Frontenac, Lennox and Addington Ontario Health Team

Common Acronyms and Definitions in Health Care



We would like to acknowledge and thank Algoma Ontario Health Team's Community Partnership Toolkit for the inspiration for this toolkit.

Introduction

The FLA OHT encourages all partners to use full words when and where possible, but you may still come across acronyms or terms when working with different partners across the health system. This list does not permit people to use acronyms but rather provides information and context to words that are often used in health-care settings and discussions.

Special thanks to the Algoma OHT for sharing the foundations of this document.

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ACUTE CARE

Acute Care – care usually delivered by a health care team in a hospital-like setting when someone is sick or injured or recovering from a treatment such as surgery. When admitted to an acute care hospital to receive care, the person is referred to as an inpatient.

ACP: ADVANCE CARE PLANNING

Advance Care Planning – the process of thinking about one's wishes for future health and personal care and documenting them in an organized way.

AFHTO: ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

An association for team-based primary care clinics in Ontario

ALC: ALTERNATE LEVEL OF CARE

A description given to hospital patients who are healthy and stable enough to be cared for elsewhere, but who are waiting for additional care to be arranged outside of the hospital such as at home, in a long-term care home or a rehabilitation facility. Each day a patient stays in hospital and is designated ALC is called an ALC day. Hospitals track their number of ALC days as an indicator of quality of care. A high number of ALC days means there is a high number of days where patients aren't in the right type of bed, to receive the right type of care, by the right health care provider, at the right time.

ALLIED HEALTH

Allied Health refers to members of the care team including various regulated health care professionals such as registered dietitians, nurses, occupational therapists, pharmacists, physiotherapists, psychologists, social workers, speech language pathologists amongst others as well as other non-regulated professionals such as spiritual care practitioners.

ALOS: AVERAGE LENGTH OF STAY

ALOS is the average time (in days) the average patient stays in the hospital for a particular procedure or with a particular illness. ALOS is often used by a hospital team as a metric of efficient, effective care in hospital based on a particular type of admission or illness.

AODA: ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT

Recognizing the history of discrimination against persons with disabilities in Ontario, the purpose of this Act is to benefit all Ontarians by: (a) developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and (b) providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.

APC WG – ACCESS TO PRIMARY CARE (FLA OHT WORKING GROUP)

This OHT Working Group is working on building new models of care for people who don't have a primary care provider with the supports of other health and wellness providers. Ensuring everyone, including children, youth, seniors, people experiencing or at risk of homelessness and newcomers have timely access to the care they need. Learn more: <u>Access to Primary</u> <u>Care – The Frontenac, Lennox & Addington Ontario Health Team (flaoht.ca)</u>

AWH WG – AGING WELL AT HOME (FLA OHT WORKING GROUP)

The Aging Well at Home initiative collaborates with community members, primary care providers, home and community care agencies, researchers, and specialists, is united in their mission to redefine aging support and community assistance, aiming to enhance awareness, coordination, and accessibility of resources. This project group is working on determining how to better support individuals and caregivers to age well at home and to maintain independence. The projects initiated by the group, like the Aging Services Inventory and the Aging Well at Home Committee, are geared towards achieving these goals and ensuring a more supportive and holistic approach to aging in place. Learn more: <u>Aging Well at Home – The Frontenac, Lennox & Addington Ontario Health Team (flaoht.ca)</u>

CC: COMMUNITY COUNCIL

FLAOHT Community Council (in other words PFAC: patient family advisory council) - is an active group of community members, care-partners and family advisors involved in key decisions in the FLA OHT. The Community Council is a vital part of the Frontenac, Lennox & Addington Ontario Health Team structure. The roles of CC members include: to keep the experience of the patient at the forefront of all discussions, to vet organizational expectation against patient experience. Community Council members have both an advisory role to FLA OHT leadership and a role engaging in early planning and co-design of our OHT work.

The term community member (or patient advisor in some orgs) is commonly used to include all of the people – patients, residents, clients with lived and living experiences, families and friends of people receiving care – who collaborate with health care professionals and organizations to improve health care because of their experiences with the health system and unique perspectives. This is one way to incorporate community voices into health system decision-making. Learn more: <u>Community Council – The Frontenac, Lennox & Addington Ontario Health</u> <u>Team (flaoht.ca)</u>

CCO: CANCER CARE ONTARIO

The Ontario government's principal advisor on the cancer and renal system. It provides tools, resources and data to help health care providers improve the delivery of care. Cancer Care Ontario and the Ontario Renal Network are divisions of CCO.

CD WG – COORDINATED DISCHARGE (FLA OHT WORKING GROUP)

The initiative focuses on improving the post-hospitalization care transition process to ensure individuals, families, and healthcare providers are well-informed about follow-up care plans. The primary objective is to streamline and coordinate transitions to and from the hospitals in the region, aiming to reduce readmissions, emergency visits, and enhance overall health and well-being. Key areas of focus include refining the discharge process, standardizing patient-oriented discharge summaries, and facilitating connections to appropriate community support. Recent progress involves the creation of a Care Navigator role and the co-design of a Patient-oriented Discharge Summary template, marking significant strides toward achieving the initiative's goals. Learn more:

CDMA - COLLABORATIVE DECISION-MAKING ARRANGEMENT

CDMA is a structure that enable leaders from multiple organizations to engage in deliberative, consensus-oriented, and collective decision-making. These arrangements are foundational for achieving shared goals, accountabilities, and opportunities to enhance patient care within the context of Ontario Health Teams (OHTs). The primary purpose is to achieve integrated care by aligning efforts, resources, and strategies across different organizations within an OHT. It facilitates joint decision-making among OHT members, which include health care providers, community organizations, and other stakeholders.

COLLABORATIVE GOVERNANCE

Collaborative governance is a governing arrangement in which leaders from organizations drawn from multiple sectors engage in a collective decision-making process that is deliberative, consensus-oriented, and directed to the achievement of a shared goal.

CHRIS: CLIENT HEALTH & RELATED INFORMATION SYSTEM

CHRIS is a web-based application that holds patients' health records and is the core patientcare system for the 14 Home and Community Care Support Services organizations in Ontario, operated by Ontario Health. Health care professionals use CHRIS to plan and provide care and to manage referrals to other care providers. CHRIS is also used to refer patients to longterm care homes and other care settings.

COMPASSIONATE COMMUNITIES KINGSTON

A voluntary network of people who are passionate about actively improving the experiences of those coping with life-limiting conditions, dying and death; dedicated to creating a community in which people are better able to help each other in times of need. One of the main goals is to help citizens who are dealing with aging, a variety of health issues or loneliness and socialization, help people to live as well as they can for as long as they can.

CSS – COMMUNITY SUPPORT SERVICES

Community Support Services (Home care and community support services) are provided by a network of regional organizations covering the province. They allow people to safely meet their unique needs, be more independent and resilient and live the way they want to live, for longer. Main focus is on promoting independent living through offering cost effective services: transportation, meals and nutrition, education and supports, safety and reassurance, health and wellness, support in the home, intensive support programs, adult day services, etc.

CHRONIC DISEASE

Chronic disease – a long lasting medical condition that can be controlled (but in many instances cannot be cured).

CFN: CANADIAN FRAILTY NETWORK

The Canadian Frailty Network (CFN) is a national initiative to improve care for older Canadians living with frailty. It is Canada's only national network dedicated to older Canadians living with frailty and responsible for their well-being.

CHF: CONGESTIVE HEART FAILURE

Congestive Heart Failure - a condition in which the heart's function as a pump is inadequate to meet the body's needs.

CHC: COMMUNITY HEALTH CENTRES

Community Health Centres – a community-based team that provides a wide range of health services in an outpatient setting. Services may include health promotion, disease and injury prevention, bereavement services, communicable disease education, immunization and many other community care, public health, and wellness programs. Kingston CHC is a partner in the FLA OHT.

CIHI: CANADIAN INSTITUTE FOR HEALTH INFORMATION

CIHI is an independent, not-for-profit organization that provides information on a national level about Canada's health system performance and the health of Canadians.

cQIP: COLLABORATIVE QUALITY IMPROVEMENT PLAN

System-wide quality improvement is the vision that the MOH and MOLTC provide for all health care sectors, using Quality Improvement Plans (QIPs). Under the Excellence Care for All Act, 2010, (ECFAA), in every fiscal year, every health care organization must develop quality improvement plans for the next fiscal year and make the plans available to the public. For OHTs, an equivalent document known as a cQIP (collaborative quality improvement plan) is required.

CMHA: CANADIAN MENTAL HEALTH ASSOCIATION

CMHA provides support and resources to individuals and family members/friends of individuals who are experiencing mental health or addictions challenges. Their mission is to improve the well-being of our community through advocacy and the provision of safe, inclusive, and accessible mental health and addiction services.

COPD: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

COPD is a progressive lung disease that makes it difficult to breathe. "Progressive" means that the disease gets worse over time. As the disease progresses, there is increased shortness of breath.

CPSO: COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Ontario Physicians have been granted a degree of authority for self-regulation under provincial law. The CPSO is the body that regulates the practice of medicine to protect and serve the public interest. This system of self-regulation is based on the premise that the College must act first and foremost in the interest of the public. All Ontario physicians must be members of the College to practice medicine.

ED or ER: EMERGENCY DEPARTMENT or EMERGENCY ROOM

The ED/ER, is the department in the hospital specializing in emergency medicine and the acute (serious, or abrupt onset of detrimental conditions) care of patients who present without prior appointments; either by their own means or by that of an ambulance.

ED&I: EQUITY, DIVERSITY & INCLUSION

Equity, diversity, and inclusion (EDI) is a conceptual framework that promotes the fair treatment and full participation of all people, especially populations that have historically been underrepresented or subject to discrimination because of their background, identity, disability, etc. Equity refers to providing equal opportunities to everyone and protecting people from being discriminated against. Diversity refers to recognizing and respecting and valuing differences in people. Inclusion refers to an individual's experience within his/her workplace and in society, and the extent to which he/she feels valued and included.

EMR: ELECTRONIC MEDICAL RECORD

The EMR is a digital file that includes patient information. The terms "electronic health record" and EMR are often used interchangeably. In the current system an individual patient likely has multiple electronic health records that may or may not communicate with each other.

EMS: EMERGENCY MEDICAL SERVICES

Ambulance services are now referred to as EMS, it provides emergency care to stabilize a patient's condition, initiates rapid transport to hospitals, and facilitates both emergency and non-emergency transfers between medical facilities.

EOI: EXPRESSION OF INTEREST

An EOI is a formal document, it can be used more broadly in business settings to express interest in competing for opportunities or becoming involved in specific projects.

eReferral

eReferral is a web-service interface managed by Ontario Health that supports an automated method for a referring partner organization's staff (acute-care hospital and primary care) to refer clients being discharged from a care setting to HCCSS for services.

FHO: FAMILY HEALTH ORGANIZATION

FHO represents a collaborative effort among family physicians to enhance primary care services, emphasizing prevention and holistic well-being. It operates under an alternative payment model, which differs from the traditional fee-for-service approach. FHO physicians receive a set payment based on the number of enrolled or "rostered" patients in their group.

FHT: FAMILY HEATH TEAMS

FHT is an approach to primary health care that brings together different health care providers to co-ordinate quality of care for the patient. Designed to improve and expand access to primary care, most FHTs consist of nurses, nurse practitioners, social workers, dietitians, and other health care professionals who work collaboratively with physicians affiliated with a FHO or other payment model. All six local FHT are members of the FLA OHT.

FLSA: FRENCH LANGUAGE SERVICES ACT

The French Language Services Act (FLSA) guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies in 26 designated areas, and at government head offices.

FTE: FULL TIME EQUIVALENT (Full time position)

FY: FISCAL YEAR

A timeframe used for accounting and performance management. In most health care organizations, the fiscal year runs from April 1st of one year to March 31st of the following year

GP: GENERAL PRACTITIONER

A term used for a doctor who does not specialize in one type of medicine. General practitioners usually provide primary care services in the community.

HCCSS: HOME AND COMMUNITY CARE SUPPORT SERVICES

Home and Community Care Support Services provides services to help coordinate home care, community care, supported living, and long-term care. A wide range of health care, personal care and homemaking services that may be offered to a person living in the community.

HEALTH CARE CONNECT

Health Care Connect is an application that helps Ontario residents who do not have a family physician to find one in their region who has agreed to take on new patients. Unattached patients can register with a valid OHIP card and complete a health questionnaire to determine their needs for family health care services. Submitted questionnaires are reviewed by a care coordinator at one of the HCCSSs, and patients are notified by mail when a suitable match is made to an available physician in the region. Data in Health Care Connect may be shared between regions and with those physicians' offices that accept new patients.

HH: HEALTH HOME (FLA OHT Support Structure)

The *People-Centered Health Home* concept has been in development since 2021 in close codesign with community members, primary care practitioners, specialists, municipalities and many other partners. Health Home is a home base for easy access to all the health care and wellness services we need to achieve our best health. There are many different types of health homes that already exist, such as Community Health Centers, Family Health teams, Integrated Care Hub, Indigenous Interprofessional Primary Care Team and others.

Health Home Support Structure works on developing a HH Framework and phased implementation. To Learn more about HH: <u>Health Home – The Frontenac, Lennox & Addington</u> <u>Ontario Health Team (flaoht.ca)</u>

HHR: HEALTH HUMAN RESOURCES

Health Human resources are identified as one of the core building blocks of a health system and can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention.

HIMP: HARMONIZED INFORMATION MANAGEMENT PLAN

All OHTs are required to submit a HIMP to guide digital health priorities for providers, patients/caregivers, and organizations.

HQO: HEALTH QUALITY ONTARIO

HQO is part of Ontario Health, a government agency responsible for ensuring Ontarians receive high-quality health care services where and when they need them. HQO is the

province's advisor on health care quality and has been entrusted to monitor and report on how the health system is performing, provide guidance on important quality issues, partner with patients and give them a voice in shaping a quality health system, and promote continuous quality improvement. HQO is the lead on the Quality Improvement Programs (QIPS).

HSPN: HEALTH SYSTEM PERFORMANCE NETWORK

HSPN is a collaborative network of investigators, visiting scholars, post-doctoral fellows, graduate students and research staff working with health system leaders, and policy- makers to improve the management and performance of our health system. They have a track record in performance measurement, research, evaluation, and improvement in Ontario with expertise in multiple domains of health system performance.

ICES: INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES

ICES is a not-for-profit research institute encompassing a community of research, data and clinical experts, and a secure and accessible array of Ontario's health-related data.

IHC – INDIGENOUS HEALTH COUNCIL/ INDIGENOUS WELLNESS COUNCIL

IPCT: INTERPROFESSIONAL CARE TEAM

This term describes when health care workers from different professions (doctors, nurses, pharmacists, social workers and others) work collaboratively in a team to deliver care, based on a patient's needs and goals.

IIPCT: INDIGENOUS INTERPROFESSIONAL CARE TEAM

IIPCT is an organization that provides holistic health care to Indigenous communities in Ontario, Canada. It is an organization that provides holistic health care to Indigenous communities in Ontario, Canada. The team's vision is to embrace the health and well-being of the communities it serves through a strong culture-based approach. The IIPCT offers primary care services in Kenhtè:ke, also known as Tyendinaga Mohawk Territory and recently opened a new office in Kingston. Learn more: Indigenous Interprofessional Primary Care Team – The Place of Good Medicine (iipct-tmt.com)

JODS: JOINT OHT DIGITAL STRATEGY TABLE

Digital collaboration table where 3 neighboring OHTs (Hastings Prince Edward - Frontenac, Lennox & Addington – Lanark, Leeds & Grenville OHTs) meet bi-monthly to share updates, collaborate, and coordinate digital health projects.

KHSC: KINGSTON HEALTH SCIENCES KHSC Kingston Health Sciences Centre (kingstonhsc.ca)

KFLA PH: KINGSTON, FRONTENAC, LENNOX & ADDINGTON PUBLIC HEALTH

There are 36 public health units in Ontario established to administer health promotion and disease prevention. KFLA public health is committed to improving health and reducing social inequities in health through evidence-informed practice. KFLA PH is a partner of the FLA OHT.

KPI: KEY PERFORMANCE INDICATOR

KPIs refer to a set of quantifiable measurements used to gauge an organization's performance. KPIs specifically help determine a company's strategic, financial, and operational achievements, especially compared to those of other businesses within the same sector.

LACGH: LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

https://web.lacgh.napanee.on.ca/

LHIN: LOCAL HEALTH INTEGRATION NETWORKS

LHINs were not-for-profit Crown agencies in Ontario funded by the Ministry of Health and Long-Term Care. As of April 2021 their health system planning and funding roles were transferred into Ontario Health regions.

LP: LEADING PROJECT - HOME CARE MODERNIZATION

FLA OHT is one of 7 OHTs that were approved to be part of the Home Care Modernization leading project. The focus is to consolidate the support and care for people living at home provided by primary care, Home and Community Care Support Services (HCCSS) and home care service provider organizations, into one consolidated, co-located, and collaborative care team in the Health Home.

This care team will be able to better coordinate and integrate care with Community Support Service agencies, hospitals and other system partners for a better overall experience and better outcomes for people. This population health approach will target interventions to level of need/risk. This includes forming **linkages** to support those in need of minimal supports who have a focus on maintaining independence and wellness, enhancing **coordination** of services to support those needing moderate supports to remain safe in their home environment, and **integration** of services to support those in need of maximal supports who may have unmet needs and are risk of a long-term care admission and/or hospital admission. Learn more: <u>Connected Care Update - September 11, 2023 (mailchi.mp)</u>

LTC: LONG-TERM CARE

In general, long-term care facilities provide living accommodation for people who require onsite delivery of 24 hour, 7 days a week supervised care, including professional health services, personal care and services such as meals, laundry and housekeeping.

MAID: MEDICAL ASSISTANCE IN DYING

MAID Provides patients the option to end their life with the assistance of a doctor or nurse practitioner. Medical assistance in dying is provided only to legally eligible patients.

MH&A / MHA: MENTAL HEALTH AND ADDICTIONS

The terms 'mental illness' and 'addiction' refer to a wide range of disorders that affect mood, thinking, and behavior. Examples include depression, anxiety disorders, and schizophrenia, as well as substance use disorders and problem gambling.

MHA SAC: MENTAL HEALTH & ADDICTIONS SYSTEM ADVISORY COMMITTEE

A network of agencies providing mental health and addiction services to the FLA OHT community. Together they address system issues and collaborate on improving MHA services.

MOH & MOLTC: MINISTRY OF HEALTH and MINISTRY OF LONG-TERM CARE

https://www.health.gov.on.ca/en/

MRP: MOST RESPONSIBLE PERSON/PROVIDER

The most responsible person/practitioner generally refers to the regulated healthcare professional or project contact in an administrative context who is responsible for a designated task.

NFP: NON-PROFIT/ NOT-FOR-PROFIT

A type of organization that does not earn profits for its owners. All of the money earned by or donated to a not-for-profit organization is used to keep it running and pursue its objectives. Typically, not-for-profit organizations are charities or other types of public service organizations.

NORC: NATURALLY OCCURRING RETIREMENT COMMUNITY

A naturally occurring retirement community is a community or neighborhood with a growing population of older adults in which the dwellings were not purposefully intended for older adults when they were originally designed and/or built.

NP: NURSE PRACTITIONER

An NP is an extended class registered nurse with advanced university education who provides personalized, quality health care to patients. They are authorized to diagnose, order and interpret diagnostic tests, and prescribe medication and other treatment.

OAB: ONLINE APPOINTMENT BOOKING

Online Appointment Booking is a tool for self-scheduling appointments with a Primary Care Provider or other healthcare clinic.

OCEAN

OceanMD is a software company based in Toronto. The Ocean Platform is used by numerous health organizations, creating connections for the secure exchange of patient data between systems. The Ocean Platform currently supports almost 1 million eReferrals and eConsults annually.

OCFP: ONTARIO COLLEGE OF FAMILY PHYSICIANS

An association that represents family physicians in Ontario.

OMA: ONTARIO MEDICAL ASSOCIATION

OMA represents Ontario's physicians, residents and medical students in areas of economic interests, healthy policy, professional advocacy, and legal services.

OMD: ONTARIO MD

OntarioMD is a wholly owned subsidiary of the Ontario Medical Association and receives funding from the Province of Ontario to support family physicians, specialists, nurse practitioners, and their staff to adopt and efficiently use digital health technology to care for their patients. They provide advice and support for electronic medical records (EMRs) and digital health. OntarioMD's services include certified EMRs, eConsult deployment and EMR

integration, eForms, health card validation, privacy and security training and resources, proof of concepts for OHTs, virtual care tools, webinars, and more.

ONA: ONTARIO NURSES ASSOCIATION

An organization representing 65,000 registered nurses and health care professionals – as well as 18,000 nursing student affiliates in Ontario.

PALLIATIVE CARE PARTNERSHIP (FLA OHT WORKING GROUP)

This group is working on building a connected and equitable, community-based program for palliative care that will:

- enable people to remain in their homes and communities
- be accessible 24/7 with a palliative care resource nurse who will be a single point of contact for patients, families and other healthcare providers
- support providers with the training and tools needed

The PCP group works on several specific projects, focused on: palliative care for vulnerable and precariously housed people, Indigenous-focused strategies in palliative care and primary care-focused palliative care strategies. Learn more here: <u>Palliative Care – The Frontenac,</u> Lennox & Addington Ontario Health Team (flaoht.ca)

PCH: PROVIDENCE CARE HOSPITAL

Providence Care Hospital - Providence Care - Kingston ON

PCA: PRIMARY CARE ALLIANCE

The Primary Care Alliance serves as this sector forum where family physicians, interdisciplinary primary care organizations, academic and hospital family medicine leadership, with community/patient representatives support primary care activities. The PCA serves as both the voice for primary care and the main contact for partners and collaborators in creating integrated initiatives to optimize our patients' health status and the experience for patients, teams, and clinicians within the FLA region. The PC A Board consists of about 10 members including the Chair. The Board is comprised of physicians diversified by geography and practice model and administrators.

PCPC: PRIMARY CARE PHYSICIAN'S COUNCIL

The primary care physician's council provides an important pathway for communication from the OHT to primary care providers and vice versa. It is made up of about 24 lead Physicians of each of the primary care groupings in the region.

The purpose of the PCPC is to:

- promote closer alignment and cooperation between all primary care organizations (FHG, FHO, FFS, CHC, etc...)
- create a broad platform for communication and sharing of information between primary care providers;
- provide a vehicle to vet new ideas and share best practices;
- support, assist, and collaborate with the FLA OHT;
- collaborate on projects of importance to primary care;

This group has demonstrated its value beyond the work of the OHT in its ability to help coordinate the efforts of primary care in projects such as the Health Information System, Wait Time Innovation, and the local response to the COVID-19 Pandemic.

PM: PROJECT MANGER

The person in overall charge of the planning and execution of a particular project.

PODS: PATIENT ORIENTED DISCHARGE SUMMARY

PODS is a standardized yet adaptable tool that provides patients with a set of clear and easyto-understand instructions to follow after they are discharged from hospital.

PREMS: PATIENT REPORTED EXPERIENCE MEASURES

PREMs are about measuring, reporting and improving patients' experiences during the care process using a valid approach to gather accurate and actionable results that can be easily interpreted and addressed. Understanding a patient's experience when they received health care is integral to improving patient-centred care. Capturing and reporting this information is an important part of our overall efforts to measure health system performance.

PROMS: PATIENT REPORTED OUTCOME MEASURES

Patient-reported outcome measures are used to assess a patient's health status at a particular point in time. PROMs tools can be completed either during an illness or while treating a health condition. In some cases, using pre- and post-event PROMs can help measure the impact of an intervention.

PROMs and patient-reported experience measures (PREMs) are increasingly recognized as providing valuable and essential information for achieving health system goals.

PCP: PRIMARY CARE PROVIDER

A PCP is a health care practitioner who sees people that have common medical problems. This person is usually a physician, or maybe a physician assistant or a nurse practitioner. A PCP is a main health care provider in non-emergency situations and plays a role in preventive care, identifying and treating common medical conditions, and making referrals to medical specialists when necessary.

PHI: PERSONAL HEALTH INFORMATION

A general term used to describe any and all health information related to a patient.

PHIPA: PERSONAL HEALTH INFORMATION PROTECTION ACT

The Personal Health Information Protection Act (PHIPA) is **Ontario's health- specific privacy legislation** which came into force on November 1, 2004. PHIPA governs the manner in which personal health information may be collected, used and disclosed within the health sector.

PFAC: PATIENT FAMILY ADVISORY COUNCIL

In FLA OHT is known as Community Council (see definition above)

PSW: PERSONAL SUPPORT WORKER

PSWs graduate from a two-semester program that trains students to provide or assist with personal care for the elderly, chronically ill, and people with physical disabilities living in the community, long-term care facilities, and select ambulatory care settings.

QI: QUALITY IMPROVEMENT

QI is focused and systematic activities that lead to measurable improvement in health care services and health outcomes for patients.

QUEST: QUALITY AND EVALUATION SUPPORT STRUCTURE IN THE FLA OHT

This support structure develops an evaluation framework and supports overall FLA OHT evaluation efforts; supports all working groups in the development of overarching metrics and performance indicators; supports the FLA-OHT broadly in collecting, analyzing and sharing data to support the OHT as a learning health system.

RÉSEAU DES SERVICES DE SANTÉ EN FRANÇAIS DE L'EST DE L'ONTARIO

The Réseau, in collaboration with its partners, plans, networks and engages with communities to improve access and equity to French language health services. Learn more: <u>www.reseaudumieuxetre.ca/en/</u>

RHIS: REGIONAL HEALTH INFORMATION SYSTEM

The six hospital organizations in the southeast have signed an agreement with <u>Oracle,(Cerner)</u> to transform the experiences of those providing and receiving health care, with the implementation of a shared health information system that includes electronic health records. It will replace paper-based records, and provide a single source of individuals' health information and clinical tools that will help health-care workers coordinate and deliver safe, high-quality care throughout the region.

The regional HIS's evolution to include long-term care and community care modules, and a pilot in 2023 for primary care, aligns with the aim of Ontario Health Teams to have health-care providers work as one coordinated team to make it easier for people to navigate the system and transition between providers.

RISE: RAPID-IMPROVEMENT SUPPORT AND EXCHANGE

RISE provides evidence-based support to OHTs, using a 'rapid learning and improvement' lens. RISE's vision is a rapid-learning health system that continually 'ups its game' in achieving the quadruple aim of improving care experiences and health outcomes at manageable per capita costs and with positive provider experiences. Learn more: <u>www.mcmasterforum.org/rise</u>

SDOH COP: SOCIAL DETERMINANTS OF HEALTH COMMUNITY OF PRACTICE (FLA OHT Community of Practice)

A virtual forum, coordinated by the FLA OHT, that brings Direct Service Workers who currently provide services/support to individuals in the local KFLA area, such as Community Development Workers/ Navigators/ Social & Community Service Workers/ Cultural Coordinators/Program Coordinators, etc. - together from various organizations to foster networking, encourage members to share resources/knowledge, learn from each other, collaborate, and navigate the system together.

SEAMO: SOUTHEASTERN ONTARIO ACADEMIC MEDICAL ASSOCIATION

SEAMO supports more than 450 specialist physicians in the Southeast region, through an alternate funding model that encompasses clinical services, teaching, and research.

SHIIP: SHARED HEALTH INTEGRATED INFORMATION PORTAL

SHIIP is a secure, web-based portal that enables providers to identify patients with complex needs in real time and provides a patient history of hospital, addictions/mental health, home care, and community service encounters.

SPO: SERVICE PROVIDER ORGANIZATION

Service Provider Organization is a subcontractor, an entity with whom an organization contracts to provide services on behalf of the that organization.

SWOT: STRENGTH WEAKNESS OPPORTUNITY THREATS

Organizations or projects conduct SWOT analyses to identify internal strengths and weaknesses, as well as external opportunities and threats.

TPA: TRANSFER PAYMENT AGREEMENT

The agreement between Ontario Health or the Ministry of Health and an organization outlining the deliverables and accountabilities required for a specific funding amount.

TLC: TRANSITIONAL LEADERSHIP COLLABORATIVE

The collaborative leadership table of the FLA OHT. Membership is defined by the collaborative decision-making agreement between the OHT partners.

TOR: TERMS OF REFERENCE

Terms of reference define the purpose and structures of a project, committee, or any similar collection of people who have agreed to work together to accomplish a shared goal.

VIRTUAL CARE

Virtual care refers to any interaction between patients and health care providers, occurring remotely, using any forms of communication or information technologies (computer, remote monitoring device, phone (either landline or cellular)), with the aim of facilitating or maximizing the quality and effectiveness of patient care. The term virtual care can be both an approach to care or a single interaction between a provider and patient.

If you have comments/additions, please send to: info@flaoht.ca

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