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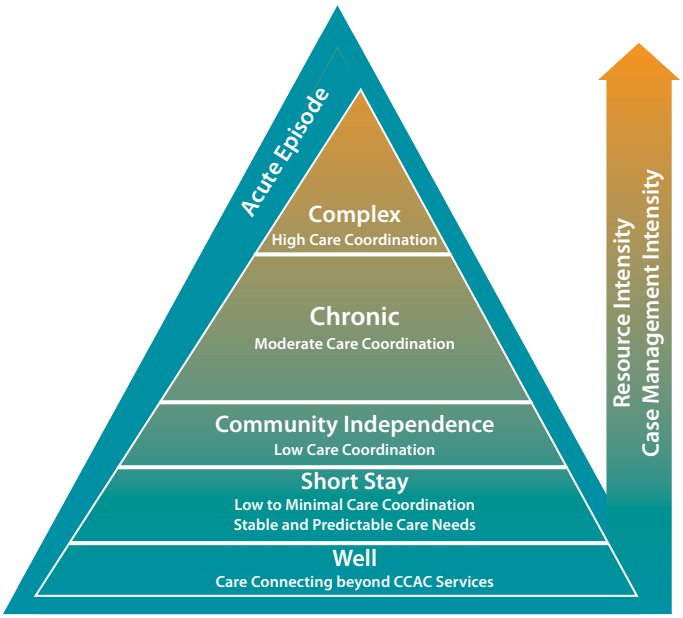
Votre lien aux soins

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

STAFF BULLETIN
Volume 6 Issue 6 August 2012



New Beginnings

The CCAC implements Population-Based Client-Driven Care

"I understand the difficulty of navigating through the health system, and I like being able to help people get the care they need and still maintain their independence."

That's Charlene Lancaster, a case manager with the short-stay team. Lancaster and her fellow team members provide telephone assessment and care planning for clients with stable, short-term care needs. Her focus has been on London, but now that short-stay services are consolidated, she is learning more about the South West region as a whole. "You get a different perspective," she says. "You learn that even though things are the same, they're very different! We're learning a lot from one another."

Consolidating short-stay and placement services and extending hours is part of the CCAC's preparation for full implementation of Population-Based Client-Driven Care. With the new model, case managers will specialize in working with specific client populations. Lancaster welcomes the change. "Specialization is going to enable us to support our clients in a better, more seamless way. We have such varied expertise on our team, and now those case managers will be able to really use skills they've worked their whole careers to build."

Jacquie Mockler and Megan Nichols are leading implementation of the new model of care. "In an environment with finite health care resources we need to strengthen the care experience and ensure that we are shifting care to those who need it most," says Mockler. Adds Nichols: "This is the biggest change we've undertaken since the South West CCAC was formed. It really underlines the value of our role in care coordination and system navigation."

The initiative is the next natural step in the CCAC's long-term commitment to Client-Driven Care. It will enable each team to focus on partnering with clients and system partners, to meet the specialized needs of each client group. Beyond the South West, all CCACs have committed to implementing the population-based approach to ensure consistent high-quality care and support across Ontario. Ultimately all CCACs will meet provincial standards for each of the four levels of care – short-stay, community independence, chronic and complex. Over time care coordinators will further specialize into sub-groups.

In addition to implementing the new model, the CCAC is moving to outcome-based pathways and reimbursement. Simply put, this means that care providers will be paid to achieve specific outcomes for clients, such as the healing of a diabetic foot ulcer, rather than for a number of visits. "This shifts accountability for how the outcome is achieved to the provider," says Mockler. "Care coordinators will be able to focus more on their care coordination role."

Already the South West CCAC has demonstrated the value of the new model through the Home First project, which provides intensive case management and community support to help complex clients return home from hospital. The approach has shifted significant volumes of clients from hospital to home, cutting ALCs by more than 50% in London and St. Thomas. The next step is to re-align caseloads according to client populations. The process will begin in Grey-Bruce in September-October, move to Huron-Perth-Oxford in October-November, and finish up in London-Elgin in December-January.

Lancaster, who is also part of the Accreditation Working Group, sees a strong connection between the two initiatives. "Accreditation is about striving for high standards and making things work best for clients and case managers. That's what the new client care model is about too."

A Message from Sandra Coleman, CEO South West CCAC

Achieving Outstanding Care

The mission of Ontario CCACs is "Outstanding care — every person, every day." It's a lofty goal, and one that I'm sure we all support wholeheartedly.

So, how do we know that we're doing it? Sometimes individual clients give us a compliment or system partners comment on a new process that's working well. Occasionally, we receive special recognition through something like the South West LHIN Quality Awards or Heroes in the Home.

But it's through our Performance Measurement Framework (PMF) that we consistently and objectively set goals and measure ourselves against them. PMF goes to the heart of our mission and our strategy. It represents our commitment to our Board, the LHIN, our clients, partners and the public. It represents our dedication to continuous quality improvement, transparency and accountability.

As you know, the PMF is organized around our four strategic directions. Within each direction, we create goal statements that align with our commitment to the LHIN and our internal commitments to quality improvement. Then, with input from our management team and the Board's Quality of Care Committee, we determine appropriate measures, based on evidence, best practices, the requirements of the LHIN, and our ongoing quality work.

All the numbers are in for 2011-2012, and the news is very good: on all but two indicators, we met or exceeded our goals (see full PMF below).

Most of the measures are self-explanatory, but you may wonder about the measures used under the direction, "Use resources wisely." Is it a good thing to have a small surplus? Yes! We want to provide as much care as possible to our clients, but we must balance our budget.

The "billings suspended" number reflects how well we are exchanging information with our contracted care providers. Suspended billings reflect a breakdown in two-way communication about client care, so we want this number as small as possible.

It was disappointing to fall a little short on two measures relating to wound care. We have made great strides in this area, and we believe that with ongoing communication with our care providers and better reporting, those numbers will quickly improve.

New targets have been set for 2012-2013, and we have developed an Operational Plan to ensure that we reach them. What will it take? Hard work, innovation, passion, team work, leadership and partnership – all the things we excel at. This time next year, I look forward to celebrating with you our great results!

Strategic Direction	Goal Statement	Performance Indicator(s)	Target 2011/12	Final Results 2011/12	Target 2012/13
1.0 Provide Safe, Effective, High Quality Client-Driven Care	**1.1 We deliver high quality care: 'help me'**	% Daily/BID for 3 Wound Care types: a) Pressure Ulcer b) Leg Ulcer c) Foot Ulcer	 < 24% ≤ 14% < 26%	 **26%** **10%** **31%**	≥ 75% all wound care clients receiving leading practice
	1.2 We deliver safe care: 'keep me safe'	# of Adverse Events per 1,000 clients	≤ 1.1	**.94**	≤ 1.0
	1.3 We engage clients and caregivers: 'be nice to me'	% Overall client satisfaction	≥ 90%	**92%**	≥ 90%
2.0 Work Well With Partners	**2.1 We effectively connect clients with appropriate supports.**	% Priority time lines for service initiation of very high referrals: a) Nursing b) Personal Support c) Therapies	 ≥ 98% ≥ 90% ≥ 92%	 **99%** **94%** **93%**	 ≥ 98% ≥ 90% ≥ 92%
	2.2 We respond to our partners' needs.	Home First - % hospital referrals where contact made within 48 Hours	Baseline	**87%**	Hospital Days saved by Home First TBD once funding confirmed
	2.3 Partnerships result in integrated client solutions, furthering the Integrated Health Services Plan in the South West.	Home First - % Clients placed to LTC with MAPLe 4/5	≥ 79%	**79%**	≥ 79%
3.0 Be a Great Place to Work	**3.1 Employees are satisfied and engaged.**	% Staff turnover (non-retirement)	Baseline	**1.94%**	≥ 60% staff overall satisfied
	3.2 We support a healthy and safe work place.	% of staff reporting that our organization promotes a healthy and safe working environment through the provision of standards, training, and wellness offerings	Baseline	**86%**	≥ 85%
4.0 Use Resources Wisely	**4.1 We ensure value for money, using the principles of economy, efficiency, and effectiveness to achieve our goals.**	≤2% Surplus	≤ 2.0%	**.4%**	≤ 2% surplus
	4.2 We are increasing productivity through innovation & technology.	Improve CCAC/Provider System data integrity; # of billings suspended causing re-work	≤ 2.5%	**2.35%**	Assessments per FTE for Access Teams TBD for Q4

Home First expands to Tillsonburg, Owen Sound

Client Services Manager Tracey Dingwall is thrilled with the success of the Home First implementation in Tillsonburg. "We've had a strong relationship between the hospital and the CCAC for many years, and the collaboration on this project was just wonderful," she says. "The community partners and care providers have been great too. The program has really taken off here."

In the first two weeks, two clients were supported to go home. Both were originally destined for long-term care and might have spent weeks in hospital waiting for a space to become available.

The experience in Tillsonburg echoes success in London and St. Thomas. "There are lots of ALC strategies out there," says Dingwall, "but this one really works. We've cut the number of ALC patients in half in London and St. Thomas."

Jennifer Fazakerley, the CCAC's Home First Lead, says there are many factors involved in the success, including strong hospital-CCAC partnerships, a co-leadership model, a well-thought-out "catcher's mitt" in the community, and a focus on transparency and measurement.

Home First will move to Owen Sound next, with the launch event scheduled for August 15 and implementation in late August.

Fazakerley says it's getting easier to implement Home First because of the early success and the tools and processes in place. She admits, however, that each implementation, and to some extent each client, is different. "These are our most frail and complex clients," she says. "There's an enormous amount of attention to detail and careful assessment and planning involved with each one."

The most remarkable result of Home First is that many clients are able to stay at home after discharge. Says Fazakerley: "It's great that ALC numbers are coming down and patient flow is improving, but the best success in my mind is that these clients are getting home and only one-third of them are going on to long-term care." Dingwall agrees, adding, "It's really exciting to be involved in a project where you can absolutely see that you're making a positive change in the system."

REFRESH YOUR KNOWLEDGE

REFRESH

Infection Prevention and Control

Have you completed the self-directed learning module on infection prevention and control, available on the Intranet?

Now's the time!

It just takes 20 minutes. Help us prepare for accreditation by completing the module by September 1, 2012.
http://southwestportal/sites/CentralLibrary/Pages/IU%202013.28%20IPC.aspx

Help create excitement around final accreditation preparations!

Are you an idea person? Someone with lots of energy and a talent for planning unique events? Why not get involved in the new accreditation event planning committee currently taking shape?

Ashley Lehman, Manager of Quality and Risk, and Nupee Hardeep Sadra, Accreditation Lead, have been working for more than a year to prepare for the upcoming accreditation site survey. They are currently finishing up a series of PD sessions focused on the CCAC's Client Safety Plan and medication management. "It's really a process of consolidating existing practices and realizing that we do have a lot in place," says Lehman. Sadra agrees, adding, "For most people the client safety plan outlines things they're already doing – we've just taken the opportunity to put it down in words."

The next step is to practice for the site visit, and Lehman and Sadra would like to inject some fun into the process. They're looking for volunteers to help plan special events in early fall. "There's already growing excitement about the site visit," says Lehman. "We want to build on the excitement and get more people involved."

To get involved, talk to your manager or contact Lehman or Sadra directly.

WHAT'S THE BUZZ?

eShift honoured, expands

In August the eShift program was selected as an Accreditation Canada Leading Practice, acknowledging it as a "sustainable, creative and innovative service" of national significance. eShift is currently available in London and Middlesex, Elgin, Grey and Bruce counties, serving approximately 40 clients. The South West LHIN has now approved additional funding to enable the program to spread through the South West. Currently managers are looking at existing clients receiving shift nursing in Huron, Perth and Oxford to identify those appropriate for eShift. New populations may also be added.

New nursing programs taking shape

In May the Ontario government announced the creation of more than 900 nursing positions, including 126 rapid response nurses (who will visit patients with high-risk conditions in their homes within 24 hours of being discharged from hospital), and 144 nurses working in schools to identify and help students with mental health or addiction issues.

The South West is the first CCAC to have completed recruitment for the mental health and addiction nurses, who will be ready to go to work in September 2012. "Complete psychological, physical and social assessment is the key piece," says Glenda Dhinsa, the CCAC's Mental Health and Addiction Nursing Lead. She is developing a suite of assessment tools and resources, and will be orienting and training the new team during August.

Recruitment has also begun for the 13 rapid response nurses.

(*Watch our next issue for more on the launch of the Mental Health and Addiction nursing program.*)

Seniors Care Strategy

In June Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the University Health Network Hospitals and Medical Advisor to the Toronto Central CCAC, was appointed as the expert lead for Ontario's Seniors Care Strategy. Dr. Sinha will be visiting the South West LHIN in early September and the CCAC has been invited to be part of the discussion. Stay tuned for an update in our next issue.

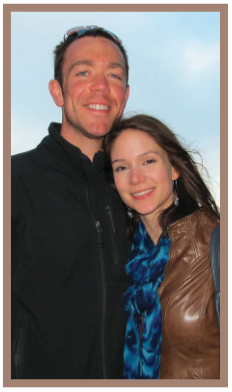
Occupational HEALTH AND SAFETY

During the hot, humid summer months, it is important to take greater precaution to prevent heat related illnesses, especially when temperatures soar to the high 30's. Heat related illnesses can be a serious medical emergency so it's important to understand the signs and symptoms. They include headache, dizziness/weakness, confusion, cramps (in the legs or abdomen), nausea/vomiting and fainting. Also, your skin can become very hot and dry, or you may notice sweating caused by an elevated body temperature.

So what can you do to help prevent a heat related illness? Drink lots of non-caffeinated fluids, wear light, loose fitting clothing; eat light, cool foods/meals; if able, do not perform strenuous activities during the day; and stay in air conditioned rooms. When working outdoors in the heat remember to wear a hat and/or sunglasses, apply sunscreen, stay hydrated, move to the shade when possible and take breaks. If air conditioning is not available at your home, look for designated cooling centres in the community such as malls, libraries and other public places. It is also important to check up on our family, friends and neighbours who may be at a higher risk during extreme temperatures.

Board Chair receives Jubilee Medal

Mary Lapaine, Chair of the South West Community Care Access Centre, and a long-time health care leader, received the prestigious **Queen Elizabeth II Diamond Jubilee Medal**. In addition to the CCAC, Mary has served as a senior volunteer with the Marine & General Hospital board in Goderich, the Ontario Hospital Association, the Canadian Healthcare Association, and the Gateway Rural Health Research Institute. As her citation said so well, "Mary is the essence of ordinary people doing extraordinary things."



My baby is engaged!

Nancy Tolman, Geriatric Resource CM at the Elgin office is very happy to announce that her daughter Stefanie Tolman and Brian Cox became engaged during a family vacation in California on Canada Day. Stefanie currently teaches secondary level French in Alberta and Brian is a Crown Prosecutor. They hope to marry in early to mid 2013. Congratulations!

Welcome Emma!

Congratulations to Amy Peeters, Usability Design Specialist, IT & Facilities Services at the Seaforth office. Amy's baby girl Emma Christina Blake Peeters was born on July 4, 2012 at 9lbs, 6ozs.

Welcome New Staff

Elgin Elizabeth Tyriem, CSA; **Huron** Tanya Walker, CM **London** Barbara Formella, Lesley O'Quinn, Elaine Pellerin, Jane Southwell and Josephine Tong, CMs; Janna Heinbuck, Beth Stover and Shannon Weaver, CSAs; Dawn Pupich and Julie Sanford, Attendance & Scheduling Coordinator; Brittany Wescott, HRA; **Grey** Stephanie Anderson and Cindy Hayter, CSA; **Perth** Sally Ashby and Karen Beer, CMs