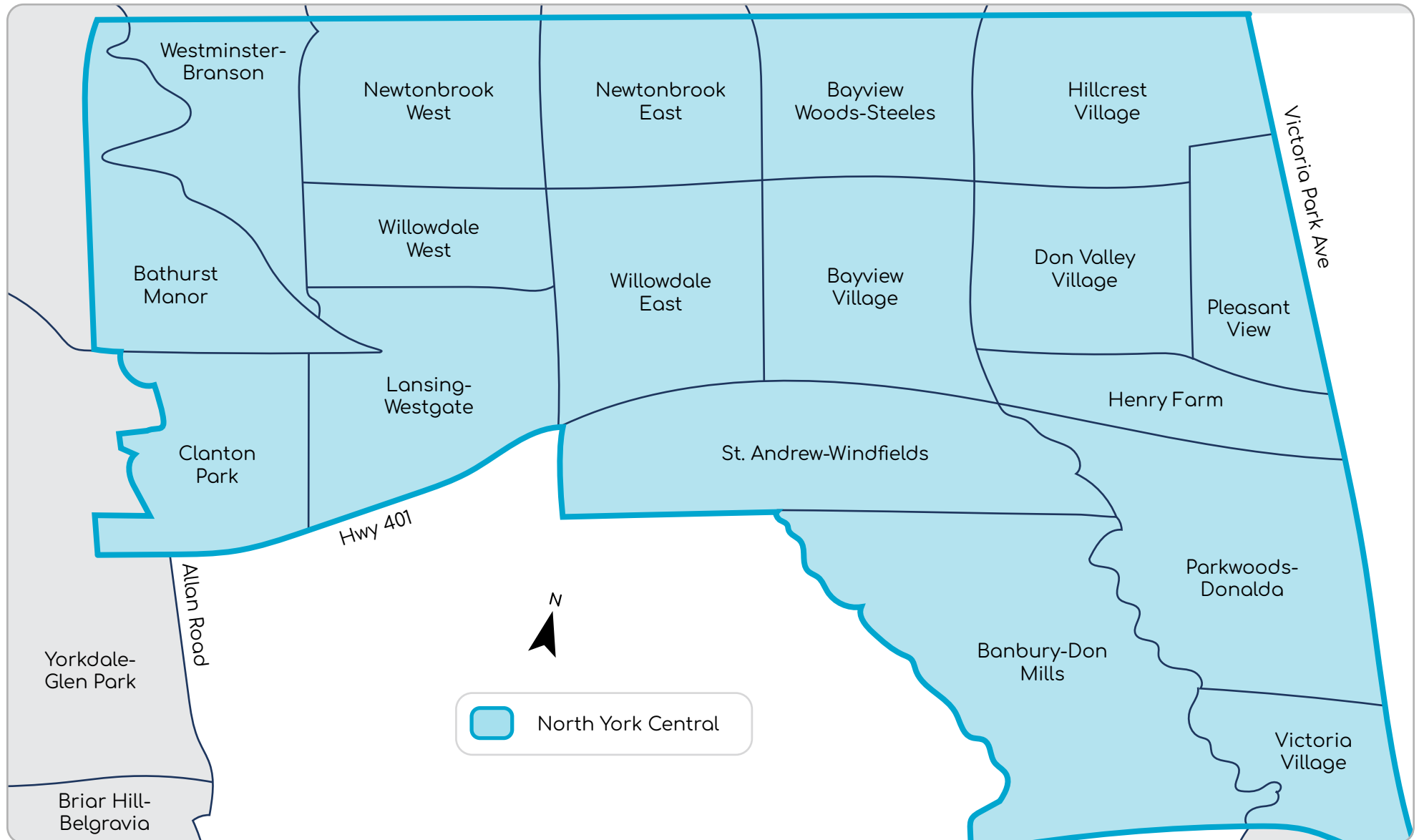
Attributed Population

Health care organizations serving North York also support people who live outside our geographic area, and we know people’s health is influenced by more than their postal code. Patient attribution is not based on where one lives, but rather on where they access health care. For example, some people do not live in North York, but work in and receive care in North York, close to their workplace. Where people receive primary care (e.g., enrollment in a Family Health Team) is the starting point for assigning patients to an Ontario Health Team.

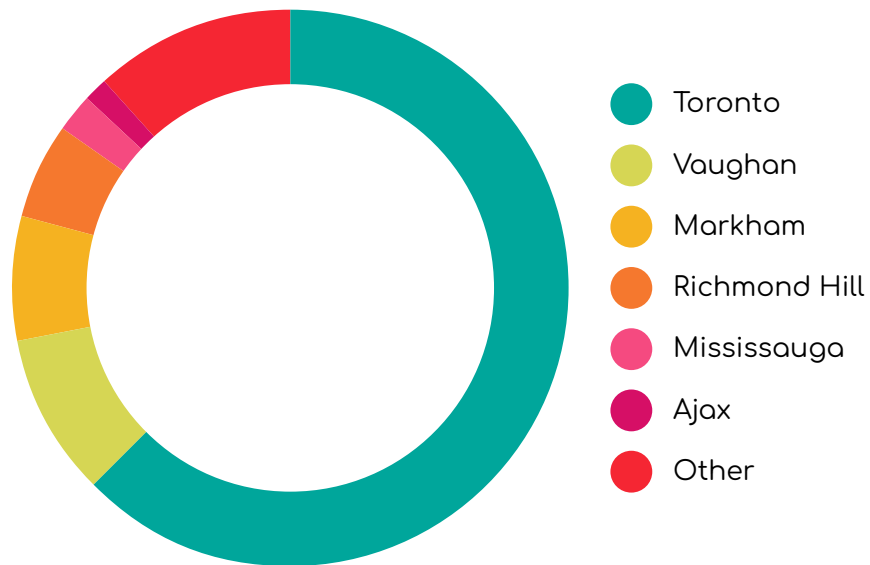
NYTHP determines its populations considering both where people reside and where they receive primary care. For example, the COVID-19 vaccination was delivered geographically and within neighbourhoods.

For accountabilities, such as the Collaborative Quality Improvement Plan, we are required to improve outcomes for our attributed population.

North York Toronto Health Partners Geographic Area



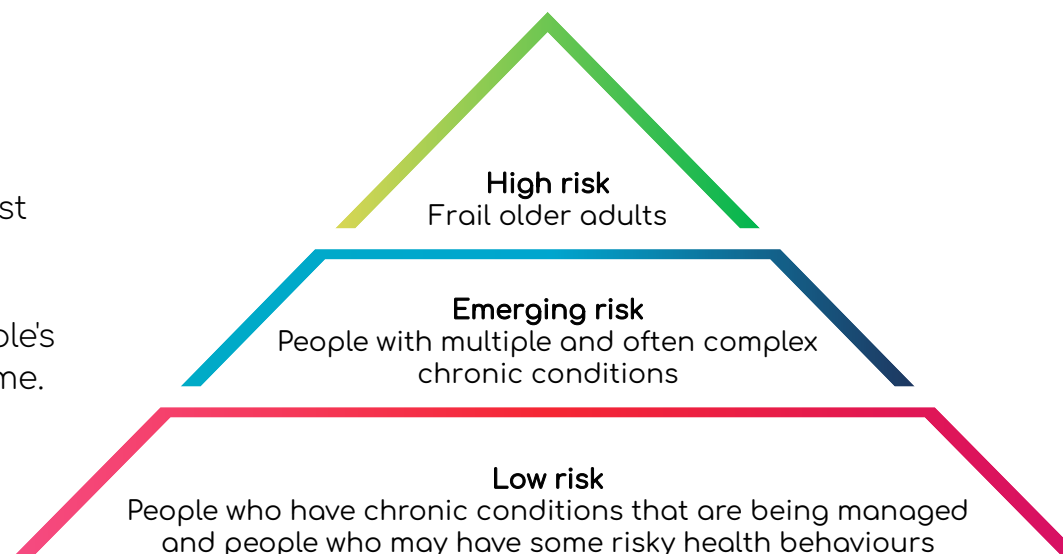
NYTHP's Attributed Population



Community	Attributed Population	% of OHT population
Toronto	311,409	62.7
Vaughan	46,678	9.4
Markham	34,979	7.0
Richmond Hill	28,935	5.8
Mississauga	10,019	2.0
Ajax	6,775	1.4
Other	57,670	11.6
Total	496,474	

*Note: Toronto includes all of Toronto, not only North York General. **Data is from 2016-2018

Population health must address each level of complexity and risk, recognizing that people's needs change over time.



For more information, contact nythp@nygh.on.ca
or visit northyorktorontohealthpartners.ca

