CONFERENICE ABSTRACT

Leveraging Innovative Leadership Models for Integrated Support Safe School Re-Openings During the COVID-19 Pandemic in East Toronto, Canada

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Introduction: During the COVID-19 pandemic, a network of integrated health and social care providers (East Toronto Health Partners - ETHP) leveraged a distributed leadership model to design and execute an effective local response for our 300,000 local residents. Our approach included working with non-traditional partners, such as schools. At least 20 of our 81 publicly-funded schools were located in high priority neighbourhoods hit hardest by the pandemic. A proactive plan was initiated by partners to provide urgent access to infection prevention and control and build a community of practice with school leadership, supported by hospital-based specialists and local primary care.

Aims, Objectives, Theory or Methods: This presentation will showcase ETHP’s distributed leadership approach to COVID-19 testing and vaccine distribution, including a multi-pronged approach that combined mass clinics and hyper-local community-based outreach. We will review the design and application of our distributed leadership approach that empowered physician and clinical leaders from our family practice network and our acute care hospital to co-lead an outreach and support strategies for local schools. This will include an overview of our distributed leadership model at a system and organizational level and how this was leveraged to create a nimble, proactive response to supporting local schools during the pandemic.

Highlights or Results or Key Findings: The distributed leadership model in ETHP empowered local physicians and hospital specialists to play a leading role in reducing the spread of COVID-19 in schools. This was primarily achieved through early identification and intervention in school outbreaks, including timely closures of schools to contain spread of the virus across neighbourhoods. The school-based strategy included connecting schools to local primary care resources and hospital-based infection prevention/control specialists to provide education and support for school principals and staff. Strategies to build relationships and trust include hosting COVID testing and vaccination information forums with schools for principals, staff, and parents. These connections between

ETHP and schools resulted in the first school-based COVID testing strategy in the province of Ontario and pioneered the roll-out of home-based testing kits for parents so that they would not have to travel to testing sites with their children. These innovations have since been spread across the province.
Conclusions: Overall enablers for success had a consistent theme which is that a distributed and collaborative leadership approach within and across different sectors (health, social and education systems) was an essential factor in better protecting local communities from COVID-19 in East Toronto.

Implications for Applicability/Transferability, Sustainability and Limitations: As COVID-19 transitions from a global pandemic to an ongoing issue, a distributed leadership approach will be helpful in the success of COVID-19 testing and vaccinations. It also has potential for expanding the interactions between healthcare providers and schools to proactively address other population health needs for children.