

## MIDDLESEX LONDON OHT DECISION TOOL

### Section A – To Be Transferred from Request Form

**Date (DD-MM-YYYY):**

**Organization Making the Request:**

**Contact Person:**

#### 1. Project/initiative Description:

- a) *What is the challenge for patients, caregivers, and/or providers?*
- b) *What is the proposed solution?*
- c) *What alternative solutions have been explored?*
- d) *Who locally benefits from this initiative (providers, patient groups, etc.)?*
- e) *How will you evaluate your impact?*

#### 2. Decision Type

- Decision to provide MLOHT support (*Letter of Support, Connections, Advisory, Project Management (hours), Funds (amount), other*)
- Decision to submit funding proposal
- Decision to prioritize project for implementation

*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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better population and patient health outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better patient and caregiver health system experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Better provider health system experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better value for per-capita cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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

*Explain Further*

**4. Does this project/initiative support prioritized populations?**

- Patients living with CHF
- Patients living with COPD

*Explain Further*

**5. Is this project/initiative easily scalable to other populations?**

- Yes
- No

Unsure

*Explain Further*

**6. Does this initiative offer an opportunity to collaborate across the following?**

- Other Ontario Health Teams
- Ontario Health West
- Ontario Health

*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.

<b>MLOHT Cost Estimate within existing budget:</b>	<b>MLOHT Hours of Effort Estimate within Existing Human Resources:</b>	<b>Estimated Impact on existing MLOHT deliverable timelines:</b>	<b>Estimated Impact Across System (multiple sectors):</b>
<input type="checkbox"/> \$1 - \$10,000	<input type="checkbox"/> <10 hours	<input type="checkbox"/> Low Impact	<input type="checkbox"/> Low Impact
<input type="checkbox"/> \$10,000 – \$50,000*	<input type="checkbox"/> 10 – 40 hours	<input type="checkbox"/> Medium Impact*	<input type="checkbox"/> Medium Impact*
<input type="checkbox"/> \$50,000 - \$100,000*	<input type="checkbox"/> 40 – 100 hours*	<input type="checkbox"/> High Impact*	<input type="checkbox"/> High Impact*
<input type="checkbox"/> >\$100,000*			
<input type="checkbox"/> Project/Initiative includes access to funds/resources	<input type="checkbox"/> >100 hours*		

**Describe Positive Impact**

**Describe Risks to MLOHT and Its Attributed Population**

<b>Risk Category</b>	<b>Risk Description</b>
System Alignment/Silo Creation	
MLOHT Reputation	
Ops Team & Partner Capacity	
Privacy	
HR/Staff	

Sustainability	
Patient Safety	
Policy and Legislation	
Trust and Relationships	
Access to Care	
<b>Describe level of MLOHT Support Recommended and level of Operations Team Consensus</b>	
<input type="checkbox"/> PCCPC has been informed/involved/has supported <input type="checkbox"/> Approved by Coordinating Council*	

**Impact/Effort Matrix**

