



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 Kiiwetinoong Healing Waters OHT

OHT Location Northwest Ontario, Red Lake Office

OHT Website (if applicable) <https://nwoic.ca/redlakedrydensiouxlookout/>)

2. OHT Primary Contact Pat Delf

Primary Contact Email redmed@redlakehospital.ca

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

3. Host Mentor Pat Delf

Host Position / Title Executive Lead

4. OHT Priority Areas

As stated we are still working on defining our work but at our first in person meeting we identified: Education relating to Medicine Wheel model of care with the goal to Identify collaborative leadership and cultural training for OHT members to participate in.

Communities to work as hubs with OHT to keep service local=coordinated activities. Examples: First Nation focus for Sioux Lookout, CT for MD recruitment Red Lake, Homelessness, home care (delivered totally locally – Follow Me Home), MH&A for Dryden

A primary care Council - a bidirectional conduit for the broader subregional system (OHT) and partners. reviewing topics, recommendations

5. OHT Goals

New model of care for Diabetes. We are mapping current services and determining gaps. Social Determinants of Health - address loneliness, food costs & insecurity, lack of housing. Mental Health and Addictions: Currently asset mapping with Lorri Zaggar from RISE. Working through issues with our population definitions, urban and indigenous pathway mapping as they are completely different and have different priorities.

6. Proposed Projects

1. Diabetes - we currently have engaged a consulting group to identify our services and gaps. From this information we want a new model of care to reduce no show rates for this service, define pathways, and reduce amputations. Opportunity to develop local capacity for implementation, data analytics, evaluation, performance measurement, and change management

- Contribute to rapid learning and improvement as part of a network of learningOHTs

2. System Navigation/Social Determinants of Health - proposal for a clinical project based in primary care using a lay person in our clinical practices to simply "visit" with people who may be isolated/lonely. Play scrabble, help with ensuring appointment dates for specialists were right etc. Loneliness is associated with more healthcare usage, worse outcomes. Targeted at vulnerable/lonely and potentially augmenting connection for those, for example, connecting with home care, Alzheimer's society, seniors groups etc. From needs assessment to implementation and measuring impact on patients, caregivers and health care providers. Determine if scaleable/duplicable to the OHT level.

Project Summary

1. Diabetes proposed model of care - analyze the consultants report, propose pathways and connections, move to test. Our OHT has a high no show rate for DEC services. The northwest has a high rate of amputations. We would like to partner with patients and provide community engagement in a test of a new model of care, arising from our survey. Analyze the impact on patient outcomes, change management to move to the new model of care. Determine the resources to sustain the model within our OHT.

2. System Navigation/Social Determinants of Health - needs assessment, test hire of HR, embed in primary care. To "move the dial" and practice population health management across the OHT we need to address basic needs. Test the change and test the opportunity for spread.

7. Desired Competencies

Enthusiasm for rural and remote medicine and an interest/ knowledge of indigenous people. One of the identified priorities of our OHT is to incorporate traditional medicine in our regional plan where it is needed. We are participating in a regional specialized services network to support care pathways and OHTs have a embedded Quality Improvement Experts in many of our organizations.

We would ask the Fellowe to conduct stakeholder engagement with varied rural communities, some with fly in access only. The Fellowe would need to be innovative in designing meaningful engagement with some of these communities via digital solutions most likely. The Fellow could not travel to all of them due to the prohibitive cost of travel and lack of access.

Many communities, lack primary care or experience interrupted care so designing an innovative model which leverages some aspect of virtual/digital supports or monitoring could be ideal.

Experience in change management would be vital to engage our varied and diverse population.

We would desire that the Fellowe could help us implement and engage stakeholders in the new model.

Does your OHT Require a Fellow with Bilingual Proficiency?

No

8. OHT Environment

We are early in our development stage of defining who are our priority populations and how to move forward in serving our population.

We have great need for MH & A services and are currently working with RISE to define gaps and list services. We will need to expand that work, particularly in indigenous communities in the coming year to see where we can work as a region.

We have not yet narrowed down our priority to work together in this area. We feel it may centre on the prevention and education side for early interventions. There have been several new resources for high acuity MH issues in the last three years - crisis workers, safe beds. Sioux Lookout Menoyawin hospital is exploring means to become a Form One facility.

The Diabetes model of care is a current focus and we are prepared for innovative change - exploring virtual/digital options, expanded point of care testing, utilizing health professionals to full scope/building redundancy/backup/support for isolated communities to ensure continuity of care into the system

As well our area has high rates of diabetes and high rates of amputations.

KHW OHT is working with the region to map care pathways and maximize resources. We have 3 larger urban areas, and about 30 first nations communities served from Sioux Lookout Menoyawin Health Centre so efficient pathways that minimize travel for patient care is important.

We are all agreed to harmonizing our digital delivery of care and records over the coming years.

Preferred Work Arrangement for Fellow

Flexible depending on candidate needs

9. Opportunities for Professional Growth and Development

Our OHT is newly formed and working with a vast geographical area. We, as many OHTs do, cross the provincial/federal funding and care lines which is an opportunity to shape a new model of care in several areas. We have formed a particular alliance with one Northern Community and hope to leverage our experience to work more closely with other remote indigenous First Nations.

We are faced with the same challenges as most of the province - human resources, increased demand for services and back logs post COVID for surgery, screening, etc.

And as mentioned we are still a very new OHT who has not fully developed their governance model.

We would be very flexible if a Fellow has a project that they think would work for our OHT.

10. Additional Information

Our list of signatories, partners and observers is attached.

We do have work to do to further our governance. We have a very basic Collaborative Decision Making Agreement but have work to do to develop Leadership policies and work with Indigenous partners.

We are a new but enthusiastic group and would work with the program to suit their projects if our two proposals don't match.

File Upload



Cost-of-Eating-Report-2022.pdf



Healing Water OHT Diabetespdf



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