Connecting you with care
Votre lien aux soins

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

STAFF BULLETIN
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PHO ACCESS HUB up and running in Stratford

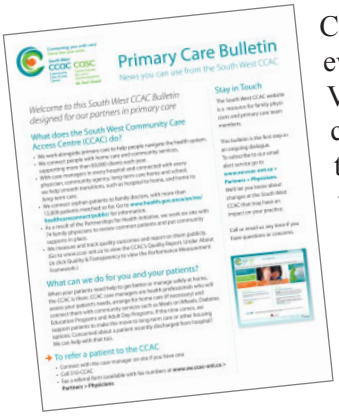
Left to right, back row: Cheryle Harris, CM; Jane Clement-Spurr, CSM; Angie Muir-Hughes, CM; Julia Knijnenburg, CM; Pamela Roberts, CM; Shirley Hughes, CM; Ruth Ann Steckle, CM; Julie Patterson, CM; Leanne Baird, CSA. Front Row: Anne Mondoux, CM; Sheila Rolph, CSA; Kaylene Groot, CSA; Cheryl Renecker CSA. Absent: Carolyn Deloyer, CM; Janetta Weaver, CM; Keltie MacNeill-Keller, CM; Diane Simas, CSA, Eleanor Devereaux, CSA; Jane Easun, CSA

Partnering with Primary Care

"I see it as being transformational. It will help us keep people at home a whole lot longer, and provide the right care at the right time at the right cost. I'm really excited to be part of it."

Case Manager Connie Vandersleen is talking about the strengthening partnerships between the South West CCAC and primary care practices across the region. She works closely with a three-site Family Health Team in the Stratford area, connecting to discuss mutual clients both formally, through case conferences, and informally by drop-in, phone or e-mail. Several times a year, she delivers a list of common clients and reviews them with the doctors.

"I feel much more connected to our clients if I've had a conversation with their physicians," says Vandersleen. "I feel that I'm bringing so much more to the individual, and in return, I can take more back to the physicians." Among other things, she shares information about the clients' home life, social environment and socio-economic status. "Often that can be really important in planning care for the most challenging patients."


Primary Care Bulletin
News you can use from the South West CCAC

Clients feel better knowing that everyone is working together, Vandersleen says. "Having the case manager and the doctor talking the same language and knowing what each other is doing really enhances the care journey for clients," she says.

Partnership between primary care and the CCAC also has benefits for the system, says Nancy Dool-Kontio, Senior Director Strategic Planning and Integration. "Often primary care physicians tell case managers they don't even know when a patient has been admitted to hospital or is receiving services at home," she says. "Without that knowledge there's a danger of starting to discuss long-term care prematurely, when the client could be accessing community or home supports and staying at home longer."

Partnerships for Health (PFH), the quality improvement initiative that formally ended in March 2011, focused attention on the CCAC-primary care partnership, with case managers assigned to each of the 74 primary care practices involved. The outcomes (see below) were remarkable. Case managers have continued to work with the 74 practices as part of the Partnering for Quality Care in Chronic Disease program.

Client Services Manager Barb Modesto has seen how partnership can grow when primary care physicians understand what CCAC case managers can do to help support their patients. Recently, for example, a primary care physician who had not been enthusiastic about working with the CCAC asked to accompany a case manager on a home visit to a complex client. Says Modesto: "It's been very exciting to see the team evolve."

Dr. Rob Annis, Regional Primary Care Lead for the South West LHIN and co-Chair of the South West Primary Care Network, also believes in the power of partnership between the CCAC and primary care. "The CCAC was a key player in PFH and clearly has a role to play in other quality initiatives," he says. "Case managers can act as facilitators and connectors, especially when it comes to the transition

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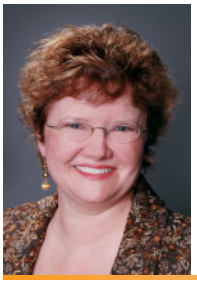

A Message from Sandra Coleman, CEO South West CCAC

Accelerating Change

"In times of profound change, the learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists."
Eric Hoffer

We are always talking about reform, renewal and improvement in health care. Right now there are clear signs that transformational change is in the air.

Ontario's CCACs have embraced change by issuing *Accelerating Ontario's Action Plan for Health Care*, a white paper that describes how we are already supporting the goals of the Minister's Action Plan and will continue to push them forward in the future.

Accelerating has three major themes:

- Integrating family health care through a robust care coordination model partnering with CCACs
- Focusing on the complex needs of an aging population through intensive CCAC case management
- Driving quality and accountability through patient-based funding models

We are already doing great work in all three areas, but there is more we can do.

- We must excel at system navigation, engaging with all clients using the principles of Client-Driven Care, and the art and science of case management.
- We must connect every person we touch with community health and social services, whether or not they are eligible for CCAC purchased services.
- We must do a better job of connecting with and supporting primary care physicians. Partnerships for Health showed how effective a partner CCAC can be. We must use any contact with physicians as an opportunity to demonstrate the value we can add.
- We must accept our responsibility to keep clients at home and help them avoid visits to the emergency room and hospital admissions and readmissions.
- We must implement best practices, ensuring that we are making good use of resources and producing the best outcomes for our clients.

Above all, we must continue to learn – from each other, from research, from our system partners. The world of health care is indeed changing. Through learning we can lead that change.

Accreditation Update

A "gigantic thank-you" – that's what Ashley Lehman, Manager of Quality and Risk, wants to offer to every CCAC staff person who participated in accreditation surveys over the past several months. In all, 450 staff members completed the Worklife Pulse survey, and 248 completed the Patient Safety and Culture survey (which was distributed to client services staff only). "We achieved a very robust participation rate," says Nupee Hardeep Sadra, Accreditation Lead. "Now we're hard at work analyzing the data."

Results will be shared with staff members through a series of PD Days scheduled for late April and early May. "Everyone spent so much time and effort on the surveys," says Lehman. "We want to be very sure the information is getting back to them."

Based on early results, four key areas have been identified for action plans to meet the Required Organizational Practices (ROPs) and other accreditation requirements.

- Medication reconciliation – The focus will be on formalizing the role of the case manager in assessing, educating and supporting clients to ensure they can take their meds appropriately, avoiding unnecessary trips to the ED. All 14 Ontario CCACs will be developing action plans around this issue because the emphasis on the case manager's role is relatively new.
- Information sharing – This plan will focus on streamlining how client information is shared between the CCAC and other stakeholders, especially provider agencies, and will dovetail with the Docushare project.
- Client safety – This plan will bring together existing processes and procedures, fulfilling several ROPs. "It's really like tying a bow on the many things we already have in place," says Sadra. "We also want to be sure that we are building a culture of safety throughout the organization."
- Infection control and prevention – A major focus in accreditation, it will be important to bring infection control processes to the forefront at the CCAC, including a hand hygiene education program and evaluation.

Beyond these focus areas, there will also be opportunities to look at "yellow flag" issues and make improvements. The work, say Lehman and Sadra, will continue through the summer and early fall in advance of the accreditation mid-October.

Pioneering Rehab Admission

The new rehab unit at Woodstock General Hospital is the proving ground for the CCAC's new role

Brenda McCurdy admits that she still has lots to learn about her role in managing admissions for the new in-patient rehabilitation unit at Woodstock General Hospital.

One of her first patients was a 97-year-old woman who had broken her hip and undergone repair surgery. "I had to decide whether she could tolerate three hours of therapy a day," says McCurdy. "The therapists told me they would tailor the program for her age, and her sons encouraged her to try it. Now she's thriving – her eyes are bright and sparkling, and she's making great progress."

McCurdy is the first CCAC case manager in the South West to be responsible for assessing patients and managing admissions for an in-patient rehabilitation unit. It's a change that will be moving across the South West LHIN as part of the Access to Care (ATC) Project which is implementing the CCAC as single point of access to rehab and CCC beds in hospitals, and to adult day programs, assisted living and supportive housing spaces in the community.

Woodstock General Hospital was chosen as an early adopter site for rehab because the hospital opened a new rehab unit in March. Designed to serve Oxford County patients recovering from stroke or muscle and joint issues, the unit has 10 beds, a communal dining room, and a space for exercise. The staff includes a physiotherapist, an occupational therapist, and a social worker. Says McCurdy, "It's a real team effort that starts with nurses and therapists on the acute care units and then gets more focused here. Our goal is to get patients home, with CCAC services if needed." Referrals are accepted from any hospital in Oxford County, and for eligible Oxford County residents in hospitals in London and elsewhere.

Mary Lynn Priestap and Sherry Frizell, co-leads of the ATC Complex Continuing Care/Rehabilitation initiative, designed the pilot assessment form that McCurdy is using. McCurdy went through orientation with the hospital rehab team and then worked closely with the unit manager, Wendy Abbas, to identify the first patients. Two patients were admitted on March 5 and by March 9, the unit had seven patients. McCurdy will also be supporting discharge planning for patients on the unit.

Sherry Fletcher, Regional Client Services Manager, says the experience gained in Woodstock will be used to refine processes, so that the CCAC's new role can be successfully implemented elsewhere. "This is definitely pioneering work," she says. "I believe it will be successful because CCAC case managers can offer skilled and unbiased assessment. It really builds on our experience as single point of access to long-term care homes, the residential hospice in Woodstock, the Transitional Care Unit at Parkwood Hospital and the Restorative Care Units in Chesley and Owen Sound."

Partnering with Primary Care *Continued from page 1.*

from hospital to community." Dr. Joshua Shadd, a palliative care specialist and professor at Western's Schulich School of Medicine and Dentistry, agrees. "There's a very important symbiotic relationship between the CCAC and primary care," he says. "They need one another, and benefit from one another."

Dool-Kontio says the partnership approach will eventually spread to all 700 primary practices in the region, although it may take some time. "We clearly need to work more effectively with primary care physicians," she says. "Primary care has a pivotal role within the health system, and so does the CCAC. We are connected through our common clients, and there's an onus on all of us to provide the best level of care we can as a team."

Partnerships for Health clearly demonstrated the value of partnerships between the CCAC and primary care.

Among the data collected:

- Appropriate referrals to CCAC increased by **26%**
- **100%** of partners said there was enhanced communication between partners
- **100%** of physicians said having a case manager as part of the care team enhanced patient care
- **80%** said it facilitates timely referrals
- **93%** said it enhances their knowledge of community resources
- Visits to ER and hospitalization went down by **5%** per year for the patients with diabetes who were supported by the CCAC and physician team

Occupational HEALTH AND SAFETY

POSTURE AND OFFICE ERGONOMICS

Do you want to leave work at the end of the day feeling refreshed and energized? How about considering the following: do you maintain good posture? Do you change tasks frequently and vary your duties to avoid repetitive strain? You should feel less tired and tense at the end of your shift if you maintain good posture and properly position/adjust your keyboard, monitor, mouse, phone and chair and follow the guidelines we have posted on the Intranet. There are practical tips and ideas for simple changes to your computer workstation and performance of your job duties that reduce discomfort and pain and will prevent injury.

Manual labour as well as sedentary office duties can contribute to stiff or sore muscles and musculoskeletal disorders. Posture plays a major role since deviation from neutral or correct positioning of body parts while sitting at a computer for long periods contributes to overload on muscles and joints. Seated postures should be changed slightly every 20-30 minutes and should be alternated with standing. Take phone calls or spend some time during meetings standing up. Periodically perform gentle stretches of your back, arms, legs and hands to ease tension and boost energy. Include deep breathing while you stretch. Move your eyes from the screen to focus on an object in the distance on a regular basis. It is recommended that you use two hands to lift your laptop bag in and out of your vehicle and always pull the wheeled bag close to you before lifting. Minimize your bag weight with regular "spring cleaning" and carry only what you need as extra paper and supplies can easily contribute 5-10 pounds to the total weight.

Remember that proactive application of these tips, early identification of concerns and awareness of awkward postures often eliminates the need for further treatment or resources. To learn more, please refer to the resources located on the Intranet, Communicate, Health & Safety, Library, Ergonomics folder.

HAPPY RETIREMENT

In February, staff at the Owen Sound site celebrated placement case manager Donnie Fisher's retirement.

Donnie cutting cake to share with her colleagues. >

Kudos Mom!

Allison Coffey, Executive Assistant for PM&A team welcomed her daughter **Kendall Dawn** on March 15, 2012 weighing 9 lbs, 5 ounces and almost 21 inches.
WOW MOM

On Friday, March 16, Lucky the Leprechaun visited the London site to spread a little St. Paddy's Day cheer.

Hoping for some good luck (left to right): Jan Sewell, Executive Assistant, HROD, Jan's Mom (Lucky) and Daughter Christy Lewylle, Financial Assistant.

FUNKY Hat Ladies

On Friday, March 16, Owen Sound staff wore fabulous hats for Funny Funky Hat Day

Left to right: (back row) Kathy Weir, CM (winner); Sue Graham, CM; Gina Stroud, CSA; Michelle Duell, CSA; Deb Wilson, HR Coordinator; Sue St. Pierre, CSA; Kathy Sleeth, CM; Teresa Gowan, AA; Linda Fetter, CSA and (front row) Liz MacDonald, EA; Michelle Summers, CSM; Dawn MacMillan, CSA and Serena Russwurm, CSA.

Welcome New Staff

London
Andria Appeldoorn, Access to Care Communication Lead, Roy Cramp, Regional Manager, Finance & Business Intelligence, Susan McCutcheon, Access to Care Director, Gina Palmese, e-Health Coach and Lisa McDonagh, Access to Care Executive Assistant

Owen Sound
Kelly Brake and Krysta Craig, Case Managers

A wee chuckle

A positive note on a change that affected several staff working in Woodstock

I have been commuting from Woodstock to Stratford and am lucky to car pool with case manager Julia Knijnenburg. Her husband Ross was curious how much I was paying for the ride. I looked him in the eye and said, "Paying? Julia pays me $20 bucks a week for my company!"

Talk about turning a situation around to suit me…**lol**.

Jacquie McLeod, Case Manager