



**Ontario
Health**

Family Health Team

Annual Operating Plan Submission: 2025-2026

FHT Name: Barrie & Community Family Health Team

Date of Submission:

Region: Central

Ontario Health

**Version française disponible sur demande*

INTRODUCTION

PART A: 2024-2025 ANNUAL REPORT	
1.0	Access
2.0	Integration and Collaboration
3.0	Other

PART B: 2025-2026 GOVERNANCE AND COMPLIANCE ATTESTATION

PART C: 2025-2026 SERVICE PLAN

APPENDIX A – PROGRAMS AND SERVICES DETAILS

Introduction

The Family Health Team (FHT) Annual Operating Plan Submission is part of each FHT's accountability requirements to Ontario Health. The submission is comprised of three mandatory sections:

- PART A: 2024-2025 Annual Report
- PART B: 2025-2026 Governance and Compliance Attestation
- PART C: 2025-2026 Service Plan

Part A: 2024-2025 Annual Report

1.0 Access

Increasing access to comprehensive primary care has been a key priority of Ontario’s interprofessional primary care teams. Considerable progress has been made in attaching patients to a family health care provider. Access is about providing the right care, at the right time, in the right place and by the right provider, through activities such as offering timely appointments, providing services close to home, after-hours availability, and an equitable approach to bringing on new patients.

1.1 Patient Enrolment/Rostering

State your patient enrolment target for 2024-25, as indicated in Schedule A, Appendix 3 of your current agreement. Please also state the number of patients you have enrolled as of March 31, 2025. Attached is the FAQ document with definitions for patient enrolment/rostering to help guide your answers to this section.

Patient enrolment	Target March 31, 2025	Actual March 31, 2025	
Number of enrolled patients:	149,000	147,025	
If the target was not met, please explain why and outline your mitigation plan for next year:			
A physician left the FHO and was unable to find a replacement. Other physicians that left the FHO, have transferred their rosters, they may currently be in the process of re-rostering. Also, many physicians continue to see fee-for-service patients, and we are unable to accurately collect those numbers.			
Capacity Questions	Yes	No	
Are affiliated/BSM physicians enrolling new patients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are FHT Nurse Practitioners (NPs) rostering new patients?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes , please confirm the following:			

FHT Annual Operating Plan Submission: 2025-2026

Number of physicians accepting new patients:	0*
Please estimate the FHT's affiliated physician group's capacity to accept new patients (specify # of new patients)	500-1000*
Number of NPs accepting new patients:	0
Please estimate the FHT's NPs capacity to accept new patients (specify # of new patients)	0
<i>Additional details (optional):</i> *Current physicians continue to roster patients as their caseload changes. One new physician has joined the FHO and is planned to start rostering patients June/July 2025.	

Waitlist process		
Does the FHT maintain a wait list of new patients seeking programs and services?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, total number of patients waitlisted across all programs and services	1048	
Additional details – example – do only specific services and programs have waitlists: All programs keep track of referrals and patients waiting for a service, using different features of the EMR to keep track of those waiting. The numbers of patients on waitlist are estimated, could be duplicate patients waiting for multiple services, and could be patients re-referred.		

1.2 Non-Enrolled Patients

FHTs are encouraged to offer interprofessional programs and services to both enrolled and non-enrolled patients. If the FHT serves a specific non-enrolled patient population, describe the target population, services required, method used to estimate the number of patients served by the organization, and why the patients are not enrolled.

Are FHT programs/services available to non-enrolled members of the broader community?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, provide an estimate of non-enrolled patients served in 2024-2025.	1772	
<p>Additional information (optional):</p> <p>The Prenatal and Well Baby Program provides care for women and children (up to the age of 6), without a family doctor in the Barrie area. The goal is to provide access to health care, lactation support, routine childhood vaccinations, education, and links to community resources.</p> <p>The School Success Program provides care for FHT rosters and non-FHT elementary school-aged students in the Barrie community. The program targets students who are experiencing a physical or mental health challenge that affects their success at school. Families, schools, community resources, and health care team connect and ensure a seamless and timely approach to care.</p> <p>Non-enrolled patients can register/attend certain classes, such as Bone Health and Fracture Prevention.</p> <p>OTN provides virtual care for all patients in the community, regardless of whether they are a rostered patient of the BFHO or not. This maximizes access to care and minimizes travel and wait times, making health care more efficient and equitable to all patients in the area.</p>		

1.3 French Language Services

Ontario Health French Language Services (FLS) requirements are directed by the FLS Act and the Connecting Care Act, and require Ontario Health to ensure that a continuum of care is available in French in areas where most Francophone live. The following section will support providing insight about primary care availability in French, Francophone patients served, practices to support Francophone health needs, etc. This key information will be essential to better plan for primary healthcare services in French, and support Francophones' health outcomes.

Is the FHT located and/or serving a French Language Services Designated area of Ontario?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	---------------------------------	---

FHT Annual Operating Plan Submission: 2025-2026

If yes, please select which designated area(s). (select all that apply)			
City of Toronto – all	<input type="checkbox"/>	Stormont County – all	<input type="checkbox"/>
City of Hamilton – as boundaries existed on Dec. 31, 2000	<input type="checkbox"/>	District of Algoma – all	<input type="checkbox"/>
Cities of Port Colborne and Welland in Regional Municipality of Niagara	<input type="checkbox"/>	District of Cochrane – all	<input type="checkbox"/>
City of Ottawa – all	<input type="checkbox"/>	Township of Ignace in District of Kenora	<input type="checkbox"/>
Cities of Mississauga and Brampton – Regional Municipality of Peel	<input type="checkbox"/>	District of Nipissing – all	<input type="checkbox"/>
Sudbury – city and greater Sudbury area	<input type="checkbox"/>	District of Sudbury – all	<input type="checkbox"/>
Township of Winchester – Dundas County	<input type="checkbox"/>	District of Thunder Bay Towns of Geraldton, Longlac and Marathon Townships of Manitouwadge, Beardmore, Nakina and Terrace Bay	<input type="checkbox"/>
Essex County: City of Windsor Towns of Belle River and Tecumseh Townships of Anderdon, Colchester North, Maidstone, Sandwich South, Sandwich West, Tilbury North, Tilbury West and Rochester	<input type="checkbox"/>	District of Timiskaming – all	<input type="checkbox"/>
Glengarry County – all	<input type="checkbox"/>	City of London	<input type="checkbox"/>
Kent County: Town of Tilbury Townships of Dover and Tilbury East	<input type="checkbox"/>	Municipality of Callander in District of Parry Sound	<input type="checkbox"/>
Prescott County – all	<input type="checkbox"/>	City of Kingston	<input type="checkbox"/>
Renfrew County: City of Pembroke Townships of Stafford and Westmeath	<input type="checkbox"/>	City of Markham in Regional Municipality of York	<input type="checkbox"/>
Russell County – all	<input type="checkbox"/>	County of Lambton City of Sarnia	<input type="checkbox"/>
Simcoe County Town of Penetanguishene Townships of Tiny and Essa	<input type="checkbox"/>		

FHT Annual Operating Plan Submission: 2025-2026

Did the FHT provide programs and/or services in French for patients whose mother tongue is French, or patients who are more comfortable speaking French?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes , please provide the following:		
Provide an estimate of how many patients accessed programs and/or received services in French.		
What programs/services are provided in French?		

How do you identify your Francophone clients? (select all that apply)			
We do not identify Francophone clients	<input checked="" type="checkbox"/>	Official language in which they are most comfortable	<input type="checkbox"/>
Clients self-identify as Francophone	<input checked="" type="checkbox"/>	Language of preference	<input type="checkbox"/>
Mother tongue	<input type="checkbox"/>	Language spoken at home	<input type="checkbox"/>
Official language Spoken	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
What did the FHT/NPLC do when receiving a request for services in French? (select all that apply)			
A caregiver, volunteer, or staff member acts as interpreter	<input checked="" type="checkbox"/>	The client is referred to another service provider	<input type="checkbox"/>
Professional interpretation service is offered	<input checked="" type="checkbox"/>	The client is referred to another provider who offers services in French	<input type="checkbox"/>
We match clients with staff members who have French language skills	<input checked="" type="checkbox"/>	We indicate to our clients that we are unable to provide services in French	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>		

Please describe your organization's bilingual (EN/FR) capacity:	
Total employees who offer front line services / direct contact with patients.	0

FHT Annual Operating Plan Submission: 2025-2026

Total employees who identify as bilingual, and offer front line services / direct contact with patients.	≤2*
--	-----

Additional FLS information (optional):
A few FHT employees can speak French in some capacity. If the organization is unable to connect the patient with an employee who speaks French, the patient may bring their own support person or an official translation service is provided.

1.4 Accessibility to Cultural and Language Services

	Yes	No
Did the FHT provide specific programs and services to Indigenous Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the FHT provide specific programs and services to Newcomer Communities (patients who have been in Canada less than 5 years)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are translation services offered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information (optional): Some FHT employees can speak other languages, but the extent of translation services is dependent on the employee's knowledge of the language and comfort level. All FHT programs and services try to accommodate a patient's preferred language, by using someone internally (in some capacity), finding resources in the preferred language, or providing a professional translation service.		

The following questions are intended for informational purposes and will assist Ontario Health in future planning.

Do you collect sociodemographic data on your patients (beyond age, sex and postal code)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If yes, how is this data being collected? Please check all that apply:			
Via paper survey	<input type="checkbox"/>	Via electronic survey	<input type="checkbox"/>
by administrative staff on paper	<input type="checkbox"/>	by administrative staff electronically	<input type="checkbox"/>
by clinicians on paper	<input type="checkbox"/>	by clinicians electronically	<input type="checkbox"/>
through a patient portal	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
If no, why not? Please check all that apply:			
EMR/technical constraints	<input checked="" type="checkbox"/>	resource constraints	<input checked="" type="checkbox"/>
hesitation with this type of data collection	<input type="checkbox"/>	lack of knowledge or support around this type of data collection	<input type="checkbox"/>

FHT Annual Operating Plan Submission: 2025-2026

concerns around data privacy/sensitivity	<input type="checkbox"/>	concerns around data governance/sovereignty	<input type="checkbox"/>
concerns around data actionability (i.e. unsure what can be done with the data)	<input checked="" type="checkbox"/>	concerns around respondent representativeness (i.e. may not be able to reach the population that is important to reach)	<input type="checkbox"/>
not a current priority	<input checked="" type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
Additional information (optional):			

1.5 Regular and Extended Hours

What are your hours of operation when patients can access Interdisciplinary Health Providers (IHP) services? <i>Please note the response in MS forms is limited to 4000 characters.</i>
Regular business hours are 8-5. Occasionally specific programs and services will offer group sessions between 6-8pm.

Does your team offer after-hours coverage (outside your regular working hours) when patients can access physicians, nurse practitioners or any interprofessional healthcare provider on your team?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
For planning purposes if you answered yes to the above, please provide these additional details.			
Indicate what days of the week your team provides after-hours coverage? Please check all that apply:			
Monday	<input checked="" type="checkbox"/>	Friday	<input checked="" type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	Saturday	<input checked="" type="checkbox"/>
Wednesday	<input checked="" type="checkbox"/>	Sunday	<input checked="" type="checkbox"/>
Thursday	<input checked="" type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

Indicate what types of providers are available during your weekly after-hours coverage. (select all that apply)					
Physician	<input checked="" type="checkbox"/>	Nurse Practitioner	<input type="checkbox"/>	Other IHP	<input type="checkbox"/>
Additional information about after-hours service hours (optional):					
<i>Please note the response in MS forms is limited to 4000 characters.</i>					

1.6 Timely Access to Care

Please provide information on how appointments were scheduled in 2024-2025.

Does the FHT offer appointments to see a physician or NP on the same day or next day (within 24 to 48 hours)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the FHT offer appointments to see other IHPs on the same day or next day (within 24 to 48 hours)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Additional information (optional): Primary care providers offer a few same day appointments, varies by office and dependent on urgency. Most BCFHT programs and services do not offer same day, wait times vary depending on program and service. Some programs and services have cancellation lists and try to offer faster appointments.		

1.7 Other Access Measures

Please provide information on other types of access measures provided in 2024-2025.

Home Visits – Within the FHT who provided home visits to patients? Select all that apply:			
NPs	<input type="checkbox"/>	Physicians (for Blended Salary Model (BSM) FHTs)	<input type="checkbox"/>
RNs and/or RPNs	<input checked="" type="checkbox"/>	Physiotherapist and/or Occupational Therapist	<input type="checkbox"/>
Social Worker	<input checked="" type="checkbox"/>	Pharmacist	<input checked="" type="checkbox"/>
Dietician	<input type="checkbox"/>	No home visits performed	<input type="checkbox"/>
Other, please list:			<input type="checkbox"/>

FHT Annual Operating Plan Submission: 2025-2026

Number of home visits performed by NPs in 2024-2025?	0
Number of home visits performed by other IHPs in 2024-2025?	72

Virtual Care	Yes	No
Did the FHT deliver IHP services care virtually in 2024-2025? (e.g., telephone/video/online)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information (optional): <i>Please note the response in MS forms is limited to 4000 characters.</i>		

2.0 Integration and Collaboration

Collaboration with community partners is a key priority for FHTs. As the entry point to the health care system for many Ontarians, primary health care providers need to partner with other health and social service organizations in the communities they serve.

These partnerships can improve patient navigation, expand the suite of supports available to patients, and facilitate seamless transitions in all steps of the patient's journey. Meanwhile, care providers benefit from more efficient and coordinated service delivery.

2.1 Local Planning and Community Engagement

Ontario Health Team (OHT) Involvement: Is the FHT a partner in the OHT and does it have representation at the OHT's leadership table or committees? Please briefly describe any in-kind contribution to OHT work. *Please note the response in MS forms is limited to 4000 characters.*

Partners of the Barrie and Area Ontario Health Team (BAOHT) have been collaborating across the region with a commitment to building strong, interdisciplinary partnerships that support connected, person-centred care. The BCFHT has always played a strong role in community collaboration and partnerships with our local health and social services partners since our start up in 2006/2007. We play an active and important role within our local OHT and PCN and plan to continue doing so. The Executive Director of the FHT is an active participant of the Executive Committees of both the OHT and the PCN (in-kind) and has been a previous co-chair of the Barrie Area OHT (in-kind). Our Medical Director, NP Lead and IT Manager also play significant roles within our BAOHT. We are also actively involved in the digital and committee work of the OHT (seniors committee, palliative committee, mental health and addictions committee, digital committee etc.). We are committed to the ongoing efforts to support the OHT and PCN achieve the goals of improving healthcare in our community.

Primary Care Network (PCN) Involvement: Briefly describe your FHTs involvement in your OHT's Primary Care Network (PCN) or similar structure. Who from your FHT/NPLC is involved in the PCN (i.e., individual IHPs, administrative/executive leads, or both)? *Please note the response in MS forms is limited to 4000 characters.*

The BAOHT Primary Care Network (PCN) is well-established and continues to grow, now representing over 200 engaged physicians, nurse practitioners and leaders from primary care organizations. This robust network is supported by an active PCN Executive that guides strategy, fosters collaboration, and champions initiatives that optimize access to comprehensive primary care. The ED of the BCFHT and the NP Lead are members of the PCN Executive (in-kind). Our IT Manager is also actively involved in the work of the PCN.

The following questions are intended for informational purposes and will assist Ontario Health in future planning.

Are you currently using patient surveys to collect patient-reported experience measures (PREMs)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, what are the challenges you are currently facing with implementation. Please check all that apply:			
EMR/technical constraints	<input checked="" type="checkbox"/>	resource constraints	<input checked="" type="checkbox"/>
concerns around data privacy/sensitivity	<input type="checkbox"/>	concerns around data governance/sovereignty	<input type="checkbox"/>
concerns around data actionability (i.e. no clear plan to use the data)	<input type="checkbox"/>	concerns around respondent representativeness (i.e. not reaching the population they want to reach)	<input checked="" type="checkbox"/>
No major challenges	<input type="checkbox"/>	Other (please specify): Participation in surveys is low	<input checked="" type="checkbox"/>
If no, why not? Please check all that apply:			
EMR/technical constraints	<input type="checkbox"/>	resource constraints	<input type="checkbox"/>
hesitation with this type of data collection	<input type="checkbox"/>	lack of knowledge or support around this type of data collection	<input type="checkbox"/>
concerns around data privacy/sensitivity	<input type="checkbox"/>	concerns around data governance/sovereignty	<input type="checkbox"/>
concerns around data actionability (i.e. unsure what can be done with the data)	<input type="checkbox"/>	concerns around respondent representativeness (i.e. may not be able to reach the population that is important to reach)	<input type="checkbox"/>
not a current priority	<input type="checkbox"/>	other (please specify):	<input type="checkbox"/>
Additional information (optional): <i>Please note the response in MS forms is limited to 4000 characters.</i>			

Clinical Management System/Electronic Medical Records

Which electronic medical records vendor(s) & system(s) is/are being used? Please check all that apply:	
QHR Technologies - Accuro	<input checked="" type="checkbox"/>
Telus - Practice Solutions Suite	<input type="checkbox"/>
WellHealth - OSCAR	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
Other, please provide:	<input type="checkbox"/>
Additional information (optional): <i>Please note the response in MS forms is limited to 4000 characters.</i>	

2.3 Data Management Support

Please provide information on any data-management support activities in 2024-2025.

Does your organization utilize any of the following practice support roles? Please check all that apply:			
Quality Information Decision Support Specialist (QIDSS)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Data Management Specialists	<input type="checkbox"/>		<input type="checkbox"/>
No	<input type="checkbox"/>		<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>		<input type="checkbox"/>
If yes, how did this role help your organization? Please check all that apply:			
QI Plans (QIPs) and Quality Initiatives	<input checked="" type="checkbox"/>	Administrative Burden & Office efficiency	<input checked="" type="checkbox"/>
Data Management	<input checked="" type="checkbox"/>	Clinical / Decision Support	<input checked="" type="checkbox"/>
Performance measurement	<input checked="" type="checkbox"/>	Billing	<input type="checkbox"/>
Additional information about data management support (optional): <i>Please note the response in MS forms is limited to 4000 characters.</i>			

--

3.0 Other

3.1 Staffing related questions

Does your organization have unionized staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	---------------------------------	---

In the last fiscal year have you had challenges with recruiting and retaining clinical staff?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	--	--------------------------------

In the last fiscal year have you had challenges with recruiting and retaining administrative staff?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	--	--------------------------------

Additional information (Optional):		
<p>Our difficulty in hiring and retaining both clinical and administrative staff is related to our low salaries. We are finding it very difficult to be competitive with other healthcare organizations and it reflects in our lengthy recruitment time as we lose possible candidates when they are informed of our salary ranges.</p>		

The following question is for planning purposes only

Do all staff members on your team have access to equity, diversity, inclusion and antiracism training?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	--	--------------------------------

Additional information (Optional):		
<p><i>Please note the response in MS forms is limited to 4000 characters.</i></p>		

The following question is for planning purposes only and Ontario Health would appreciate the estimation to the best of your ability.

Please provide an estimate of the number of physician FTEs affiliated with your FHT.	94	N/A (BSM FHT) <input type="checkbox"/>
--	----	---

Additional information (Optional): We support 94 FHO physicians.

3.2 Other Information and Comments

Are you aware of who to contact at Ontario Health for ongoing day-to-day operational issues?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	--	--------------------------------

The following question is for future planning purposes only, it does not replace the capital funding request application process.

Does the FHT plan on submitting a capital project application (major renovation/construction/lease-hold improvement/re-location to a new or existing space) within the next one to two years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please provide a <u>brief</u> project description including anticipated timelines and budget (if known). <i>Please note the response in MS forms is limited to 4000 characters.</i>		

Is there anything else that the organization would like to communicate to Ontario Health regarding its activities in 2024-2025?

Please detail any challenges and/or concerns not covered in other portions of the AOP. Recommendations for Ontario Health can also be detailed in this space. <i>Please note the response in MS forms is limited to 4000 characters.</i>
Health Human Resources challenges continue to be the number one challenge that we face as an organization. We are under resourced in terms of the number of IHPs we are funded for and expected to provide support for our affiliated FHO (which has nearly 150, 000 patients) and the community of Barrie and Area, which has a growing population. The significant pay equity issues that have not been address by the MOH/OH remains a major barrier to recruitment and retention of staff. The FHT cannot be expected to meet metrics such as timely access to care unless the number of funded positions is addressed. In addition, it is not acceptable for our staff to be working in a publicly funded healthcare system where such significant pay equity issues are obviously well known by its funder yet continue to remain unaddressed for years.

Please detail any highlights, achievements and/or opportunities. *Please note the response in MS forms is limited to 4000 characters.*

The BAOHT nearly doubled the number of Online Appointment Booking (OAB) subscribers from last year to this year, with the BCFHT being a significant part of this work:

- o FY 23/24: 37 providers and 34906 patients with access
- o FY 24/25: 65 providers and 64994 patients with access

The BCFHT is also planning to roll out eReferral throughout the FHT and the BFHO in the coming months, which will be a massive help for providers trying to locate specialists, schedule appointments with them, and reduce the reliance on faxing.

BCFHT was nominated for an AFHTO Bright Lights award for the Bone Health Program: Supporting Patients at Risk of Fractures in a Multidisciplinary and Community Partner Approach.

This program provides support for adults and their bone health through virtual group sessions offered multiple times a year to rostered, orphaned, and out-of-area adults. Attendees gain knowledge about osteoporosis and fracture prevention. Expert clinicians, including a dietitian, pharmacist, physiotherapist/kinesiologist, and clinician from Osteoporosis Canada, are available to teach and empower learners. Our partnership with Osteoporosis Canada and the VON SMART program enhances connections to local community programs and services.

The program enables access to bone health education and preventive care, reducing the burden on primary care providers by empowering individuals to take proactive measures. Long-term benefits include decreased rates of osteoporotic fractures, reduced healthcare costs, increased understanding of medication and adherence to supplement and prescription recommendations, and improved overall community health outcomes.

Also, the BCFHT Nurse Practitioner program recently adapted its service model to better meet the growing demand from family physicians requesting Nurse Practitioner support for their patients. Previously, Nurse Practitioners were primarily based in individual family physician offices. To expand access, some Nurse Practitioners have been relocated to a central location, allowing them to support multiple physician practices more efficiently. This change has increased the number of patients in our community who now have access to high-quality primary care provided by a Nurse Practitioner.

Feedback (Optional):

FHT Annual Operating Plan Submission: 2025-2026

The Ontario Health Provincial Primary Care Team strives to continually improve the Annual Operating Plans through feedback and meaningful collaboration. Constructive input from Family Health Teams is encouraged.

Please share if you have any feedback on improving the process of the AOP, ie., use of MS Forms, MS Word template, etc *Please note the response in MS forms is limited to 4000 characters.*

Please share if you have any feedback on improving the questions within the AOP. *Please note the response in MS forms is limited to 4000 characters.*

Part B: 2025-2026 Governance and Compliance

Attestation

Strengthening accountability in Family Health Teams is a key component of enhancing the quality and performance of the primary care sector. Sound governance practices play an important role in enhancing accountability, performance and the overall functioning of an organization. All Family Health Teams are required to complete and submit the Governance and Compliance attestation annually.

Please complete the Governance and Compliance Attestation with accurate information on current board and governance structures and practices.

Part C: 2025-2026 Service Plan

Operations, Programs and Services are to be detailed in the attached Schedule A, Appendix 3 template. FHTs are strongly encouraged to reflect their vision and strategic priorities in the programs and services offered. Performance measures for programs and services should be detailed in Schedule A, Appendix 3 which will be incorporated into your budget, forming the basis for performance monitoring and evaluation throughout the fiscal year.

Using the attached template for Schedule A, Appendix 3, please describe how the organization's IHP resources are being applied across each of the programs and services offered to patients. The template should be completed for new and existing programs and services and **should capture the involvement of all ministry-funded IHP Full Time Equivalent (FTEs).**

Please populate the template, using **one row per FHT program and one row for Acute & Episodic Services**.

For those FHTs receiving **2025/26 EOI funding**, EOI reporting is captured separately in the implementation plan and EOI specific reporting so **should not be included** in Schedule A to avoid duplication.

The attached Appendix A “Programs and Services Details” provides further direction on how to complete Schedule A, Appendix 3.

To assist with Schedule A, Appendix 3 completion, FHTs are encouraged to access a wide range of resources on program planning and reporting available through the Association of Family Health Teams of Ontario (AFHTO).

APPENDIX A – PROGRAMS AND SERVICES DETAILS

When deciding whether an activity should be classified as a program on Schedule A Appendix 3, consider the following:

- Was the program planning process followed to establish specific goals, objectives and admission criteria to the program?
- Are there admission or referral criteria to access the program?
- Will a targeted intervention be delivered?
- Is it a planned patient visit?
- Has the Family Health Team (FHT) assigned specific FHT staff (Full Time Equivalents = FTEs) to deliver the activities of the program?
- Is the program funded by base funding?

Program categories can include:

- Disease specific programs, e.g. heart health or lung health. Often these programs involve multiple provider disciplines in the delivery of care
- Population group focused programs, e.g. seniors’ health
- Discipline specific programs, e.g. this could be a program of services delivered by a practitioner, such as chiropody services or occupational therapy services
- Health promotion/prevention programs, e.g. immunization program or cancer screening

The attached Decision Flowchart provides a schematic that outlines the patient’s journey through Acute/Episodic Services and/or Programs:

Step 1:

Often, the patient’s initial encounter for a health concern is through an acute/episodic service encounter. Exceptions are when the patient can self-refer directly to a program or is triaged through reception directly to a program, based on admission/referral criteria for that program.

Step 2:

After assessment by a Physician/Nurse Practitioner/Physician Assistant/Registered Nurse/Registered Practical Nurse for an acute/episodic service, a determination is made to:

- i. Refer to a program that will address the patient’s needs. Referral is based on established referral/program admission criteria; or
- ii. Follow-up with the patient through another acute/episodic service appointment; or
- iii. Refer to external providers or programs/services; or
- iv. Issue is resolved, and no further follow-up is required.

Performance Measures for Programs and Services:

Programs should include clinical outcome measures as performance measures:

- e.g. Number of patients with Chronic Obstructive Pulmonary Disease (COPD) who have diagnosis confirmed with pulmonary function test/post-bronchodilator spirometry and have an advanced care plan completed or in progress

Acute/episodic services may include performance measures such as:

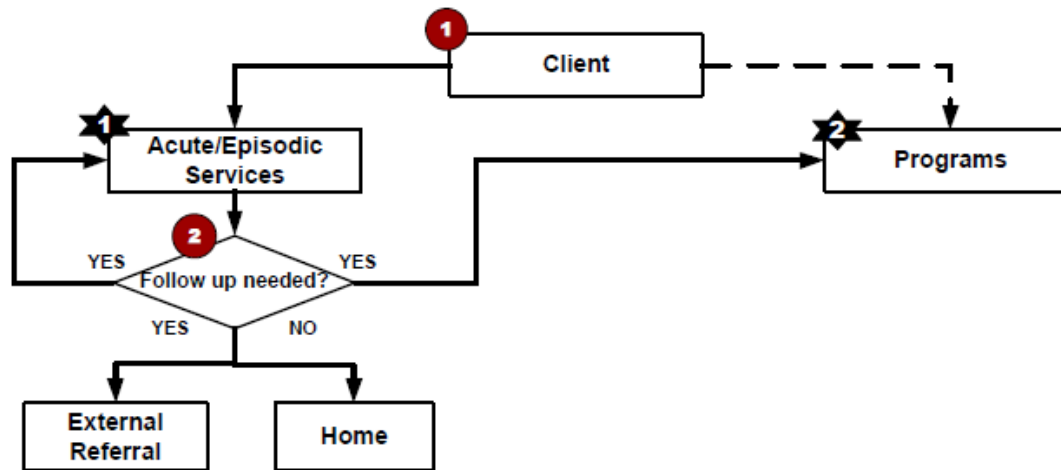
- access (e.g. availability of same day/next day appointments)
- system level indicators such as impact on patients seen within 7 days post hospital discharge, Emergency Room diversion, etc.

Summary:

Overall, Schedule A, Appendix 3 should “tell the story” of the FHT – how are the FHT interdisciplinary provider resources used to meet the needs of the patient population? What are the **outcomes** of the services and programs that are delivered?

For additional information on developing, implementing and evaluating programs and services please visit the AFHTO website.

Schedule “A” Decision Flowchart



Program Category Examples
Disease Specific
Population Group
Discipline Specific
Health Promotion/Prevention

Processes		Additional Notes	
1	Initial encounter is for acute/episodic/immediate primary care need, unless self-refer or triage (- - -) directly to programs	1	Examples of acute/episodic services performance measures: <ul style="list-style-type: none"> • Access (e.g. # of visits, same day/next day) • System level indicators (e.g. ER diversion)
2	After assessment by MD/NP/RN/RPN/PA, determination made to: <ul style="list-style-type: none"> • refer to programs based on established referral/program admission criteria • follow up with another acute appointment, • external referral, or • "home", i.e. issue resolved 	2	Programs: <ul style="list-style-type: none"> • Program planning process is followed • Admission/referral criteria to program are created • Planned visit • Targeted Intervention • Use of clinical outcome measures expected as a performance measure. Eg. Number of patients with COPD who have had diagnosis confirmed with pulmonary function test/post-bronchodilator spirometry



**Ontario
Health**

This page was intentionally left blank.