ÉQUIPE SANTÉ
ALGOMA ONTARIO
HEALTH TEAM

2025-26
Annual Report

No one left behind.

An integrated healthcare system focused on the unique needs of Algoma residents, where people receive seamless, effective care where and when they need it.



Our Team

We are a partnership of local professionals, organizations, and community members working together towards a more integrated healthcare system for Algoma residents.

Leadership Council

Algoma District Medical Group
Canadian Mental Health Association Sault Ste. Marie Branch — Mental health for all
Lady Dunn Health Centre — Centre de santé Lady Dunn
Sault Area Hospital — Hôpital de Sault-Sainte-Marie
Algoma Family Services — Services aux familles d'Algoma
Canadian Red Cross
Le Réseau du mieux-être francophone du Nord de l'Ontario
Sault Family Health Organization
Algoma Nurse Practitioner-Led Clinic
CPSSF
March of Dimes Canada — La Marche des dix sous du Canada
Algoma Public Health — Santé publique Algoma
Community Living Algoma
Intégration communautaire Algoma
North Channel Nurse Practitioner-Led Clinic
Alzheimer Society Sault Ste. Marie & Algoma District
Group Health Centre
Northern Neighbours Nurse Practitioner-Led Clinic
Superior Family Health Team
ARCH hospice
Huron Shores Family Health Team — Équipe de santé familiale
North Shore Health Network
Réseau Santé Rive Nord
WAWA Équipe de santé familiale Family Health Team

New Partnerships

In 2025-26, we welcomed two new partners:

- North Channel Nurse Practitioner-led Clinic
- Le Centre de planification des services de santé en français



Who is the Algoma Ontario Health Team?

Vision:
An integrated healthcare system focused on the unique needs of Algoma residents, where people receive seamless, effective care where and when they need it.

Mission:
The Algoma Ontario Health Team (AOHT) will collaborate in a model of care that is person-centered, efficient, and simplified for both individuals and providers.

Community
The people we serve, residents of the Algoma District.

Leadership Council
Executive leaders from our partner organizations, healthcare providers, and the community. Led by three co-chairs who bring clinical, administrative, and community perspectives.

Operations Committee
Senior leaders from our partner organizations who guide the AOHT's work, turn priorities into action, and monitor progress.

Advisory Committees
Representatives who work together to align shared goals and guide priorities for key populations.

Project Teams
Partners and stakeholders who work together to achieve shared goals.

Secretariat
Employees dedicated to AOHT work.

Meaningful Impacts

This year, we reflected on the positive impact our work has had across Algoma. Our partners are making meaningful differences in the lives of the communities we serve. Healthcare providers have more tools to deliver high-quality care and spend more time doing what matters most. Patients, families, and care partners are experiencing a more connected healthcare system because we are working together toward a shared goal: **no one left behind.**

Our work is about making a difference for the people we serve. Throughout the year, we gathered feedback from participants and providers to understand how our initiatives are impacting their experiences, strengthening connections, and improving access to care.

Here's what they told us:



I attended an education session where I learned how to safely exercise at home to help **prevent falls and stay active** as I age.



Because I completed a frailty assessment, I was **connected to services** that I didn't know were available.



Being diagnosed with COPD close to where I live **helped me get the care I need sooner.**



Exercising with a professional and learning about COPD improved my ability to **complete day-to-day activities.**



I felt confident sending my patient home with **clear and practical information** to better manage their COPD.



It is **quicker and easier** for me to find the mental health and addictions services that are right for me.



I **value connecting** with other mental health and addictions leaders to share ideas, and improve care.



Without this clinic, I wouldn't have gotten **screened for cervical cancer**.



After losing my family doctor in 2025, I was **relieved to find out I have a new one.**



I **know where to call** when I need help.



My lived experience helped shape services that **put people first.**



I know how to **take better care of myself** while tending to the needs of my loved one.



Booking appointments online is **simple, convenient, and saves me time.**



AI Scribes **give me more energy** to focus on my patients and enjoy my work.

Strengthening Care in Algoma

Healthy Aging

What we said we would do in 2025-26:



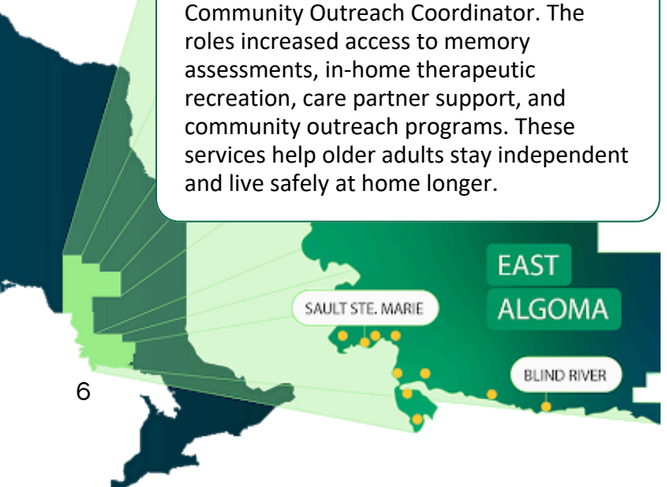
What is Early Frailty Identification?

Early Frailty Identification helps older adults get the support they need before their health and wellness challenges progress.

Healthy Aging in Sault Ste. Marie

In 2025-26, work was underway at the Group Health Centre to expand Early Frailty Identification services through their Access Care Clinic, helping individuals without a primary care provider connect to supports earlier and improve outcomes as they age.

To further strengthen community support for older adults and care partners, the AOHT also invested in three new positions at the Alzheimer Society, including a First Link Coordinator, Recreation Therapist, and Community Outreach Coordinator. The roles increased access to memory assessments, in-home therapeutic recreation, care partner support, and community outreach programs. These services help older adults stay independent and live safely at home longer.



A Registered Practical Nurse (RPN) and a Registered Nurse (RN) in primary care screen for frailty and then a collaborative care team of allied health professionals work together to connect people with services in their community.

Healthy Aging in the North Shore

In 2025-26, the Huron Shores Family Health Team, helped older adults in rural areas access support earlier in their care journeys through their Healthy Aging Program.

In 2025-26, 32 individuals were screened for frailty, leading to 74 referrals to community services.

Along with frailty screening, our partners made investments to increase access to services, including community exercise classes and osteoporosis education programs in Blind River and Thessalon, which engaged 384 participants.

Our partners along the North Shore also expanded access to information and education about supports for older adults in the community this year. Together, they hosted two Healthy Aging Fairs that were attended by 268 community members and delivered a five-week Healthy Aging Education Series that reached 154 participants. The series covered topics such as physical activity, medication safety, mental health and social isolation, nutrition, and advance care planning.

These activities and investments built a strong foundation to support healthy aging across Algoma. By promoting early identification, prevention, and access to services, older adults better maintain their health, independence, and quality of life.

Healthy Aging Education Series

This year, our partners helped older adults learn to stay healthy, active, and connected to their communities.

In fall 2025, our partners in Sault Ste. Marie delivered a Healthy Aging Education Series covering topics such as physical activity, meal preparation, medication safety, brain health, and caregiver support. The series reached 115 participants in-person and continues to be available through the AOHT YouTube Channel and TV streaming.

Building on this success, our partners collaborated with the City of Sault Ste. Marie's Active 55+ Program to offer another six-week series in winter 2026. A total of 52 people attended, and all survey respondents reported that the information provided was useful.

In addition to our core partners, we extend appreciation to our collaborative partners who contributed their time and expertise to provide valuable information to our attendees.

- Bioped Footcare & Orthotics
- Collaborative Care Algoma
- Eye Care Algoma
- Ontario Caregiver Organization
- Ontario Health at Home
- Rogers TV

What participants said:

“Thank you for sharing your knowledge.”

“What an excellent idea to present such information about our aging years. We always learn something new.

“Very informative, the presenter did a great job!”

By the numbers

167 Total participants

14 Education sessions

1,000 Views on YouTube

What viewers said:

"I recently checked out the first episode of Healthy Aging Sessions and it was fantastic! Really informative and entertaining. Kudos to the team that put this on. I'll be sure to tell my friends to tune in."

"I recently came across your Healthy Aging Sessions on Rogers TV. I just recorded the second episode with my wife so we could listen back to the sessions and follow along with the exercises. We figured this would be a great way for me and my wife to get active. Thanks again for putting this on! We've really been enjoying it."

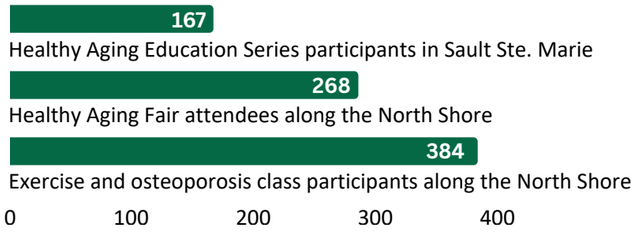
"I came across your new Healthy Aging show on Rogers TV and I just wanted to say, thank you! This is exactly the kind of local programming I was waiting for. I've really been stuck at home for the past few years due to mobility and this program has made me feel connected to other seniors and my community."

"Great programming. Keep it going, please. I cannot wait for more."

"The Healthy Aging Sessions are an excellent way to stay fit, healthy and informed. Thanks for doing this.”

Healthy Aging in 2025-26: Measuring our impact

People reached through education programming



Healthy Aging Education Series



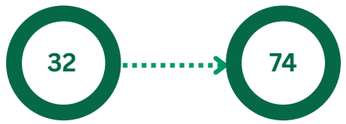
found the information useful

Investment in community support



new positions funded at the Alzheimer Society

People supported by frailty identification at Huron Shores Family Health Team



screens for frailty

referrals to community supports

Looking ahead to support people living with Dementia

Over the past year, our Healthy Aging work continued to grow and adapt to the needs of our community. As we looked ahead to the next phase of this work, our partners recognized a growing need to strengthen support for people living with dementia and their care partners. Building on existing work in Early Frailty Identification and cognitive assessment expansion, a Community Dementia Strategy is being developed in 2026-27 to help people connect to the right supports in a timely, coordinated manner.

By continuing to work with people with lived and living experience, care partners, and community organizations, the AOHT will continue to adapt its approach to meet the changing needs and help older adults age well in their communities.

What we said we would do in 2025-26:

- Increase capacity to diagnose COPD
- Improve prevention and management of COPD
- Explore improved testing and referral pathways

Complex chronic conditions in the community

What is Chronic Obstructive Pulmonary Disease?

Chronic Obstructive Pulmonary Disease (COPD) blocks airflow in the lungs, making it harder for people to breathe[1]. As a result of varying risk factors, rates of COPD are higher in the Algoma District than the Ontario average[2].

As such, a group of professionals and community members came together to identify three key priorities to improve care for people living with COPD across Algoma:

1. Increase access to spirometry testing across Algoma
2. Provide consistent, patient-focused self-management education
3. Improve access to pulmonary rehabilitation services

This year, our partners worked together to advance all three priorities.

1. Increased access to diagnosis and treatment in primary care

In 2025-26, the AOHT invested in spirometry equipment that makes it easier for individuals in Sault Ste. Marie, Wawa, and communities along the North Shore to be diagnosed with COPD where they live. The investment in equipment came with the support of education and training for clinical staff to perform testing, interpret results, and provide comprehensive care.

AOHT investments in 2025-26 supported six RNs across Algoma to perform spirometry testing, and two Nurse Practitioners (NPs) and one physician to interpret
results. In addition, three RNs and one NP have become Certified Respiratory Educators (CREs). CREs undergo specialized training to help people with COPD understand and manage their condition through education, support, and personalized care.

These investments help Algoma residents receive spirometry testing within the recommended three-month quality standard and have improved access to important care.

2. Helping people learn how to manage their COPD

Supporting people to better manage their chronic conditions in the community has been a priority for the AOHT since its first year as a partnership. As part of this work, the AOHT developed ‘Living Well with COPD’, a patient guide that provides clear information, practical tools, and local resources to support people living with COPD. The guide helps individuals better understand their condition, manage symptoms, and access available support. It also supports our partners by providing a consistent resource across the healthcare system.

The guide was endorsed by the Primary Care Network and was shared widely across Algoma, with nearly 2,000 copies distributed to 18 organizations and heal-

-thcare providers. The guide was translated into French to improve accessibility, and other Ontario Health Teams have expressed interest in adapting it to support patients in their own communities.

3. Providing access to pulmonary rehabilitation

Pulmonary rehabilitation, an evidence-based service that combines exercise and education to better manage COPD symptoms and improve quality of life, was identified as a gap in Algoma.

In 2025-26, the AOHT supported one of its primary care partners, Group Health Centre, in offering an eight-week, in-person pulmonary rehabilitation program for 12 patients.

Early results from the program showed that 78% of participants experienced improvements in their quality of life, including areas such as mobility and self-care.

These findings demonstrate the value of pulmonary rehabilitation and highlight the importance of providing ongoing access to this service across Algoma.

To further improve access to pulmonary rehabilitation, we began planning to support the launch of a virtual pulmonary rehabilitation program in partnership with the Centre for Pulmonary Rehabilitation in North Bay. In 2026-27, this program will provide service to 14 patients across three primary care organizations in Algoma, helping more people access specialized COPD care closer to where they live.

This year,

- **2,396 spirometry tests were completed.**
- **843 patients were diagnosed with COPD after spirometry testing.**
- **2,000+ patient guides distributed across 18 organizations.**

Investments in COPD since 2024

Training and education

6 RNs trained to perform spirometry testing

3 Providers trained to interpret spirometry results

4 CREs supporting patient education and self-management

Testing and diagnosis

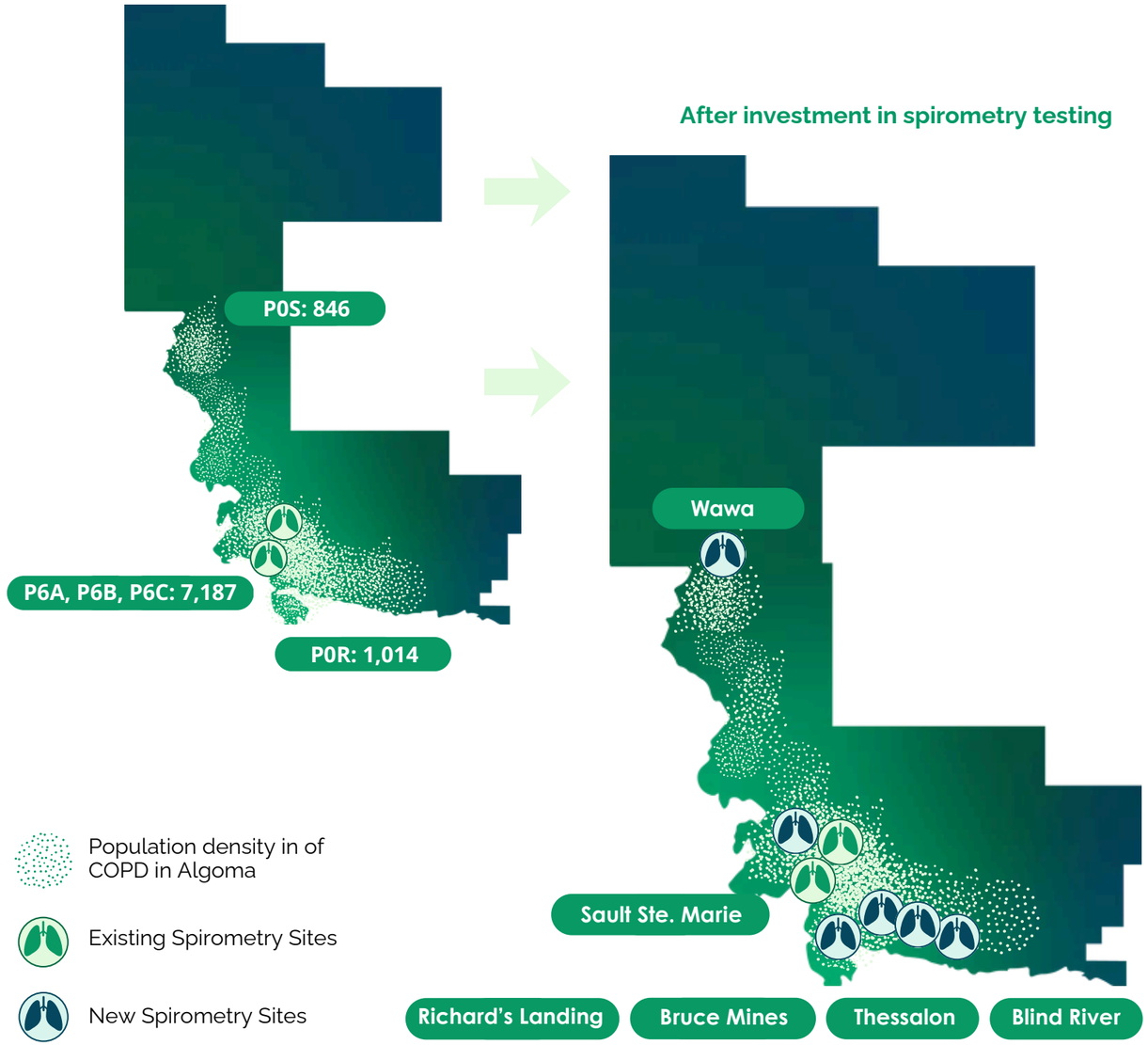
3,500+ Spirometry tests preformed across the District

1,500+ Diagnoses of COPD, enabling early intervention

[1]Canadian Lung Association. (n.d.). Chronic obstructive pulmonary disease (COPD). https://www.lung.ca/lung-diseases/copd/

[2]Algoma Public Health. (2024). Community Health Profile.

Investment in spirometry testing closer to communities since 2024



Mental Health and Addictions

What we said we would do in 2025-26:

Increase support for mental health and addictions in North Algoma

Support our partners through HART Hub launch

Vision: An integrated mental health and addictions system where partners work together toward shared priorities to improve access, experiences, and outcomes for Algoma residents.

Mission: To share information, identify opportunities, and develop long-term strategies for mental health and addictions services in Algoma.

Re-engage the System Planning Table

In fall 2025, AOHT partners providing mental health and addictions services in the community revitalized the Mental Health and Addictions System Planning Table, a group of leaders from over ten organizations across the Algoma District. Co-led by Lisa Case, Chief Executive Officer at Canadian Mental Health Association of Algoma and Christie Hayos, Director of Mental Health of Addictions at Sault Area Hospital, the committee aims to advance mental health and addictions planning and service delivery in a coordinated way.

"No single organization can address the needs of our communities alone. Through this committee, we will align our efforts, share knowledge, and create meaningful improvements in mental health and addictions care."

Lisa Case, Chief Executive Officer, Canadian Mental Health Association Algoma

Reflecting upon the progress made in previous years, the group updated their goals to address the current mental health and addictions needs across Algoma. This included aligning current priorities across partner organizations and strengthening how partners work together to support collaboration. By working together around shared priorities, the group is better positioned to improve mental health and addictions services for the future.

Mental Health and Addictions Spring Symposium

This past spring, AOHT Secretariat members joined the planning committee for Sault Area Hospital's Mental Health and Addictions Symposium, a day focused on learning and connection for providers working in trauma and addictions-informed care. Our role was to broaden partner engagement and provide system-level expertise to support event planning.



Co-located model of care in Wawa

Last year, the AOHT completed surveys, interviews, and group discussions in North Algoma to better understand community needs and identify opportunities to improve access to mental health and addictions care. Building on what we heard from community members, providers, and leaders, partners came together in summer 2025-26 to prioritize next steps to achieve shared goals over the coming years.

One of the top priorities was to develop a model of care that provides many health and social services from one convenient location, making it easier for people to get the support they need. The aim of this project is a person-centred approach to reduce barriers to accessing care, improve collaboration amongst providers, and build trusting relationships in a welcoming space.

The co-located hub in Wawa will operate in a familiar community building that already brings together the Wawa Community Food Bank and Canadian Mental Health Association (Iris Place), creating six additional spaces available for partner organizations to provide services on a regular or routine basis.

Individuals, including those who do not have a primary care provider, will be able to access many services from one place.



In spring 2026, the Wawa Family Health Team secured funding to support a RN to see patients out of the co-located hub on a full-time basis. This will improve access to vital primary care services for those without a primary care provider and who face challenges accessing care.

Planned to launch in winter 2026, this work will turn local priorities into practical solutions. Working together, AOHT partners are building a more connected, accessible, and integrated system of care for North Algoma.

System Navigation

What we said we would do in 2025-26:

- Distribute and evaluate navigation tools
- Sustain regional programs, such as CareDove
- Advance Virtual Care Navigator partnership



Sharing resources and information

The AOHT continued to distribute the Access the Care You Need Toolkit and the Mental Health and Addictions Roadmap, sharing resources with community partners and local organizations across industries. These tools help our community know where to access services that may be available to them, even if they do not have access to a primary care provider.

Since launching, nearly 17,000 items have been distributed across Algoma.

In addition to expanding resources, the AOHT attended several health and social service fairs where community members and partner organizations could learn more about the AOHT, its role, and the goals of the partnership. The AOHT also continued to platform CareDove, an online directory that helps people find local health, social, and community services in Algoma, by updating our webpage to improve ease of use, and exploring opportunities to expand partner participation.



Engaging healthcare providers

Helping older adults find the right health and social services is an important part of supporting our Healthy Aging work. From November 2025 through February 2026, the AOHT Secretariat led an engagement project to better understand how frontline providers help older adults access care across Algoma. The project gathered feedback from 14 providers working in primary care, hospital, community support services, and mental health and addictions through surveys, interviews, and a focus group.

The findings showed that providers are committed to helping people navigate the system, but often face challenges such as changing referral processes, limited access to up-to-date information, long wait times, and inconsistent communication between organizations. Many providers rely on personal relationships and informal networks to connect people with the services they need.

The report identified several opportunities to improve system navigation, including developing a centralized provider resource, creating clearer referral pathways, and increasing learning opportunities that help providers stay informed. These recommendations will guide future work to strengthen coordination across organizations and make navigation easier for both providers and the community. Together, these efforts are helping create a more connected health system where community members and providers can more easily find the right supports, at the right time.



Virtual Care Navigator partnership with Algoma University

Finding and accessing mental health and addictions services can be difficult in a large, rural District like Algoma. Long wait times, frequently changing services, complex referral processes, and travel distances can make it harder for people to find the support they need.

To help address these challenges, the AOHT partnered with Algoma University's VITAL Research Team to support the Virtual Care Navigator (VCN), an innovative digital platform that uses artificial intelligence (AI) and local expertise to connect community members and providers with the most relevant, accurate, and up-to-date sercices.

Algoma University is leading the design and development of the platform, with a strong commitment to building a tool by and for the community. The AOHT played a key role in 2025-26 by connecting community partners, sharing knowledge of local services, and leading engagement activities to make sure the platform reflects the unique needs of Algoma.

In 2025-26, the AOHT Secretariat engaged participants from across the health and social service sector, including:

- **42 participants in focus groups representing community members, frontline providers, and rural communities across the District**
- **4 one-on-one interviews with executive leaders, Indigenous-led organizations, privacy officers, and health lawyers**
- **108 responses to a community survey**

This input is helping shape a tool that is useful, user-friendly, and tailored to the needs of our communities. Once implemented, the VCN will make it easier for both community members and providers to find appropriate services and connect people to the right care sooner.

Algoma residents unattached to primary care

What we said we would do in 2025-26:

Our partners have made significant strides to address primary care shortages in the last year. While we still face challenges, our team prioritized coordinated, timely, and innovative actions to improve access to primary care

- Continue to advance the Primary Care Network
- Support access to Episodic Virtual Primary Care
- Support cervical screening for unattached patients
- Connect patients on the Health Care Connect waitlist

Advancing the Primary Care Network (PCN)

The PCN was created in April 2024 to bring primary care providers together to improve access to care, strengthen collaboration, and help shape healthcare planning across Algoma.

Together, providers identify local priorities, share ideas, and improve the patient experience.

This year, the PCN made important progress in improving access to primary care and supporting healthcare providers across Algoma.

- **Designed and launched the Unattached Patient Support RN role at the Group Health Centre (GHC) to help people without a primary care provider connect with the services they need.**
- **Funded the use of AI Scribes at four primary care organizations, giving providers more time to focus on patient care.**
- **Developed a Supported Attachment Model that will help prepare patients before they are connected to a primary care provider. In 2026-27, the team will offer medication reviews, chart preparation, lab work, and preventive screenings, helping make the attachment process more efficient for both patients and providers.**
- **Endorsed funding proposals that brought more than $5.4 million in funding to primary care organizations across Algoma.**

Access to Episodic Virtual Primary Care

The North East Regional Virtual Care Clinic (NERVCC) is a Nurse Practitioner-led virtual care clinic that provides timely access to virtual care for people across Northeastern Ontario. Available seven days a week, the clinic helps reduce barriers for those who may have difficulty accessing primary care in a timely manner.

In 2025-26, nearly 30% of all calls to the clinic came from across the AOHT region with the service helping people manage health needs virtually who may otherwise have gone to the emergency department or a walk-in clinic. This highlights the importance of this service and access to different models of primary care for our communities.

The AOHT supports NERVCC through the Director of Integrated Care's participation on the Advisory Committee, helping strengthen the care model and improve connections between virtual and in-person services. Through this support, the AOHT helps identify opportunities to better integrate care, develop pathways to local services, and ensure the needs of Algoma communities are reflected in regional planning.

Attachment to a primary care provider

One of the year's most significant achievements was attaching more individuals in Algoma to a primary care provider. In 2025-26 the pre-January 2025 Health Care Connect (HCC) waitlist was successfully cleared, meaning all individuals who had been waiting for attachment to a primary care provider prior to January 2025 have now been connected to ongoing primary care.

Over the course of the year, primary care providers across Algoma successfully attached nearly 10,000 patients.

This milestone reflects the collective efforts of primary care teams, providers, and collaborative initiatives supported by AOHT's Primary Care Network. Algoma's primary care providers' commitment to increasing access to care has strengthened the District's capacity to make sure patients across the region have access to the care they need.

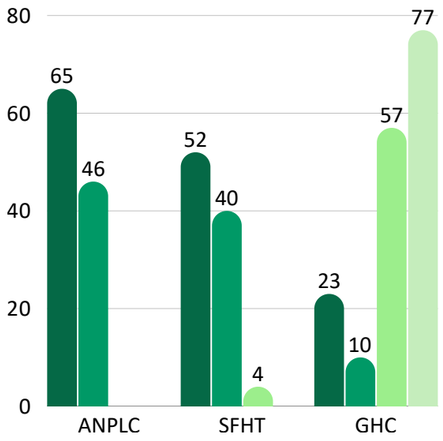
Cervical cancer screening

To improve access to preventive care for individuals who do not have a primary care provider, AOHT partners supported two cervical cancer screening clinics in 2025-26.

The clinics, held at the Superior Family Health Team (SFHT) and the GHC, provided cervical cancer screening to 81 individuals who may have otherwise faced barriers to accessing this important service.

Based on the success of this initiative, GHC will be introducing a Preventative Screening RN role in late 2026 who will perform breast, colorectal, and lung screenings on a weekly basis. This will allow residents of Algoma to have ongoing and timely access to cancer screenings year round.

Since inception, 374 individuals without a primary care provider have been screened for cervical cancer at the Algoma Nurse Practitioner-led Clinic (ANPLC), SFHT, and GHC.



Community Partnership and Engagement

Care Partner support

What we said we would do in 2025-26:



Welcome to the Executive Committee

This past January marked the end of Stephanie Parniak's tenure as a Patient Partner Tri-Chair on the Executive Committee for the AOHT. Her guidance ensured that patient, family, and care partner voices remained at the centre of our planning and decision-making. We also welcomed Martin Wyant as our new Patient Partner Tri-Chair. Martin brings experience in integrated social services and governance, and we look forward to the perspective he will bring.

Sustain and strengthen caregiver partner support

Building on the success of the Caregiver ID project, work began to expand and enhance support for care partners across Algoma. This evolution was guided by research with caregivers in Algoma, an environmental scan of existing caregiver programs, and engagement with partners to better understand caregiver experiences, existing processes, and opportunities to strengthen support.

Embed care partner support in the Healthy Aging Education Series

Caregiver support was a part of the fall 2025 Healthy Aging Education Series. During the session, a representative from the Ontario Caregiver Organization shared information on the vital role of care partners, and introduced participants to a variety of tools and resources available to assist them throughout their caregiving journey. This session increased awareness of care partner support, while recognizing the essential contributions of care partners within our communities.

Essential Care Partner support planning

Essential Care Partners, often referred to as caregivers, provide unpaid support to family members, partners, friends, and neighbours. The term "Essential Care Partner" reflects a shift toward more person-centred care and recognizes that these individuals are more than just visitors or supporters, they are active members of the care team. They provide important knowledge, advocacy, and day-to-day support that contributes to better health outcomes and improved quality of life. Recognizing the critical role of care partners, work is underway to enhance access to information, resources, and support that can help them navigate their caregiving journeys. The resource will launch in spring of 2027.

What does this work mean for the community?

Care partners are essential to our healthcare system. They provide care, advocacy, and support every day, often behind the scenes and without recognition. Their efforts help improve quality of life for the people they care for while also supporting the broader healthcare system.

By recognizing and supporting care partners, we can help build healthier, more connected communities and ensure those who care for others have access to the resources they need to care for themselves as well.

Engagement to-date, a reflection of our Patient, Family, and Caregiver Engagement Strategy

Since the formation of the AOHT, our partners committed to including community voices at all levels of our work to build shared understanding, foster trust, and co-create a healthcare system that reflects the unique needs of Algoma. Our commitment has guided our work every step of the way.

By the numbers:



48 engagement initiatives, ranging from one-time to continuous engagement



11 priority areas worked on by community partners



1,000+ interactions, including meetings and events

How community members participated:

- Advisory committees
- Focus groups
- Surveys
- Interviews
- Co-design workshops
- Community events
- Education sessions
- Governance and leadership

Where community voices made an impact:

Healthy Aging: Advised on priorities such as early frailty screening, dementia planning, healthy aging fairs, and education opportunities.
COPD: Reviewed patient education materials and pulmonary rehabilitation initiatives.
Mental Health and Addictions: Helped shape strategic priorities and service planning initiatives by sharing lived and living experience.
Primary Care: Provided feedback on access, attachment, and virtual care initiatives.
Care Partners: Guided the development of care partner resources and engagement activities.
Leadership and Governance: Developed our core values, principles and priorities, strategic planning, co-design projects.

Community Partnership and Engagement



Advancing health and social equity in Algoma

Our goal

In partnership with Dr. Brianne Wood, affiliated with The Dr. Gilles Arcand Centre for Health Equity and Northern Ontario School of Medicine University, we want to better understand the unique experiences and needs of people in our community by:

Collecting experience and demographic information from users of partner organizations.

Studying and understanding this data.

Working together to design better ways to support everyone.

This year

In November, our research team received Research Ethics Board (REB) approval for a study to better understand health and social needs in Algoma. Ten organizations are sharing a survey that asks about people's care experiences and demographics. This helps us see where we can make care and services better for everyone.

In January, we officially launched the survey at one of our partner primary care organizations and reached more participants than expected. As more organizations share the survey at their organizations, we will use what we learn to improve healthcare across the District.

Timeline

November Received official approval to start our research study from the REB.

January Distributed the survey at a primary care partner organization.

February Worked closely with our partners to plan and train for each launch.

March Analyzed early results to help us improve care.

Ongoing Launch the survey at more than 9 additional participating organizations.

What does this mean for our community?

To make health and social services equitable for everyone, we need to understand the challenges people face from their experiences. We know that things like where you live and your background can affect your health, but we want to work together with our communities to make big, noticeable changes together as an Ontario Health Team.

By working together on this research, we can learn what our community really needs, design changes with them, and make sure everyone has equitable access to the care they deserve.

Building a Foundation for Collaboration

What we said we would do in 2025-26:





Digital Health

Supporting new technologies

This year, the AOHT continued to improve access to primary care by expanding Online Appointment Booking (OAB) and supporting the use of AI Scribes. OAB allows patients to book appointments online at any time. AI scribes help healthcare providers complete clinical notes during appointments, giving them more time to focus on their patients.

Patients reported that online booking was easy to use, convenient, and a better option than calling the organization. As more clinics adopt these digital tools, patients can access care more easily while providers have more time to focus on delivering high-quality care.

Emergency Department Virtual Queue

The AOHT supported Sault Area Hospital's pilot of the Emergency Department Virtual Queue, which lets patients with non-urgent needs wait at home instead of the emergency room. The AOHT helped bring clinical champions into the design process and ensured frontline perspectives were included. The pilot supported new ways to improve access and patient flow for people seeking care.

How we did in 2025-26:

28
providers using OAB at 4 primary care organizations

1,100
appointments booked online using OAB

4.48/5
average patient satisfaction rating

20
providers using AI Scribes in 4 primary care organizations

Strengthening governance

Operations Committee

In September 2025, we created the Operations Committee to help guide our work. This group brings together leaders from across Algoma to turn our goals into action. They meet every month to plan, help organizations work better together, and track our progress.

This year, the committee played a key role in our success. They helped write our 2026–27 Annual Plan, approved budgets, and checked on our progress in areas like healthy aging, COPD, and mental health and addictions. They also created a clear way to track our performance and spending so we can make better decisions.

Additionally, they worked to improve how we operate. This included reviewing our terms, welcoming a new patient partner leader, updating our strategy for working with patients and families, and creating a space to discuss new opportunities. By meeting monthly, the Operations Committee helps organizations in Algoma work together better, ensuring our work leads to real improvements for the people we serve.

Project Percolator

The Project Percolator is an opportunity for leadership, AOHT members, and the community to learn about AOHT project work in a space that allows for discussion, idea-sharing, and feedback.

In 2025-26, we hosted 74 participants across 2 project percolator meetings.

This year, our team launched new ways of organizing our project percolator meetings, including an interactive session in partnership with Algoma University and a meeting led by the Maamewsying Ontario Health Team.

Looking ahead

Each year, we continue to see meaningful improvements for the communities we serve.

We have a lot to be proud of as a partnership, and will continue to work with the community to achieve our shared mission of achieving integrated care in Algoma.

In 2026-27, we will continue to focus on coordinating care for older adults, complex chronic diseases, mental health and addictions, and individuals unattached to primary care.

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