

HELLO MISSISSAUGA HEALTH PARTNERS,

The past six months have been nothing short of extraordinary. When the COVID-19 pandemic hit, our many partners sprang into action. I want to thank you all for your work in supporting the Mississauga Ontario Health Team (Mississauga Health), the community and each other during this unprecedented time. Due to the speed of the response we have held fewer member meetings than usual, but be assured the work has continued. The relationships we initially built helped us to move several activities forward to support our work in responding to COVID-19 and beyond. Attached, you will find some slides outlining the work we were able to advance during the early days of the pandemic.

WHAT TO EXPECT

As we move into the fall and winter months, we are returning to more regular work and with this you can expect to experience:

- Ongoing communication on our shared [website](#)
- Targeted updates on key areas of decision making over the remainder of the calendar year
- Interactive sessions on key areas of design and development, with a focus on COVID-19

WHERE WE ARE

There are three activities that we wish to update you on as we head into the fall, in terms of key areas of decision making and design: next steps on collaborative decision making, adopting key principles and responding to a second wave of COVID-19.

1. COLLABORATIVE DECISION-MAKING

Throughout the pandemic, the Interim Governing Council (IGC) for Mississauga Health has been meeting to discuss direction provided by the Ministry of Health (Ministry) on how to best move forward with the next stage of OHT decision making. You can review the Ministry's guidance and collaborative decision-making arrangement templates [online](#) and RISE [resources](#). OHTs are encouraged to develop agreements that work at the local level, and these arrangements will support eligibility for limited seed funding. IGC members are working through this template and expect to share an update in October via webinar prior to submission to the Ministry. You will receive an invitation shortly. Following this, members and affiliates will develop project agreements where appropriate to support COVID-19 response work.

2. KEY PRINCIPLES

The foundational component to our collaborative decision making arrangement is the guiding principles that will shape how we will make shared decisions and work together. These have been developed based on Mississauga Health's full application and the feedback received from patients, families, members and affiliates during the development process. While we are able to make modifications to these principles, any changes must meet the spirit of what was provided in our full application. We are asking for your input on these important principles, so please review and provide your feedback on the attached by October 6, 2020 to info@moht.ca.

3. COVID-19 SECOND WAVE

Mississauga Health is convening a COVID-19 response table with sectoral representation to collectively problem solve and respond to the ongoing pandemic in our community. This will be our priority for the next six to 12 months as we are beginning to see a rise in the number of cases in the community. Other projects will be considered and undertaken only if resources are available. We will also continue to provide key local updates beyond those from the Ministry.

While this is not meant to replace regional processes (e.g. for PPE), your own COVID-19 preparedness and response or structures, it is available to offer support if needed and facilitate our collective community problem solving. Please continue to use your existing communication channels and work closely with the organizations with which you hold accountability agreements to address COVID-19 challenges.

I would like to ask everyone for their continued patience as we respond to the Ministry's newest OHT requirements while addressing COVID-19 pressures at the same time. The partners are continuing to fund a small but mighty team to do the work, and we will update you more regularly now that the requirements for the next year have been released.

Thank you, and please be safe.

Michelle DiEmanuele, Chair Mississauga Health & Mississauga Health Interim Governing Council

PROPOSED MISSISSAUGA HEALTH COLLABORATIVE DECISION-MAKING PRINCIPLES

These principles are intended to be part of Mississauga Health's collaborative decision-making agreement (CDMA), and will set out the expectations for how decisions will be made, in alignment with our shared vision and goals. They have been developed based on Mississauga Health's full application and the feedback received from patients, families, members and affiliates during the development process. While we are able to make modifications to these principles, any changes must meet the spirit of what was provided in our full application.

1. Our role is to plan on behalf of our population and to act in the best interest of the patients, caregivers and clients we serve;
2. We will make decisions and take actions to achieve our shared vision and our goal of improving the quadruple aim: health outcomes, patient experience, provider experience and sustainability;
3. Everything we do will be done in collaboration with patients, caregivers, clients, providers, partners and community members that will be affected;
4. We will take a systems approach that emphasizes coordination and integration of care across sectors for the benefit of our population, striving to remove barriers to create health equity;
5. We will celebrate diversity and seek to accommodate, support and protect cultural, religious and other differences;
6. We are prepared to be innovative and to find new ways of working together that will improve health in our community;
7. We will strive to be compassionate, inclusive of all partners at the table and support an equality of voices to ensure we are building a system that reflects all;
8. We will pursue a model of distributed leadership that continues to uplift and reinforce the governance of our respective sectors;
9. We will build trust with partners and our community by committing to transparency and ensuring ongoing engagement and communication;
10. We will embed best practice, evidence and a learning health system approach into everything we undertake;
11. We will be pragmatic and focused on achieving results for the good of the population we serve, achieving measureable performance targets;
12. We will act with integrity and be accountable to one another and the community.

MISSISSAUGA HEALTH COVID-19 RESPONSE TABLE

Table Lead: Georgia Whitehead

Sector Leads

Primary Care: Dr. James Pencharz and Dr. Sohal Goyal

Mental Health and Addictions: Mary Pagani and Cory O'Handley

Palliative Care: Kathy Davison and Dr. Laura Harild

Long-term Care: Angela Burden

Home Care: Angela Burden

Acute Care: Gillian Steeve

Patient and Families: John McKenna and Kathy Dutchak

Community Care: Heidi Yerxa and Lynn Petrushchak

Sector Leads Responsibility:

Regular M-OHT updates to members within sectors, including:

- Regular calls (may be daily)
- Coordination with sector colleagues
- Support solution generation, including resources to support (e.g. people, space, leadership)
- Take on roles within workstreams, where required

CURRENT PROJECT WORKSTREAMS

- 1) MOHT PPE and Medical Supplies Procurement
- 2) Swabbing and Assessment Centres (including community cold, flu and cough clinics)
- 3) Long-term Care Support
- 4) IPAC Support

Workstream Leads Responsibilities:

- Lead workstream response, including: assess options, stakeholder engagement, seek approvals, lead implementation, monitor and maintain (as appropriate), and track any COVID-19 expenditures
- Risk management and escalation of issues and challenges



Stakeholder Update – Wave 1 Activities September 2020

The Mississauga Ontario Health Team



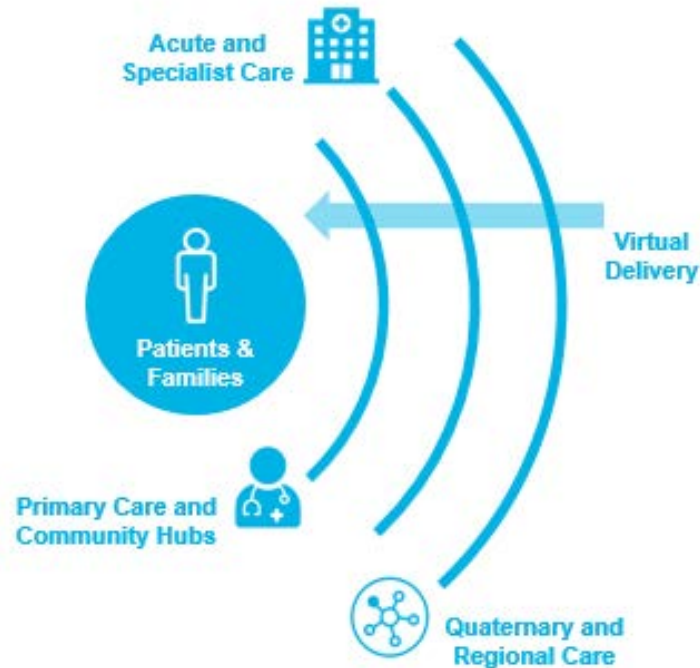
- ✓ Over 90 members and affiliates across the continuum, including primary, community, home, acute and long-term care
- ✓ Committed to improving population health through partnership and an interconnected system
- ✓ Building on a strong history of partnership and delivery of results through transformation
- ✓ Accelerated by a common vision to improve care and support growing demand against limited capacity for a diverse population

Vision for our Ontario Health Team

Today



Tomorrow



Our vision

Together, our vision is to improve the health of people in our community by creating an interconnected system of care across the continuum, from prenatal care to birth to end of life.

Care we provide will address physical, mental, social and emotional well-being, and will be reliable, high quality and grounded in exceptional experiences and sustainability, delivering on the Quadruple Aim.

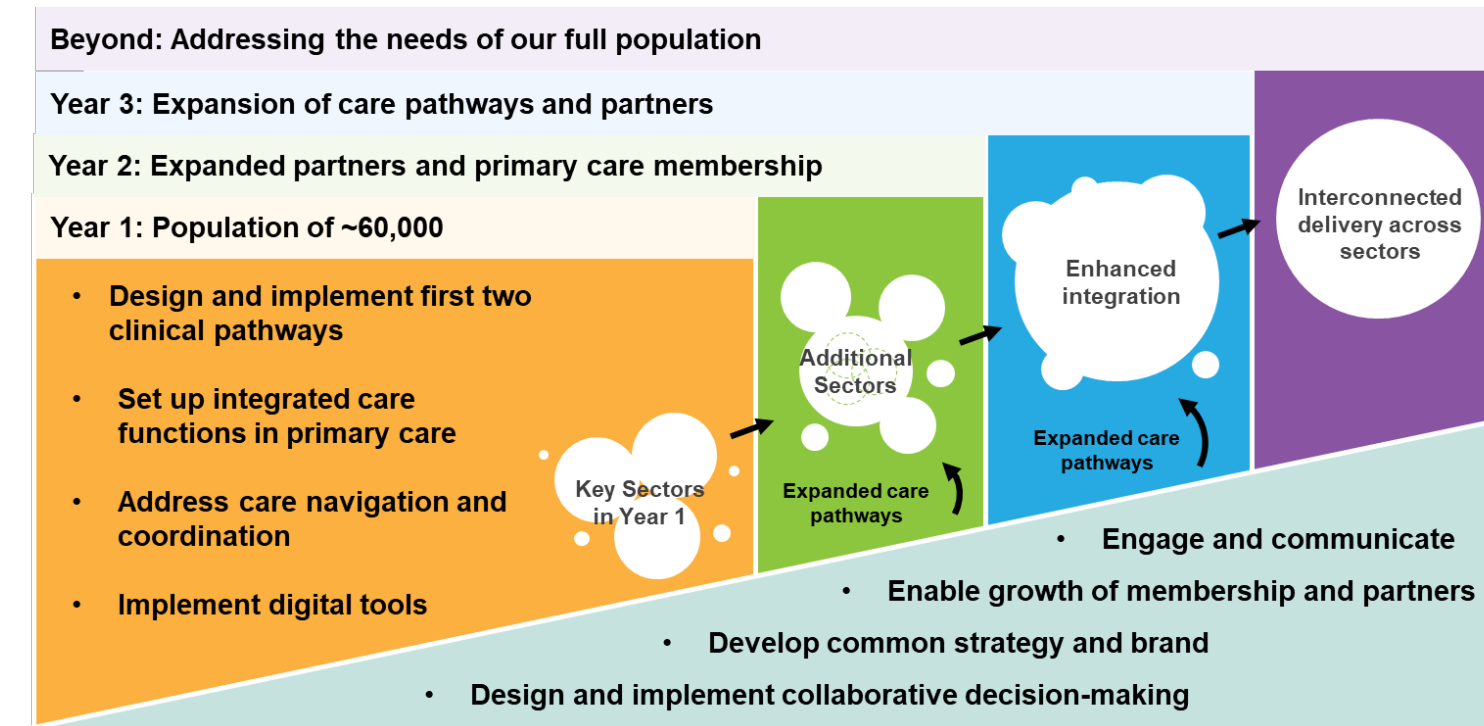
Our MOH attributed population:

878,000 people at maturity →

- Approximately 60% live in Mississauga and roughly 75% see primary care providers in Mississauga
- Another 35% live in neighbouring communities (e.g. Toronto, Brampton, Oakville) with 5% from other regions

Where we were in March

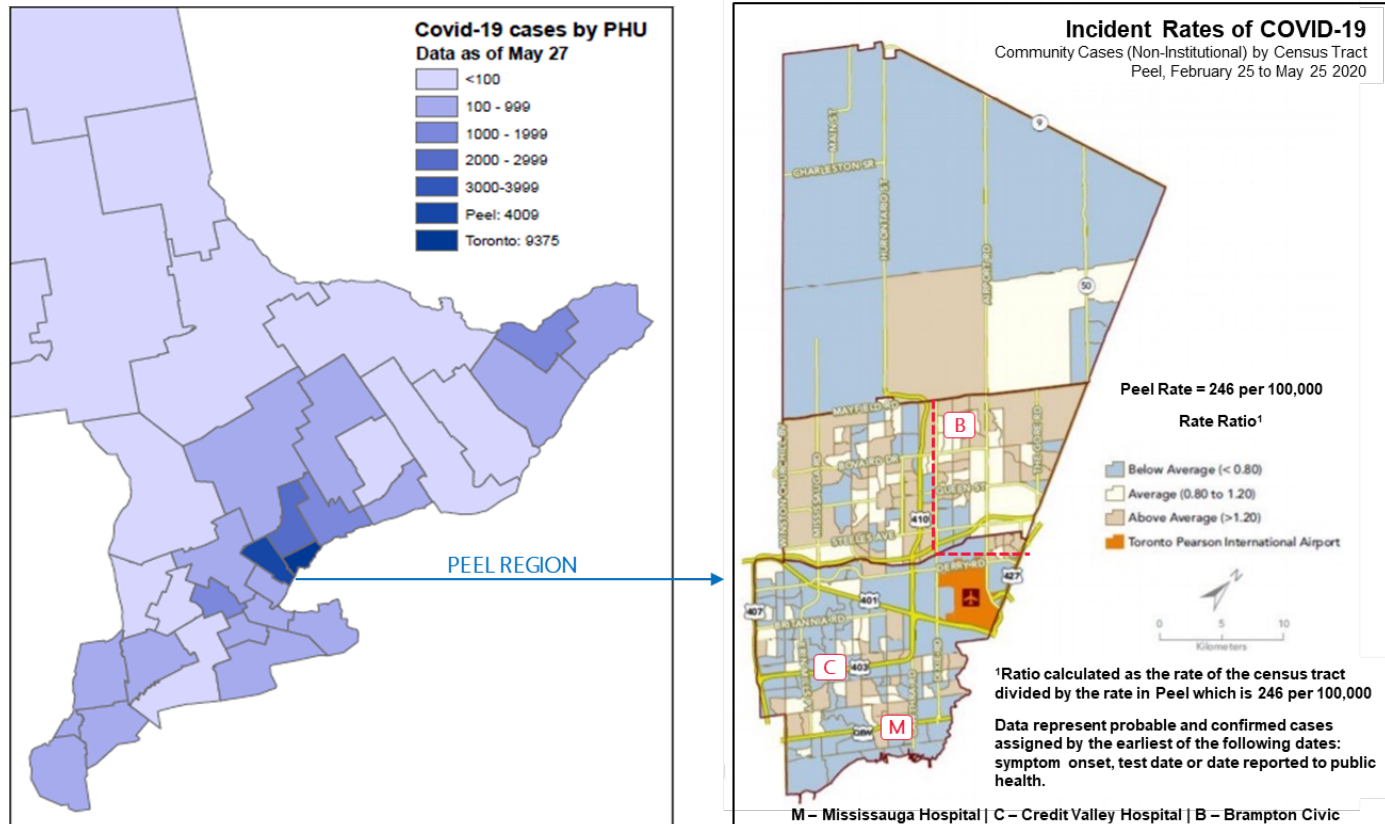
In March, the M-OHT was embarking on a bifocal plan to action year one priorities, while building a strong foundation for OHT development over time



- Actively operationalizing our plan – hosting an all stakeholder session to kick off work over the spring
- Establishing key working groups with champions across sectors to advance year 1 priorities
- Co-designing principles and processes to make nimble decisions informed by many perspectives
- Furthering sector integration, including with the physician community through the Primary Care Network
- Transitioning to a formal Governing Council

A Provincial COVID-19 Hotspot

With the pandemic declared by the WHO and the M-OHT operating within a provincial COVID-19 hotspot, the M-OHT paused bringing teams together physically and refocused efforts on supporting one another to respond to the pandemic.



- The Peel region has one of the highest number of COVID cases across all public health units (PHUs).
- Within the Peel region, there are several areas with above average COVID incident rates impacting local providers.
- The social determinants of health have contributed to those at higher risk of COVID-19 and at risk of poor outcomes.

A Collaborative Pandemic Response

The M-OHT was a key resource and channel for members, enabling a more proactive and coordinated response to the pandemic. Our partnerships will be critical to support a sustainable response through Wave 2 and looking ahead.

During the spring, members leveraged the M-OHT to:

- ✓ Support collective knowledge of community incidence and potential impact on demand
- ✓ Share policies and practices for how to operationalize government direction
- ✓ Provide advice and implement solutions to issues, such as resolving urgent PPE shortages, recruiting staff to address shortages, sharing best practice on HR, IPAC, Occupational Health and COVID expenditures
- ✓ Adapt to local service changes such as clinic closures, surgical ramp-down, ambulatory care changes, assessment centre set-up and referral processes
- ✓ Implement virtual care throughout primary care, assessment centres and other ambulatory care services
- ✓ Support crisis response, including LTC across 19 homes
- ✓ Develop new approaches to supporting people from acute illness presentation to palliative care
- ✓ Enable an evidence-based pandemic response supported by the Institute for Better Health