TEAM MEMBER *(Last name, First name)*	**OTHER AFFILIATED TEAM(S)** *List the other teams that the member has signed on to or agreed to work with.*	**FORM OF AFFILIATION** *Select from dropdown list to indicate whether the member is a signatory member of the other team(s).*	**REASON FOR AFFILIATION** *Provide a rationale for why the member chose to affiliate themself with multiple teams (e.g., member provides services in multiple regions).*
Stonehenge Therapeutic Community	Guelph and Area	SIGNATORY	Member provides services in multiple regions
Stonehenge Therapeutic Community	KW4	OTHER	Member provides services in multiple regions
Stonehenge Therapeutic Community	Rural Wellington	OTHER	Member provides services in multiple regions
House of Friendship	KW4	OTHER	Member provides services in multiple regions
WW CMHA	KW4	OTHER	Member provides services in multiple regions
WW CMHA	Rural Wellington	OTHER	Member provides services in multiple regions
WW CMHA	Guelph and Area	SIGNATORY	Member provides services in multiple regions
Hospice of Waterloo Region	KW4 OHT	OTHER	Member provides services in multiple regions
Traverse Independence	Guelph and Area	SIGNATORY	Member provides services in multiple regions
eHealth Centre of Excellence	Cambridge North Dumfries OHT	SIGNATORY	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Kitchener, Waterloo, Wellesley, Wilmot and Woolwich (KW4) OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Couchiching OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Western OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Burlington OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Ottawa East OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Chatham Kent OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Huron Perth & Area OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Hills of Headwater OHT	OTHER	Member provides enabling technology support in multiple regions.
eHealth Centre of Excellence	Southlake OHT	OTHER	Member provides enabling technology support in multiple regions.

NAME OF GROUP/FHT *From dropdown list, select the name of the participating group or FHT, as registered with the Ministry or select 'solo fee-for-service' if not part of a group practice. If a group is not found in this list, add it to Other (column H).*	**PHYSICIAN NAME** *(Last name, First name)* *If all physicians in group (column A) are included in the application, note as N/A*	**PRACTICE MODEL** *Select model type from dropdown list . If 'other' is selected, please specify model type in Other (column H).*	**NUMBER OF PHYSICIANS** *For participating physician groups, please indicate the number of physicians who are part of the group.*	**NUMBER OF PHYSICIAN FTEs** *For participating physician groups, please indicate the number of physician FTEs.*	**PRACTICE SIZE** *For participating physicians, please indicate current practice size (i.e., active patient base); participating physician groups should indicate the practice size for the entire group.*	**OTHER** *If the listed physician or physician group works in a practice model that is not listed, please indicate the model type here. Note here if a FHT is a member but not its associated physician practice(s) and vice versa.*
PEM - DELTA CORONATION FHO	N/A	FHO - Family health organization	5	4.8	8,600	
PEM - GRANDVIEW MEDICAL CENTRE	N/A	FHO - Family health organization	15	13.5	28,000	
FHT - GRANDVIEW FHT	N/A	FHT - Family Health Team	15	13.5	28,000	
FHT - TWO RIVERS FAMILY HEALTH TEAM	N/A	FHT - Family Health Team	21	16	29,000	
PEM - TWO RIVERS FHO	N/A	FHO - Family health organization	21	16.0	29,000	

NAME OF ORGANIZATION *Provide the legal name of the member organization*	TYPE OF ORGANIZATION *Select type from dropdown list, if 'other' please specify type in column C*	OTHER ORGANIZATION TYPE	LHIN/MINISTRY FUNDING RELATIONSHIP(S) *Indicate all existing contracts or accountability agreements between the organization and LHINs, MOH, or other ministry. (e.g., MSAA with ESC LHIN, contract with MCYS, etc.)*	PRIMARY CONTACT *NAME (Last name, First name)*	PRIMARY CONTACT *TITLE (e.g., Director)*	PRIMARY CONTACT *Business / Practice Address*	PRIMARY CONTACT *City / Community (e.g., Toronto)*	PRIMARY CONTACT *Postal Code*	PRIMARY CONTACT *EMAIL (e.g., name@email.com)*	PRIMARY CONTACT *PHONE (e.g., 416-123-4567)*
Cambridge Memorial Hospital	HOSPITALS		MSAA with WW LHIN, HSAA with WWLHIN LHIN	Gaskin, Patrick	Chief Executiv	700 Coronation Blvd.	Cambridge	N1R 3G2	PGaskin@cmh.org	519-621-2330 ext. 2301
Canadian Mental Health Association (Waterloo Wellington)	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		MSAA with WW LHIN, MOHLTC, MCYS Contract	Fishburn, Helen	Executive Dire	80 Waterloo Ave	Guelph	N1H AO1	hfishburn@cmhaww.c	844-264-2993 x2029
Community Support Connections	COMMUNITY SUPPORT SERVICES		MOHLTC, MOH ABI Direct Funding, WWLHIN	Harris, Toby	Chief Executiv	1-1382 Weber St. E.	Kitchener	N2A 1C4	T.Harris@travind.ca	519-741-5845 ext. 2103
eHealth Centre for Excellence	OTHER, PLEASE SPECIFY	Digital Health	MOH	Alarakhia, Moham	Managing Dire	419 Phillip St.	Waterloo	N2L 3X2	Mohamed.Alarakhia @ehealthCE.ca	519-580-3070
Fairview Mennonite Home	LONG-TERM CARE HOMES		MOHLTC, WWLHIN	Elaine Shantz	Chief Executiv	515 Langs Dr.	Cambridge	N3H 5E4	eshantz@fairviewmh.c	519-653-5719 ext. 4832
Langs Farm Villiage Association	COMMUNITY HEALTH CENTRES		MSAA with Waterloo Wellington LHIN	Davidson, Bill	Executive Dire	1145 Concession Rd	Cambridge	N3H 4L5	billd@langs.org	519-653-1470 ext. 236
Hospice of Waterloo Region	OTHER, PLEASE SPECIFY	Palliative Care	MSAA with WWLHIN, CSS Funding	Nairn, Judy	Executive Dire	198 Lawrence Ave.	Kitchener	N2M 1Y4	judy@hospicewaterloc	519-743-4114 ext. 122
House of Friendship	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		MSAA WWLHIN	Neufeld, John	Executive Dire	51 Charles St. E.	Kitchener	N2G 2P3	JohnN@houseoffriend	519-742-8327 ext. 123
St. Luke's Place	LONG-TERM CARE HOMES		MOHLTC, WWLHIN	O'Krafka, Paul	Chief Executiv	1624 Franklin Boulevar	Cambridge	N3C 3P4	ceo@saintlukesplace.c	519-658-5183
Stonehenge Therapeutic Community	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		MSAA WWLHIN	Kerr, Heather	Executive Dire	60 Westwood Rd.	Guelph	N1H 7X3	HKerr@stonehengetc. com	519-837-1470 ext. 230
Thresholds Homes and Supports	SOCIAL AND HOUSING		MOHLTC, WWLHIN	Voll-Leggo, Lisa	Executive Dire	236 Victoria St. N	Kitchener	N2H 5C8	lvoll-leggo@threshold	519-742-3191 ext. 1224
Traverse Independence	COMMUNITY SUPPORT SERVICES		MOHLTC, MOH ABI Direct Funding, WWLHIN	Harris, Toby	Chief Executiv	1-1382 Weber St. E.	Kitchener	N2A 1C4	T.Harris@travind.ca	519-741-5845 ext. 2103
Waterloo Region Nurse Practitioner-Led Clinic	NURSE PRACTITIONER LED CLINICS		MOHLTC, LHIN (through Langs/House of Friendship)	Carere, Paula	Clinical Lead	123 Pioneer Dr B #206	Kitchener	N2P 2A3	PCarere@wrnplc.ca	519-772-2322 ext. 205
Waterloo Wellington Local Health Integration Network Home and Community Care	Home and Community Care		WWLHIN	Dana, Khan	Director, Hom	141 Weber St S	Waterloo	N2J 2A9	Dana.Khan@lhins.on.c	(519) 748-2222

NAME OF GROUP *From the dropdown list, select the name of the participating physician group, as registered with the Ministry or select 'solo fee-for-service' if not part of a group practice. If a group is not found in this list, add it to Other (column F).*	**PHYSICIAN NAME** *(Last name, First name)* *If all physicians in group (column A) are included in the application, leave this column blank.*	**PRACTICE MODEL** *Select model type from dropdown list . If 'other' is selected, please specify model type in Other (column F).*	**NUMBER OF PHYSICIANS** *For participating physician groups, please indicate the number of physicians who are part of the group. (e.g., 850)*	**COLLABORATION OBJECTIVES (E.G., EVENTUAL PARTNERSHIP AS PART OF TEAM) AND STATUS OF COLLABORATION (E.G., IN DISCUSSION)**	**OTHER** *If the physician group is not listed or works in a practice model that is not listed, please indicate here.*
PEM - CAMBRIDGE CORONATION FHO		FHO - Family health organization	5	eventual partnership as part of team, in discussion	

NAME OF NON-MEMBER ORGANIZATION *Provide the legal name of the collaborating organization.*	**TYPE OF ORGANIZATION** *Select type from dropdown list, if 'other' please specify type in column C*	**OTHER ORGANIZATION TYPE**	**COLLABORATION OBJECTIVES (E.G., EVENTUAL PARTNERSHIP AS PART OF TEAM) AND STATUS OF COLLABORATION (E.G., IN DISCUSSION)**
AIDS Committee of Cambridge, Kitchener-Waterloo, and Area	COMMUNITY SUPPORT SERVICES		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Alzheimer's Society Waterloo Wellington	COMMUNITY SUPPORT SERVICES		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Born Midwives Clinic	MIDWIFERY		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Cambridge Cardiac Care Centre	INDEPENDENT HEALTH FACILITIES		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Cambridge Self-Help Foodbank	OTHER, PLEASE SPECIFY	Social and Housing Services	Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Carizon Family and Community Services	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
The City of Cambridge	MUNICIPALITY		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Family Counselling Centre of Cambridge and North Dumfries	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Independent Living Centre of Waterloo	OTHER, PLEASE SPECIFY	Social and Housing Services	Affiliate Member intends to be full in future years and will participate in system design and planning during year 1

Lisaard and Innisfree Hospice	OTHER, PLEASE SPECIFY		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Lutherwood	MENTAL HEALTH AND ADDICTION ORGANIZATIONS		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
North Dumfries Township	MUNICIPALITY		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Regional Municipality of Waterloo	MUNICIPALITY		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1
Tri-City Colonoscopy Clinic	INDEPENDENT HEALTH FACILITIES		Affiliate Member intends to be full in future years and will participate in system design and planning during year 1

SERVICE	PROPOSED FOR YEAR 1 *Select Yes/No from dropdown list*	CAPACITY IN YEAR 1 *How many patients can your team currently serve?*	PREDICTED DEMAND IN YEAR 1 *Of year 1 population, how many patients are predicted to need this service?*	DESCRIPTION *Indicate which team member(s) will provide the service. If a proposed service differs from your existing scope, explain how you will resource the new service. If there is a gap between capacity and demand, identify plans for closing the gap.*
Interprofessional team-based primary care	Yes	67,400	67,400	Waterloo Region NPLC, Two Rivers FHT, Grandview Medical Centre FHT, Langs CHC
Physician primary care	Yes	8,600	8,600	Delta Coronation FHO
Acute care – inpatient	Yes	10,416	3,963	Cambridge Memorial Hospital
Acute care – ambulatory	Yes	98,378	50,172	Cambridge Memorial Hospital
Home care	Yes	4,950	8,307	WW LHIN and other Members; See Section 3.3 for steps to close the gap
Community support services	Yes	3,910	10,200	Community Support Connections
Mental health and addictions	Yes	4,700	13,932	House of Friendship, Stonehenge Therapeutic Community, Thresholds, CMHA, CMH, Hospice of Waterloo; Intent to bridge gap is to leverage mental health and addictions functions in other agencies, and working with other Affiliate Members and community partners
Long-term care homes	Yes	242	344	Fairview Mennonite Homes, St. Luke's Place; Intent to bridge gap is to provide increased community supports to delay transition to LTC, but that will not address the full waiting list of approximately 100
Other residential care	No			
Hospital-based rehabilitation and complex care	Yes	191	258	CMH; Intent to bridge gap is to rely on community-based providers where possible
Community-based rehabilitation	No			
Short-term transitional care	No			
Palliative care (including hospice)	Yes	400	350	Hospice of Waterloo Region; Currently bridge the gap of patients requiring hospice through the Palliative Pain and Symptom Consulting Program which educates and consults with community-based and LTC palliative care providers, and through relying on other care providers (e.g., H&CC)
Emergency health services (including paramedic)	No			
Laboratory and diagnostic services	No			
Midwifery services	No			
Health promotion and disease prevention	No			
Other social and community services (including municipal services)	Yes	281	885	Thresholds (Housing), House of Friendship (Housing and Shelter)
Other health services (please specify)	Yes	350	150	Traverse Independence (Brain Injury)

APPROXIMATE SIZE OF YEAR 1 POPULATION (FROM QUESTION 1.2):	76,000

RISK CATEGORY *Select risk category from dropdown list*	**RISK SUB-CATEGORY** *Select risk sub-category from dropdown list*	**DESCRIPTION OF RISK**	**RISK MITIGATION**
PATIENT CARE RISKS	PATIENT SAFETY	Patients not currently affiliated with a primary care provider may be unable to access OHT services if not enrolled	Work with Affiliate Members and other community-based organizations to identify unattached patients and work collaboratively to attach patients to a PCP; Continue to follow unattached patients in the community through Affiliate Members and other organizations and develop pathways enabling patients to access OHT services through these entry points.
PATIENT CARE RISKS	OTHER	Expanded information sharing between provided may increase risks to the protection of PHI.	Clarify and confirm authority to collect, use and disclose information for all Members and Affiliate Members of the OHT and other partners; Address gaps in safeguards through data agreements, policies and training; Develop common privacy policy and framework to ensure all member privacy practices are aligned; identify privacy lead across OHT members as single point of accountability for OHT privacy practices; See Section 4.3.1 for more details on actions and strategies for the protection of PHI.
PATIENT CARE RISKS	PATIENT SAFETY	Availability or quality of patient services / care could be compromised during implementation of integrated / transformed services.	Active monitoring and evaluation of care and services, supported by collaborative quality improvement plans and metrics including patient experience and outcome measures to monitor impact of redesigned integrated/ transformed services.
PATIENT CARE RISKS	SCOPE OF PRACTICE	Integrated and transformed services may cause confusion with respect to provider roles and accountability for care and services across the patient journey.	Service/care re-design will include clear definitions of roles and responsibilities (documented in policies, procedures, protocols, and pathways) aligned with accountability agreements among Members and Affiliate Members; A change management strategy will include function-based education and training, as well as ongoing monitoring and evaluation to ensure roles, responsibilities and accountability for patient care and services are appropriately implemented and followed.
PATIENT CARE RISKS	SCOPE OF PRACTICE	Implementation of interdisciplinary teams may be hindered by provider resistance.	Care re-design will be supported by change management activities focused on cultural and process shifts. Physicians and clinician champions will be identified to champion the shift from individualistic practice to team-based care. Clearly delineated roles and responsibilities of team members and identification of the most responsible provider for a patient will be outlined to ensure clarity of role.
PATIENT CARE RISKS	QUALITY	Accountability for patient quality and safety across OHT members may be unclear or weak in the Year 1 collaborative governance model.	Ensure robust accountability agreements include a clear link to the accountabilities of individual Member boards. Leverage oversite of Joint Board Committee to provide oversight on accountability between OHT and Member organizations. Joint performance measurements for quality and safety for OHT aligned with Member organizational performance measurements.

RESOURCES RISKS	HUMAN RESOURCES	While rationalized care coordination/system navigation functions and integrated services are anticipated to create efficiencies when fully designed and implemented, the process of transformation initially will require investments in human resource time for re-design, implementation planning and training.	Members and Affiliate Members are committed to contributing human resource time to redesign, implementation planning and training. However additional investments in human resources from government will be required in the short-term to ensure that transformed and integrated services can be implemented quickly and are able to scale.
RESOURCES RISKS	INFORMATION TECHNOLOGY	While the Digital Health Playbook provides high-level guidance on integrated digital health solutions, there is a risk that OHT digital health strategies and investments will further exacerbate siloed and disconnection solutions.	CND OHT is committed to the principles and plays identified within the Digital Health Playbook. We will establish a joint digital health planning technical sub-committee to ensure digital health planning is aligned within OHT Members, Affiliate Members and potential future OHT members. We will actively engage with regional and provincial partners on standards and join procurements; A clear provincial strategy for integrated digital health solutions is required, particularly for integration of primary care EMRs across primary care and with other provincial solutions; and the integration of shared care plans across the Members and Affiliate Members
RESOURCES RISKS	HUMAN RESOURCES	There is a lack of skilled IT human resources required to support optimization and integration of digital health assets. This lack of resources will impede CND OHT's capacity to rapidly and effective address gaps in information flow and availability required to support integrated services.	OHT Members and Affiliate Members are committed to sharing and leveraging existing IT human resources to support digital health optimization and integration activities; however, additional investment will be required from government to ensure the availability of skilled human resources in the short-term.
RESOURCES RISKS	FINANCIAL	Member and Affiliate Member organizations do not have the financial resources to invest in integrating digital health solutions (e.g. additional licenses, upgrading existing solutions; investment in new or integrated solutions; investments in API's, additional hardware, etc.). There is a significant risk that the lack of financial resources will impact CND OHT's capacity to integrate services and re-design care.	CND Members and Affiliate Members are committed to coordinating leveraging existing resources to make effective investments in integrating digital health solutions. However, additional government investments will be required to fully implement and scale integrated digital health solutions.
RESOURCES RISKS	HUMAN RESOURCES	There is a risk that organizations with existing resources and services (e.g. social work; pharmacy) may lose resources/services when integrated/distributed across the OHT.	The OHT provides an opportunity to better leverage interdisciplinary resources and services to improve access and availability for the attributed population. However, the rationalization of these services should not reduce access and availability for existing patients. This risk can be mitigated through a population health approach, focusing on need. In Year 1, increasing access will focus on reducing redundancy, optimizing access and availability existing resources/services. Patient access and wait-times will be monitored to ensure there is not a reduction in access and availability.
RESOURCES RISKS	HUMAN RESOURCES	OHT integrations / transformation strategies may face barriers and challenges related to collective agreements, labour legislation, and budgetary and financial policies.	These risks will be difficult to mitigate at the local level alone and will require leadership and support from government. The OHT can continuously identify and communicate barriers/challenges to MOH as they are identified during the transformation/integration process. A forum to share experiences and lessons among OHTs and with the MOH could consolidate information on barriers and challenges, and expediate provincial level legislative/policy changes.
PARTNERSHIP RISKS	OTHER	CND OHT enjoys strong collaboration and trust among its current and future members. However, there is a risk that leadership changes among organizations could disrupt existing trust relationships.	It will be important to establish trust relationships at the board level as well as the leadership level. The Joint Board Committee provides a mechanism to build trust relationships among Members at the board level. Ongoing engagement sessions among governors will continue to build trust among wider Affiliate Member organizations as well. As well, effective agreements among partner organizations (see Section 4.2 for detailed description) specify shared principles, strategies, roles, responsibilities and accountabilities and will mitigate risks of leadership changes.
PARTNERSHIP RISKS	COMMUNITY SUPPORT	Support and participation of physicians and other clinicians are essential to the OHT Model. The OHT model represents considerable change for physicians and other clinicians, and there is a risk they will decline to participate or be resistant to change.	CND OHT Planning Partners have been highly focused on physician/clinician engagement through the planning process for the Self-Assessment and Full Application, and will continue to actively engage these stakeholder throughout the design, planning and implementation process through a number of mechanisms (See Section 4.2 for full description of governance mechanism) including: 1) The OHT governance structure includes physician/clinician leadership and primary care providers leadership. 2) Physician and clinician advisory bodies will provide ongoing leadership and recommendations on strategies and tactics; 3) Physicians and clinicians will be key participants in the co-design groups to ensure integration and transformation strategies meet their needs, support quality care and an improved patient and provider experience. 4) Reference groups will be established to provide validation of proposed integration strategies/mechanisms. We will also develop a comprehensive change management strategy to identify and support the required attitudinal, knowledge and behavioral changes among physicians and clinicians (See Section 6.2)

MEMBER	HOSPITAL INFORMATION SYSTEM INSTANCES *Identify vendor, version, and presence of clustering*	ELECTRONIC MEDICAL RECORD *Identify vendor and version*	ACCESS TO OTHER CLINICAL INFORMATION SYSTEMS *E.g., Other provincial systems such as CHRIS, or other systems to digitally store patient information*	ACCESS TO PROVINCIAL CLINICAL VIEWERS *ClinicalConnect or ConnectingOntario*	DO YOU PROVIDE ONLINE APPOINTMENT BOOKING? *Yes/No*	USE OF VIRTUAL CARE *Indicate type of virtual care and rate of use by patients where known*	PATIENT ACCESS CHANNELS *Indicate whether you have a patience access channel and if it is accessible by your proposed Year 1 target population*
Cambridge Memorial Hospital (Member)	Meditech	N/A	HRM - Health Report Manager, eNotifications, Here 24/7	ClinicalConnect	No	OTN	MyChart, CoHealth App
Canadian Mental Health Association Waterloo Wellington	N/A	CaseWORKS	CMHA WW Partner Portal, eReferral, eConsult, Hypercare, IAR, Child and Adolescent Needs and Strengths (CANS), DATIS	ClinicalConnect	No	OTN	N/A
Community Support Connections *(Member)*	N/A	N/A	HPG (stores coordinated care plans), Alayacare CRM	N/A	No	N/A	N/A
Delta Coronation Family Health Organization *(Member)*	N/A	PS Suite	HRM - Health Report Manager, OCEAN eReferral, eConsult	ClinicalConnect	No	Virtual Visits (EAPC)	
eHealth Centre for Excellence *(Member)*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Fairview Mennonite Homes *(Member)*	N/A	PointClickCare, Medecare	Alayacare, CareDove, HPG/CHRIS, Policy Medical	ClinicalConnect	Yes	OTN	MySeniorCentre
Grandview Medical Centre *(Member)*	N/A	OSCAR	HRM - Health Report Manager, OLIS, eConsult, OCEAN eReferral, OMD Dashboard	ClinicalConnect	Yes	OTN, Virtual Visits (EAPC)	N/A
Hospice of Waterloo Region *(Member)*	N/A	N/A	eReferral, eConsult, CareDove, CHRIS	ClinicalConnect	No	OTN	N/A
House of Friendship (Member)	N/A		Community Withdrawal Support (application), Community Counselling (application), Here24/7	N/A	No	OTN	N/A
Langs Farm Village Association Community Health Centre (Member)	N/A	PS Suite	eReferral, CareDove, CHRIS	ClinicalConnect	No	N/A	N/A
Saint Luke's Place *(Member)*	N/A	PointClickCare	Surge, VitalHub, POS (dietary), CCIM	ClinicalConnect	No		N/A
Stonehenge Therapeutic Centre *(Member)*	N/A	PS Suite	Catalyst (DATIS), Here 24/7	N/A	No	OTN, Pre-emptive	N/A
Thresholds Home and Supports *(Member)*	N/A	N/A	CaseWorks Portal, CRMS, Here 24/7	ClinicalConnect	No	OTN	N/A
Traverse Independence *(Member)*	N/A	NA	CHRIS, CareDove, HPG	Clinical Connect	No	OTN	N/A
Two Rivers Family Health Team *(Member)*	N/A	PS Suite	CHRIS, HRM - Health Report Manager, eConsult, PrescribeIT, MedDialog, eReferral, CareDove, UpToDate, OLIS, OCEAN eReferral	ClinicalConnect	No	N/A	e-mail
Waterloo Region Nurse Practitioner Led Clinc *(Member)*	N/A	PS Suite	eConsult, eReferral	ClinicalConnect/ONEID	No	N/A	N/A
Waterloo Wellington Local Health Integration Network Home and Community Care - Cambridge and North Dumfries (Affiliate)	N/A	N/A	HRM, eNotificaton, System Coordinated Access, CaseWORKS, CareDove, Integrated Assessment Record (IAR), Health Partner Gateway, CHRIS, InterRAI HC, OCEAN eReferral	ClinicalConnect	No	OTN, eShift, TelehomeCare Plus	wwhealthline.ca

ROLE/FUNCTION	ORGANIZATIONS *Which organizations/members of the team will carry out the prorposed role/function*	Delivery Model *What type of provider (dedicated home care care coordinator, FHT allied health professional, contracted sevice provider nurse, etc) would be providing the service and how (in-person in a hospital, virtually, in the home, etc*
Managing intake		
Developing clinical treatment/care plans		
Delivering services to patients		
Add functions where relevant		