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Now Available: COPD Pathway Access Through SCOPE



The NWT OHT is pleased to share a soft launch of the COPD Community Care Pathway, now accessible through SCOPE.

This initial phase focuses on providing primary care with a single point of access to key COPD services, supported by a SCOPE Nurse Navigator who can facilitate access to appropriate community-based supports.

Connecting Patients to COPD Care

Through the SCOPE Nurse Navigator, you can connect patients to a range of COPD-related services, including:

- Diagnostic services (Spirometry), including disease management education
- Pulmonary rehabilitation
- Respirology support
- Telehomecare
- Non-clinical supports (e.g., transportation, meal services)

Could this be your patient?

- Chronic cough?
- Regularly produce phlegm?
- Feel short of breath with routine activities?
- Wheeze with exertion or at night?
- Experience frequent or prolonged chest infections?

Early identification of COPD can help patients access supports sooner and better manage symptoms in the community.

Stay tuned for additional details as more services are integrated into the pathway.

Not a member of SCOPE?

SCOPE is a virtual interprofessional care team that supports primary care providers through a single point of access. Family physicians and nurse practitioners registered with SCOPE can connect to internists, outpatient services, diagnostic imaging, and home and community care services.

To learn more visit: [SCOPE - Humber River Health](#)

Spotlight: Black Creek CHC Lung Health Clinic – now available for referrals!

The Black Creek Community Health Centre Lung Health Clinic offers community-based COPD assessment and spirometry to support timely diagnosis and connection to care.

Connect with SCOPE to access these and many other COPD services.

COSTI Seniors Day Program



COSTI's Calabrian Benevolent Seniors Day Program provides a welcoming and supportive space for Italian-speaking seniors living with early to moderate stages of dementia. The program offers culturally relevant therapeutic activities such as baking, cooking, gardening, and drawing. These activities help Persons Living with Dementia maintain functional abilities, preserve daily living skills, and enhance their overall quality of life.

The program operates Monday to Friday, from 8:30 a.m. to 4:30 p.m.

Medical Referral required. For more information, please call: 289-843-3212 or 437-239-5619, or email seniorsdaycentre@costi.org.

[Click here to learn more about the program](#)

Ontario Health atHome: New Community Nursing Clinics Opening

Ontario Health atHome, in collaboration with service provider partners, has opened two new Community Nursing Clinics to expand access to publicly funded, specialized nursing services. The **Sheppard West Community Nursing Clinic** in North York (in partnership with VHA Home Healthcare) opened on **March 17, 2026**, and the **Bradford Community Nursing Clinic** (in partnership with SE Health) opened on **March 31, 2026**. Both clinics operate 7 days a week, from 8:00 a.m. to 8:00 p.m.

With these new sites, Ontario Health atHome now operates **10 Community Nursing Clinics across the Central area**, supporting its Clinics-First approach.

<p>Alliston Clinic Carmen Vanderwater Medical Centre 180 Parsons Road, Unit 33, Alliston</p>	<p>Markham Clinic Boxgrove Medical Arts Centre 110 Copper Creek Drive, Suite 100, Markham</p>
<p>Bradford Clinic New! 170 Holland Street West, Bradford</p>	<p>Newmarket Clinic York Medical Centre 17730 Leslie Street, Unit 104, Newmarket</p>
<p>Fairview Clinic Fairview Health Centre 5 Fairview Mall Drive, Suite 108, North York</p>	<p>Richmond Hill Clinic York Medical Health Centre 10660 Yonge Street, Unit 4, Richmond Hill</p>
<p>Humber Clinic 200 Church Street, Ground Floor, North York</p>	<p>Sheppard West Clinic New! 778 Sheppard Avenue West, Unit 104, North York</p>
<p>Keswick Clinic 200 Simcoe Avenue, Unit 5, Keswick</p>	<p>Vaughan Clinic Vaughan Health Campus 9401 Jane Street, Unit 305, Vaughan</p>

Eligible, mobile patients referred for nursing services will receive care in a community clinic, while in-home nursing is reserved for patients who are not eligible following a comprehensive assessment. All nursing referrals should continue to be directed through Ontario Health atHome's standard referral pathways.

For questions regarding eligibility or referral, please contact Colleen Briggs, Director, Patient Services at: colleen.briggs@ontariohealthathome.ca.

[Click here to learn more about Community Nursing Clinics](#)

OHT/PCN Digital Asset Catalogue Monthly Feature: eReferral Ontario

eReferral Ontario's eReferral Network: Streamlining Health Care Referrals

Digital Transformation Enhances Provider Collaboration, Referrals, and Patient Care

Ontario is modernizing its health care referral system with eReferral Ontario, a digital tool that replaces traditional paper and fax processes. The platform enables secure electronic submission and tracking of referrals, standardizes referral forms, automates communications (including patient notifications), and integrates with major electronic medical records and health information systems. This approach reduces administrative burden, minimizes lost or duplicate referrals, and improves communication between health care providers.

Having built a robust ecosystem—based on and including the Amplify Care Network, with over 4,000 primary care providers, numerous specialists and community organizations—the eReferral Ontario platform is now set to expand. The ongoing rollout aims to increase specialist participation, drive adoption of standard referral forms, and strengthen end-to-end referral workflows. All digital referrals follow a unified workflow: searching for services, filling out standard forms, submitting electronically, and receiving updates as referrals are triaged, accepted, scheduled, and completed.

Key actions and requirements to use: sites and organizations who are a Health Information Custodian (HIC) delivering healthcare in Ontario may onboard to eReferral Ontario, referral receivers must commit to selecting a standard referral form. Technical, operational, and change management support is available; visit the [eReferral Ontario website](#) for guidance.

The provincial rollout of standard referral forms is targeted for completion in fiscal year 2026/27. Primary care enablement remains a priority, aligning with Ontario Health Team objectives. The migration to a unified network promises improved efficiency, consistency, and quality for all providers and patients across the province.

For regional assistance, contact the Regional Digital/Deployment Team at eServicesToronto@uhn.ca.

Akinox CarePath Evaluation Opportunity

Licenses Available! Participate in the CarePath Strategic Evaluation



Primary care practices are invited to take part in a **no-cost, 3-month evaluation** of **CarePath**, an AI-enabled platform designed to support new patient intake and pre-visit preparation.

CarePath helps transform large, unstructured patient records into clear, clinician-ready summaries, reducing time spent on record review and improving consistency in intake and triage decisions. The evaluation includes onboarding and supports from Akinox and is open to physicians, nurse practitioners, intake coordinators, and interprofessional teams across Ontario.

If you are interested in participating, please reach out to Jeremy at jeremy.howcroft@amplifycare.com.

If you would like to be removed from the distribution list, please contact Claudia Strembicky, Project Coordinator, at CStrembicky@hrh.ca.