

2024–25

Annual Report



A letter from the Executive Committee

The Algoma Ontario Health Team (AOHT) Tri-Chairs are proud to present our 2024-25 Annual Report on behalf of the Leadership Council.

As we reflect on the past year, we are proud to mark five years since the formation of the AOHT. What began as a public commitment among partners is evolving into a collaborative network dedicated to reimagining healthcare in Algoma.

Over the last fiscal year, the AOHT leveraged the expertise of its partners and the relationships they've built to pilot initiatives that are meaningful to Algoma residents. The focus of our work has been on navigation, prevention, and increasing access to care for our priority populations: older adults, complex chronic conditions, mental health and addictions, and individuals unattached to primary care.

We not only celebrate the progress we've made, but also acknowledge the challenges that continue to shape our path forward. While our population health management initiatives continued, our Leadership Council worked over several months to build a renewed foundational structure to propel us into 2025-26 with the support we need for the work that lies ahead.

We invite you to review this report with curiosity and optimism.



Stephanie Parniak
AOHT Tri-Chair



Dr. Alan McLean
AOHT Tri-Chair



Tim Vine
AOHT Tri-Chair










The AOHT is a team of local health professionals, organizations, and community members working to create a network where citizens will have access to the right care, right team, and right care setting when they need it. We want individuals to experience seamless transitions throughout their care journey in a system that is understandable, digitally-enabled, and collaborative.

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

MISSION: The AOHT will collaborate in a model of care that is person-centered, efficient and simplified for both individuals and providers.

Guiding Values and Principles

We have adopted principles for advancing integrated care, which guide how we work with others to improve Algoma's healthcare system.

-  Patient-centred and culturally safe
-  High quality
-  Universally accessible
-  Community-led
-  Strengthens population health with primary health care

We also adopted the Patient, Family and Caregiver Declaration of values for Ontario. This means we strive to uphold the following values when providing care:

-  Accountability
-  Empathy and compassion
-  Equity and engagement
-  Respect and dignity
-  Transparency

Milestones

The foundation of all the work that we do is rooted in Ontario Health Team (OHT) principles: collaboration, co-design, and equity. Over the past year, the AOHT leveraged the expertise of our communities to launch initiatives that are meaningful to Algoma residents. The focus of the work has been on the key priority populations: older adults, complex chronic conditions, and individuals unattached to primary care.



Strengthening Care in Algoma



131 older adults attended **Healthy Aging Education Sessions** over a seven week series in Sault Ste. Marie.



Over **20,000** system navigation tools distributed to support communities access the care they need.

Community Partnership and Engagement



Community partners were involved in **10 committees or working groups**



10 organizations partnered on a research project to improve equity in Algoma.

Building a Foundation for Collaboration

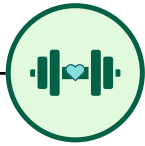


67 individuals without a primary care provider were screened for cervical cancer in 2024-25, bringing the total to **293** since inception.



Five primary care organizations expanded their Online Appointment Booking programs.

Strengthening Care in Algoma



What we said we would do in 2024-25

- Implement and provide ongoing support for early frailty identification program along North Shore
- Sustain and expand existing early frailty identification program in Sault Ste. Marie
- Implement system navigation tools to support residents and providers
- Host a series of healthy aging community education sessions

Healthy Aging

In 2024-25, the AOHT received funding to support healthy aging across our communities. It allowed us to invest in projects that help older adults live well, maintain independence, and stay connected.

A major focus was building capacity among local care providers. With this funding, we supported geriatric education through the Regional Geriatric Program, helping to strengthen the knowledge of healthcare professionals in caring for older adults. In addition to geriatric education, access to memory clinics expanded, and MINT memory training was delivered to improve the early identification of cognitive changes.

To assist with aging in place, fall prevention classes were supported through the funding of a physiotherapy assistant. These classes were designed to build strength, balance and confidence, helping older adults reduce their risk of falls. Rehabilitation equipment allowed older adults to

safely enhance their recovery.

Early frailty identification was another key area of focus. An interdisciplinary team, including a pharmacist, social worker, and allied health professionals worked together to identify frailty and connect individuals to timely supports in Sault Ste. Marie and along the North Shore.

Recognizing the strong link between social connection and overall health, funding also supported initiatives to reduce social isolation. A senior residents' dinner and Memory Cafe provided safe, welcoming spaces for older adults to socialize, share experiences and engage in their community.

These initiatives reflect a coordinated, community-based approach to healthy aging in Algoma, where we are strengthening local services, supporting early intervention, and creating a region where older adults can thrive.

SPOTLIGHT: Healthy Aging along the North Shore

Along the North Shore, the Healthy Aging program continued to expand its reach and impact in 2024-25, helping older adults stay active, independent, and connected to their community. With a focus on prevention and early intervention, the program embedded Early Frailty Identification to identify individuals who may be at risk and connect them with the right supports.

This proactive approach ensures older adults can access services and resources that promote mobility, safety and overall quality of life. In addition, the program offers Healthy Aging Education Sessions, and Stand Up! classes that encourage learning, social interaction, and healthy living, creating a sense of connection across communities along the North Shore.

IMPACT:

- **10 individuals screened for Level 1 and Level 2 frailty**
- **32 referrals made to community supports**
- **272 participants attended Healthy Aging Education Sessions in Blind River and Richards Landing**
- **492 total attendees took part in Stand Up! fall prevention classes**

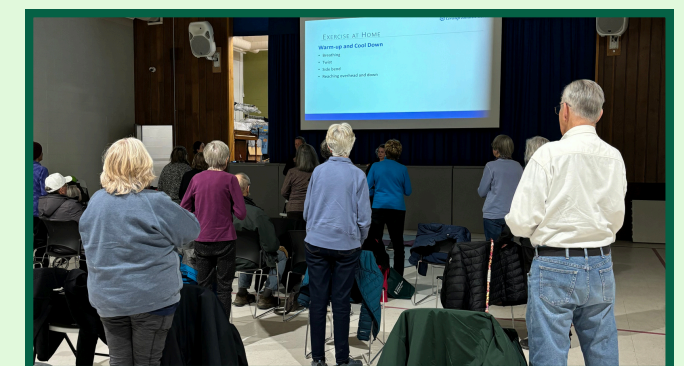
PROJECT: Empowering Seniors through Healthy Aging Community Education Series

In Spring 2025, the AOHT hosted its second annual Healthy Aging Education Series, continuing to support the well-being of older adults, and caregivers in the community. Over the course of seven weeks, **131 participants** engaged in interactive sessions led by Algoma OHT partners, who shared their expertise and practical strategies to help navigate the aging journey with confidence.

Guided by feedback from patient advisors, and the Healthy Aging Advisory Committee, the series offered an inclusive space for learning, conversation, and connection. Series topics included healthy aging, physical activity, meal preparation, medication safety, mental health and well-being, elder abuse and fraud, care planning and caregiver support.

By promoting awareness and empowering individuals to take an active role in their health, the Healthy Aging Education Series is helping to build a more informed community, while making a meaningful difference in how people experience aging in Algoma.

78 attendees reported that participating in the sessions to improve their own health while learning new strategies for aging well.



Strengthening Care in Algoma



PROJECT: Access the Care you Need Toolkit

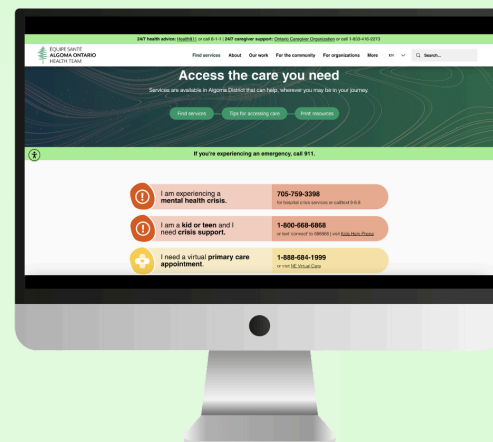
In March 2024, the AOHT launched the Access the Care you Need Toolkit (ATCYN), a suite of tools aimed to help our community know where to access the 'best next step' in their care journey.

Since its launch, our team has distributed over 16,000 ATCYN tools to numerous organizations across sectors.

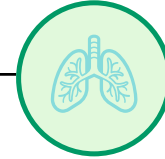
The community can visit www.algomaoh.ca/findservices to access the tools, or pick up material from organizations in our community.

What does this mean for our community?

Our goal was to develop a set of public-facing resources to help community members living in Algoma understand the services that may be available, even if they do not have access to a regular primary care provider. The services outlined in these tools, which include magnets, wallet cards, tip-sheets, and webpages are intended to either provide direct access to health and social services or help people navigate our local healthcare system.



Healthy aging initiatives are making a difference in the lives of older adults and their families in Algoma. By recognizing health concerns early, people are more likely to access the right support before their needs become more severe. Programs like fall prevention classes and education sessions offer opportunities to stay active and remain safely at home while staying connected in the community. Our team then builds tools to ensure our community knows where to access services.



What we said we would do in 2024-25

- Increase community capacity to diagnose COPD
- Develop localized COPD pathways
- Explore digital health opportunities to support COPD self-management

Conditions Better Managed in the Community

Local data revealed both an incidence rate and prevalence rate of Chronic Obstructive Pulmonary Disease (COPD) higher than the rest of Ontario. COPD blocks the airflow in your lungs, and our community faces risk factors that increase its incidence.

Over the past year, the AOHT worked with primary care and community partners to strengthen local capacity for diagnosing and managing COPD. We invested in expanding spirometry testing, which tests lung function, at two primary care organizations in rural settings and supported Certified Respiratory Educator training for nursing staff across the District. Further, smoking cessation supported prevention in a rural Algoma community. In Central Algoma, equipment and training for a primary care community clinic built the foundation for offering in-house COPD testing. These initiatives support earlier diagnosis, interpretation of testing, and disease management, especially in rural settings.

These initiatives mean that more residents across Algoma can receive the right care, in the right place, at the right time.

Over the course of the fiscal year, the COPD working group and community members came together to develop the "Patient Guide to Living Well with COPD", a guide to help people better understand their condition and manage their symptoms with confidence. The guide is set to launch across primary care organizations in Fall 2025.

What does this mean for our community?

Expanding spirometry testing and respiratory education in primary care reduces waitlists for hospital-based diagnostics, shortens the time to diagnosis, and gives patients access to timely education and support. For people living with COPD, bringing quality care closer to home and promoting earlier self-management can help prevent complications, avoid hospital visits, and improve their quality of life. For primary care providers, it enhances clinical capacity to support their patients' respiratory health directly within their practice. While still in its early stages, this work has laid a strong foundation for a more integrated and streamlined COPD care pathway across Algoma.

Strengthening Care in Algoma

What we said we would do in 2024-25

- Support development of coordinated access to community mental health and addictions programs
- Launch a roadmap to connect individuals with appropriate services

Mental Health and Addictions



PROJECT: Mobile Primary Care Partnership Toolkit

In March 2024, funding was obtained to support the sustainment and expansion of the Community Wellness Bus, which included the investment in a new bus. To support the transition of the project to its partners and to support expansion of mobile models of care across the region, the AOHT Transformation Office developed a Mobile Care Partnership Toolkit.

Together with our partners, we've curated tools and templates into a one-stop roadmap for organizations looking to develop and implement a mobile care program with multiple partners. Mobile care provision is an evidence-based model that continues to fill gaps in Northeastern Ontario, and we hope this toolkit continues to support initiatives such as the CWB across the region.



PROJECT: Mental Health and Addictions Roadmap

In March 2023, a working group was established of frontline staff, community advisors, and senior leadership with the aim of developing a tool to help providers and the public navigate mental health and addictions services in Algoma.

Through extensive consultation over the last year, a streamlined roadmap of 'best first step' services for every phase of the journey to recovery was developed. Built off available services for mental health and addictions in Algoma, the roadmap features organizations where existing navigators can be leveraged to help create connections between appropriate mental health and addictions resources.

The roadmap website was officially launched in November 2024 and reached 344 site visits in its first 4 months. Since then, 2,500 roadmap one-pagers and wallet cards were distributed across numerous organizations.

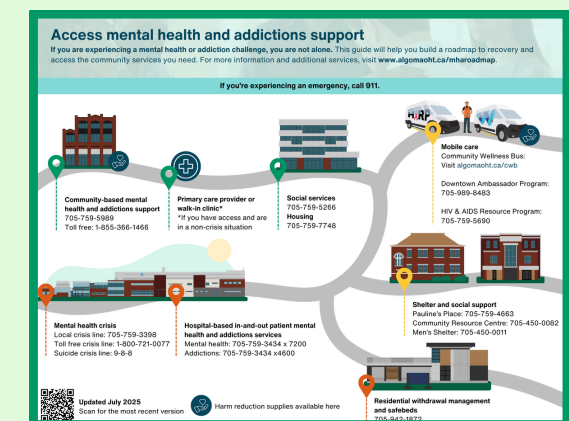
We would like to acknowledge the working group, a dedicated team of professionals from various organizations, for their dedication to this important work. This collaboration of insight and expertise is a model for how integrated care can flourish Algoma.

What does this mean for our community?

The roadmap was designed to make it easier for individuals and families to navigate the complex journey to recovery. For many in our community, knowing where to start or where to turn for support can be overwhelming.

Careful consideration was given for every decision. The roadmap provides clear, accessible information that connects people to the right services, no matter where they first seek help. Whether someone walks into a hospital, a food bank, a community clinic, or another support organization, the goal is to ensure they are guided toward the care they need.

The community can visit www.algomaoh.ca/mharoadmap to access the tools, or pick up a one-pager or wallet card from organizations in our community.



Strengthening Care in Algoma



PROJECT: Environmental Scan of Mental Health and Addictions in North Algoma

In January 2025, AOHT partners initiated a community-focused environmental scan to increase understanding of mental health and addictions needs in North Algoma. This work was sparked by rising demand for mental health and addictions services across rural Northern Ontario, particularly in areas like North Algoma where people face unique barriers due to geographic isolation, low populations, and limited access to care.

Using principles of integrated care, this initiative aimed to close gaps in data, planning, and care by bringing together community voices, service providers, and system leaders. The AOHT Transformation Office worked closely with partners and communities to co-design engagement activities, which included focus groups, interviews, and workshops.

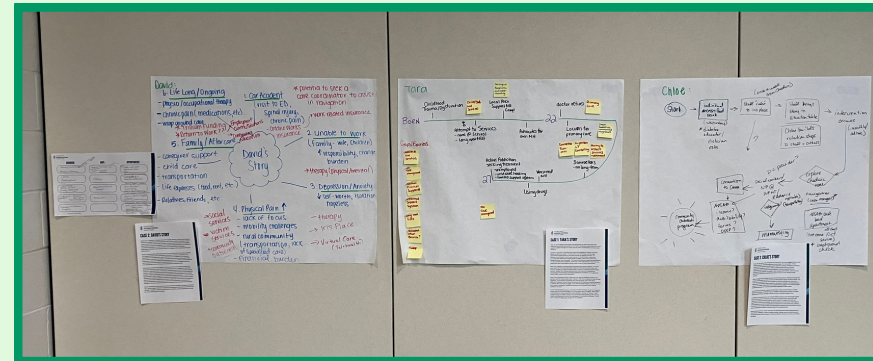
Over 3 months, more than 50 participants from many organizations across North Algoma were engaged throughout the environmental scan.

The environmental scan achieved more than its intended outcomes of environmental scanning; it built trust, strengthened relationships, and elevated voices that reflect the foundation of person-centred care. People shared their experiences around accessing services, navigating the system, success stories, and barriers faced.

The results were compiled and built into a driver diagram that will guide us through improvement initiatives over the coming years.

IMPACT:

- **11 community interviews across four organizations and four sectors**
- **11 frontline staff focus group attendees from eight organizations**
- **15 executive attendees from 10 organizations**



In Spring 2025, our team visited Wawa to host workshop for executives in North Algoma to do care journey mapping and prioritize initiatives for the upcoming year.



What does this mean for our community?

The findings are helping to shape local planning, integration, and advocacy efforts that bring together health and social care to better meet the mental health and addictions needs of our communities. Over the next fiscal year, our OHT will leverage the momentum built to initiate activities in a coordinated way.

This work represents a step forward for enhancing care and services in a collaborative way, but also blazes a trail for data-informed engagement and planning in rural Northern Ontario. By actively listening to the experiences of community members, service providers, and leaders, we are creating spaces for honest conversations, strengthening connections between organizations, and ensuring that community voices are helping to shape the future of care. This is a foundation we can build on as we work toward a more connected, inclusive, and supportive system of care for everyone in our region.

Strengthening Care in Algoma

What we said we would do in 2024-25

Increase access to primary care services

- Support the Northeast OHT Regional Collaborative to implement Episodic Access to Virtual Care Clinic
- Explore opportunities for alternative primary care models to support unattached individuals

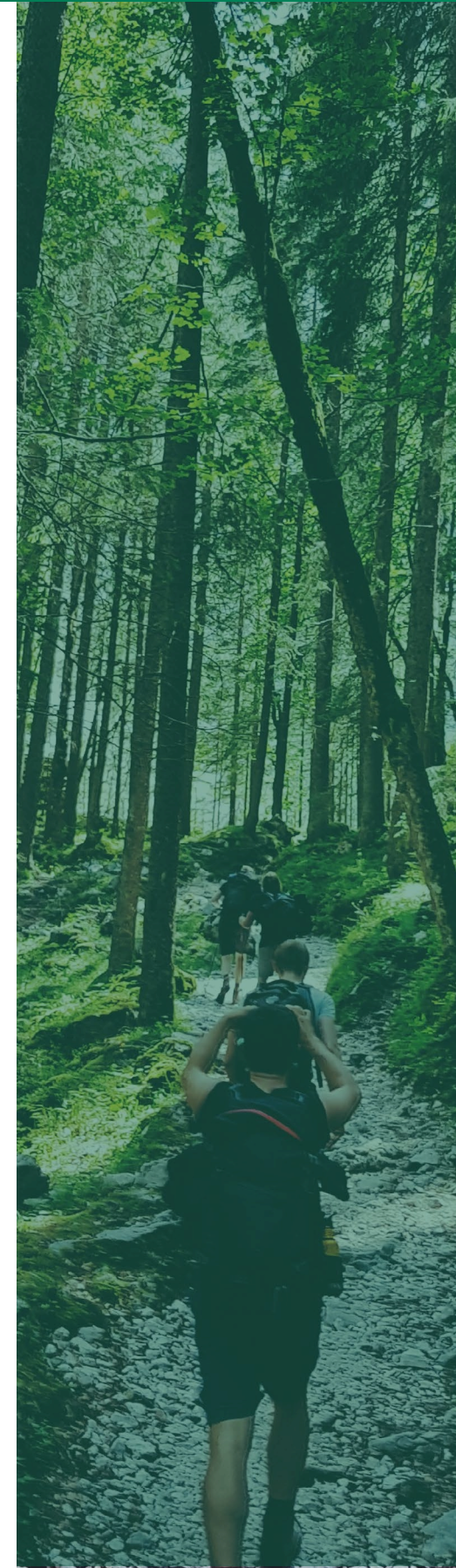
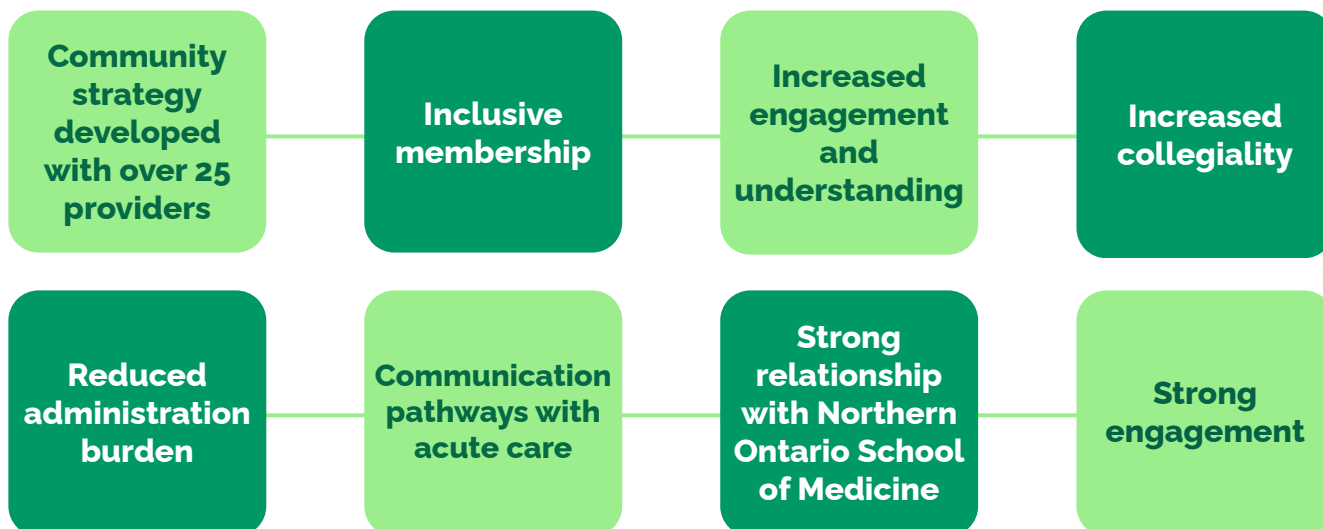
Preventative screening

- Collaborate with primary care partners to deliver cervical screening clinics for unattached individuals
- Collaborate with partners, including the North East Regional Cancer Program to increase preventative screening education

Individuals Unattached to Primary Care

The Algoma Primary Care Network (PCN) was established in 2024-25 to bring together local primary care clinicians to strengthen collaboration and provide a unified voice in health system planning. The shared goals of its members are to improve primary care access, coordination, and experience. The PCN aims to streamline decision-making processes, ensuring local clinical priorities are identified and implemented effectively, enhancing healthcare delivery and patient outcomes.

Our community continues to address a province-wide primary care provider shortage affecting thousands of community members across Algoma. While the number of individuals without a primary care provider continues to rise, our team is prioritizing coordinated, timely, and innovative actions to improve access to primary care, the cornerstone of our healthcare system.

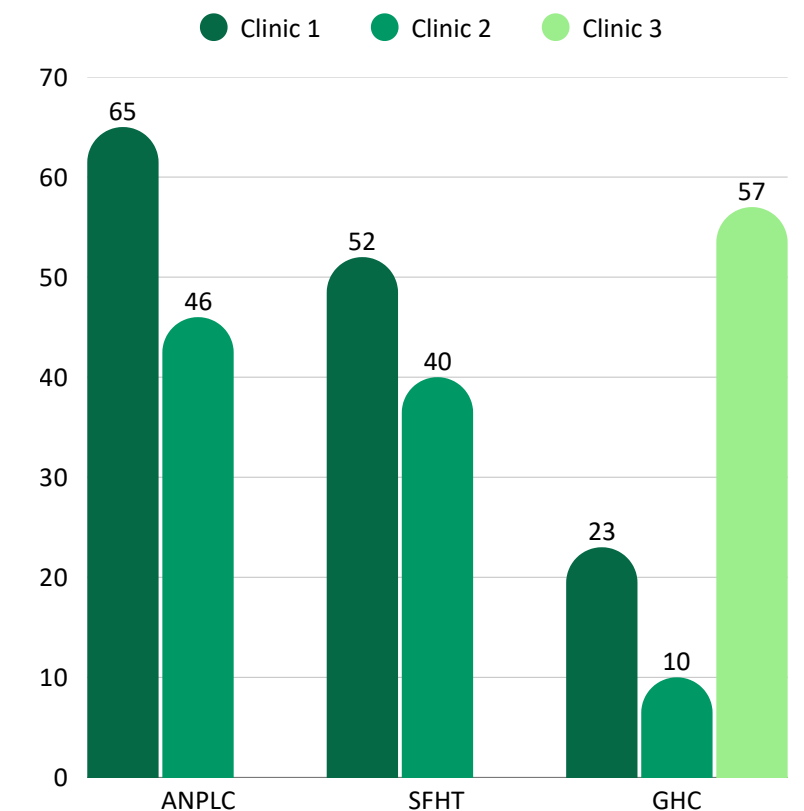


Preventative Screening

In 2024-25, the AOHT transitioned into a supporting role for our partner-led cervical screening clinics, which aim to screen individuals without primary care providers for cervical cancer. These clinics now operate within our partner organizations, such as the Algoma Nurse Practitioner-led Clinic (ANPLC), Superior Family Health Team (SFHT) and the Group Health Centre (GHC), along with education and anticipatory guidance on breast and colorectal cancer screening. The AOHT supports these efforts through a comprehensive, co-designed toolkit that enables sustainable clinic operations and equitable access to preventative care.

In 2024-25, 67 cervical screens were performed for individuals who are unattached to primary care. Approximately 70% of these individuals said they received care from these clinics that they would have otherwise gone without.

Cervical screens since inception (2022)



Community Partnership and Engagement

What we said we would do in 2024-25

- Increase uptake of the Caregiver ID project
- Embed patient and family advisors (PFAC)
- Complete Phase I of the system equity research project
- Disseminate and support diversity, equity and inclusion training and education opportunities

Community Advisors

This year, our community advisors and PFAC members shaped programs across the AOHT.

Public Engagement: One partner spoke about Caregiver Wellness at the Healthy Aging Education Series. Others co-designed and delivered a Project Percolator event focused on the caregiver voice.

Collaboration: Twelve community advisors participated in focus groups, guiding Healthy Aging activities for the North Shore. Community Partners also advised on a Patient Experience Survey for an AOHT primary care partner, a Virtual Care Navigation Project with Algoma University, and Cancer Care Ontario's public cancer-screening information. Their input shaped the content, format, and distribution of these resources.

Measuring Engagement: We completed the Engagement Capable Environments OHT Collaborative Self-evaluation Tool and reached a Level 2, which demonstrates strong progress and identifies areas to improve. **Community Partner evaluations averaged an 87% overall rating,** reflecting this year's meaningful involvement and collaboration with our advisors. Qualitative feedback was also gathered on "What Primary Care Means" to our community, helping us understand experiences behind the data.

The healthcare care system in Algoma is shaped by the people who use it. By engaging people with lived experience, our region continues to build an integrated system that reflects needs and priorities.

Caregiver ID

As of Spring 2025, over 600 caregivers were onboarded to the Caregiver ID project at Sault Area Hospital and 24 onboarded at North Shore Health Network.

In 2024-25, work began on a renewed caregiver program. This included connecting with local partners, drawing insights from other OHTs, and collaborating with the Ontario Caregiver Organization (OCO) to better understand what effective support looks like for caregivers across Algoma. As part of the exploration of Caregiver ID, the AOHT collaborated with Algoma University and the OCO to conduct a research study focusing on the unique needs and experiences of caregivers in the North. The findings have been used to inform next steps, and were published in the Patient Experience Journal in November 2024.

As part of this work, a caregiver focused session was added to the Healthy Aging Education Series in spring 2025. The session aimed to increase community awareness of caregiver roles, and available supports in the region.

What does this mean for our community?

The caregiver program helps create a stronger, more connected community in Algoma. This work reflects a growing focus on a coordinated approach to caregiver support, where caregivers are seen, supported and valued. Ongoing efforts will continue to highlight the essential role of caregivers, the often unseen backbone of the health system, and ensure their contributions are recognized.

Advancing Social Equity

In fall 2022, a group of interested individuals including partners and community members came together to better understand health and social equity needs in our community and opportunities for alignment. Over that first year, our work focused on a collaboration, co-designed with members of the community, to administer a survey to determine care experiences across Algoma. The research team will use survey results from local residents to identify population groups and health and social care settings that will benefit from targeted interventions addressing equity for identified populations.

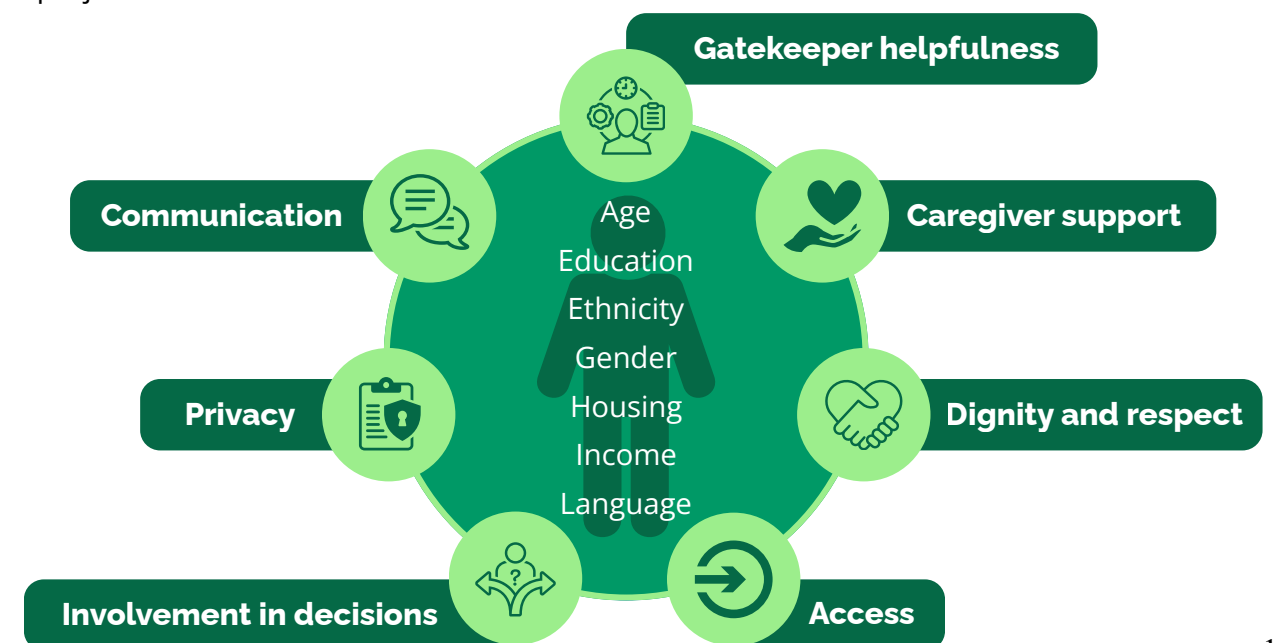
The 2024-25 fiscal year involved blazing trails for essential qualitative research in our communities. Once our survey was designed to meet local needs, we began the process of applying to Research Ethics Boards and onboarding partners onto the project.

We are proud to have onboarded 10 organizations who will administer the survey in winter 2025.

What does this mean for our community?

This foundational research is a necessary step to create a collective understanding of the inequities faced in Algoma. Anecdotally, we know social determinants of health affect the way residents access and receive care; however, there is a lack of reliable data to inform Algoma-wide improvements that will propel us forward as a community.

Working collaboratively through this research affords us the opportunity to deeply understand the nuances of our community to plan, deliver, and coordinate equitable interventions effectively.



Building a Foundation for Collaboration

What we said we would do in 2024-25

- Explore opportunities to reduce barriers related to information sharing
- Develop a renewed AOHT digital health strategy

Digital Health



Artificial Intelligence Scribes

AI Scribes use artificial intelligence to document patient visits. In 2024-25, the AOHT secured funding to support the adoption and expansion of AI Scribes in the following five primary care organizations.

1. Algoma Nurse Practitioner-led Clinic
2. Group Health Centre
3. Sault Community Health Centre
4. Superior Family Health Team
5. Wawa Family Health Team

What this means for our community?

AI Scribes and other digital tools are used to reduce administrative burden for providers, allowing them to spend more time focusing on patient care and less time on paperwork. AI scribes can help improve efficiency, reduce burnout, and support timely documentation. In a healthcare system where efficiency is paramount, AI Scribes are an effective tool to streamline processes and improve patient care and experience.



Online Appointment Booking

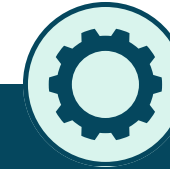
The AOHT supported the adoption of Online Appointment Booking (OAB), which conveniently allows community members to make appointments online, at the five primary care organizations listed below across the district.

1. Algoma Nurse Practitioner-led Clinic
2. Group Health Centre
3. Sault Community Health Centre
4. Superior Family Health Team
5. Wawa Family Health Team

This expansion resulted in 8 additional providers joining the 77 others already offering the service. To date, more than 33,000 community members have access to OAB.

What this means for our community?

Expanding access to OAB improves care and experience for community members along with providers. Community members experience increased flexibility, convenience, and access, while increasing operational efficiency for providers.



Digital Health Workshop

On November 15, 2024, 32 partners from the AOHT and Maamwesying OHT gathered in Sault Ste. Marie for a Digital Health Workshop facilitated by the eHealth Centre of Excellence. The event brought together a diverse group of participants, including patient and clinician representatives, as well as leaders from various sectors including social services, mental health and addictions, acute care, primary care, community support services, Ontario Health, and the local business community.

Participants shared insights on the factors that make digital health challenging for our communities. This discussion derived ideas and priorities that were compiled into a report and presented to the AOHT Leadership Council. Building on the momentum from the workshop, the AOHT will spend 2025-26 exploring the renewal of a Digital Health Committee to help guide our region's digital health transformation.

What does this mean for our community?

Expanding digital health solutions support delivery of care, ongoing quality and performance improvements, and enable access to information when and where people need it.



Building a Foundation for Collaboration

What we said we would do in 2024-25

- Expand and strengthen OHT partnerships, including OHT-to-OHT level partnership agreements
- Continue to onboard new members to reflect full sector representation
- Lead a community approach to increase Nurse Practitioner recruitment

Leadership and Governance

The 2024-25 fiscal year marked the inaugural development of a Collaborative Decision Making Agreement (CDMA), further solidifying our partners' commitment to integrated care and collaboration. 22 partner organizations signed the CDMA, reaffirming their commitment to take risks and make decisions together for the betterment of our communities.

Over the course of the 2024-25 year, the AOHT focused on engagement of existing partners and developing a structure that is collaborative, effective, and sustainable. These efforts included two sessions in November 2024 and January 2025, facilitated by a lawyer, focused on effective governance and healthcare system change. What came from these sessions were a renewed governance structure and optimism for the future of the AOHT.

What does this mean for our community?

Our restructuring, which introduces our inaugural Operations Committee, brings people closer to the work, driving the work. Every month, decision makers and innovators from key healthcare sector organizations to lead work that advances our priority populations and ultimately, integrated care.

Recruitment and Retention

In June 2024, the AOHT hosted a series of two Nurse Practitioner (NP) Information Sessions for Registered Nurses to network with other NPs practicing along the North Shore and in the North, and to learn about the NP programs and educational opportunities offered in Ontario, the journey to becoming a NP in Northern Ontario, and recruitment programs and incentives. Attendees received information packages to support learning.



Rural and Remote Algoma Collaborative Committee

A pillar of the AOHT's work is to ensure our communities have the right care, at the right time, and in the right setting. Part of this work is using a population health management approach across Algoma to drive change through data. Community level data is often aggregate, delayed, and not specific enough to plan effectively. These challenges often are exacerbated in rural northern communities, particularly with limited data analytics capacity.

In May 2024, our Rural and Remote Algoma Collaborative Committee (RRACC), which consists of seven rural and remote organizations across Algoma, approved a proposal built collaboratively with Rapid-Improvement Support and Exchange to submit an Applied Health Research Question (AHRQ) to the Health System Performance Network to use data to better understand our communities. Over the summer of 2024, the RRACC used geographic mapping to create sub-OHT community hubs. The AHRQ was submitted in fall 2024 and in March 2025, we received relevant data for seven hubs across our OHT catchment area, which included indicators aligned to sociodemographic factors, priority populations, utilization, and attachment. Initial data was presented to the RRACC in April 2025.

Next steps will include the development of community hub health profiles and leveraging support from HSPN to use these data as predictor variables for specific health outcomes (i.e., chronic disease prevalence, health care costs) via regression models. This data will be used by the RRACC to drive the committee's decisions and initiatives over the next fiscal year and beyond.

Our Team

We are a team of local health professionals, organizations, and community members working to create a network where citizens have access to the right care, the right team, and the right care setting when they need it. We want individuals to experience seamless transitions throughout their care journey in a system that is understandable, digitally enabled, and collaborative.

The Transformation Office

The AOHT has mobilized work across organizations in its membership and beyond with support from the AOHT Transformation Office. The Transformation Office is responsible for supporting leadership, decision-making, and operations.

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We would like to thank the following individuals for their contributions in supporting integrated care in Algoma.

Michelle Courneene
Project Management
Consultant

Jeff Dorans
Quality Improvement
Consultant

Isaac Lennox
Digital Health Coordinator

Our Partners



Sault Family Health Organization



