

OHE ADP Providers Service Network

Meeting Notes

27 Jan 2026 10 am to 11:30 am

Attendees: ADP Providers from across the Ontario Health East region were invited to attend.

Ontario Health East – ADP Collaborative Present:

Colleen Taylor, Champlain ADP Regional Service Network Table/The Olde Forge

Sabeen Ehsan, Central East ADP Table/ Seniors Care Network

Lancia Simmonds-Abiola, South-East ADP Providers/VON

Nathalie Lafreniere & Chris Cobus, CSS Shared Resources, Ontario East

1. Welcome – Colleen Taylor

Colleen welcomed everyone acknowledging the broad scope of ADP Providers participating from throughout the OHE region.

2. Apples to Apples Data – Nathalie Lafreniere

Nathalie acknowledged that the presentation of Apples to Apples data results will take place at the next meeting of this group. The work completed was extensive as interviews were conducted with approximately 57 organizations, most offering a multitude of CSS services under various functional centres across the full OHE region.

Interviews began last spring (April 2025) and were completed in the fall (Oct 2025). Currently efforts are underway to work with the raw data specific to the various regional service networks (e.g., ADP, MOW, ALS, etc.) to bring the results back to each of these tables to validate the data and determine how it may be used by each service network to inform their respective workplans moving forward. As well, in preparing for this meeting, we realized that the agenda was already quite full for the duration of time allowed. The Apples to Apples results will, therefore be the main focus of the next meeting's agenda.

3. Terms of Reference – Lancia Simmonds-Abiola

Terms of Reference 'draft' was shared with the group and accepted as circulated.

4. OHE ADP Guidelines Self-Evaluation Checklist – Colleen Taylor,

Colleen provided a recap of the process involved in developing this checklist. Having launched the OHE ADP Best Practice Guidelines in the fall, it was quickly identified that in order to make the guidelines useful to ADP Providers a self-assessment tool should be developed to compliment the guideline document. Such a tool/checklist would then enable ADP Providers to internally assess the status of their alignment with the guidelines and use this information as they see fit, e.g., to prepare for accreditation, to identify quality improvement efforts, to respond to training needs, and/or perhaps bring results back for discussion within the larger group to identify where common concerns could be addressed through collaborative efforts among providers. Thanks was extended to Reese Lythgoe, a student working at The Olde Forge, for having updated this tool from a former checklist developed by the Champlain ADP Service Network.

Q & A with the group:

Could a Comments Column be added to the checklist? YES

Could the tool be translated into French? YES, but likely after it is trialed by a few providers to ensure its usefulness.

Next Steps: ADP Providers were invited to trial the checklist internally and provide feedback on its usefulness. Several agencies expressed interest in doing so. **Action:** Chris Cobus to follow-up with those expressing interest, and if possible, bring their feedback on the tool to the next meeting.

5. Frailty Screening – Sabeen Eshan

Sabeen provided a recap on the benefits of Frailty Screening in various sectors across the continuum of care, with a focus on how ADP Providers might consider integrating a Frailty assessment tool into their current ADP processes to support inter-sectoral efforts, particularly when working with common clientele.

Discussion with Providers identified:

- the benefit of having a baseline for comparison purposes, i.e., enabling opportunities to intervene after re-assessing to prevent or delay health decline in clients.
- the value in being able to refer to evidence-based data, when telling funders that ADP clients are becoming increasingly frail, requiring greater attention and resources.
- broad use of the tool could provide the ability to enhance consistency in reporting future data to funders.
- the use of common assessment tools used in other health sectors, enables providers across the continuum to use a common language when working collaboratively on service planning/referrals.

ADP Providers were invited to confirm/add their names to the list of those who expressed interest after the last meeting, in learning more about integrating a frailty screening tool into their current ADP practices. Several agencies expressed they were interested. **Action:** Sabeen to follow-up with those interested.

6. Workplan – Chris Cobus

Topics of interests expressed at the last OHE ADP meeting were put into three themes: Best Practices & Shared Resources, Enhancing Communication and Collaboration with Ontario Health at Home, and Knowledge Sharing & Professional Development. ADP Providers reviewed the topics noted in each of these three themes and were asked to prioritize when to tackle each (Now or Later) as well as rate the level of effort (low, medium, High) and level of impact on ADP services associated with each. This is what we heard from the group (through general discussion and the chat).

Best Practices & Shared Resources

Topic	Priority (now or later)	Effort (low med high)	Impact (low med high)	Suggested Activities
Standardized Frailty Screening Implementation	Now	Med	High	Training for early adopters.
ADP Self-Assessment Checklist	Now	High	High	A few ADP Providers trial the tool & provide feedback.
Discharge Planning & Warm hand-offs.	Later			
Policy and Procedure Templates	Later (in group)			"Call a friend" in the interim.

Enhancing Communication and Collaboration with Ontario Health at Home

Topic	Priority (now or later)	Effort (low med high)	Impact (low med high)	Suggested Activities
Encouraging earlier referrals to ADPs.	Lots of NOWs in the chat.	High	High	Staged Approach needed; leverage Apples to Apples data.
Communication and role clarity between OH@H and ADPs.	Later	High	High	Define Role Clarity; eligibility, assessment, etc..

Knowledge Sharing & Professional Development

Topic	Priority (now or later)	Effort (low med high)	Impact (low med high)	Suggested Activities
Responding to Challenging Behaviors	Later			OHE ADP collaborative to reconvene; review priority topics; ideally something on the shared Knowledge Hub.
Supporting Clients with dual diagnosis	Mixed Response			
Serving individuals with early onset dementia	Mixed Response			
Understanding concussion & dementia link.	Now			

Next Meeting of ADP Providers across OHE– April 2026 (TBC)

Purpose: To focus on Apples to Apples project results and discuss how to tackle workplan.