A Newsletter from the
Hamilton Niagara Haldimand Brant Community Care Access Centre

The Navigator

Spring 2008

Message from the Executive Director

To borrow a term from the business world, case management is the "core business" of any CCAC, and community case management can rightly be called the centre of the core.

At Hamilton Niagara Haldimand Brant (HNHB) CCAC, case managers make up 55 per cent of our total staff. Some are based in hospitals and others work in specialty programs, such as school care or palliative care. But many are what we call community case managers – those who plan, arrange and monitor home care services for people living in the community. Because they see clients in their homes, they are an essential part of the overall home care experience. And they are often the one continuous link – in many cases, a client may have a variety of direct caregivers, such as nurses or personal support workers – but just one case manager over a number of years.

This issue of *The Navigator* puts the spotlight on community case management, with comments and perspectives from both community case managers and clients. We also explore what it means to provide community case management in a rural setting.

We are proud of our community case managers and the high quality services they provide to our clients every day.

Melody Miles
HNHB CCAC

Case Managers: *Going to Bat for Clients*

Sharron Brown has to use every weapon possible in her battle against the progressive effects of multiple sclerosis. Her buoyant spirit wards off the discouragement that comes when her condition worsens. Her razor-sharp mind keeps her focused on what she needs to stay as independent as possible, and her highly articulate voice doesn't hesitate to make sure she gets it.

Case manager Pat Young, left, with client Sharron Brown.

Her partner in the trenches is CCAC case manager Pat Young. Since 1999, when Sharron first began receiving home care services through the former Brant CCAC, Pat has done regular assessments, and has organized a variety of services to meet Sharron's changing needs.

"Through it all, the one constant for me has been Pat, in any of my dealings with the health care system," Sharron says. "She's the person who knows the most about my multiple sclerosis and its capacity to make my needs change, often resulting in an urgent need for a new service."

Sharron, 53, recognizes that being her own advocate is essential. "I like to think of myself as a warm and wonderful person, but if things are not appropriate I'll be the first person to say so," she says frankly. "I manage my own care, but Pat is my support. I know what I need, and when I'm in trouble, and I count on her 100 per cent to get me from A to B."

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Pat says her relationship with Sharron is a good example of the trust that grows between case managers and clients, especially when clients receive services over a long period of time. It's one of the things she most values about her role as a community case manager. "It's a relationship of mutual respect," Pat explains. "We keep the professional boundaries, but I see myself as an advocate for my clients. I need to go to bat for them."

A registered nurse by training, Pat has been a case manager in the home care system for 25 years and is based at the Brant branch of HNHB CCAC. "I'm going to be 60 in June but I'm not ready to retire yet," she declares. "It is a wonderful experience to go into people's homes. You share their lives and life stories."

Pat and her colleagues often find themselves educating families about the home care system – what services are available from the CCAC, and in particular, what a community case manager does.

Lee Keeting, a community case manager at the Burlington branch, says she explains her role as "the person who's in the middle of providing service. Once clients get to know me they build confidence that I can help them navigate through the system."

One such client of Lee's is 94-year-old Walter. Walter's wife passed away eight years ago and he lives alone in a Burlington apartment. In his own words, Walter's health is "not too hot" and he now receives personal support twice each day. He has been in and out of hospitals with various problems and it was the hospital that referred him to the CCAC.

"It was all new to me, but the hospital got in touch with them," Walter recalls. He readily recognizes that CCAC support is the only thing that keeps him living independently. "I'm doing fine now with the service – but I couldn't do without it," he says. "It was all looked after for me."

Community Case Managers Talk About What They Do

About Case Management

● **Lynn McKay, Hamilton branch:** ***"I see case management as an art. It's the ability to see the big picture and intricate details at the same time. It's a vast job, and people who come into it from other parts of the health care system are often shocked to see how much we do."***

● **Penny Baxter, Brant branch:** ***"Good quality care is good communication. The client knows who is coming and at what time, and who to call if there is a problem. When clients call, I have all the information and they don't have to spend a lot of time explaining."***

● **Jennifer MacDougall, Hamilton branch:** ***"What we do helps prevent duplication and confusion. We share information and coordinate the whole plan, because many times the goal requires a multi-disciplinary team."***

● **Pat Young, Brant branch:** ***"Clients can call us and know that a problem will be dealt with. Some people, especially the older generation, have a very difficult time voicing a concern directly with a care provider."***

What I've Learned

● **Lynn McKay:** ***"I've learned to sit back and let people tell their story. People may overestimate or under-estimate their needs; I have to be the detective and listen well. The home visits are the best part of what we do."***

● **Jennifer MacDougall:** ***"You have to be careful not to impose your own values. You have to respect people's lifestyle choices."***

● **Pat Young:** ***"The strength of the human spirit never ceases to amaze me. Also, the love that families have for each other, and the amazing ability of family members to provide ongoing support and care for their loved ones."***

Case Management in the Country

Rural populations exist in each of the areas served by Hamilton Niagara Haldimand Brant (HNHB) CCAC. But community case managers at the Haldimand-Norfolk branch especially need good maps and good tires to travel the long distances made necessary by their sparsely populated but sprawling territory.

"Our case managers who serve the purely rural areas have lower client caseloads just because of the time it takes to get out and see people," says Kathryn Leatherland, who grew up in Norfolk County and is now based at the Haldimand-Norfolk branch as manager of Client Services.

There are both opportunities and challenges when it comes to providing case management to rural clients. On one hand, seniors in Haldimand-Norfolk are more likely to be geographically isolated from their families, because children often move away for better economic prospects. That isolation, combined with fewer community support services than would exist in the city, can mean that case managers often have to be more creative in determining how best to support people in living independently.

But the tradition of neighbours helping neighbours still holds strong. "People here are close-knit and tend to keep an eye on each other. You know your neighbours and you probably knew their grandparents too," Kathryn says.

"For our case managers, it's important to be a generalist here and to have a really good knowledge of health care issues," she explains. "Because there are limited supports in the community, it tends to be up to us to figure out if there are social issues, or mental health issues, and other things that aren't really in our purview. Our case managers have to be great at problem-solving ... and yes, they have to be comfortable driving!"

Navigation Begins in Emergency Departments

A pilot project among HNHB CCAC, seven regional hospitals and other community health partners is aimed at reducing Emergency Department (ED) visits, and hospital admissions, for seniors.

People aged 65 and over have the longest wait times when accessing Emergency Department care. But long waits and hospital admissions can have a detrimental effect on an elderly person's health. "Extended time on stretchers in the ED can result in mobility problems, and often the hospital environment can exaggerate, or even create, forgetfulness and confusion," says Anneliese Mueller-Busch, a consultant working with HNHB CCAC on the pilot project. "It can become a downward spiral and then some end up waiting for long-term care placement."

The pilot, which began in October 2007, has CCAC case managers stationed in selected Emergency Departments to do "case finding" – proactively assessing appropriate ED patients to see if they could return home with better community supports. "It may be bringing them on service with CCAC, expanding their service if they are already a CCAC client, or it may be linking them with other community services," explains Anneliese. "It can prevent a senior from having to wait hours, needing to return to the Emergency Department, or even be admitted to hospital."

Results from the pilot project will be available in mid-2008.

Speakers' Bureau

The HNHB CCAC Speakers' Bureau is out in the community every week, telling people about community-based care.

From January 1, 2007, through to the end of March 2008, 77 presentations were made by CCAC staff members who volunteer as members of the Speakers' Bureau – an average of five each month. Most were speaking engagements at the invitation of a specific group or organization, and the rest involved being stationed with the CCAC display and brochures at an event, e.g. health fair.

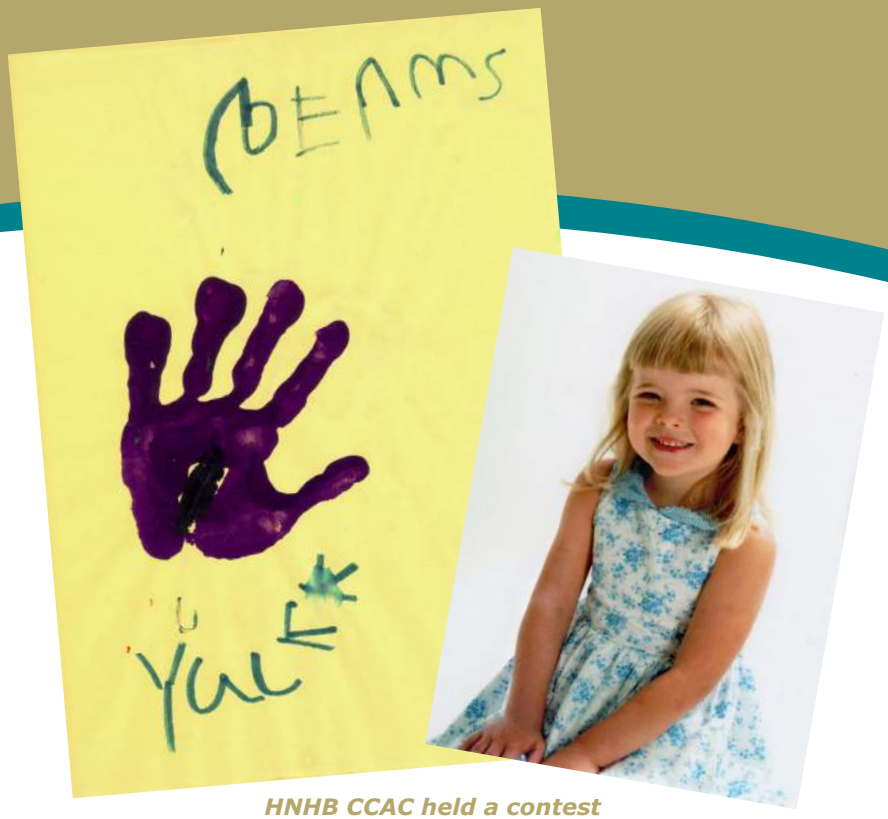
To book a CCAC speaker or display for your event, please call the branch closest to you.

Five Long-Term Care Forums Held

Free public forums about long-term care placement have now been held in each of the five service areas of HNHB CCAC. Each was well attended, with the audiences asking many questions.

Hosted by HNHB CCAC placement and case management staff, the forums explain the CCAC's role in placement, how the application process works, what type of care is provided by long-term care homes, and at what cost.

More forums will be planned for 2008/2009; please watch the web site for details: www.hnhb.ccac-ont.ca



HNHB CCAC held a contest for the best poster about hand washing. Four-year-old Ella Serdzik, great niece of Susan Gerbes at the Niagara branch, won the prize with this poster.

Seeking Excellence Everywhere

A new tradition has begun at Hamilton Niagara Haldimand Brant (HNHB) CCAC, with the First Annual Awards for Excellence. Staff members across the five branches were encouraged to nominate individuals, staff teams, and those who demonstrate excellence as "systems partners," e.g. working with others in the health care system to integrate services for clients.

"It's about encouraging our employees to recognize each other for doing things particularly well," says Sheila Jaggard, senior director of Human Resources & Organizational Development. "It helps to create an environment where we not only strive for excellence, but acknowledge it and celebrate it."

A total of 19 nominations were made in the three categories and evaluated by a group of staff and board representatives. The winning nominations have been announced to staff and also forwarded to the Ontario Association of Community Care Access Centres (OACCAC) for inclusion in the province-wide Awards for Excellence competition. Winners will be announced in June 2008 at OACCAC's annual conference.

Hamilton Niagara Haldimand Brant
Community Care Access Centre
CCAC
CASC
Centre d'accès aux soins communautaires
de Hamilton Niagara Haldimand Brant

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