

Ministry of Children, Community and Social Services

# IPAC Champion Knowledge Exchange

November 3, 2022

# Land Acknowledgment

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# Land Acknowledgment

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To begin today's session, we wanted to start in a good way and to begin by expressing our gratitude and acknowledging that we are each gathering on traditional land today. It's important for us all to remember that a land acknowledgment is more than just a symbolic gesture. It is an opportunity to acknowledge and reflect on history and how territories have been defined, as well as the enduring presence of Indigenous peoples and communities, and their ongoing relationships with the land. It's also an opportunity for us all to reflect on how Indigenous peoples and relations have shaped Ontario's past and continue to influence the province - now and into the future. We recognize that there are mixed feelings about territorial acknowledgments and understand that acknowledging the traditional territory of regions can be especially sensitive because of the complicated history.

Ontario is located on the traditional territory of Indigenous peoples dating back countless generations. We want to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today. We are all Treaty people. Many of us, have come here as settlers, immigrants, newcomers in this generation or generations past. I would like to also acknowledge those of us who came here forcibly, particularly as a result of the Trans-Atlantic Slave trade. Therefore, I honour and pay tribute to the Ancestors of African Origin and Descents.

# AGENDA: Topics to be covered today

1. Introduction  
(5 mins)

- Mahnaz Larochelle, MCCSS

2. IPAC and  
Congregate Living  
(15 mins)

- Nicole Christie, MCCSS
- Sam MacFarlane and Hoorah Emami, OCMOH

3. N95 Fit-Testing  
(10 mins)

- Lesley Langdon, MCCSS

4. Q&A Period  
(10 mins)

- Nicole Christie, MCCSS

5. World Café  
(30 mins)

- Sandie Narsansky, Bethesda
- Lauri Cox, Ottawa Rotary Home
- Sandy Stemp, Reena
- Susan Bisailon, SafeHaven, on behalf of the Developmental Services Provincial Network

6. Q&A Period  
(15 mins)

- Nicole Christie, MCCSS

7. Wrap-Up  
(5 mins)

- Tina Webb, MCCSS

# IPAC and Congregate Living

# MCCSS IPAC Practices

## Where We Were

The pandemic exposed gaps in Ontario's IPAC capacity, which were especially pronounced in congregate living settings (CLS).

Prior to COVID-19, there were minimal IPAC expectations (e.g., related to PPE, education/training, outbreak management etc.) or established knowledge and skills within MCCSS CLS sectors (i.e., minimal to no health human resources or IPAC expertise).

CLS heavily rely on health system partners for IPAC expertise and guidance.

## Where We Are Now

Since the beginning of the pandemic, our sector capacity has grown in many ways with respect to IPAC including:

- Foundational elements established such as policies and procedure specific to IPAC and outbreak management
- Stronger relationships within/between MCCSS sectors including collaboration around response planning
- Stronger relationship with health system partners at both the agency, and community level
- Sector developed tools/resources to support providers in implementing health guidance
- Trained staff and greater capacity related to expanded use of PPE including established N95 fit testing capacity

**IPAC Champions have led, facilitated or contributed to all of these (and more) as the need arose in your local communities.**

**Learning through these experiences, IPAC planning continues ...**

# Infection Prevention and Control (IPAC) Hubs

IPAC Hubs were established during the pandemic to provide IPAC expertise and support to congregate living settings (CLS) in Ontario.

Between October 2021-March 2022, CLSs funded by MCCSS requested and received 1,870 services from Hubs (including virtual and on-site support).

Hubs provide support to CLSs to develop their IPAC programs by working with CLS staff with responsibility for IPAC to:

- Provide IPAC education and training
- Translate IPAC best practices
- Provide advice and support to CLSs as they implement IPAC best practices within their settings
- Identify IPAC gaps as CLSs undertake IPAC self assessments

*To identify your local IPAC Hub, please contact [IPACHubs@ontario.ca](mailto:IPACHubs@ontario.ca).*

# Key Organizations with IPAC Roles & Responsibilities Related to CLSs

Ministry of Health (OCMOH)	Public Health Units	Hospitals	Public Health Ontario	Ministries Accountable for CLSs	Ontario Health	MLTSD	Congregate Living Settings
<ul style="list-style-type: none"> <li>• Stewardship</li> <li>• Oversight and accountability for public health in Ontario</li> <li>• Funding PHUs and IPAC Hubs</li> <li>• Regulation, policy development, guidance, directives</li> <li>• May be consulted during outbreaks (OBs) or IPAC investigations for coordination, policy interpretation, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention, detection and investigation and management of infectious disease OBs</li> <li>• IPAC lapse and/or health hazard investigation and public disclosure</li> <li>• IPAC education for outbreak prevention and management</li> <li>• <b>Host 9 IPAC Hubs</b></li> </ul> <div data-bbox="453 1110 907 1392" style="border: 1px dashed black; padding: 5px;"> <p style="text-align: center;"><b>IPAC Hubs (22-23)</b></p> <ul style="list-style-type: none"> <li>• IPAC supports and services</li> <li>• Responsive and proactive</li> <li>• Building capacity i.e., supporting those with responsibility for IPAC to develop knowledge, skills, experience</li> <li>• Establish networks and collaborate with local partners</li> </ul> </div>	<ul style="list-style-type: none"> <li>• IPAC investments post SARS</li> <li>• Tertiary IPAC resource incl. ID physicians</li> <li>• <b>Host 23 IPAC Hubs</b></li> </ul>	<div data-bbox="975 386 1238 444" style="background-color: #4CAF50; color: white; padding: 2px;"><b>PIDAC</b></div> <ul style="list-style-type: none"> <li>• IPAC best practice guidance re: the entire health care system</li> <li>• IPAC scientific and technical expertise and guidance</li> <li>• Tools / resources / programs incl. IPAC courses / education for health system and related sectors</li> <li>• Support outbreak investigations and management</li> <li>• Collaborate with Hubs to deliver services based on local needs</li> </ul>	<ul style="list-style-type: none"> <li>• Oversight and accountability for CLSs</li> <li>• Develops sector-specific legislation, directives and guidance (may reinforce with compliance or licensing e.g., MLTC, MCCSS)</li> <li>• Liaise with health sector partners to respond to local needs and priorities</li> <li>• Funding/ resources to implement directives</li> </ul>	<ul style="list-style-type: none"> <li>• Transfer payment agency for hospital-based IPAC Hubs</li> <li>• Reporting and performance monitoring for IPAC Hubs</li> <li>• OH Regional Leads for planning and coordination across IPAC Hubs</li> </ul>	<ul style="list-style-type: none"> <li>• Investigate workplaces in response to incidents related to worker health and safety</li> <li>• IPAC specialists may accompany inspectors during workplace inspections or investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Accountability for implementing IPAC best practices, directives, policies, recommendations.</li> <li>• Establish IPAC Lead and supporting structures, processes e.g., infection control committee</li> </ul>



# Landscape of IPAC Support\* for Congregate Living Settings

**Congregate Living Settings** are comprised of Long-term care homes; Retirement homes; MCCSS-funded, licensed or operated residential settings; MOH funded residential settings; MMAH funded Shelters and Supportive Housing

IPAC Supports	Provide IPAC Education and Training	Support CLS with implementation of IPAC best practices and recommendations	Ongoing On-site and virtual support to CLSs (proactive and reactive)	Creation of IPAC Best Practices	Issue Guidance	Issue Directives	Provide Funding	Complete Inspections/ Investigations/ Issue Orders	Provide Oversight/ Monitoring
Entity with IPAC role									
MOH (OCMOH)					X	X	X (to IPAC Hubs)		X
MLTSD								X	
IPAC Hubs	X	X	X						
Public Health Units	X	X	X		X			X	
Ontario Health									X
Ministries supporting CLSs					X (Some not all CLSs)	X (MLTC)	X (Some not all CLSs)	X (MLTC; RHRA; MCCSS)	X
Public Health Ontario	X	X		X (PIDAC)	X				

\* The range of IPAC support/programming in LTCHs, RHs, and CLSs varies based upon services performed therein from basic IPAC principles to a more robust IPAC program. IPAC should always be tailored to each setting and thus adds to the complexity of support required.

# N95 Fit-Testing

# Centralized Fit Testing Services

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The Ontario government has launched the N95 Respirator Fit Testing Program through the Ontario Together Portal, which is now accessible to MCCSS congregate care organizations. The web site can be accessed at <https://covid-19.ontario.ca/how-your-organization-can-help-fight-coronavirus>.

The fit testing service uses the 3M 1870+ as its primary respirator. Should staff not fit the 1870+, two alternatives are available through the PPE Supply Portal (PSP), the Medicom SM and Medicom REG.

Through the application process, agencies will be matched with a fit testing service provider. The service provider will arrange fit testing for each location (where fit testing of at least 10 people who must wear N95 respirators is required). If an agency has fewer than 10 people at multiple locations, they can designate a single preferred location and arrange for at least 10 people to be fit tested at that location.

Agencies can contact [Fit.Testing@ontario.ca](mailto:Fit.Testing@ontario.ca) should they have any questions about the N95 Respirator Fit Testing Program.

# N95 Fit Testing Supplies

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Fit testing supplies are currently not available through the centralized PPE Supply Portal, and the future availability to these supplies is to be determined. MCCSS continues to work with the Ministry of Public and Business Service Delivery to assess the PPE needs of the social services sector.


For IPAC Champions who wish to top up on fit testing supplies, please visit the MCCSS online portal at <https://request.cwconnects.org/tpr/> to access what is remaining of our supplies (i.e., N95 Fit Test Kit – Bitter, N95 Fit Test Solution - Sweet FT12, N95 Sensitivity Solution - Bitter FT31, and N95 Sensitivity Solution - Sweet FT11). These will be available while supplies last. Orders can be processed up until November 30, 2022.

For IPAC Champions active in providing fit testing services, having a supply of the Medicom SM and REG will support staff who need to transition from the MCCSS alternatives (3M 1860S and 3M 8110S) to the Medicom N95s (see next slide for instructions on how to order).

# N95 Respirators - PPE Supply Portal (PSP)

The PPE Supply Portal can be accessed at: <https://www.ppesupply.ontario.ca/>.

PSP orders for N95s will default to the 3M 1870+. To order the alternatives, agencies are asked to make a note in the “Special Notes” comment box (example below) during order review to ask for Medicom to be shipped instead of the 1870+.

Item	Description	Price	Qty.	Total
	3M Aura 1870+ Health Care Particulate Respirator and Surgical Mask N95 NIOSH - Box of 440 Respirators	\$0.00	100	\$0.00
	3M Aura 1870+ Health Care Particulate Respirator and Surgical-Mask-N95 NIOSH			
	<b>Special Notes</b> <i>Include any special notes related to this product. This is optional information with a limit of 180 characters.</i>			
	<input type="text" value="Send 50 Medicom SM and 50 Medicom REG - no substitutes - needed for IPAC Champion fit testing"/>			

# Questions?

# World Café



# Community Collaborations and Innovative Practices

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PRESENTED BY: SANDIE NARSANSKY, IPAC CHAMPION HNHB

DATE: NOVEMBER 4, 2022



# Background/Context

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June 2021- assessment of IPAC needs across Niagara Region MCCSS agencies – 245 frontline staff participated

## Identified gaps/barriers/needs

1. Increased knowledge of chain of transmission
2. Increased understanding of Point of Care Risk Assessments
3. Interpreting and applying MOH and MCCSS Guidance
4. COVID Vaccine Information

# Implementation and Outcomes

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## 1. Increased knowledge of Chain of Transmission

- Created educational video in collaboration with Niagara Public Health and the Niagara IPAC Hub
- Creation of a You Tube Channel <https://youtu.be/LJ73IAv7rt8>

## 2. Increased understanding of Point of Care Risk Assessments

- In collaboration with Niagara Public Health, Niagara, Hamilton, Haldimand-Norfolk Brant IPAC Hubs created Creation of a Point of Care Risk Assessment Staff Workbook and Facilitator Guide - scenario based and sector specific

Infection Prevention and Control (IPAC)

## Point of Care Risk Assessment (PCRA)

Application for Non-Health Care Settings

## Scenario #1

George is a 50-year-old man temporarily residing in a shelter. He is a regular smoker and often suffers from a “smokers cough”.

One morning at breakfast, George’s room mate approached a staff member and told him that George was awake coughing all night, far worse than normal.

George has not yet arrived for breakfast, so the staff member on duty decides to check in with George. Upon arrival George is notably coughing and hunched over in discomfort with a pile of tissues on his bed.

## Discussion Questions

1. Before attending to George, what should be the first step taken by the staff member?

2. Based on your PCRA performed in question 1 what PPE is needed before checking in with George?

## Facilitator Notes

Complete a Point of Care Risk Assessment of George and his bedroom (the environment).

PCRA is ALWAYS the first step.

At this point, it is unknown whether George may have an undiagnosed illness that can be contagious, so assessing the risk of transmission is important.

Remember transmission can be by: contact, droplets or airborne.

See information on Chain of Transmission on [Resource page](#).

## Facilitator Notes

Mask and eye protection due to cough and potential droplets in the air. Mouth, nose and eyes are portals of entry.

Gloves if handling the soiled tissues.

Gown if there is concern of droplets from cough getting onto your clothing.

**Remember...** Perform hand hygiene before and after!

The choice of PPE will depend on your proximity to George or the task or direct care provided to George. Offer a mask to George (if tolerated).

## Follow up Question

**What is the proper order to don (put on) PPE?**

1. Clean hands
2. Gown
3. Mask
4. Eye protection

# Implementation and Outcomes

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## 3. Interpreting and applying MOH and MCCSS Guidance

- Creation of an FAQ document
- Town Halls for MCCSS agencies when guidance updates occur
- Staffing scenario guide to assist managers to navigate responding to COVID situations

## 4. COVID Vaccine Information

- Collaborated with Niagara Public Health, Hamilton Health Sciences to present COVID Vaccine Hesitancy webinar Myths and Truths.
- Collaborated with Niagara Public Health, Niagara Family Medical Health Team and Children's Treatment Program to support children with Autism and Developmental Disabilities to receive their COVID vaccine.

# Looking Ahead: Future Opportunities

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Offer PCRA Train the Trainer opportunities for agencies

Create an IPAC Operational Manual– that includes draft IPAC policies and procedures and IPAC Huddle topics for MCCSS congregate settings

## Final Thoughts

- Acknowledge that COVID forced us to look at the importance of IPAC  
It has been challenging but valuable!

# Community Collaboration and Innovative Practice

Lauri Cox, IPAC Champion Team Lead  
IPAC Champion Team, Congregate Living, Eastern Region

Presented at the MCCSS IPAC Champion Knowledge Exchange – November 3, 2022

# Background

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Congregate living settings funded under MCCSS have unique challenges when implementing provincial IPAC guidelines.

Often CCL settings do not allow for easy implementation of IPAC measures as directed by public health.

Challenge can be the physical space OR the unique needs of individuals.

Supporting CCLs during an outbreak proved to be frustrating for both health inspectors and agencies.

Unrealistic expectations, recommendations or orders.

IPAC Hub & Public Health Units lack understanding of congregate living settings outside of LTC and RH.

Compliance with recommendation were often not followed with the feeling that public health and regional IPAC teams did not understand environment or the individuals supported and agencies felt unsupported.

Agencies felt they had to find their own way but often lacked the knowledge or tools to modify recommendations to fit the environment without potentially putting individuals at risk.

# Collaborative Solution

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We leveraged existing connections with public health representatives from unrelated programs to strengthen our partnerships between the IPAC Hub, Public Health & the IPAC Champion team and advocated for the inclusion of congregate care settings that fall outside of the LTC and RH scope.

We knocked on doors and made contacts until we found a team that truly listened to the challenges our CCLs were facing and created a collaborative task force.

**GOAL:** to identify the key differences and potential solutions for CCLs.

Collaboratively consulted with the various sectors (VAW, DS, Youth Justice, etc.) and conducted joint visits on site to document challenges/differences and brainstorm acceptable work-around solutions.

Recorded these differences and recommendations in a new working document to be used by members of regional IPAC teams.

Resulting document details the differences in the **individuals supported**, **length of stay** (if transient), **language** used to identify individuals, **staffing structures** and credentials, **regulatory bodies** and **oversight** structure, key **mandates**, **in-house IPAC supports**, **screening** processes, access to **PPE**, **environmental hygiene**, and **outbreak management** procedures.

Columns for each topic side by side for easy comparison to LTC and RH.



# Outcomes

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Witnessed an understanding at various levels of the health network for the first time that CCLs outside of LTC and RH are very different and need to be supported in different ways.

This changed how the IPAC HUB and health units interacted with CCLs.

Members of IPAC Regional Team referenced the new document before site visits or when contacted for directions.

The IPAC Champion team became known to both the HUB and the public health units due to this document and we became known as local experts in environmental or individual challenges in CCLs.

We were often consulted in very unique situations where IPAC measure were very difficult to implement and asked to brainstorm solutions.

**The result was increasingly tailored supports to agencies, especially when in outbreak. Lots of work still to be done but a great start.**

Greater overall IPAC HUB success and **greater health outcomes for supported individuals.**

Inspection checklists for CCLs were modified to take into account the differences for our sectors.

Specialized communities of practice specific to MCCSS CCLs.

# Looking Ahead

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Resulted in a drastic increase in understanding and tailored supports to agencies.

However, with high turn over in the HUB and public health inspection teams, we had to start from scratch every few months and buy-in to using the document was not always easily obtained.

Well established connections and hand-offs are the key to ongoing understanding and collaboration.

So much work left to be done:

- Include sectors that were not covered in first draft,
- How do we make the document mainstream and SOP for HUBS and health units.

Document is not region specific – it identifies high level differences and can be used by **any** public health unit to gain a better understanding of the environment before they enter a MCCSS CC setting.

The suggestions and recommendations for IPAC adaptations are also high level and can be applicable province wide to all MCCSS CC settings.

# Final Thoughts

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We have just scratched the surface with the creation of this document.

Needs to be expanded and could become an essential tool in ensuring IPAC measures for any communicable disease are applicable to CCLs and effective given our unique needs.

Partnership with health teams is essential for CCL success in navigating any pandemic.

Partnership is essential to the health and well-being of the individuals we support.

Strengthening the collaboration between IPAC Champion teams and Regional IPAC HUB and Public Health Units will be key in ensuring that CCLs are prepared and adequately supported for any future pandemics or outbreaks.



# Our Experience: Working with Health Sector Partners

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SANDY STEMPEL, CHIEF OPERATING OFFICER

NOVEMBER 03, 2022

# Background/Context

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## Dedicate a health service lead

- Organizational vision to **improve health outcomes** for those with developmental disabilities
- Goal to **engage health system partners** and build key relationships
- Sector **advocate** available resource to other DS agencies

## Ontario Health Teams

- **Founding member** of WYR OHT / Secondary membership with North York OHT
- CEO co-chairs; provide backbone support; committee **participation**
- Expanded to include the Region and other healthcare partners – **Focus on pandemic and priority populations**
- **Establish, maintain and grow relationships** to provide access to care

## Partnerships: Public Health

- Eager to support our sector early; spoke up to identify people with IDD as a priority population



**Western York Region**  
ONTARIO HEALTH TEAM



# What was Successful?

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## RELATIONSHIPS - COLLABORATIONS – PARTERSHIPS - PARTICIPATION

Being at the right committees, at the right time and having a voice

Strong collaborative partners with SafeHaven and hospitals that help with you need support

Establishing a DS Community of Practice:

- invited key members – Agencies, hospitals and Public Health
- Did not force DS narrative into existing discussions/forums
- Assigned roles for partners - give them a job
- Aske d for their input - *what do you want on the agenda?*
- Open discussion small group, influential leads

Clinics

- OHT led, supported and financed
- OHT Incident Management System – help each other when in need (supplies/ staff)



# Looking Ahead: Future Opportunities

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## Living with COVID

- IPAC measures and education will continue and must be sustained
- Continue to grow sector bench strength together - Not a competition. Let's break silos!!!
- Commit to seek out and address gaps, risks and inequities
- Fatigue is real - Support individuals, staff and each other
- Future booster uptake and public interest
- Testing – home-based / Point-of-Care Testing



# Final Thoughts

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## Work with the end in mind

- What ever you develop, think about sustainability

## This is not a one-way street

- Relationships are mutual – giving and getting

## Build sector capacity

- Share successes with other DS agencies it is our responsibility

## We are different

- Our sector isn't always easy for others to understand – offer to connect people

## Clear, honest and timely communications

- There will be misunderstandings





Coordinate  
Sector COVID  
Response: How  
partners are  
working together

SUSAN BISAILLON,  
CEO SAFEHAVEN

NOVEMBER 3<sup>RD</sup>, 2022

# *To look forward, let's reflect...*

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January 23rd, 2020, Ontario identified its first presumed case of COVID-19

2021 can be characterized as the year we fought back against a global pandemic to protect our most vulnerable populations

At that time, Ontario developed a vaccine distribution strategy that was designed in three phases:

- Phase 1 – limited number for our most vulnerable populations / those who care for them - **Dec 2020**
- Phase 2 – increasing stock of vaccines, available to older adults, people in high-risk settings, frontline essential workers and other populations that are at greater risk of illness - **April 2021**
- Phase 3 – Vaccines available widely for anyone who wants to be immunized - **July 2021**

With more than 120,000 people in Ontario having a developmental disability, our partners at the Provincial Network and the Ministry of Children, Community and Social Services came together to ensure that supported individuals were vaccinated

# *What we did...*

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**Four key committees** established:

**Advocacy & Prioritization** – collaborated with OASIS to prioritize individuals in accordance with the provincial government’s vaccine distribution strategy and evidence-based research. Developed appropriate communication tools, channels and key messages to engage decision-makers.

**Education & Promotion** – developed communication materials for the sector to encourage vaccination, alleviate hesitancy and counter misinformation.

**Distribution** – vaccines were initially the responsibility of hospitals and later expanded to public health units. Supported DS agencies to prepare individuals and share on-the-ground tips, experiences, work plans and contacts that were beneficial to the smooth operation vaccine clinics.

**Human Resources** – worked to respond to HR/employment related questions. Worked with legal counsel to share information related to consent and reporting as well as employee/employer obligations.

# *What we did...*

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## Bi-Weekly Webinars

- collaborated with Sector Pandemic Planning Initiative (SPPI) to deliver a series of weekly webinars

## Operational Support Material and Content

- utilized the Real Xchange to host the material and share with developmental services agencies from across the province.

## Virtual Touch-base Q&A Calls

- established a weekly lunchtime question and answer session for agencies and staff. The goal was to provide an opportunity to share and discuss issues

## Early Vaccine Rollout and Policy Development

- Often in collaboration with local Public Health units, hospitals and other healthcare partners, or DS sector led pop-up vaccinations and mobile teams, spearheaded and enabled vaccinations to occur sooner and in a manner more suited to the unique care, support and environmental needs of our persons served.

# *What we learned...*

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## Data Collection

- Over the course of the pandemic, sector-specific data was not available. The data did not exist or dated hence providing a rear-view look at events

## Developmental Services and Health System Engagement

- DS agencies did not have a voice to engage public health tables
- agencies developed stronger relationships with health care providers / health care providers gained a greater awareness of our sector

## Understanding of Developmental Disabilities

- Not all disabilities are the same
  - Accessibility to vaccines meant more than access to space
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# *What we are doing now...*

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## Health Strategy and Engagement Working Group and our Committees:

- Advice, tactics or approaches that assist the Provincial Network in its mandate to inform the Ministry

## Ontario Health Teams

- Support and promote the establishment developmental services sector representation at Ontario Health Teams (OHT)

## Secretariat/Joint Policy and Planning Committee

- Encourage the establishment of an official bridge between MOH and MCCSS to inform appropriate policy and communication initiatives

## Data

- Utilize H-CARDD and other data as appropriate to inform health system changes at OHT, OH, MCCSS and MOH tables
- Collaborate and engage MCCSS decision-makers to create timely, accurate and relevant data points for sector to support policy planning and development and initiate appropriate system changes.

## ALC Pressures

- Encourage the identification of strategic healthcare partnerships to align and improve care delivery with DS sector supported individuals

## Health System Improvements

- Identify education and research partnership to establish thought leadership opportunities for the sector and showcase system transformation opportunities

## Our Partners

Christian Horizons	Sunbeam Community & Developmental Services	Community Living Stratford and Area	SafeHaven Project for Community Living	Community Living Toronto
Pathways to Independence	Reena	CLH Developmental Support Services	Ongwanada	The Ottawa Rotary Home
Hands TheFamilyHealthNetwork	Community Living Haldimand Brant	Community Living Ontario	Surrey Place	Researchers from: CAMH, Unity Health and Ontario Tech University

Questions?



Thank you for  
your time!