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

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HEROES IN THE HOME

More than 400 caregivers were celebrated at three Heroes events this year. View the video of the Stratford event at http://youtu.be/n_oGFO3bW48.

Hospital Transfer Team Under Way

The transition from face-to-face assessment to the Hospital Transfer Team (HTT) has begun in London.

The HTT is a new approach to discharge planning, a complement to the intensive case management model being used to help complex clients get home from hospital. Most acute clients and at least half of rehabilitation clients will be assessed and have a care plan developed by telephone within 24 hours of discharge. These are clients who are expected to get better and return to work but need some nursing at home, such as wound or IV care. In the past they were assessed face-to-face in their hospital rooms before being discharged.

The roll-out started September 19 at University Hospital, involving two case managers (Kathy Mercer and Marg Neron) and one CSA (Diana Hrvatin) on the HTT, and a triage case manager (Joanne Hatt and Elizabeth Brown job share partners). The triage case manager is responsible for reviewing all referrals from the hospital and deciding whether a face-to-face assessment is required. If it is, an intensive case manager makes the assessment. If not, the referral is sent on to the HTT. The team members have phone extensions for every room in the hospital, so they can call clients who are still in hospital, or wait until they get home to set up a plan. For clients undergoing day surgery, care plans can be established by phone before they even arrive for their procedure.

On October 17, a case manager (Lorna Kroh) at St. Joseph's Hospital joined the team, and Victoria Hospital's three case managers (Raju Shinde, Laurie Sue Reekers and Marg Kooy) and one CSA (Cathleen Lester) came on board on November 7. The case managers have remained on site in the three hospitals during the test phase, but will soon move to the CCAC building on Oxford Street.

For clients, the benefits are clear, says Client Service Manager Bonita Thompson, who is leading the change. "It's more convenient because they are able to leave the hospital as soon as they are discharged. In the past they sometimes had to wait to see a case manager. Or they can get their plan set up from the comfort of their own homes, with their family around to bounce questions off. Either way, it all happens fairly smoothly." It's good for the hospitals, too, because it ensures that beds are vacated as soon as possible.

For the case managers, the new approach meant letting go of a familiar way of working and long-term relationships with hospital staff. But there are lots of pluses too. "I like that I can focus on my clients without interruptions," says Lorna Kroh, HTT case manager at St. Joe's. "When you're a hospital case manager your pager is always going off, or a hospital staff member is dropping by to tell you about another referral." To ensure that she gets all the information she needs, Kroh spends up to half an hour on the telephone with many clients. Although she misses regular face-to-face contact with her hospital partners, she stays in touch by telephone.

Kroh is looking forward to moving to the CCAC office and working more closely with her counterparts at the other hospitals. "It'll be great to get the whole team together in one place, so that we can share each other's experience and knowledge when we need it."

Home First Update: Up and running at LHSC

Maria, 86, has mild dementia. She was recently hospitalized with pneumonia and ended up staying in hospital for close to a month. By the end of her stay, she was very confused and couldn't recognize the nephew-in-law whose home she shares. Thanks to an intensive care plan from the CCAC, Maria was able to get home to her granny flat in her niece's house. To keep her safe, the CCAC provided 24/7 care for a month. Maria seemed better the moment she got home, greeting her nephew-in-law and the family dogs by name and smiling broadly for the first time in many weeks. After a month of the intensive plan, her service was reduced to the usual CCAC levels.

Maria's story is based on several success stories already happening through Home First. CCAC Lead Jennifer

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A Message from
Sandra Coleman, CEO
South West CCAC

Bringing Value Home

Earlier this year the Ontario Association of CCACs (OACCAC) published a report entitled *Bringing Value Home*.

Value, as defined in the report, is the ratio of positive health outcomes to cost of care. Research has shown that home and community care is a cost-effective alternative to care in hospitals and long-term care for many people. A recent analysis sponsored by the Change Foundation estimated that home and community care contributes $150 million in annual savings to the health system, despite representing less than 4.5% of total health care spending.

We also know that health outcomes are better at home, and clients and families feel more satisfied. At the South West CCAC, 90% of our clients rate their satisfaction with CCAC services as good or excellent.

When home and community care is working, it reduces the burden on acute hospitals and long-term care homes, enabling them to focus on the care they provide best. Last year, for example, more than 200,000 patient hospital days were saved through our Safe@Home and Wait@Home programs.

Now we're preparing for an even more central role in the health system with the implementation of the Access to Care (ATC) initiative. ATC will help people move out of acute hospitals and into other care settings as quickly, smoothly and safely as possible. One of its streams, Home First, is already well under way, as you've read on page one. Home First further reduces the pressure on hospital and long-term care beds (the cost side of the equation) and helps people stay at home for as long as possible (the positive outcome side).

The other two streams – Assisted Living/Supportive Housing/Adult Day Programs, and Complex Continuing Care and Rehabilitation – are also on the move, and will result in the CCAC being the single point of access to these important services, just as we are for long-term care beds. Again, we have an opportunity to reduce costs and improve outcomes.

We can all be proud of the role our CCAC is playing in building a sustainable health system – one that brings home great value for clients, families, staff, system partners and taxpayers.

Home First Update ... *continued from page 1*

Fazakerley says 10 clients have been supported to return home with extra services. Each one would otherwise have been designated ALC/LTC and remained in hospital.

Fazakerley is working closely with her hospital partners, Natalie Berkiw, Project Leader at University Hospital, and Sherri Lawson, Director, London Health Sciences Centre, to implement changes to discharge processes to help more clients like Maria get home. They lead project implementation teams in the hospital and in the community that are completing current state reviews and mapping out new processes. Several sub-groups have also been established – to develop a screening tool for automatic referrals to Home First, to monitor metrics, to strengthen communication, and to explore information technologies to support the discharge process.

The lessons learned so far? "For me, this work has really heightened my awareness of the need to get the CCAC case manager involved with the patient in hospital earlier, soon after admission to hospital," says Lawson. "I've come to recognize the value case managers bring to the discharge planning process."

"I've realized that what we're doing is a big, complicated project that touches many people and requires a lot of communication," says Fazakerley. Adds Berkiw, "It's important to engage all the stakeholders, and especially the frontline staff, early on. They live and breathe this work, so who better to redesign it? And when they are involved, they own the changes."

Is it working? Signs are positive, says Fazakerley. "We're already starting to see a decrease in the number of ALC/LTC designations made in hospital and other indicators that suggest the beginning of a cultural shift and change in practice." Home First will begin at Victoria Hospital in December, and move to St. Thomas Elgin General Hospital in January.

Accreditation Update:

Exploring Standards and Quality Dimensions

November 29 marks a major milestone for the accreditation team. That's when client services staff members will be invited to complete the case management survey, a major component in the self-assessment process currently under way.

The South West CCAC and other CCACs across Ontario are undergoing accreditation through Accreditation Canada's Qmentum program. We will be evaluated against four sets of standards, one each relating to governance, case management, leadership and infection prevention and control. Infection prevention and control, for example,

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New Vision for e-Health and Customer Service

Hilary Anderson-Halliday, Senior Director of Corporate Services and CFO, is excited about the potential of e-Health enablers. She's working with her team and system partners to make them reality.

Anderson-Halliday has worked in finance and business intelligence at the CCAC, first London-Middlesex and then the amalgamated South West, since 2000. She stepped into her current role in August. "I get to continue doing the area that is my comfort zone (finance) and working with the people I have so enjoyed working with. At the same time, I'm getting to work with new people and learn about the IT and facilities sides. It's the best of both worlds! The learning curve is steep but the process is stimulating."

Although it's early days, her vision for the department is clear. "I definitely want customer service to be a focus," she says. "There are changes ahead and they will all be focused on providing excellent service and support to our staff, so they can support our clients."

One way Corporate Services can do that, Anderson-Halliday says, is by providing more e-Health enablers – information technologies that support CCAC frontline staff to work more efficiently and effectively. The Access to Care project is providing an impetus and resources to get this work done, and Anderson-Halliday is convinced that's just the beginning. "If we can figure out new ways to support care for complex Home First clients, surely we can apply those technologies to other clients."

As part of the ATC initiative, consulting firm KPMG has been funded by the LHIN to determine the current state of e-Health enablers, and help draft a plan for improvements. KPMG consultant Vince Vienneau is working closely with the CCAC's Craig Hennessy, recently appointed the CCAC's e-Health lead, to finalize the current state analysis, and Anderson-Halliday expects the plan to be complete by the end of November. Then it will be in the hands of the CCAC's IT team to work with system partners to implement the plan. "Some changes could be happening this fiscal," says Anderson-Halliday. "We won't have it all done, but we'll definitely see movement."

Accreditation

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has some 70 individual standards. Each set of standards integrates the eight quality dimensions of Qmentum:

- Population focus
- Safety
- Client-centered services
- Effectiveness
- Accessibility
- Worklife
- Continuity of services
- Efficiency

"The neat thing about the quality dimensions," says Nupee Hardeep Sadra, who is leading the accreditation process, "is that they dovetail well with what we already have in place as the South West CCAC philosophy. They tie in very well with our strategic goals and day-to-day work."

Teams have been formed for each of the standard sets. Team members are taking a close look at the standards and beginning to gather data about how things are done at the CCAC. The questionnaires are an important part of that process. On November 29 and 30, the accreditation team will be available to help client services staff members work through the case management questionnaire. For those who can't do the questionnaire then, it will be available online for a month. Questionnaires will also be completed by board members, the management team, and occupational health and safety committee members to address the other standard sets.

"The questionnaires are very detailed," says Ashley Lehman, Manager of Quality and Risk. "This is an opportunity for staff to provide meaningful feedback about the organization, whether positive or negative."

Sadra has already completed the case management questionnaire. "I think it will help people to realize that we already do a lot of the standards on a daily basis. They should feel pretty good about how we're doing, not worried that we don't measure up." She adds that going through the CHRIS implementation process standardized many of the processes now being reviewed.

Lehman and Sadra have been talking up accreditation at staff meetings across the South West. "People on the whole have been very engaged and excited," says Lehman. "They are seeing this as a positive experience that will benefit us all in the long run."

Accreditation Checklist for Client Services

- ✔ Review the Innovation Update # 66
- ✔ Follow the link to register for the PD Day that best suits you, either November 29 or 30 http://intranetv1.sw.ccac-ont.ca/CCAC/Home/Events/default.aspx
- ✔ Complete the Case Management Questionnaire at the session. If you can't make it to the PD Day, the information will be sent to you on November 30 to be completed at a time that fits in your schedule
- ✔ Bring laptop (if possible) to the PD Day Session
- ✔ Remember that all questionnaires must be completed before December 29, 2011

Occupational HEALTH AND SAFETY

A+

In September, all local Joint Occupational Health and Safety committees randomly surveyed staff about their knowledge of the *Occupational Health and Safety Policy* during their office inspections. We are proud to report that **every office achieved 100%** when asked questions related to the policy. Congratulations to all!

> View our Occupational Health and Safety policies at the Intranet Home Page > Policies and Procedures > Human Resources.

SAFETY TIP

As winter approaches and the rain turns to ice and snow, please take extra care when walking outdoors by wearing footwear that is appropriate for the conditions. Please take a moment to read the *Slips, Trips and Falls Policy* and watch the video *Slip and Fall* produced by the Ontario Safety Association for Community Care.

> View the video at the South West Intranet Home Page > Resources > Training/Education Documents/Videos > South West Video.

Remember...

Any staff member who completes an UW Payroll Pledge Form and returns it to Cynthia Fodor in the Finance Department by Wednesday, November 30 will have their name entered into a draw for a **Day Off with Pay**. The draw will take place at the December 13th All Staff Meeting. Good Luck!

FUNDRAISING

United Way fundraising is underway with activities going on throughout the South West.

In London

Halloween was celebrated with a 'Silly Hat Day'. Sporting the latest looks are: left to right (front) Diana Sandin, Jennifer Jackson, Niki Lauzon, Brigitte Laforce and Sherry Fletcher and (back) Sharon Stanley, Brenda Hoffman, Ingrid Hicks, Pat Lynch and Donna Pearson.

In Woodstock

The first place winner of the Halloween Hat competition is Karen Peat. Vicki Kielesinski won second prize and Donnabeth came third.

Left to right: (front) Donnabeth Sweetland and and Becky Nichols. Back: Karen Peat, Vicky Kielesinski, Tina Szasz and Shannon Brett.

The Woodstock office raised $242.00 with a draw on a very large Goderich Relief Gift Basket as a fundraiser for Goderich. Congratulations to Barb Clendenning, the basket winner!

The **RIDE FOR HOME CARE** was organized by Craig and Summer Saari in memory of Craig's mom, Wendy Saari. Two years ago, Wendy was diagnosed with cancer and given three to six months. "As a result of the CCAC and the great nurses there, my Mom was able to stay at home right up until her last few days. The nurses allowed us to be comfortable with her illness as it progressed and helped us all with this very difficult time," says Craig.

Craig and Summer held the "Ride for Home Care" on October 15 to raise money for us, ear-marked for palliative care. The CCAC is setting up a fund called the Wendy Saari Fund for Palliative Care in the London area.

The event raised $1,100.00 and Craig has plans to do the ride again.

NICKELS FOR NICARAGUA

Jane Downey, Stratford Supportive Care CM and her daughter Lisa will travel to Nicaragua in February 2012 with a Medical Team. FOTOCAN is a Canadian organization supporting orphanages in Central America and the Caribbean. They will accompany a team led by local RN Jean Aitcheson, who has a depot for the collection of consumable medical supplies donated by local hospitals, pharmacies and community nursing agencies. Each volunteer will pack lightly and take a hockey bag of supplies as luggage.

Jane and Lisa hope for donations to "Nickels for Nicaragua" with coin jars placed at our schools, places of work and with family and friends.

Donations of old sunglasses, toothbrushes and 'croc' type footware are very much appreciated! Call Jane at extension 5935 to help.


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Wedding Bells

1. Congratulations and best wishes to Seaforth's Kaylene Rundle (Administrative Assistant) and Matt Groot, who were married on October 1.

2. Kaitlyn (daughter of Nancy Cheevers, Woodstock CM) and Karim Abdelaal were married on September 3. The newlyweds honeymooned in Egypt and had another celebration on September 19 with Karim's family.

3. Christina Renecker and Adam Kropf were married on June 4, 2011. Christina is the daugthter of Cheryl Renecker, CSA at the Stratford office.