Bringing Care Home

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The Positive Power of Change

A Win-Win for Norfolk Clients and Staff

Back Row (left to right): Vicky Coward, CCAC TDMH Discharge Planner; Laurie Harrington, Central Resource Team Assistant; Candice Beselaere, Norfolk Team Assistant; Front Row (left to right): Karen Robinson, TDMH Case Manager; Sue Pettit, Norfolk Team Case Manager; Absent: Karen Faw, Norfolk Team Case Manager

When CCACs across the South West merged January 1, 2007, the CCAC office at Tillsonburg District Memorial Hospital (TDMH) underwent a kind of merger of its own. Now, just four months later, it's proving to be an efficient set-up and one that provides an easy gateway to information and service for many clients.

Former Haldimand-Norfolk case manager Sue Pettit decided to follow her Norfolk-based caseload into the new South West region. Karen Faw and team assistant Candice Beselaere also made the move. It made sense for the group to locate in Tillsonburg as many of their clients use TDMH. The former Haldimand-Norfolk team joined Tillsonburg CCAC hospital discharge planner Vicky Coward, case manager Karen Robinson and team assistant Laurie Harrington, bringing the staff total to six. The office also bustles with other case managers in the area who drop in every day to make phone calls and handle e-mails instead of driving the longer distance to the main office in Woodstock.

"Communication is so important," says Robinson, adding that this office arrangement allows the group to connect easily on important details of a client's care between home and hospital. "The quicker we can make contact with our case managers who have been overseeing the client at home, the better."

Pettit, Faw and Beselaere enjoy working at this busy site. "Everyone has been helpful and very welcoming to us," says Pettit who felt it was in the best interests of her clients to move with them into the care of the South West. She adds that her presence in the new hospital location proved helpful in maintaining seamless service during the transition period.

Adds Harrington, "Because we are a tri-county hospital we have had a lot of partnership already with the Norfolk girls. Now it is nice to actually have the case managers working right here."

The CCAC staff is a big presence at TDMH. "The staff here really understands our importance in keeping their admissions in check," says Coward, adding that many referrals to the CCAC from the hospital emergency department result in fewer people being admitted. "We really are a big part of the hospital team."

Welcome to the fourth edition of *Bringing Care Home*. This month we learn why the CCAC Office at Tillsonburg District Memorial Hospital is such a hub of activity. Sandra Coleman introduces a SW CCAC work plan to help us manage upcoming changes realistically. You'll also learn about being a Learning Organization and hear about four innovative projects chosen for a province-wide health expo and a collaborative project aimed at better care for diabetes.

South West Community Care Access Centre CCAC
CASC Centre d'accès aux soins communautaires du Sud-Ouest

Making Change Real – And Realistic

A message from Sandra Coleman, Executive Director South West CCAC

Now that our new organizational structure and management team is in place, the South West CCAC is set to move ahead with the implementation of its new mission and vision. Our goal is to create a high-performing organization which helps people manage their health at home and in the community through integrated services offered through the CCAC and other organizations.

Many changes have occurred to bring us to this point and many more are yet to come. Our changes, however, must be managed carefully in order to achieve their full benefit. We can't move too quickly... or too slowly!

That's why we've developed a SW CCAC work plan that details key changes to be made in each quarter (see chart). The plan balances the need for change with our ability to achieve it in a realistic timeframe.

As you can see, we are busy this spring, focusing on case management, and PMI re-design. During the summer Nancy Dool-Kontio's team will be kicking off their new collaborative community program, Diabetes Quick Start (see page 4).

Come fall, PMI training and implementation will start and we'll be starting a community consultation process. Throughout the entire year, our Client-Driven Care task teams will be working to advance our knowledge of evidence-based community care.

I believe this work plan moves us forward at a good pace, while ensuring that client service remains our main focus.

The plan also supports the South West Performance Measurement Framework (PMF) developed recently by Board and management team. Earlier in April, those of you participating in the All-Staff Meeting heard how the PMF identifies our strategic directions, improvement opportunities and goals. The PMF reflects these South West priorities:

- Effective Client-Driven Care
- High-performing partnerships
- Becoming an employer of choice
- Achieving a balanced budget, increased productivity and consistent care based on evidence and best practices

Speaking of best practices, congratulations to all staff whose projects were selected for the Innovations in Health Care Expo later in May in Toronto (see page 3).

On another note, Ontario's CCAC EDs and Client Services Senior Directors are now developing a common vision for client services. We have much to offer this process as Client-Driven Care (CDC) is truly a made-in-the-South West approach to customer service. Please let me know if you are interested in being part of a video demonstrating CDC principles.

Thank you all for your continued commitment to quality service and to change at the right pace!

2007-08
SW CCAC WORK PLAN

	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
OBRA Roll Out		■	■									
Case Load Reviews		■	■	■								
Case Management Activities Implementation		■	■	■								
New PMI Process Redesign		■	■	■								
Training							■	■				
Implementation									■	■		
PMF Team Goal Setting				■	■	■	■	■				
CIAT									■			
Service Desk Roll-Out							■					
Diabetes Quick Start Program				■	■	■						
Community Engagement Program								■	■			
CDC Task Teams		■	■	■	■	■	■	■	■	■	■	■
ORTS		■										
Negotiation of 1st Collective Agreements (TBD)												
Employee Engagement Survey (TBD)												
Staff Advisory Committee (TBD)												

Note: chart is only a draft and will change

Leaders and Innovators

Four South West Teams to Showcase at Health Care Expo

Four South West teams have been selected to exhibit their projects at Celebrating Innovations in Health Care Expo 2007 in Toronto, May 23-24. The Expo recognizes the best of the best from across Ontario.

- Client Services Manager Carol Merton worked with Mary Jane Dandeno, Grey Bruce Health Services Corporate Manager for Utilization Management, to produce ***A CCAC/Hospital Integrated Navigation Framework***. The project developed a shared framework between the hospital and the CCAC for achieving shortened hospital stays for acute patients, improved patient satisfaction and standardized service delivery in the community.
- ***No Stone Unturned: Overhauling Work Processes*** was led by Hilary Halliday, South West Regional Manager, Decision Support and Gwen Vanderheyden, South West Regional Manager, Client Services. In moving the organization from paper-based documentation to an automated process, the project saved time for staff and enhanced Client-Driven Care.
- Meeting community needs through integrated care is the theme of ***No Pain – Lots of Gain*** by Megan Nichols, South West Regional Manager, Client Services and Dr. S. Ganapathy, Anesthesiologist, London Health Sciences Centre and St. Joseph's Health Care. This collaborative project facilitated enhanced client care following hip or knee joint replacement surgery, helping patients get home sooner, 24 to 36 hours post surgery.
- ***Partnership To Support Choice in End-of-Life Care***, was submitted by the SW CCAC and Lisa Misurak, Manager, *theheatlhline.ca*; and the Editorial and Communication Strategy Committees of the South West End-of-Life Care Network. The partners created a "mini-site" on thehealthline.ca web portal, a video and a user's guide to provide information on the services and supports available to those who choose to die at home. By working together, three organizations developed a suite of communication vehicles to address this important issue in community care.

All projects demonstrate creativity and initiative in support of the South West CCAC's commitment to meeting today's health care challenges. Congratulations to all!

Becoming a "Learning Organization"

The CCAC adopts a powerful and time-tested approach to human resource strategy

As part of our new Mission Statement, the CCAC has committed itself to being, "An employer of choice that believes in the remarkable capacity of our people to continuously learn and make a difference." An important foundation of our strategy to achieve this goal is the "Learning Organization" model pioneered by MIT Professor Peter Senge. Senge's 1990 book, *The Fifth Discipline*, sold a million copies and made the concept of the learning organization popular around the world.

Although Senge's concept was originally designed with for-profit organizations in mind, the principles of empowerment, equity, and teamwork are equally valid in the context of health care.

How do we become a Learning Organization?

- Working together to learn and solve problems
- Valuing and supporting learning at all levels
- Sharing knowledge freely
- Promoting dialogue
- Encouraging collaboration and team learning
- Staying connected and responsive to our environment
- Learning from failures as well as successes
- Sharing information with our clients and learning from them
- Thinking critically and creatively
- Valuing all contributions

For CCAC employees, being part of a Learning Organization means the opportunity to learn new knowledge and skills, participate fully in the organization, and contribute to a shared vision and a better life for our clients.

There are also real benefits for the CCAC. Being a Learning Organization makes us more nimble and flexible, with an energized and committed work force. With this approach, we are more open to collaboration across the health care continuum and ready to take on new responsibilities in a changing healthcare landscape.

Ultimately, it is clients who benefit – from continuous improvement in services, and a culture of partnership and shared responsibility.

You'll be hearing more about Learning Organizations as our HR policies take shape. Stay tuned!

Collaboration For Better Care Of Chronic Disease

Case management is about to play a bigger role in the care of adult patients with diabetes.

The CCAC, the South West LHIN and three family health teams (FHTs) will collaborate on Diabetes Quick Start under the direction of South West CCAC Strategic Planning & Integration Senior Director Nancy Dool-Kontio. The project is designed to help patients manage their conditions, even delay disease progression. Participating FHTs are Strathroy Medical Clinic, Clinton and Brockton.

"By tying CCAC case management services to the family doctor's practice, we should be able to provide better service to patients, better supports for the doctors and a team approach to caring for people with diabetes and other chronic diseases," Dool-Kontio says.

Watch for an upcoming outline that details the elements of this project more specifically. Dool-Kontio adds, "It is our intent to share information for your input and feedback."

You **WIN** When You're Healthy

We're all about health, so setting examples of active living means a lot. Grey Bruce recognizes wellness and healthy lifestyles by presenting an annual Wellness Award to staff-nominated individuals working in Walkerton and Owen Sound. This year's winners are Walkerton case manager Royce Mahood, who walks or bikes two kilometers to and from work each day, and Owen Sound team clerk Roseanne Illman, a fitness buff who encourages her co-workers to participate in programs like Bike to Work and Stepping Out on the Bruce Trail. Congratulations!

And, ADYC Means What?

Acronyms Drive You Crazy, of course

Acronyms may be short and sweet – but first you've got to know what they mean!

Did you know that **PMI** stands for Patient Master Index and **RAI** means Resident Assessment Instrument? The list goes on and on and we do plan to develop an acronym index for the South West CCAC. You will soon find this and other resources like the Organizational Chart and the Ontario CCACs' contact list on our Intranet under Our Office -> South West CCAC.

Let us know what's got you stumped by sending your puzzling acronym to newsletter@sw.ccac-ont.ca. WGYTA – (We'll get you the answer, dah).

And, remember to keep the use of acronyms and jargon amongst ourselves. Clients and the general public usually find them confusing.

Poster Prize

The South West End-of-Life Care Network and *thehealthline.ca* share the award for best poster at the 17th Annual Ontario Provincial Conference on Palliative and End-of-life Care, April 22-24, 2007, London Convention Centre.

Ida Tigchelaar (left), Palliative Pain and Symptom Management Consultant for Oxford and Elgin Counties and a Network Editorial Committee member, with Paul Cavanagh, Director, South West End-of-Life Care Network in front of the award-winning poster.

COMMUNITY TIDBITS

Placement Co-ordinator Charlene Keys and her husband, Greg, proudly announce the birth of their daughter Alyssa Jennifer, 6 lbs. 12 oz., born April 6, 2007.

Team Clerk Donna Harris welcomes grandchild number 3 with the birth of Cohen Daniel Harris on April 3, 2007.

Stratford Access Case Manager Janetta Weaver is a proud first-time grandmother to Owen Douglas, 6 lbs. 11 oz., born to her daughter Haley at Stratford General Hospital, April 25, 2007.

Ken Heaslip had a special present waiting for him when he returned to work at the London office following his wedding to Bianca Payne on April 7, 2007.