

Ontario Health Team Case Studies

Engaging with Patients, Families and Caregivers

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Why case studies?

- This research strategy takes a detailed look at single examples to understand the challenges, trends and themes
- Important to document what is changing, working or when to course-correct
- Knowledge transfer
- Building a Community of Practice



What makes a good case study?

- ✓ Just the facts
- ✓ Just enough detail
- ✓ Contrasting perspectives
- ✓ Focus on the 'aha' moments
- ✓ Impact
- ✓ Lessons Learned
- ✓ Include links if available



Examples: OHT Case studies



Not-so-good

We invited a patient to come to our Ontario Health Team planning meeting. The patient said some very interesting things. The patient was invited to attend subsequent meetings and in all we met 6 times over the course of 3 months. We also did a 2-hour focus group with 10 more patients. It was good to engage with patients to make our work more patient-centred.

A better case study

We had three patient representatives on our OHT governance committee. Their role was to raise questions about how OHT decisions would impact patients and the community.

For example, they asked many questions in our discussions about which priority populations we would focus on in year 1. The patient partners felt strongly that improving end-of-life care would have the greatest impact on the community, as it affects both patients and their families. With this input, the governance committee decided to focus on palliative care patients as one of our year 1 populations, rather than another population we had been considering.

Both the patient partners and other members of the committee said they benefited from having clear expectations from the start about the role that patient partners on the committee. The co-chairs did a great job of including the patient partners on all agenda items.

Future state case study

With fragmented mental health and addictions programs in our community and long wait times for community-based services, family caregivers were understandably frustrated about seeking care for their youth with serious mental health concerns.

We partnered with families and youth with mental health concerns to create a navigation program that helps youth and caregivers find the right resources in a more timely way. Families and youth with lived experience co-designed the program, signing off on every step from intake through to referral and follow-up.

Early data suggest that the navigation program is helping to place youth with a variety of mental health conditions access appropriate care faster. For families participating in the program, the average wait time for youth to access counselling and therapy is 43 days, compared to the provincial average of 67 days. In 6 month follow up interview, family caregivers are reporting significantly lower distress rates as well.

Suggested themes

Shared decision making
Co-design
Test of change
Patient experience
Early data



Fireside Chat

