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
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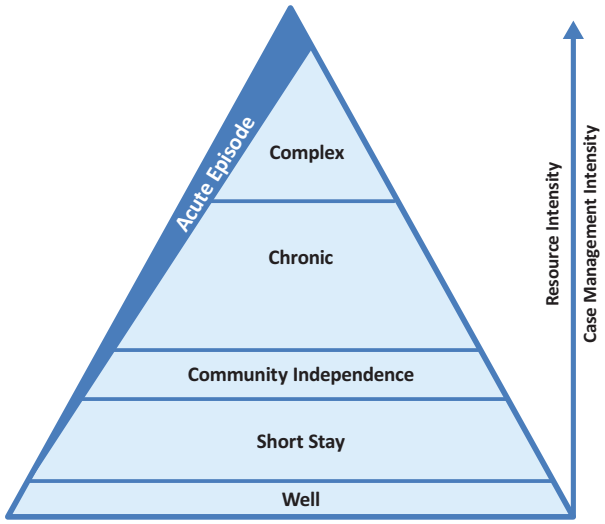


Focusing on Client Needs with the Population-Based Approach to Care

"Health care has changed a lot in the last few years, and it will continue to evolve. We can't continue to do business as usual: we must evolve too. That's why I'm excited about implementing the population-based approach to care — this is about changing to meet the needs of the future."

That's Anita Cole, Regional Manager of Client Services, talking about a major initiative under way at the South West CCAC and at CCACs across Ontario.

The population-based approach is about supporting groups of similar clients with the right intensity of case management based on their needs, and then providing them with the appropriate services and resources. Jacqueline Mockler, Regional Manager for Human Resources, says the approach is a natural fit with the South West CCAC's commitment to Client-Driven Care. "Ultimately the goal is to improve client outcomes and the client experience by focusing on the client's needs and meeting their outcomes."

Four patient populations have been established for CCACs across Ontario – short-stay, community independence, chronic, and complex. For each population, there are specific outcomes – essentially "service guarantees" about the CCAC's system navigation role — to be met. It's up to each CCAC to determine how best to implement the new approach and meet outcomes for each group.

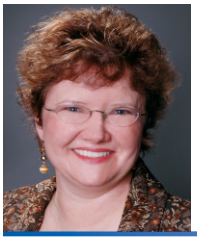
In the South West, implementation began last year with Home First, the introduction of intensive case managers in London, the creation of the Hospital Transfer team, and other initiatives. Now the focus is on Home First in Elgin, then on other hospitals and community caseloads across the South West. In late January case managers were asked to review their caseloads and assign each client to one of the client populations. Clients were assessed based on health condition, socio-economic factors, degree of independence, and risk of experiencing acute episodes. New clients will now be assessed by client population at their first assessment. The data has been entered into CHRIS and will be studied by the CCAC. The next step will be to engage with QILTs and union partners to determine how best to implement the new approach.

Heather McCallum has had a peek into the future. She is one of the intensive case managers working with the Intensive Hospital-to-Home program in support of Home First. She deals with the CCAC's most complex and high-risk clients, and works differently now including case conferences in the hospital before discharge, meeting the client in the home within 20 minutes of discharge, and seeing the client in their home two or three times the first week.

"My caseload used to include every kind of client under the sun," says McCallum. "Now I'm dealing with complex clients every moment of the day, so I don't have to change my thought process. At the end of the day, I go home energized, knowing that I've been able to make a real difference in the lives of my clients." McCallum says the population-based approach offers case managers an opportunity to focus on the client groups they feel best suited to.

It also helps the health system work more efficiently. By the end of January, McCallum and her team had worked with 27 clients, and only two had been re-admitted to hospital. ALC/LTCs are down to the lowest level in months.

Mockler says staff members in the South West have an opportunity to build the population-based approach from the ground up. "It's exciting that we are playing a leadership role in determining how we will meet the future needs of our clients," she says. "We're driving this based on aligning with the needs of each population, and from the perspective of staff, aligning with our strengths."



A Message from Sandra Coleman, CEO South West CCAC

Step Back, Step Forward

"The health care system is not really a system. What we have is a series of disjointed services in many silos. Ontario needs to integrate these silos and reduce administrative red tape that impedes efficient and effective service."
The Drummond Report

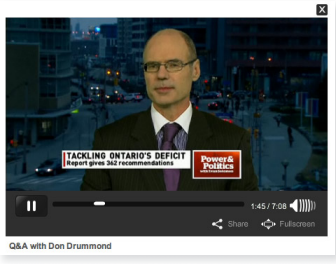
Often when you want to make real and lasting change, you have to step back and look at the big picture before you're ready to step forward.

In recent weeks, two separate documents have encouraged us all to step back and take a thoughtful look at health care in Ontario. On January 30, Deb Matthews, Minister of Health and Long-Term Care (and a big fan of the South West CCAC!), issued her *Health Care Action Plan*. Two weeks later, economist Don Drummond released his report on the reform of Ontario's Public Services, and made dozens of recommendations relating to health care.

Both documents call for fundamental change. Here are a few of the major ideas:

- We must focus more on preventing illness and staying healthy.
- Care should be more patient-centred.
- There must be better access to primary care.
- The focus must shift from acute care to chronic disease management.
- There must be more coordination and integration across the health system.
- Home care should be used more.
- Information technology must be better harnessed.
- All care should be evidence-based.
- Patients who don't need acute care should be diverted from hospital to more appropriate care settings.
- Case management and care coordination are critical.

Sound familiar? Of course. These are ideas that have been discussed for years, across the system and within our own organization. The work of the South West CCAC as a care coordinator, system navigator, innovator, and integrator is central to achieving them. Many of our recent and current initiatives address these issues. There's no question CCACs will continue to have a key role in bringing about the change that is so desperately needed.



Q&A with Don Drummond

So, will the system really change? I believe so. Ontario simply can't afford the status quo. Change is always challenging, but I'm optimistic that our health care system will work better and be more sustainable in the future. We can all help make it happen.

Join me at our next All-Staff Meeting on March 8 to hear more about the "buzz" in health care today and what it may mean for us, our clients and our partners.

NOW AVAILABLE

2nd Annual CCAC Sector Quality Report

"Ontarians care deeply about our health care system, but at times the system can seem complex and confusing. Community Care Access Centres help people find the services they need, where and when they need them."

CCAC Leadership Message, CCAC Quality Report

Ontario's 14 CCACs worked collaboratively to produce the *2010-2011 Quality Report*, a multi-media publication available online at www.ccac-ont.ca. The *Report* was developed to:

- Show how CCACs, together across the Province, are working with clients and caregivers to improve care.
- Share collective performance results.
- Demonstrate the value and impact of the care coordination approach.
- Show how CCACs address health care priorities and support a sustainable system.

Among the highlighted achievements:

- 24% more high-need clients were supported by CCACs each month on average than in the previous year. (The South West CCAC has seen a 30% increase.)
- 91% of clients surveyed said they were satisfied with their CCAC experience. (The South West CCAC achieved 92% on the last survey.)
- 98.7% of all long-stay CCAC clients had their medications reviewed by a primary care provider or other qualified health professional.
- 40,000-plus clients without a family physician were matched to a family physician by a Care Connector. (The South West's Care Connectors have now matched almost 13,000 orphan patients.)
- 21% more ALC patients returned home after discharge from hospital between April 2009 and June 2011 than in the previous year, and 22% fewer patients moved from hospital to LTC in the same period. (We are seeing similar ALC drops in the South West through Home First.)

Accreditation Update

The first stage of preparation for accreditation – data-gathering through staff surveys and questionnaires – was completed on February 29 when the last two online surveys were closed. Now the completed surveys will be forwarded to Accreditation Canada, an independent non-profit organization, for analysis. "Of course all the surveys are anonymous," says Ashley Lehman, Manager of Quality and Risk. "The CCAC doesn't look at any of the completed forms at any point in the process."

Accreditation Canada will produce a "Quality Performance Roadmap" which will assign red, yellow or green flags to each standard based on the survey responses. Green indicates that a standard is successfully met, yellow suggests that more improvement is possible, and red highlights areas of concern. The analysis will be shared with staff in face-to-face meetings that will also provide an opportunity for questions and suggestions. "Our intent is to share all three types of flags with staff, not just the concerns," says Nupee Hardeep Sadra, Accreditation Lead. "After all, green flags indicate things that we're doing well and want to sustain."

Accreditation Canada will also provide a list of Required Organizational Practices (ROPs). ROPs are evidence-based practices that mitigate risk and improve the quality and safety of care. Each ROP is accompanied by specific "tests of compliance" that must be in place. Says Lehman, "We know that these are areas the accreditation surveyors will be looking closely at, so we want to be sure that staff members know what they are and what they mean. And if there are any tests of compliance missing, we have until the fall to put them in place."

Sadra says she and Lehman are delighted by the participation of staff so far. "We had a really good turnout for the surveys and lots of discussion and comments. Everyone put a lot of effort into participating, and they can be sure we will be reporting back soon." Everything is on track for the arrival of Accreditation Canada surveyors in October 2012.

FlexClinics Grow

Since December, the CCAC has seen a 30% increase in the identification of short-stay clients who are appropriate to receive care at FlexClinics, and a significant increase in the number of clients receiving care at the clinics. The CCAC now has 26 FlexClinics, up from 24 last year, and there are eight more planned over the next few months.

That's good news, says Darlene Bogie, Regional Manager, Quality. "When clients attend FlexClinics they are participating in their own care and improving their mobility and endurance. That contributes to their healing. FlexClincs also improve the efficiency of our use of nursing resources in the community, because nurses don't have driving time as part of their days."

Bogie says clients are generally very happy with their experience at the clinics, and appreciate the ability to schedule their appointments and avoid waiting at home. She adds that nursing providers are looking for opportunities to increase the number of clinics in the South West, and increase the number of clients who switch from in-home to FlexClinic visits.

CEO Sandra Coleman is delighted with the growth in FlexClinics. "We asked staff to refer more clients to the clinics in December, and they have had a big impact already."

2011 Years of Service Recipients

In the Spring we'll celebrate our Service Awards and CDC *Awards of Distinction*. We honour these individuals for their many years of delivering compassionate and skilled care in our communities.

30 YEARS	Oxford	Susan Pettit
25 YEARS	London	Patricia Cartwright, Joan Cavanaugh, Rosalie Markham
	Grey	Helen Ward
20 YEARS	Huron	Marg Anderson, Nancy Walker
	London	Pat Ball, Brenda Butchart, Cathy Cameron, Donna Jordan, Letitia Lynch, Sandra McDonald, Catherine Ovens, Judy Schram
	Grey	Roseanne Illman, Elizabeth MacDonald, Elaine Palmer
	Oxford	Laurie Harrington
	Perth	Lynda Clarance
	Bruce	Sherry Dunlop
15 YEARS	Elgin	Connie Johnson
	London	Jean Fitzmaurice, Paula Henderson, Jeni Millian, Gail Molloy,
	Bruce	Sandra Lawler
10 YEARS	Elgin	Nancy Tolman
	Huron	Shelley Bryson, Tracy Hartley
	London	Sandra Coleman, Joanne Hatt
	Grey	Cheryl Haylow
	Oxford	Leah Barnes, Anita Cole, Karen Faw, Cynthia McKnight, Jacquie McLeod, Karen Robinson, Nancy Thornton
	Perth	Jane Feltz, Mary Flewitt, Catherine Kelly, Charlene Keys, Shirley Koch, Patricia Roesner, Sheila Rolph, Janetta Weaver
	Bruce	Karen MacLean
5 YEARS	Elgin	Cheryl Stevenson
	Huron	Gail Prouse
	London	Colin Bolger, Maureen Cole, Mary Dryden, Catharine Fife, Patrice Gauthier, Janice Gibbs, Brigitte Laforce, Tracy Loewen, Kim Nichols, Georgina Njoku, Betty Radincovich, Linda Ross, June Seymour, Sharon Stanley, Tammy Tolman, Jacqueline Wesley, Corey Wilson, Deborah Zirk, Nynke Zwart
	Grey	Kerry Cragg
	Oxford	Deborah Gilbert, Nancy Shaw, Tina Szasz, Kathryn Wright
	Perth	Michelle Bice, Carolyn Lapier, Sarah Racher, Mary Sickinger, Marilyn Zehr
	Bruce	Leanne Doersam, Cheryl Jones

An important way forward

INTRODUCING… Sue McCutcheon

Sue McCutcheon lives on a little piece of paradise atop the Niagara Escarpment between Meaford and Owen Sound. And although she's now leading a major LHIN-wide initiative, she's quite clear about one thing: she's not moving!

McCutcheon is the Lead for Access to Care (ATC) in the South West, a position funded by the South West LHIN as part of the CCAC team. Trained as a nurse, she has worked in London as a nurse clinician in gerontology and as an instructor in gerontology at Fanshawe College. She has also been a Director of Care at a long-term care home, and most recently was Vice President of Clinical Services with the Grey-Bruce Health Services.

McCutcheon says she was drawn to the ATC role because of her "passion for the care of the elderly." Research shows that when seniors remain in hospital after their acute care is complete, they experience both functional and cognitive decline. Says McCutcheon, "The ATC strategy is about helping people move to a place where they won't suffer that decline, while they're getting organized for the accommodation that best meets their needs."

Since joining ATC in early January, McCutcheon has worked to build a strong team and support activities in all three streams. Home First is now under way at University Hospital, Victoria Hospital and St. Thomas Elgin General Hospital. The co-leads in the Assisted Living/Supportive Housing/Adult Day Program initiative are completing data collection. They are assessing 500 clients in these programs from across the LHIN, and are also conducting client focus groups. They will have recommendations on what services should be available and how to implement the CCAC as the single point of access for these services by March 31.

The Complex Continuing Care (CCC)/Rehabilitation co-leads are also finishing data collection. In addition to a one-day "snapshot" of people requiring CCC and rehab, they have interviewed leaders in hospitals across the region. When new rehab beds open at Woodstock General Hospital in early March, they will pilot CCAC as a single point of access. They will also report by March 31 on where rehab and CCC beds should be located and how to implement the CCAC as the single point of access.

Meanwhile, McCutcheon is preparing for the year ahead. During 2012-2013 Home First will roll out to hospitals in Tillsonburg, Grey-Bruce Health Services Owen Sound, and Woodstock. Implementation will also continue in the other two streams.

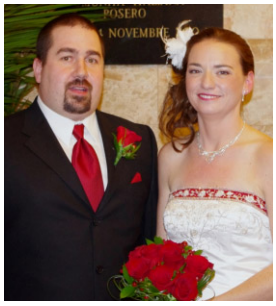
McCutcheon says Access to Care is closely aligned with the ideas raised in the *Health Care Action Plan* and represents an important way forward for the health system. "The very essence of ATC is to support people in their own homes, or as close to their own homes as possible."

Occupational HEALTH AND SAFETY

Health and Wellness is an important component of Occupational Health and Safety in our organization. In 2011 we held spring and fall wellness sessions in each site conducted by counselors with Family Service Employee Assistance Program-Thames Valley. Sessions will continue in 2012 and the February/March topic is Pushing the Limit: Managing Stress during Stressful Times. In April/May the topic is Dealing with Difficult People. The dates and sessions are listed in the Events Calendar on the South West Intranet.

Health and Safety information can be found on the South West Intranet under Communicate in the Health and Safety folder. There is information regarding our Joint Health and Safety committees, health and safety tips and fact sheets, ergonomic information, wellness information and more.

Wedding Bells...



Christy Sewell, Finance Assistant in London was married to Greg Lewylle on January 21, 2012. Family and friends celebrated with the newly weds and the ceremony was officiated by case manager, Maeve Armstrong-Harris. Congratulations!

Benjamin (son of Stratford Supportive Care Resource Team CSA Pat Roesner) and Keila (McCullough) Roesner celebrated their first wedding anniversary on January 1, 2012. They reaffirmed their vows on June 11, 2011 at the Stratford Country Club with a dinner and reception. The couple live in Toronto where Ben is a Landscaper while at Ryerson studying towards his Landscape Design Certificate. Keila graduates in 2013 as a Doctor of Naturopathic Medicine. Best Wishes!