

## MIDDLESEX LONDON OHT DECISION TOOL

Section A – To Be Transferred from Request Form					
Date (DD-MM-YYYY):					
Organization Making the Request:					
Contact Person:					
<ul> <li>1. Project/initiative Description: <ul> <li>a) What is the challenge for patients, caregivers, and/or providers?</li> <li>b) What is the proposed solution?</li> <li>c) What alternative solutions have been explored?</li> <li>d) Who locally benefits from this initiative (providers, patient groups, etc.)?</li> <li>e) How will you evaluate your impact?</li> </ul> </li> </ul>					
<ul> <li>Decision Type</li> <li>□ Decision to provide MLOHT support (Letter of Support, Connections, Advisory, Project Management (hours), Funds (amount), other)</li> <li>□ Decision to submit funding proposal</li> <li>□ Decision to prioritize project for implementation</li> </ul> Explain Further					
Section B – To Be Completed by The Middlesex London OHT					
1. What is the anticipated impact of this project/initiative on each element of the MLOHT's Health Equity-Driven Quadruple Aim goals?					
	Positive Impact	Neutral Impact	Negative Impact		
Improved Health Equity					
Better population and patient health outcomes					
Better patient and caregiver health system experiences					

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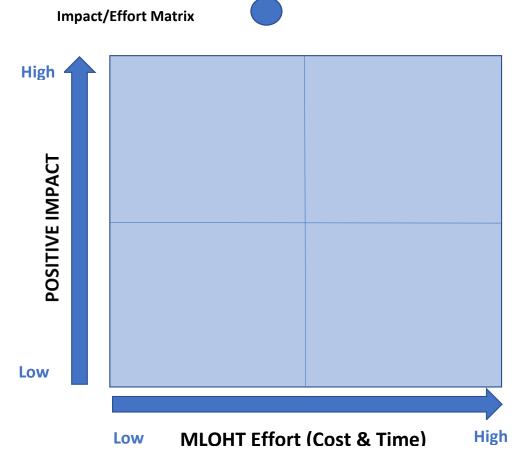
Better provider health system experiences					
Better value for per-capita cost					
Explain Further					
2. Does this project/initiative contribute to MLOHT's purpose?  Improving our healthcare experience together — where people are heard, care is connected, and whole health is possible for everyone.  Yes, project/initiative brings together multiple partners Yes, project/initiative engages patients/clients/care partners and providers Yes, project/initiative improves integrated care Yes, project/initiative addresses wholistic health					
Explain Further					
3. Does this project/initiative align with co-design themes, and/or support the COVID-19 response/recovery?  Access to and Awareness of Services Sustained Care Relationships Care Partner Support Case Management and Coordination Communication Between Providers Early Diagnosis Process Promoting Self-Management Patient-Centred Care Goals of Care COVID-19 Response COVID-19 Recovery					
<ul><li>4. Does this project/initiative support prioritized populations?</li><li>□ Patients living with CHF</li><li>□ Patients living with COPD</li></ul>					
Explain Further					
5. Is this project/initiative easily scalable to other populations?					
□ Yes □ No					

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☐ Unsure					
Explain Further					
6. Does this initiative offer an	opport	unity to collaborate	across the following?		
<ul> <li>□ Other Ontario Health Teams</li> <li>□ Ontario Health West</li> <li>□ Ontario Health</li> </ul>					
Explain Further					
PROJECT/INITIATIVE THAT REQUIRES MLOHT FUNDING, SIGNIFICANT MLOHT EFFORT, OR WILL IMPACT DELIVERABLE TIMELINES IS ONLY ELIGIBLE FOR THAT SUPPORT IF IT MEETS REQUIREMENTS 2-4  Class Z estimates (best guess) are acceptable below.					
MLOHT Cost Estimate within existing budget:  ☐ \$1 - \$10,000  ☐ \$10,000 - \$50,000*  ☐ \$50,000 - \$100,000*  ☐ >\$100,000*  ☐ Project/Initiative includes access to funds/resources	Estima Huma □ <10 □ 10 □ 40	HT Hours of Effort ate within Existing in Resources: 0 hours - 40 hours - 100 hours*	Estimated Impact on existing MLOHT deliverable timelines:  Low Impact Medium Impact* High Impact*	Estimated Impact Across System (multiple sectors):  Low Impact Medium Impact* High Impact*	
Describe Positive Impact					
Describe Risks to MLOHT and Its Attributed Population					
Risk Category		Risk Description			
System Alignment/Silo Creatio	n				
MLOHT Reputation					
Ops Team & Partner Capacity					
Privacy					
HR/Staff					

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Sustainability		
Patient Safety		
Policy and Legislation		
Trust and Relationships		
Access to Care		
Describe level of MLOHT Support Recommended and level of Operations Team Consensus		
<ul> <li>□ PCCPC has been informed/involved/has supported</li> <li>□ Approved by Coordinating Council*</li> </ul>		



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