Connecting you with care
Votre lien aux soins

South West CCAC
Community Care Access Centre

CASC
Centre d'accès aux soins communautaires du Sud-Ouest

STAFF BULLETIN
Volume 5 Issue 2 March 2011

International Women's Day

On March 8 the London Access team joined the millions of other women around the world celebrating International Women's Day. The team dressed for the day in tiaras and boas and a yummy treats table was set up. They gathered together to toast with pink "champagne", all the fabulous women who make this world go around.

Home First philosophy blooms in South West

Did you know that:

- Many patients are designated as Alternate Level of Care (ALC) in the emergency room before CCAC involvement?
- Many patients are designated as ALC within 48 hours of admission before the CCAC is involved?
- Many patients are not referred to the CCAC until the day of discharge, or until after they are designated ALC?
- Some complex patients being discharged from hospital to home deal with many different CCAC case managers?

CCACs have been working hard for many years to ensure hospital patients are discharged home and to avoid long-term care whenever possible. There is a growing recognition, however, that we need to do more to ensure that elderly hospital patients don't go into long-term care unnecessarily. The 14 LHINs have now agreed that "Home First" is a provincial priority for all CCACs and hospitals.

Home First is a philosophy of integrated care that focuses on keeping clients, especially high needs seniors, safe in their homes as long as possible. Central to the approach is the idea that after an acute episode, clients should go from hospital to home before deciding about next steps.

CCACs play a pivotal role in implementing the Home First philosophy, and the South West CCAC already has a head start. The philosophy of Home First begins with the recognition that hospital is not the best place for elderly people to spend extended periods of time. In addition to the risk of hospital-acquired infection, studies have shown that elderly people lose 5% of their functional ability each day they are in hospital. Nor is hospital the best place to make tough decisions about the future, especially about the move to LTC.

And of course, long hospital stays are not good for the health system, either. Ontario has more than its share of ALC patients, and that means road blocks for people needing emergency care and elective surgery.

The South West CCAC is already working with its partners to enable clients to get home and stay home. The innovative Safe at Home and Wait at Home programs resulted in more than 85,000 hospital patient days avoided last year alone. Our assessment processes ensure that only the most vulnerable seniors are admitted to long-term care (MAPLE 4s and 5s), and case managers are already committed to completing LTC applications from home when possible. The CCAC's integrated discharge model and two current initiatives – the high-risk seniors project in London and the long-term ALC review (for patients who have been ALC for more than 40 days) – are also focused on Home First goals.

Jennifer Fazakerley, Home First lead for the South West CCAC, says the next step is for CCAC case managers to do more active case finding, identifying clients who are at risk of being ALC within 48 hours of their admission to hospital. "We need to get in there very quickly, before people are labelled as ALC or LTC, and help them get back to their homes. Then if they do require LTC, we must support them in the community while they make the transition."

Home First means a system-wide culture change, Fazakerley says. "It will require extensive collaboration between the LHIN, the CCAC, hospitals, long-term care, community support services, mental health, and primary care. We all have to work together to wrap care around the client, to prevent hospital admission as well as getting people home and keeping them there."

Home First could mean an increase in hospital bed capacity, a reduction in ALC days, and even a reduction in demand for LTC beds. On the other hand, CEO Sandra Coleman says it also has serious implications for home care. "A more focused

continued on page 2…

A Message from
Sandra Coleman, CEO
South West CCAC

Not by the Numbers

In February the *Toronto Star* ran a series of articles about home care in Ontario. I'm sure most of you read or heard about these articles, some of which were critical of the care provided by Central area CCACs.

It's always hard to receive criticism. It's even harder to acknowledge that we sometimes fail our clients, even if it's often due to circumstances beyond our control. We are fortunate in the South West that we have not experienced the more severe cost containment measures in place in some Central area CCACs. Our integrated discharge planning model has also helped us avoid some of the gaps in service that were described in the articles.

But it's important to use this kind of feedback to improve our practice, rather than rushing to defend ourselves. One particular aspect of the series caught my attention. It was an article titled "Computer program says 'no.'" It told the story of Sou Pin Tsoi, a 90-year-old immigrant from China who suffers from dementia. Tsoi's daughter Angelina told the reporter, "Somebody came to the house. They had a computer program to see if my mother was high urgency."

As the title of the story suggests, Angelina felt that the case manager simply inputted some mysterious numbers, pressed a magic button, and let the computer come up with the answer, a resounding 'no.'

Of course, that's not the way technology should be used to support home care!

Technology is a tool. It helps us organize and analyze the complex information we receive about clients. Assessment and care planning are human undertakings, not electronic ones. It can be tempting to "blame it on the computer." But as Client-Driven Care teaches us, we must engage with clients and families, respect their perspectives, acknowledge their strengths, and work with them to find solutions.

That doesn't mean that clients and families will always get the service they want or feel they need. But it should mean that more clients get the care they need to live with dignity.

It's worth remembering that case management is both an art and a science. The science of the laptop must always be accompanied by the art of listening deeply and compassionately.

By the way, the *Toronto Star* articles resulted in an editorial calling on the government to provide CCACs with more funding. We will be watching to see if Ontario's Spring budget responds!

Click here to view Sandra's message or go to
http://www.youtube.com/watch?v=PpO9Af1Cv5I

continued from page 1... Home First approach will mean additional referrals to the CCAC, which could drive up spending. All this needs to be carefully planned with incremental changes."

Above all, Home First could mean easier transitions and a better quality of life for frail seniors. Says Fazakerley: "What's happened in other areas is that people who went home to wait for LTC sometimes ended up being able to stay at home, once the right services were wrapped around them."

The recent Ministry Directive to all hospitals to end First Available Bed policies means all hospitals are back to the drawing board. We are part of that process, encouraging new patient flow policies also incorporate the Home First philosophy to ensure referral to CCAC within 24 hours of admission. Stay tuned as discussions with the hospitals continue.

WHAT'S THE BUZZ?

Change Foundation looks at home care

A new report released by the Change Foundation in February asked if good home care is possible for seniors with chronic health conditions. Among the recommendations:

- We need to better align home care services to seniors needs
- We need to re-align resources from acute to community care
- We need to use home care more strategically to provide care and support tailored to individual needs, and to help solve health system and sustainability problems (page three)

OCFP re-vision health care in Ontario

In late January the Ontario College of Family Physicians released *Vision 2020*, a report about the future of primary care. The report underscored the importance of integration between primary care and home care. It notes: "A collaborative, team-based system of care including system integration will be required throughout the whole of the health care system (i.e. primary care, public health units, CCACs, hospitals and long-term care homes). There will be an increased demand for all health care organizations and providers to be informed and participate in system integration and coordination within and between each sector, supported by eHealth."

OACCAC conference takes shape

Clayton M. Christensen, one of the world's foremost experts on innovation, will be the opening keynote speaker at the OACCAC Knowledge and Inspiration conference in June. Christensen is a professor at Harvard Business School, an author, an experienced entrepreneur, and advocate for community-based health care. The conference will be held June 22–24, 2011 at the Westin Harbour Castle Hotel in Toronto.

Home Care for the Homeless

An innovative partnership provides care where it's needed

It's a challenge providing home care to people who are marginalized, transient and often experiencing mental health or addiction problems. After a period of hospitalization, they are discharged into the community with a referral to home care. But as Martha Connoy, Director of Community Mental Health at Mission Services of London explains, that often doesn't work. "They often don't have homes or have lost what housing they had, or because of their mental health or addiction issues, they're not cognizant of where they should be and who they should be seeing. The situation falls apart rapidly, and wounds or illnesses exacerbate."

Connoy and Sherri Zavitz, Case Manager, South West CCAC, came up with an innovative solution. Since early March, CCAC nurses have been seeing clients at the Safe Haven day program at Mission Services.

The Safe Haven program is a partnership among several community agencies supported by all three levels of government and administered by the City of London. It offers marginalized people a warm, safe place to spend the day, complete with showers, laundry facilities, meals, a sleep room, and programming shaped around their needs. Some 90 clients visit Safe Haven every day. The program also operates a mobile outreach van that circulates through the downtown core.

With the new agreement, CCAC nurses will provide nursing care at Safe Haven from 7:30 a.m. to 3:00 p.m. seven days a week. "This provides simpler, more seamless care that will help us reach the care goals," says Zavitz. "Many of these clients have wound care needs. Now they have access to the nurse and the medical supplies in one place. It's a true partnership that puts the client at the centre of the care team." The CCAC has a dedicated office in the facility, with locked cupboards for medical supplies, an examination table and a sink, installed with funds from the Women's Auxiliary to Mission Services.

Connoy is excited about the partnership, which she believes will lead to better health outcomes for hard-to-serve clients. "There are so many who go untreated and end up in worst circumstances," she says. "These people are not a trusting group – the system has let them down in the past – but this provides them with an opportunity to see that there are caring people willing to come to them, to take them as they are."

It takes a special person to serve this population, she admits. Three nurses have stepped up to staff the new model, and have received specialized training. "They are wonderful," says Connoy, "very personable and accepting." Adds Zavitz: "This provides better conditions for the nurses giving care. It also means they have access to expertise in mental health, addiction and behaviour management from the folks at Safe Haven."

Connoy says the new program is a perfect example of integration and partnership at work. "This is a wonderful opportunity to do something different with our existing resources. It takes a caring community to support these folks. The CCAC and Mission Services are working together to do it better."

Handwashing Survey Reveals Positive Attitudes

Although very few people ever ask health professionals if they've washed their hands before starting an examination or procedure, most professionals are perfectly comfortable being asked.

That's the main finding from a recent online survey completed by the Healthline Information Network in partnership with the South West CCAC. In all, 368 professionals and 245 members of the general public completed the surveys.

"We all know when we've washed our own hands," says Ruta Pocius, Regional Coordinator Caregiver Exchange. "But what about when a health professional comes into the exam room or visits your home? Anybody can forget, so it makes sense to ask. Most of us feel funny about it."

The South West CCAC launched a campaign two years ago in which community health providers wore bright buttons that read, "Ask me if I washed my hands." Based on the survey, there's more work to be done in this area.

"We've confirmed that health professionals really don't mind being asked," says Gwen Vanderheyden, Regional Manager, Quality. "Now we've got to get the message across to clients and patients that it's okay to ask."

Among the detailed findings:

- Nearly 80% of consumers have never asked a health professional if they had washed their hands before an examination or procedure.
- Most didn't ask because they assumed they had washed their hands (48%), didn't think of it (20%), or were concerned they might be offended by the questions (20%).
- 85% of health professionals say they would be comfortable or very comfortable being asked by a patient or client if they had washed their hands.

On a Personal Note…

Meet…

Kathryn Henderson, Service Desk Tier 1, Stratford Office

Kathryn has been part of the CCAC and its predecessor organizations for nearly 25 years! She and husband Ken have two children, Rachel and Caleb. Her family participates in the National Service Dogs program (www.nsd.on.ca). As puppy volunteers, they help to socialize, housetrain and begin obedience training with Labrador and Golden Retriever pups who will later be trained to help children and families living with autism and special needs. Kathryn also enjoys sewing and walking, and hopes to become adept with her new kayak this summer.

Here's some of what our staff members have to say about Kathryn:

- *"This is the person who is always there to help us whenever we need her, which can be quite often some days!"*
- *"She's always on the case and never makes you feel like you are bothering her."*
- *"I'm a very new staff member and Kathryn has been a wonderful support and resource person."*
- *"We appreciate Kathryn's kindness and responsiveness."*
- *"Kathryn is mentoring in her approach, using the time she is addressing the issues to build capacity and understanding… Thank you Kathryn for your team spirit!"*

Welcome New Staff

Elgin Jennifer Carscadden and Adriana Costa (CMs)
Grey Bruce Tracee Fletcher, Lyle Gowan and Serena Russwurm, CSAs; Ashley Keeling and Sue Graham, CMs
Huron Heather Gladwin, CSA
London Lynn Brewer, Heather Routly, Lee Van Geffen and Jose Wilson, CSAs; Hong Phong Luu, Tier 1; Ivan Recinos, Health Information Coder; Heidi Freer, Karen Geoffrey, Victoria Hathaway, Jacquelin McPhee and Deborah Loubert, CMs; Catherine Crane, Regional Manager; Jamy Brodt, Financial Analyst
Oxford Cristina Bruno, CM

CCAC "Soup-er" Lunch

The Perth Hospital Team organized a soup lunch (idea borrowed from the Alzheimer Society's Soup's On fundraiser hosted in Stratford each January).

Each hospital team member contributed a crock pot of soup or bread/baguettes or other needed supples. In total Stratford staff tasted 8 soups and $275.37 was raised and donated to the Alzheimer Society of Perth County. A big thank you to all who came and supported such a great cause.

Back row (left to right): Christy Winegarden, Marlene Patton (CM), Tara Norley, Michelle Bice (CSA), Julie Patterson (Casual CM), Pat Turnbull (CM), Lisa Wolfkamp (Casual CM). Front row (left to right): Allison Hiller (CM), Shirley Hughes (Casual CM), Jane Feltz (CM). Absent: Keena Dorion (CM).

Making a Difference in Nicaragua

Jacquie McLeod, a case manager at Alexander Hospital, recently participated in a two-week mission trip to Nicaragua. Here are a few of her thoughts:

"It was a life-changing two weeks for me. My colleagues at CCAC Oxford contributed to the women's underwear drive with typical generosity and I had a vast number of garments to pack. Additionally, the sergers and sewers in the bunch made diapers and reusable sani products for their 'hermana amigas' (sister friends). During the trip I met grandparents, parents and children living in both rural and urban barrios. Despite having minimal creature comforts, they smiled and were kind and thoughtful. My mentor Mary Lou and I had the opportunity to bring entertainment to the children with our puppets Rosita and Juanita. They were treated like rock stars! The sparkling eyes and shy grins were wonderful rewards.

It was a very emotional day for me when we visited the House of Hope, a residential home for prostitutes who have decided to come off the streets. There were no dry eyes in that place as we heard stories of abuse, abduction, abandonment, rescue, redemption and new life.

I'm already planning to return next year and have started looking for everyday items to squirrel away for my sisters and their families in Nicaragua."

Baby Boy Brady

Congratulations to Michelle Dalton on the safe arrival of her 3rd child Brady Dalton, born on February 11th 2011.

It's not easy being cute

On Family Day Seaforth CM Dianne Collyer celebrated with her children and grandchildren. They dined in Guelph and celebrated four birthdays: Dianne's daughter Cynthia, son-in-law Rob, son-in-law Steve and family friend Marnie.

Cynthia and Marnie giggle at Dianne's granddaughter Maya modeling one of the day's gifts.

News from IT

New multifunctional devices that do faxing, scanning, printing and copying will be installed at each office site by the end of March to replace the Xerox photocopiers. All other fax machines and printers will remain in their current location.

IT will connect with you locally at your site to discuss any specifics that are unique to your site, or details that need to be communicated with staff. If you have any questions in the meantime, please let IT know, and we will support you as needed to make this a smooth transition in your site. Please communicate with your teams so they are aware of the machine swap.