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

STAFF BULLETIN
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Woodstock RAI data work group (left to right): Case managers Karen Peat, Donna Making-Beres and Gwen Vaughan, Client Services Assistant Vicky Kielesinski and Manager, Client Services Donnabeth Sweetland. Absent: Client Services Assistants Krista Doan, Susan Rae, Arlene Clemence, Lisa Watson, Candice Beselaere, Shirley Middleton and Case Managers Becky Nichols, Cynthia McKnight, Cheryl Becker, Karen Mitchell, Karen Faw, Sue Pettit, Judy deJong/Susan Klooster, Melody Williams, Sharon Bale/Anne Strathopolous.

Coming Through the RAI

Assessment tool mined to ensure that those who need care most receive it

A year ago, Donnabeth Sweetland, Client Services Manager in Oxford, spent some time visiting the North West CCAC. While there, she heard about an innovative approach to using the Resident Assessment Instrument for Home Care (RAI). Excited by the potential of the approach, she returned to Oxford and set to work with her team.

The concept, Sweetland says, is simple but powerful. "Case managers spend one to two hours with each client doing the RAI, but we haven't really been able to harvest the data it captures. By aggregating five of the scales, the RAI becomes a powerful tool for evidence-based decision-making."

The five scales are the CHESS, MAPLe, CPS, ADL Self Performance Hierarchy, and IADL Difficulty. To create the aggregate – now called the Needs Risk Indicator (NRI) – the scores on each scale are added together. The NRI is then used as a guideline for service levels. For example, a client whose NRI score is less than 8 will generally require up to 2.5 hours of service per week.

Why is the NRI important? Each of the scales has already been validated individually. By adding them together, case managers end up with an accurate snapshot, useful for analyzing their caseloads and making adjustments. Says Sweetland, "A lot of times we make subjective decisions about how to adjust service levels. The NRI provides us with objective data so we can compare clients 'apples to apples.'"

The Oxford teams have used the NRI scores to think about their OBRA reports, helping them to "dig a little deeper and analyze their caseloads in more detail." The NRI is also helpful in identifying high needs clients for new programs or targeted interventions and uncovering areas where reductions can be safely made. "It's important to identify low and high need and low and high risk clients during times of scarce fiscal and human resources, and also in times of plenty," says Sweetland. "For example, if we're considering introducing some intensive case management, we need to know which clients would benefit most. If we're considering reducing PSW levels, it's equally important that we identify the right clients."

The NRI can also be used as a guideline to ensure that clients on the waiting list for long-term care are eligible for placement. "The more accurate the wait list is," says Sweetland, "the less waiting time there is for people who really need long-term care."

South West CCAC case managers have been trained in the new approach and the NRI is automatically calculated and made available to them on spreadsheets. Sweetland says that CCACs across the province are at different stages of experimenting with the NRI. "This was something I wanted to move forward. I was fortunate to have a leadership team that empowered me to do that, and a great staff in Oxford willing to take the lead," she says. "Ultimately it's about getting the right service to the right client."

A Message from
Sandra Coleman
CEO, South West CCAC

Using our Resources Wisely

At the South West CCAC, our Board of Directors is committed to ensuring we manage our resources wisely. We usually think of our financial resources in terms of the purchased services line in our budget and the Board is certainly spending lots of time now monitoring those expenditures given the waitlisting and other service reductions of the last several months.

But there's another important aspect to ensure our staffing resources are allocated fairly across the South West, making sure we have the right people doing the right jobs, the work is fairly distributed, and everyone pulls together to reach shared goals. In our case, the shared goal is outstanding Client-Driven Care for all people across our vast region.

It's this requirement of equity and consistency of resources that underlies some difficult decisions recently taken by our organization.

Over the past year, the South West CCAC undertook an extensive study designed to ensure that we have the right number and mix of staff members to deliver outstanding care.

A group of senior managers reviewed all our teams in the context of four general principles: equity across sites, productivity gains, alignment with strategic directions, and sustainability. With the guidance of this group, we compared caseload averages, case manager activities and other data, comparing like rural teams with like rural teams, etc. We made decisions to reduce staff in some areas where workload activity data indicated that was necessary to be fair and consistent.

We would have made these decisions even if we weren't waitlisting our purchased services. It is always our responsibility to ensure equitable staffing levels with optimum resources for purchased services to ensure care to those who need it most.

The decision to eliminate jobs is the most difficult one an organization can take. It is difficult for the people who are directly affected, and the ripple effects are felt by everyone else. I can assure you that we have done everything we can to make this transition as comfortable as possible for the staff members who are losing their jobs.

Now it's up to the rest of us to move forward together, delivering outstanding Client-Driven Care, strengthening partnerships, and ensuring that these transitions have no negative impact on our clients. Above all, it's up to us to ensure that the South West CCAC continues to be a community of people who care for and support one another, and work together as an effective team. I have seen this spirit develop over the past three years, and I know it will continue to build in the months and years ahead.

WHAT'S THE BUZZ?

SOUTH WEST CCAC SCORES WELL in quality report

The South West CCAC is doing a good job, according to the first ever Ontario Health Quality Council report on home care in Ontario. The South West out-performed the provincial average in 19 of 22 indicators and matched the provincial average in one.

"We are very pleased with our results," says CEO Sandra Coleman. "They speak volumes for the commitment of our staff to the principles of Client-Driven Care. But from our perspective, the report is really a tool for improving quality for all home care clients everywhere."

For more information about the Ontario Health Quality Council and the Provincial Quality Report, please visit www.ohqc.ca/en/hc_landing.php.

Mental health website for students launched

A new website gives parents, educators and service providers across Elgin, London, Middlesex and Oxford easy access to information to better support students who experience mental health challenges. The website is a partnership between the Student Support Leadership Initiative, a joint effort by the Ministry of Education and the Ministry of Child and Youth Services, and *thehealthline.ca*. To find out more, visit **www.mentalhealth4kids.ca**.

mentalhealth4kids.ca
supporting children together

Government redeveloping long-term care beds

Ontario is rebuilding 4,183 existing beds and updating facilities at 37 long-term care homes. The redeveloped homes will meet the most modern design standards and will feature greater wheelchair access for residents in private and public spaces. The redeveloped homes are expected to be completed as early as 2012.

Online home care nursing education launched

The Ontario Home Care Association (OHCA) and the Ontario Community Support Association (OCSA) have partnered to create a new online learning tool for home health care. The goal is to educate and develop new nursing leaders in the home care sector by offering modules in communications skills, advanced facilitation skills, and systems thinking. The site is designed for both RNs and RPNs who are new to the home and community care sector, and can be accessed at www.mynurseeducation.ca.

Pitching in for "Challenging" CHRIS Deployment

Cathy Kelly admits that the CHRIS deployment in London and St. Thomas resulted in some unanticipated challenges, but the glitch may have been a very well-disguised blessing.

"It showed what the South West is made of," she says, "When you talk about team, wow, it has been incredible! It's humbling to see how willing people are to help out to ensure that the right data is in our database and our clients have a seamless experience."

Kelly says the glitch by the OACCAC resulted in the loss of some critical data. Managers and staff from across the organization in London and St. Thomas, and even from the Stratford and Seaforth offices, put in long hours helping with data inputting and clean-up. The work was complete by the end of the week after deployment.

CEO Sandra Coleman was also full of praise for staff members, some of whom worked as many as 48 hours continuously to resolve the data issues. "When the going gets tough, that's when transformative leadership really shines," she said. "I saw that in every person who helped out."

The final CHRIS deployment will happen in Woodstock on March 22. "The goal is one client, one record," says Kelly. "And we're almost there!"

Sustainability Study Leads to Greater Equity Across Teams

The core sustainability process was separated into three phases with the first phase aimed at making workforce reductions through attrition. During this first phase last summer, twelve full-time positions across various employee groups, teams, and office sites were permanently closed through vacant positions declared redundant, staff reassignments, and employee retirements.

In the second phase, the core team focused specifically on analysing performance indicators across like teams in like settings (i.e., client services delivery model in small rural hospitals) to establish comparable markers of equity, productivity, and best practices across the South West.

"The data clearly showed inequities and varying levels of productivity existed across comparable teams. For example, within client services key results showed that we had:

- two sites where greater than fifty percent of the community caseloads were at or below 100 clients/caseload
- one site where the community caseload average (154 clients/caseload) was significantly higher than the South West average (129 clients/caseload)
- some small rural hospital sites where measures of productivity were significantly lower than comparator sites (i.e., the number of referrals completed by case manager in small hospital X as low as 135 referrals/year and as high as 400 referrals/year in small hospital Y)
- one site where the caseload range within the children's team (112 - 167 clients/caseload) was not within the same caseload range (200 - 300) as other children's teams across the South West.

With findings such as these it became apparent that there were opportunities to gain staffing efficiencies in a few areas, adopt and spread best practices from one site to the next and one team to the next, and that in some sites layoffs were simply inevitable based on this objective review process.

"It is always a very difficult process to move forward with layoffs as we know the personal toll that decisions of this nature have on individuals and their families." says Megan Allen-Lamb, Senior Director of Human Resources and Organizational Development. "We did so only after careful thought and consideration and we are trying our best to work collaboratively with staff and union leadership in finding solutions that minimize the impact of these layoffs.

"Our focus now is on building long-term sustainability, confidence, and optimism for the future."

As the core sustainability team works through completing the first two phases of this review, the group is now shifting into phase three of this work. The emphasis of this phase will be on redefining the services we deliver to clients and how we deliver these services to ensure the best use of our resources so that the CCAC can continue to offer outstanding care to clients and families for many years to come. Says Megan-Lamb, "We are now moving from short-term actions to a longer-term perspective on how best to do our work. Our focus now is on building long-term sustainability, confidence, and optimism for the future."

Members of "Pat's Team."

Share the Care Getting Rave Reviews

At a time when health care resources are stretched to the limit, the Share the Care (STC) model is getting a very positive response from case managers and other health professionals across the South West.

STC, which was introduced to the South West with support from the South West LHIN, helps people pool their talents, time and resources to support someone facing a health crisis. Case Manager Janine Sissing recently attended a session on STC and recommends that all case managers receive the same training. "I walked away with new insights and a binder of resources that I've found very effective in helping me with conversations and planning with clients." Her colleague Gail Prouse adds that she has already used learnings from STC for a personal situation and now recommends it to her clients.

Eugene Dufour, Campaign Coordinator for STC, reports on a successful use of the model to support Pat, a nurse who worked at University Hospital for more than 25 years, when she developed pancreatic cancer. Jackie Crandall, a Nurse Practitioner on Pat's unit, had taken the STC workshop and immediately started using the tools. Within days, 39 nurses, ward clerks and physio aids had signed on to be part of "Pat's Team." They complemented the home care team from the South West CCAC and provided round-the-clock support to Pat and her family. "The closing meeting was one of the most powerful sessions I have attended," Dufour says. "There were a lot of tears, a lot of laughter, a lot of sharing of deep feelings. They all expressed their feeling that they gave Pat a wonderful gift, and Pat gave them a greater gift."

To learn more about Share The Care, visit www.caregiverexchange.ca

On Pancake Tuesday, the social committee at the Seaforth office hosted a delicious lunch for staff members. Left to right: CM Jane Rundle and CSAs Shelley Bryson and Jenna DeGroot.

Birth Announcement
Welcome to **Rylan Dru McKellar**, third daughter and fourth child of Michelle McKellar, Manager of Education and Training, London. Rylan was born on November 23, 2010 at 7 lb. 7 oz.

Haiti – Eye Witness Account

Heidi Wagler, case manager at Stratford General Hospital was due to join Dr. Cheryl at the Mission of Hope in Haiti before the earthquake struck. Mission of Hope is outside of Port au Prince and operates a small medical clinic. Following is Dr Cheryl's eye witness account of the earthquake.

"The shaking was incredible. I remember seeing the concrete walls moving violently in a wave like at a wave pool – the floor beneath my feet did not feel attached to me. We ran outside, I remember how difficult it was to run down the concrete steps as they were moving. I looked towards the city and it went up in dust like a bomb had gone off.

"By the time I got to the clinic the injured started arriving in tap tap (pickup truck taxi)... For the next 33 hours straight, we worked on the traumatic cases, it looked like war. We did not know the integrity of the clinic so we worked outside...

"We have 160 staff on our mission. Every day that someone shows up is joyous to see that they are alive. Most everyone has a family member that has died. But we are moving on. Thank you for your prayers, this is not over, it is a long road ahead."

Welcome New South West CCAC Staff

London: Richa Dhungel – Senior Developer

Local HERO

On December 29, 2009, Paula Thomson, Director of Care at the Bonnie Brae Health Care Centre in Tavistock became a hero during her son's Junior C hockey game at the Woodstock arena. Linesman Kevin Brown was injured during a scuffle when a player's skate severed his carotid artery. Thomson was immediately out of the stands and led others providing first-aid until paramedics arrived.

In January, Brown was honoured by dropping the puck at the Hockey Day in Canada celebrations in Stratford. At his request, Thomson accompanied him onto the ice pushing his wheelchair. Thomson was even mentioned during a recent broadcast of Coach's Corner after Kevin told his nearly tragic story to hosts Don Cherry and Ron MacLean.