



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 Équipe santé Sudbury-Espanola-Manitoulin-Elliot Lake
Ontario Health Team

OHT Location Sudbury, Espanola, Manitoulin, and Elliot Lake

OHT Website (if applicable) NA

2. OHT Primary Contact Adam Day

Primary Contact Email aday@hsnsudbury.ca

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

3. Host Mentor Adam Day

Host Position / Title Senior Consultant

4. OHT Priority Areas

The team has identified four priority groups for “Year 1,” one for each of the team’s “Hubs,” generally:

- Sudbury: people living with moderate frailty, with a focus on those living with dementia and their caregivers
- Espanola: people that can benefit from a palliative approach to care
- Manitoulin: people living with complex conditions and/or multiple co-morbidities that are at risk for hospital readmission within 30 days post discharge
- Elliot Lake: People presenting to the emergency department for care who are 65 years and older and CTAS 4 and 5, that could be best managed by primary care

5. OHT Goals

The team expects ministry approval this fiscal year and, therefore, the team’s key goals for 2023-24 include:

- i) tests of change related to priority groups;

ii) designing and implementing evaluation frameworks that will support its integrated care, shared learning, and scale and spread initiatives;

iii) developing a health equity and population health plan; and

iv) optimizing its governance and operational structures.

Each of these goals would benefit from the support and guidance of a fellow that could assist the team with knowledge synthesis and transfer, and lead work related to one key goal best matching the fellow's interests and expertise.

6. Proposed Projects

As a newly-approved OHT, we will have a number of key priorities and projects emerging this coming year, each of which must accommodate and be sensitive to the nuances of our rural-urban and Hub design. We expect each key goal to require significant dedication and engagement with OHT partners and stakeholders. At present time, these key goals are relatively discrete, although there is mutual benefit and alignment to linking goals (i) and (ii) above. A fellow working with our OHT could expect to lead or be a key support on projects supporting any of the key goals, in-keeping with the fellow's preference, expertise, and availability for local engagement and travel. The following are some examples of the work associated with each goal:

i) tests of change related to priority groups

- o Leading, supporting, and/or co-creating evidence synthesis, knowledge transfer, and model design with clinical teams, subject matter experts, and Co-Design Partners (i.e., persons with lived experience, physicians, Indigenous Peoples, Francophones, etc.)

- o Leading, supporting, and/or co-creating and monitoring performance and evaluation frameworks, data analyses, and rapid learning and quality improvement strategies

- o Leading or supporting stakeholder engagement

ii) designing implementation and evaluation frameworks that will support integrated care, shared learning, and scale and spread initiatives

- o Leading, supporting, and/or co-creating methodologies or frameworks, and the supporting materials or processes for the team to evaluate and monitor its key activities

- o Leading, supporting, and/or co-creating strategies or frameworks to support rapid learning, knowledge synthesis and transfer, and scale and spread of successful initiatives to other communities or providers, and assisting with standardizing models and/or implementing quality standards

- o Leading, supporting, and/or co-creating the development of a collaborative quality improvement plan

iii) developing a health equity and population health plan

- o Leading, supporting, and/or co-creating the development of a health equity and population health plan focused on addressing inequities and associated outcomes, notably for rural communities, Indigenous Peoples, Francophones, people that are unhoused, and people living with mental health and substance use concerns

- o Working with the Health Equity and Population Health Council, as well as two public health units, three district service and administration boards, 13 First Nations, the Réseau du mieux-être francophone du Nord de l'Ontario, and more than 50 agencies, identifying and analyzing data, engaging stakeholders, and developing the plan, key goals, and strategies

iv) optimizing its governance and operational structures

- o Leading, supporting, and/or co-creating the evaluation of the Year 1 governance and operating structures, and working with key leaders to optimize the team's efficiency, efficacy, and alignment to leading practices in integrated care and collaborative governance

- o Potentially leading engagement, roadmap development, and a work plan for the OHT to pursue incorporation in-keeping with the November 2022 ministry announcement

Overall, the team is willing to work with the fellow to pursue their interests and leverage their strengths and expertise as the team works towards these goals.

Project Summary

The OHT anticipates approval for the 2023-24 fiscal year and expects to focus on the following key goals to support its strategic goals and early development:

- i) tests of change related to priority groups;
- ii) designing implementation and evaluation frameworks to support its integrated care, shared learning, and scale and spread initiatives;
- iii) developing a health equity and population health plan; and
- iv) optimizing its governance and operational structures.

A fellow can expect to be welcomed warmly and to work directly with the OHT senior consultant (PhD trained), senior leaders, and with Indigenous Peoples, Francophones, clinicians, and Persons with Lived Experience, and possibly local post-secondary institutions. This team covers a vast and beautiful geography with rich cultural histories and four “hubs,” three of which are rural communities. The team will nurture the fellow’s interest to pursue a goal that is suited to the fellow’s interests and expertise.

7. Desired Competencies

This team welcomes the expertise and involvement of any fellow pursuing or having recently completed advanced training within any relevant discipline aligning with health or social systems. Our projects can be flexible to meet the interests and skills of the fellow, and we would consider the fellow proposing a project of their own that aligns with the team’s goals and objectives. Given the nature of our geography, rich cultural histories, and diverse attributed population, there are many competencies that would benefit our team, any of which would complement our goals. For example, a fellow with expertise, advanced training, and competency in any of the following would be desired:

- Indigenous Health
- Francophone health
- Community and stakeholder engagement or facilitation, participatory action research, co-design, or constructivist or related research methodologies
- Statistical training and familiarity with hospital data, predictive analyses, CIHI data, or administrative data sets, and with familiarity, expertise, or interest in population health and health equity
- Clinical background and expertise, particularly related to primary care, older adults, or mental health and substance use
- Complexity science, implementation science, transformational change, and/or quality improvement
- Developing evaluation frameworks or test design, such as survey methodologies
- Computer science background, or familiarity with digital health and virtual care development and solutions

Finally, while not mandatory, bilingualism is an asset to this team.

Does your OHT Require a Fellow with Bilingual Proficiency?

Bilingual preferred but not required

8. OHT Environment

Équipe santé Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team is comprised of four Hubs spanning more than 26,000 km² and serving approximately 224,000 people. Three of these Hubs (i.e., Espanola, Manitoulin, and Elliot Lake) are small rural communities that include a small hospital and limited locally-based service providers. The fourth—Sudbury—includes roughly 74% of the attributed population, as well as a large teaching hospital, which itself is the regional referral centre for all of northeastern Ontario. This team will serve the largest population of any northern team, and we are

proud and privileged to serve communities with rich cultural histories, including 13 First Nations, and Francophone communities. When the team submitted its full application, it included 48 “Core Partners,” in addition to many “Collaborative Partners” and other stakeholders, and we expect this number to grow. A fellow working with our team will be exposed to all of these nuances and strengths, and can expect to lead projects with the support of the team and its many expert partners.

A fellow working with our team will experience our beautiful communities and be embedded in initiatives working both within and across our Hubs. Additionally, they will be exposed to the health and well-being challenges experienced by rural and northern communities, including poorer health outcomes, higher rates of chronic disease, province-leading ALC rates and rates of opioid-related deaths. A fellow can expect to work alongside passionate leaders and community members committed to improving health equity and the health and well-being of our attributed population.

The team’s senior consultant has the capacity and looks forward to working with and mentoring a fellow, and we are confident that the team will benefit from having a fellow embedded with our team and focused on evaluation, rapid learning, and improvement.

Preferred Work Arrangement for Fellow

Flexible depending on candidate needs

9. Opportunities for Professional Growth and Development

A fellow working with this OHT will have the opportunity to expand and grow their skills and experience by leading a project and engaging with a variety of health leaders and communities. We will work with the fellow to foster their growth and development by nurturing their interests and connecting them with leaders and subject matter experts across the north, including exploring opportunities with NOSM University, Laurentian University, the Centre for Rural and Northern Health Research, and IC/ES North. Further, a fellow can expect to develop—or further hone—competencies in Indigenous and Francophone health, cultural safety, and community engagement. For a fellow not from the north or with little experience working with northern communities, this fellowship will introduce them to the complexities of health and social systems outside large population centres.

10. Additional Information

Thank you for the opportunity to share our interest in hosting an OHT Impact Fellow. We are confident that working with our team would be a unique learning and development experience for a fellow, and we are grateful for the opportunity for co-creation, and shared learning and development with a fellow with interest in northern and rural health.

Below is an excerpt from our introductory comments shared with the ministry and review panel during our virtual site visit in January. We hope this provides some additional context to the composition of our OHT, the nature of our work, and the realities of northern health and well-being. Additionally, please find included a copy of the presentation shared during the site visit for additional context about our team, albeit without the helpful narrative information.

- Our team will serve an estimated attributed population size of 224,000 people over a geography that is approximately 41 times the size of Toronto
- We are fortunate and proud to live in communities with rich cultural histories. We are committed to being socially accountable to these communities and the realities of living in northern Ontario, where geography and population dispersion not only affect health equity and access to care, but in which travel can present significant challenges—whether that is lack of infrastructure, public transportation, or treacherous winter weather.
- For instance, for a person being cared for at Manitoulin Health Centre’s Mindemoya site who requires transfer to Health Sciences North, this means a 162 km 2-hour drive, which includes a single-lane swing bridge that opens to boat traffic to leave the island, and countless kilometers of two-lane highway. In contrast, this is roughly like someone driving from Woodstock to downtown Toronto (which may still be fewer kilometers), which if following the 403 and QEW corridor, passes through some 8 other OHTs. This is why we rely on helicopters and fixed wing aircraft from ORNGE.
- What’s more, whereas the person travelling from Woodstock to Toronto might pass about 8 different hospital sites of differing specialties by the time they reached St. Joe’s on the Queensway, our resident would pass two other hospital sites along the way to Health Sciences North and not be able to be

admitted to either one. For people living in the communities of Sudbury East or Killarney, it can be an hour-long drive or more just to make it to any hospital, not to mention the hazards of moose, deer, or bears on the highway.

- And, unlike other parts of the province, redirecting an ambulance to a different hospital is, effectively, never an option.

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