

Theme 1. Effective leadership and governance for system transformation

1. A Centralized Approach to Standardize Electronic Medical Record Tools and Templates in a Multi-Site Family Health Team: Formation of a Data Standardization Committee
2. Workplace Violence Prevention in Primary Care: Reflections from the 2017-2018 Quality Improvement Plans

Theme 2. Planning programs for equitable access to care

3. Acceptability of Telephone-Based Mental Health Support for Patients in Primary Care
4. Creating a Health Equity Curriculum
5. Collaboration with Community Partners for Equitable Access for Low Back Care and Services
6. Feasibility of Group CBT-Insomnia
7. From Prenatal to Postpartum and Beyond: How to Maximize your Capacity to Comprehensive Care for Mothers and Babies
8. Mind Over Mood: A CBT Approach to Anxiety and Depression
9. A Transition in Primary Healthcare – An Interdisciplinary Model of Providing Transgender Care

Theme 3. Employing and empowering the patient and caregiver perspective

10. Feedback on a Self-Management Booklet from Individuals Who Have Been Prescribed Osteoporosis Medication
11. Partnering with Patients to Improve After-Hours Primary Care
12. Healthy Lifestyle Journeys: Highlighting Patient Success Stories Using Experience Based Design
13. Barriers and Facilitators in Primary Care Follow-Up Upon Hospital Discharge: Patients' and Caregivers' Perspectives
14. Advance Care Planning: Before It's Too Late
15. Walk Your Way To Better Health – Enhancing the Patient Experience One Step at a Time

Theme 4. Strengthening partnerships

16. Strengthening Partnerships: What Our Running Group Taught Us
17. Coordinating Complex Paediatric Nutrition in the Medical Home Model
18. Challenges in Collaborative Mental Health Care Research: Understanding Primary Care Providers' Participation in the PARTNERs Study
19. Days of Taste: A FHT-Community Partnership for Promoting Nutrition Education in a Local School
20. Be Well Community Collective: Healthy Kids for a Healthier Tomorrow

21. A Pilot Program to Determine the Feasibility of Organizing a Walking/Healthy Lifestyle Program for Seniors in a Rural Community
22. Partnerships to Promote Diet and Exercise: The CHANGE Program
23. Maximizing Collaboration in an Interprofessional Outreach Team: Contributions of Implementation Science, Relational Coordination, and Interprofessional Competencies
24. Together in Movement and Exercise - TIME: Community Exercise for People with Balance and Mobility Challenges
25. Home Based Primary Care Program; Quality Improvement in Palliative Care
26. Switching to FIT: Strengthening Partnerships and Relationships to Improve a Population Based Screening Program in Ontario
27. "Getting it Right"—A Model for a Center of Excellence in the Delivery of Hospice, Palliative Care in the Development of a 10-Bed Hospice in Stratford, Ontario
28. Partnering in the Community to Help Eliminate Opioid Overdoses
29. Taking HealthSteps™ to Reducing Chronic Disease Risk through Partnerships with Family Health Teams
30. Effective Diet and Exercise Programs in Primary Care? Lessons from The CHANGE Study
31. Partnering with the Baby-Friendly Initiative Strategy for Ontario: A Getting Started Story

Theme 5. Optimizing use of resources

32. Pharmacist-Led Medication Reconciliation to Improve Transition of Care from Hospital to Home
33. A Web Based Conference Series on COPD for Healthcare Providers in Ontario
34. Improving the Quality of Care for Depression and Anxiety in Ontario Family Health Teams: Incentives and Disincentives Influencing Access within the Interprofessional Context
35. Integration of Social Workers in Primary Health Care: Findings from a Provincial Survey with Social Workers in Family Health Teams in Ontario
36. Sharing is Caring: Our Model for Dividing FHT Patients Among Diabetes Services in Barrie

Theme 6. Using data to demonstrate value and improve quality of care

37. Improving Telephone Traffic Control: The Transition from a Decentralized Phone Management System to a Centralized Phone Centre
38. Using Screening Activity Report (SAR) Data to Increase Cancer Screening Rates
39. Taking Stock: Cleaning One of Ontario's Largest Primary Care Databases
40. Improving Patient Outcome One FHT Pharmacist at a Time
41. Measuring Collaboration: Performance Indicators for Interprofessional Primary Care Teams
42. An EMR Advance Care Planning (ACP) Tool for Talking with Patients About End of Life

43. Reconnecting Health Link Patients from Hospital to Primary Care
44. Translating Knowledge into Action: Integrating Best Practices for CHF and COPD Management into EMR Decision Support Tools for Primary Care Providers
45. Pregnancy Risks and Women's Future Cardiovascular Health: A Missed Primary Care Opportunity?
46. Moving Beyond Performance: Supporting Primary Care Improvement Efforts through Vascular Health Quality Improvement Toolkits
47. Channeling Positive Deviance: A New Approach for Improving Timely Access for Patients in Primary Care
48. "One-Stop Shop" Charting Approach to Interdisciplinary Diabetes Management Using Standardized Template Embedded with Advanced Features
49. Power in Numbers: Unlocking the Potential of the Diagnostic Data in Your EMR
50. Examining Growth Monitoring Practices in Primary Care
51. Improving Population Health by Aligning EMR Optimization with Clinical Workflow Design

Theme 7. Clinical innovations for specific populations

52. Determining Prevalence of Malnutrition in North York Family Health Team Geriatric Population at High Risk
53. Introduction of a Multidisciplinary Program to Deprescribe Sedative Hypnotics (SH) in Patients >65 Years of Age in a Large Multi-Site Family Health Team (FHT).
54. How Equine Facilitated Wellness Enhances Mental Health Social Work Programs
55. Preventing Chronic Disease in a Vulnerable Population Through Implementation of a Community Kitchen
56. Breathe Easy: An Interdisciplinary Approach to COPD Care in Vulnerable Populations
57. Enhancing Preventative Care Visit through a Shared-Care Model
58. An Innovative Smoking Cessation Program for Cancer Survivors Within the Primary Care Setting
59. Caring for Vulnerable Patients Leaving Hospital – Transition to Home
60. Beyond Resettlement: Nurse Practitioner Practice Model: Addressing Social Determinants of Health for Karen Refugees
61. Family Physician- Based Care of Patients with Serious Mental Illness: Using a Case-Managed Approach
62. Income Rx: A Look into Income Security Work in a Primary Care Setting
63. OPTIMUM: Optimizing Outcomes of Treatment-Resistant Depression in Older Adults
64. ROAR: Outcomes of a Two Year Journey for Literacy
65. Treating Opioid Use Disorder in Primary Care

66. Frailty Five Checklist: Use of a "cheeky checklist" to teach care of frail elderly in the home
67. Treponema Be Gone: An Interprofessional Approach to Increasing Serologic Testing After Syphilis Treatment
68. Cervical Cancer Screening in Trans and Gender Non Binary Persons – Perspectives on Barriers to Screening and Strategies for Improvement
69. HERstory: Lessons Learned from a Women's Trauma Therapy Group
70. Optimizing Smoking Cessation Efforts Within the St. Michael's Hospital Academic Family Health Team
71. Making the Coordinated Care Plan (CCP) Work: Chronic Disease Management that Matters
72. Collaboration to Address the Opioid Crisis