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**MIDDLESEX LONDON OHT DECISION TOOL**

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| **Section A – To Be Transferred from Request Form** | | | | | | | |
| **Date (DD-MM-YYYY):**  **Title of Request:**  **Organization Making the Request:**  **Contact Person:** | | | | | | | |
| 1. **Project/initiative Description:** 2. *What is the challenge for patients, caregivers, and/or providers?* 3. *What is the proposed solution?* 4. *What alternative solutions have been explored?* 5. *Who locally benefits from this initiative (providers, patients groups, etc.)?* 6. *How will you evaluate your impact?* | | | | | | | |
| 1. **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 | | | |  |  | |  |
| Better population and patient health outcomes | | | |  |  | |  |
| Better patient and caregiver health system experiences | | | |  |  | |  |
| 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 | | | | | | | |
| *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. What is the anticipated impact of this project/initiative on each of the UN Sustainable Development Goals?** *(Leave blank if unknown)* | | | | | | | |
|  | | | | Positive Impact | Neutral Impact | | Negative Impact |
| GOAL 1: No Poverty | | | |  |  | |  |
| GOAL 2: Zero Hunger | | | |  |  | |  |
| GOAL 3: Good Health and Well-being | | | |  |  | |  |
| GOAL 4: Quality Education | | | |  |  | |  |
| GOAL 5: Gender Equality | | | |  |  | |  |
| GOAL 6: Clean Water and Sanitation | | | |  |  | |  |
| GOAL 7: Affordable and Clean Energy | | | |  |  | |  |
| GOAL 8: Decent Work and Economic Growth | | | |  |  | |  |
| GOAL 9: Industry, Innovation and Infrastructure | | | |  |  | |  |
| GOAL 10: Reduced Inequality | | | |  |  | |  |
| GOAL 11: Sustainable Cities and Communities | | | |  |  | |  |
| GOAL 12: Responsible Consumption and Production | | | |  |  | |  |
| GOAL 13: Climate Action | | | |  |  | |  |
| GOAL 14: Life Below Water | | | |  |  | |  |
| GOAL 15: Life on Land | | | |  |  | |  |
| GOAL 16: Peace and Justice Strong Institutions | | | |  |  | |  |
| GOAL 17: Partnerships to achieve the Goal | | | |  |  | |  |
| *Explain Further* | | | | | | | |
| **7. 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. | | | | | | | |
| **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 | **MLOHT Hours of Effort Estimate within Existing Human Resources:**  <10 hours  10 – 40 hours  40 – 100 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 Creation | |  | | | | | |
| MLOHT Reputation | |  | | | | | |
| Ops Team & Partner Capacity | |  | | | | | |
| Privacy | |  | | | | | |
| HR/Staff | |  | | | | | |
| Sustainability | |  | | | | | |
| Patient Safety | |  | | | | | |
| Policy and Legislation | |  | | | | | |
| Trust and Relationships | |  | | | | | |
| Access to Care | |  | | | | | |
| **Describe level of MLOHT Support Recommended and level of Operations Team Consensus** | | | | | | | |
| PCCPC has been informed/involved/has supported  Approved by Coordinating Council\* | | | | | | | |

