

**Primary Care Sector**

**Health Tapestry Pilot**

Through a research partnership with McMaster, the Health TAPESTRY approach is moving primary health care from disease-centred care to person-focused care. Health TAPESTRY is increasing access to health and community-based programs that can help a person stay healthier for longer where they live. This is accomplished by bringing together inter-professional health care teams, volunteers, community engagement work and technology. This initiative is currently being delivered in Windsor Family Health Team and Harrow Family Health Team. WECCC is providing volunteer management support for Windsor and Essex pilots.

**Current Status**

The WE HTAP program was launched in summer 2018. The intervention has been active since October 2018. The research concludes in summer 2020. Harrow Health Centre has expressed interest in continuing the use of Health TAPESTRY as an ongoing clinical program with the support of WECCC for volunteer management

**2019 Highlights**

* 2 implementation sites
* 12 participating providers (physicians and nurse practitioners)
* 141 were enrolled
* 261 visits completed to date
* Approximately 2 huddles per month at each site
* 31 trained volunteers and placement students (BSW/SSW) – 22 still active

**Moving forward: Priorities for 2020**

* Complete all “intervention visits” for both the Intervention and Control patients by March 2020.
* Complete Post-Program visits for Control group and outstanding follow up volunteer visits by August 2020.
* Continue to follow primary care patients engaged in WECCC
* Work with interested primary care sites on how to offer both HTAP as well as quality of life conversations processes within an integrated delivery model to primary care patients – expanding beyond the healthy older adult group targeted for the initial HTAP RCT
* Work with HHC and McMaster to implement Health TAPESTRY as an ongoing clinical program

**Health Tapestry Details**

**Local Family Health Teams**

*WFHT & HHC*

* WECCC is working alongside McMaster to implement Health Tapestry with Windsor Family Health Team and Harrow Health Centre. The partners have worked together to recruit patients and volunteers; undertake change management and process management with allied health teams; and information management.
* There are 7 providers participating from the WFHT and 5 providers participating from HHC.

**Patient Participation:**

*Current Status*

* WFHT: The Nurse Health Promoter from WFHT has taken on role of huddle lead and was responsible for outreach to patients. A total of 54 people have been enrolled in Health TAPESTRY (53 RCT and 1 Feasibility participant).
	+ Participants showed great interested in ACP. WECCC provided 2 ACP workshops at site which were well attended.
* HFHT: The Physician Assistant and a Nurse Practitioner are co-leads for the huddle and was responsible for outreach to patients with administrative support. A total of 87 have been enrolled in Health TAPESTRY, all fall within RCT.
	+ Discussions are currently taking place to see how HTAP could continue at this site as a clinical program with the support of WECCC as the volunteer coordination partner.
	+ WECCC is providing social isolation interventions to participants who identify as socially isolated or lonely. Workshop will be offered in December 2019 and one-on-one coaching will be offered to participants who identify has high risk

*Patient Experience*

* Patients seem to be eager to meet with people and participate in program with Coordinator calls to book appointments
* Most are looking forward to the support and hope that they are “intervention” clients so that can begin right away
* Results will be available in the 2020 to determine if HTAP has made a difference for participants

*Home Visits*

* Home visits started mid-October 2018
* Windsor: 112 visits completed by November 30th. All interventions visits to be completed for Control and Intervention groups by March 2020. A small number of Post-Program visits or follow up visits to be completed between April-August 2020.
* Harrow: 149 visits completed by November 30th. All interventions visits to be completed for Control and Intervention groups by March 2020. A small number of Post-Program visits or follow up visits to be completed between April-August 2020.

**Volunteers**

*Recruitment*

* Approximately 60 people inquired about volunteering. 37 people started the application process.
* Recruitment of volunteers came through many different avenues. Ad in community newspaper (2); Community Events (1); Placement Students – BSW & SSW-G (9); Hospice (3); UW Volunteer Portal (4); Church Bulletin (1); Flyer at WFHT (4); Flyer at HHC (2); Kijiji (1); Students who remained after placement (3); CARP (1)
* There is an extensive onboarding process as volunteers will be working with vulnerable people so not everyone completed the onboarding process (6).
* Active recruitment started in June of 2018. Still actively accepting volunteers in Harrow due to the volume of visits and the potential to carry on program.

*Volunteer Status*

* 31 people have completed training and conducted home visits. Currently there are 22 active volunteers between both sites. Many volunteers will do home visits for both sites.

*Training*

* WECCC is responsible for the onboarding and training of HTAP volunteers. Involves ensuring proper documentation is acquired (Vulnerable Police Clearances, 2-Step Skin TB Tests, etc…).
* Conducts in-person training sessions and assists volunteers through the online training
* In-person training began in August 2018 with a total of 9 sessions conducted to date.
* 7 additional training sessions were offered to the Health TAPESTY volunteers to review the use of the TAP App, tablets, completing surveys, SMART Goals, Volunteer notes to clinic, KindredPHR, Community Resources, and documentation.
* 2 Hospice education opportunities were shared with volunteers (Death Café, Jest for the Health of It).
* 1 Community Event, Compassion Celebration. Volunteers, clients, and community partners from all of WECCC’s programs were invited to discuss progress and opportunities for improvement. Four HTAP volunteers were recognized with a *Shining a Light on Compassion Award* for their positive contributions to the community.
* 4 newsletters were provided with additional information and updates
* ACP session and Community Resource training sessions are planned for the January and February of 2020

*Experiences*

* Volunteers who complete the onboarding process tend to be highly skilled retirees who include retired nurses, nurse practitioner, occupational therapist, physiotherapist, teachers, legal aides, etc…
* Student volunteers are in the health fields and are taking nursing, social work, and biomed.
* Volunteers debrief after visits with a lot of enthusiasm
* Volunteers have reported feeling like they are really helping people and have enjoyed meeting people in their homes.

*Volunteer Support:*

* Volunteer bags are assembled and accessed through Hospice, WFHT and HHC
* Tablets have been set up and in use by volunteers
* Volunteers have access to Coordinator to discuss visits before and after completion
* Additional training has been offered to volunteers with ongoing communication through newsletters
* Volunteers also have the opportunity to participate in the Hospice education

**Primary Care Patients Engaged in WECCC**

* In addition to HTAP, primary care patients have also been engaged WECCC through Family Health Teams, participating in quality of life conversations and person-directed goal setting. Providers are able to connect patients to WECCC independent of HTAP interventions. These patients continue to be followed through WECCC for regular community check-ins.
* WECCC will be offering patients loneliness interventions from Harrow Health Centre as part of the continuum of care through the HTAP model.
* WECCC has offered ACP workshops for HTAP patients through WFHT and will continue to make that available as part of the continuum of care through the HTAP model.

**Testimonials**

**Primary Care Providers**

 “Health Tapestry has provided our team with a number of opportunities. There is the opportunity to learn more about our enrolled patients, discuss their goals as a team, and look at healthcare from a broader lens which includes social prescribing and prevention. There is the opportunity of pairing enrolled patients with community volunteers which has allowed our team to learn from the volunteer's perspective. There is the opportunity to work with fabulous partners through WECCC (Hospice) and McMaster where we learned from each other and explored the research and how it will benefit our senior population. When we put the patient at the centre of what we do and we focus on how we can leverage the strengths of the whole expanded team, only good things can come of that, even if we are learning and exploring all away along the journey.” (Margo Reilly, Executive Director – Harrow Health Centre, December 2019)

“I did find that a benefit of the Tapestry Program was that it helped us identify a lot of opportunities to discuss advanced care planning with our patients.” (Andrea, NP – Harrow Health Centre, November 2019)

“One of my patients is doing well since joining WECCC. When she comes in to the office we can see improvements in her physical appearance as well as her mood. This has enabled us to have more productive conversations together.” Dr. P, Windsor (family physician, WFHT, Jun 2018)

**Volunteers**

 *“I want to help elderly people in furthering their goals and improving their health and well-being.”*

*“I have all these skills from working in healthcare for so long. I was looking for an opportunity to use these skills again and this is the place I need to be.”*

*“Health TAPESTRY has great potential and should do very well…You feel as if time you are giving is well-used. The people we have seen are great people and it has been a lot of fun.”*

**APPENDIX: 2018 Highlights**

*Provider Training*

* March 7 McMaster site visit/ launch event – completed
* July 2018 - “Mock Huddle” held with the Windsor Family Health Team. Eleven staff members attended, including 3 physicians, 2 clinical nurses, a social worker, LHIN Care Coordinator, dietician, NP, clinical manager and an office administrator. A Practice Model Champion has also been identified (family physician).
* August 2018 – “Mock Huddle” held with Harrow Health Centre with inter-professional representation. A Practice Model Champion was also identified (family physician)
* Quarterly Community of Practice Meeting – FHT’s, Volunteer Coordination Agencies (CRC, WECCC), and McMaster Team participate in calls

*Information Sharing/Huddles*

* The process of sharing participant information between the FHT’s and WECCC has been established.
* Both FHT’s have established a huddle process
* Windsor held first huddle on November 22, 2018
	+ First huddle was well-attended as the team was eager to learn about the HTAP process and how it would support their clients.
	+ WFHT reported to looking to innovations like WFHT to help them support clients to stay healthier and out of the ED and hospitals
* Harrow held first huddle on November 30, 2018
	+ The team hoped that this program has longevity and is sustainable because they see the benefit to their patients
	+ They see this program pieced together nicely with dedicated volunteers who can bring their skills, knowledge and life experience to assist with conducting interviews
	+ Training by WECCC (HTAP specific) has been an important tool for volunteers
	+ The Huddle lead has really taken charge and has felt empowered to help patients through this process

*Provincial Community of Practice*

* Hosted by McMaster Department of Family Medicine on November 8th
* 35 People in Attendance from the 6 participating sites (Windsor, Harrow, Dufferin, Hamilton, Niagara-on-the-Lake, Sault Ste. Marie). FHT team representatives, Volunteer Coordinators, Volunteers and HTAP team members from McMaster, guest speaker
* Huddle leads from WFHT and HHC attended, Volunteer Coordinator from WECCC, 2 volunteers from Harrow and 1 volunteer from Windsor
	+ Participants reported that the COP was very affirming and understood the bigger picture much better
	+ It energized them to continue the work
* Results from HTAP first wave were reported, Experiences from the frontline, other research presentation, networking, breakout sessions and future vision of HTAP presented
* Dr. Oliver and Dr. Price both reported very positive experiences with working with WECCC at COP
* Next Provincial In-Person COP will be held between sometime between February and April 2020 (Doodle Poll will be issued to select date)
* Quarterly Provincial COP’s have been held via teleconference with attendees from all FHTs, Volunteer Coordinators from CRC and WECCC, and volunteer representatives from all sites.

Of note for WECCC in comparison to other HTAP sites:

* This model is distinct from other sites where CRC performs only volunteer management and McMaster is responsible for the local implementation
* McMaster found the WECCC model to be successful and is basing this strategy in other provinces.
* McMaster and WECCC is looking to a long-term relationship