



# 2023 OHT Impact Fellows Program

Please complete this form to indicate your OHT's interest in hosting an Impact Fellow.

Interested OHTs are encouraged to [reach out to program staff](#) early on to discuss potential ideas. OHTs may submit more than one project idea in their EOI, but may only host one Impact Fellow at a time.

Please note that submitting an EOI does not guarantee that the OHT will be matched with a fellow. The Program Team will follow-up with OHTs once Expressions of Interest are submitted to confirm necessary details before sharing these with potential applicants via the program website.

**1. OHT Name** Frontenac Lennox & Addington Ontario Health Team

**OHT Location** Kingston

**OHT Website (if applicable)** <https://www.flaoht.ca/>

**2. OHT Primary Contact** Kim Morrison

**Primary Contact Email** kimm2@kchc.ca

**Are you willing to be contacted by prospective Fellows to discuss projects?**

**3. Host Mentor** Kim Morrison

**Host Position / Title** Executive Lead, FLA OHT

## 4. OHT Priority Areas

The FLA-OHT has four priority populations/related working groups: Aging Well at Home; Addictions and Mental Health; Palliative Care; Coordinated Discharge. The priority for FLA-OHT over the next year is to operationalize the evaluation of the interventions for these priority areas. In addition, we are focused on increasing access to primary care as roughly 20,000 people in the region (10% of the population) do not have access to a primary care provider.

Overall, we aim to have a strong evaluation framework to ensure we operate as a learning health system inclusive of performance measurement and continuous learning scalable to all OHTs.

## 5. OHT Goals

We have developed an evaluation framework to help us measure our success. Our goal for the next year is to operationalize our evaluation framework so we can provide our community with performance metrics. In addition, we have a new project focused on increasing access to primary care that requires the development of an evaluation plan from a population health management approach. We now need to identify regional and provincial data that aligns with our identified indicators of success, develop processes and resources to access and analyze the data, and strategies to communicate our successes to the multiple partners/stakeholders.

## 6. Proposed Projects

Fundamentally the OHT Fellow will be working to build the foundations of a Learning Health System. There are two projects that are highly suited to the leadership of a Fellow:

1. Developing an evaluation plan for the new interventions aimed at increasing access to primary care.

The FLA OHT is highly focused on increasing access to primary care and is proposing a new model of a Health Home to meet the constant, increasing demand for primary care. It is an interdisciplinary and person-centric solution, focused on population health and access to team-based primary care. The Health Home team will serve identified priority populations including a geographical approach to “attachment” . The model is designed to scale up, with options to add additional sites, serving broader geographies over time.

The new health home is in the stage of program planning; it is essential that at this stage in development, an evaluation plan, including both process and outcome evaluation, both formative and summative evaluation, be developed. The Fellow, embedded in the newly formed Access to Primary Care working group, would lead the development of a logic model and evaluation plan for this new health home founded in the quintuple aim.

2. Operationalizing our evaluation framework

The OHT has established key priority areas, worked closely with our community partners to collaboratively identify interventions to support our priority populations and is in the process of implementing these interventions as ‘tests of change’. We now need to determine the success of these ‘tests of change’ interventions with the goal of further refinement and scale up. We see this work proceeding in the stages outlined below and anticipate this can be completed within a one year period.

1. Work collaboratively with the priority working groups to refine the existing logic models if needed.

2. Become familiar with and utilize the provincial OHT supports, including INSPIRE, HSPN, and RISE, to support the identification of indicators that align with the working group and overall logic models.

3. Identify available local data sources (e.g., institutional partners, primary care, community service providers) and map onto the priority groups indicators of success and determine the capacity of local data sources to access and provide data.

4. Map provincial data (e.g., ICES) to identified indicators.

5. Develop a plan to access this data including determining the frequency with which the data is available and how it can best be accessed, stored, analyzed, and distributed.

6. Determine what, if any, primary data needs to be collected (e.g., PREMS/PROMS, patient satisfaction) and the methods for doing so (e.g. focus groups, surveys, interviews).

7. If time permits, begin the collection of primary data. If data collection is not feasible, establish a structure and mechanism for primary data collection.

8. Work collaboratively with our Communication support group to determine how and with what frequency to communicate data to our partners; recognizing the different data needs of our partners and stakeholders.

## Project Summary

The FLA OHT is seeking a Fellow to build the foundations of a Learning Health System. Both proposed projects would see the Fellow leading important components of evaluation of our OHT: we are focusing on improving access to primary care and our interventions in this area require the development of an evaluation plan. The Fellow would first review and finalize our draft evaluation framework, which focuses on the evaluation of the FLA OHT as a whole, and then iterate that framework to support the ongoing evaluation of our four working groups. A large component of the work would be identifying existing data sources for indicator measurement in addition to identifying appropriate patient-reported experience and outcome measures (PREMs and PROMs) and planning additional data collection strategies as needed.

## 7. Desired Competencies

We envision the FLA-OHT Fellow building both research and analytic and professional skills.

The core competencies that we are seeking are related to the following competencies of a health services and policy researcher:

1. Analysis and Evaluation of Health and Health Related Policies and Programs, Analysis of Data,

Evidence of Critical Thinking: More specifically the ideal Fellow would bring strong methodological expertise, having experience with mixed methods (qualitative and quantitative research methods and the integration of these methods), and be familiar with clinical and administrative health data sets and patient-reported experience and outcome measures (PREMs and PROMs).

2. Networking, Dialogue and Negotiation: Building on the above competencies the ideal Fellow would also bring experience with stakeholder engagement and more specifically collaborative approaches to evaluation – that requires the ability to meaningfully engage and communicate with multiple partners including both community health providers and members/families.

3. Knowledge Translation, Communication and Brokerage: As a core part of collaborative evaluation approach and a learning health system, the ideal Fellow would also bring an understanding of KT and communication. Ideally the Fellow would have some experience or understanding of methods and strategies of communicating evaluation or research findings to a broad range of stakeholders using different formats to meet varying needs.

**Does your OHT Require a Fellow with Bilingual Proficiency?**

No

## 8. OHT Environment

The FLA OHT is well designed to support an OHT Fellow given the organizational and governance structure, as well as the close collaboration with Queen’s University, which offers exceptional resources to support research and evaluation. The FLA OHT spans both urban and rural communities and has a strong primary care sector. Leadership of each of the working groups is shared between a community member, a primary care physician, and an evaluation expert from the Health Services and Policy Research Institute (HSPRI) at Queen’s University. This co-leadership model works collaboratively with membership from each of our partner networks including community support services, home and community care, hospitals, public health, long-term care, municipalities, and specialty care. The FLA OHT has been successful at building partnerships and have high levels of engagement across our partner networks. At this point, the contribution of an OHT Fellow to support evaluation would be invaluable.

**Preferred Work Arrangement for Fellow**

Flexible depending on candidate needs

## 9. Opportunities for Professional Growth and Development

In addition to being part of the FLA OHT and the larger community of practice of other Fellows, the Queen’s University community will play a key role in supporting the professional growth and development of the Fellow.

The OHT Fellow will be embedded within the Health Services and Policy Research Institute, which also houses the local ICES satellite (ICES-Queen’s). The OHT Fellow will have access to the learning events and activities that occur at HSPRI, including monthly rounds, HSPRI-supported research days, as well as the multitude of seminars hosted within the Faculty of Health Sciences. The Fellow would also have an opportunity to engage in health services teaching and gain mentorship and teaching skills. There are opportunities to build skills working with electronic medical record (EMR) and population health data through the POPLAR network (<https://www.poplarnetwork.ca/>) and ICES-Queen’s.

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