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Community Care Access Centre
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STAFF BULLETIN
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Book Launch

**Just Stay…
A Couple's Last Journey Together**

September 25, 2012
5 pm to 8 pm
Parkwood Hospital
Auditorium
801 Commissioners Rd E

Quality not quantity of life

CCAC staffers chronicle a remarkable journey at the end-of-life

Regional manager Jennifer Fazakerley is a quietly efficient, always cheerful staff member who has earned the deep respect of her CCAC colleagues. She is also a woman who has experienced one of the most devastating blows life can deliver – the loss of her beloved husband Rob at the age of 46. Now she is co-author of a new book, **Just Stay… A Couple's Last Journey Together**.

> "Because of Rob I was able to approach a terrible situation in a very unique way, and I'd like to see other people do that too."

Rob was diagnosed with metastatic pancreatic cancer in August 2009 and given a few weeks to live. Jennifer admits that she was shattered by the news and couldn't imagine how she would cope. But with the help of the CCAC's Grace Bradish, an experienced palliative care Nurse Practitioner, and Helen Butlin-Battler, a spiritual care specialist who works with the London Cancer Clinic, she and Rob found peace in the 14-month journey. "The big difference was Rob," says Fazakerley simply. "He never felt sorry for himself, never fought the diagnosis – he just focused on living each day as best he could until he didn't have any more days. I often said to him, 'Just stay," and he would smile and say, 'I am, I'm right here.'"

During the journey, Bradish and Butlin-Battler often provided their clinical and spiritual support by email. Jennifer also used emails, called *Rob Updates*, to keep in touch with the legion of friends and colleagues who shared the journey with her family. "The messages in the emails were simple," she says. "One day at a time, quality not quantity of life, it's all about family and human connection. But people who received the emails often told me that they changed their lives." After Rob died in September 2010, all the emails were returned to her. As she read them through, she realized she wanted to tell the story in a more permanent way.

Working collaboratively with Bradish and Butlin-Battler, Jennifer developed a manuscript that incorporates their recollections, professional reflections, and email exchanges. Bradish shared the book with a friend, former CBC radio host Judy Maddren, who insisted that it should be published. She later wrote in the forward, *"**Just Stay**… is a book with a predictable end, but the story that takes you there is probably nothing you could imagine. I could not put it down once I started reading."* Maddren connected them with a publisher in Toronto, who immediately accepted it.

The book will be launched on September 25, the two-year anniversary of Rob's death, at Parkwood Hospital (see www.juststay.ca for details). Jennifer and her co-authors shared some of its contents at an international conference in July 2010 and hope to do more work with palliative care groups in the years ahead.

"Because of Rob I was able to approach a terrible situation in a very unique way, and I'd like to see other people do that too," says Jennifer. "But there's another reason I wanted to do this book – Rob was a phenomenal person and he had a tremendous impact on people when he was alive. I hope that this book will give other people the opportunity to get to know him."

A Message from Sandra Coleman, CEO South West CCAC

"That which we call a rose by any other name would smell as sweet." Romeo and Juliet (II, ii, 1-2).

A rose, Shakespeare insisted, would smell good even if it was called, say, Brussels sprouts. Really? I don't think so. Names, especially role names, are important. They announce to others who we are and what we do. That's why CCACs across Ontario are moving toward the use of "care coordinator" instead of "case manager."

What's the difference, you ask? Let's break it down. In the new title the most important word, "care," is first. At the CCAC, we don't manage cases: we care for people. "Coordinator" speaks to the collaborative nature of our role while maintaining the essentials of case management — it's about emphasis. Care coordinators help clients navigate a complex health system and work with clients, families, care providers, family doctors, community support agencies and others to bring together the right resources to support and care for them. By comparison, "case manager" suggests a more "do unto" than "do with" feel.

But Shakespeare did have a point. Whether we call them case managers or care coordinators, what they do won't change. They will continue to deliver outstanding care, every person, every day, by practicing Client-Driven Care and continuous quality improvement and working well with partners across the health system. Care coordination is a therapeutic service that makes a real difference in the lives of clients and families. Tom Closson, former CEO of the Ontario Hospital Association, put it well when he said, "CCAC care coordinators rally the support of every type of health care provider a patient may need… to help optimize their strengths and connect people to the best care for their specific needs."

Discussions about the formal change from case manager to care coordinator are ongoing with staff and our partners at ONA. In the meantime, you'll notice that we are using "care coordinator" in new materials.

WHAT'S THE BUZZ?

Seniors Strategy Update

Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the University Health Network Hospitals in Toronto, has been appointed as the Expert Lead for the development of Ontario's new Seniors Strategy. Dr. Sinha visited London on September 7 for a lively dialogue with representatives from a wide range of health care institutions. Representatives from the CCAC highlighted Home First, thehealthline.ca, eShift, the self-management program, the Grey Bruce Falls Prevention program, and other innovations, and outlined the excellent outcomes that have been achieved. Deb Matthews, Minister of Health and Long-Term Care attended for most of the day, and was delighted by the latest Home First results.

Meanwhile, the Ontario Association of CCACs presented its submission to Dr. Sinha, outlining three key recommendations:

- Improve seniors' access to information and referral.
- Improve access to care and caregiver support.
- Increase support and service availability for seniors with complex needs.

To read the full submission go to www.ccac-ont.ca/Upload/sw/General/Seniors_Care_Strategy_Sep062012.pdf.

AL/SH/ADP Update

The Assisted Living, Supportive Housing and Adult Day Program initiative is moving forward with leadership from the CCAC's Anita Cole and Shirley Koch. Implementation of the CCAC's expanded role as the single point of access for adult day programs will begin shortly in Tillsonburg. The team is meeting regularly with community partners and developing tools and work processes in consultation with them. Processes for assisted living and supportive housing are also under development, with implementation expected to begin in November.

Home First Hits the News

A joint press release from LHSC and the CCAC released in early September was picked up by the *London Free Press* and CTV London and given very positive coverage. Both outlets interviewed the client and case manager, and spoke to LHSC CEO Bonnie Adamson and to Sandra Coleman.

CCAC Responds to Hudak Platform

Ontario Progressive Conservative leader Tim Hudak released a political position paper in mid-September laying out his position on reforming the health system, calling for the elimination of the LHINs and CCACs. The South West CCAC and its provincial partners are working to ensure that the role of CCACs is better understood by politicians and the general public. "This position paper is about politics," says CEO Sandra Coleman. "The important conversations for us are about improving quality and the client experience. Our commitment to excellent care coordination and system navigation is the best argument for CCACs."

View the white paper at www.ontariopc.com/paths-to-prosperity/patient-centred-health-care/.

The Final Push: Accreditation site visit only a few "sleeps" away

If you thought final preparations for the Accreditation Canada site visit might be a bit dry, think again! Ashley Lehman, Nupee Hardeep Sadra and a committee of enthusiastic volunteers have dished up a smorgasbord of fun activities, including accreditation bingo and an accreditation scavenger hunt. And there is more to come, with use of "Glow Bug" technology to check on hand hygiene and an accreditation trivia contest. "We had a really good response to the bingo with lots of people participating," says Lehman. "The momentum is definitely building."

Underlying the activities are some serious messages that Sadra hopes all staff members will keep in mind during and after the site visit. "The scavenger hunt reinforces the idea that you don't have to know everything but you should know where to look for information," she says.

"Ultimately accreditation is not a test," she adds. "It's a validation of what we do every day and how we're providing high quality Client-Driven Care for our clients. We know we're putting best practice into our daily practice, and now it's a matter of showing the surveyors that's what we do." Lehman agrees, adding that accreditation helps to reinforce and strengthen the South West CCAC's already strong commitment to quality improvement. "I hope that the momentum we've gained through doing this preparation will really get all the teams focused on ongoing quality improvement plans."

Lehman says results of the survey should be available two or three weeks after the site visit. But that certainly won't be the end of the journey. "However well we do, the surveyors will leave us with some recommendations to continue improving. The site visit is part of an ongoing cycle of quality improvement – there's still a lot of work to do!"

Population-Based Client-Driven Care Moving Forward in Grey-Bruce

"Our frontline staff members know the clients, the caregivers, and the other providers and partners, so we're relying on their expertise and insights to help us determine what direction to move. We might not get it right the first time, but with their help we'll get there!"

That's Megan Nichols, who together with Jacquie Mockler is leading implementation of Population-Based Client-Driven Care in the South West.

On September 6 and 12, Carolyn Sheculski, Manager of Education and Training, led refresher sessions for all client services staff in Grey Bruce, assisted by Sandra Lawler and Cathy McCarthy. "There was great interest and engagement in all the sessions," says Nichols. "People brought forward some really excellent questions and observations. They reminded us that care coordination is an art, not a black-and-white formula."

On September 18, the implementation team and local champions, Micah McArthur, Michelle Fortney and Val McCrae met with the Grey Bruce QILT to review client population maps and determine next steps. Mockler emphasizes that everything won't change overnight. "We're going to be testing some small changes to see what's do-able," she says. "What we learn in Grey Bruce will then be applied as we work across the region. It will be an iterative, continuous improvement process."

Why Population-Based Client-Driven Care?

Here are some of the benefits for CCAC staff that will result from implementation of the new model of care.

- The opportunity to develop specialized expertise and refine practice over time
- The ability to organize care coordination work around the needs of a specific client population
- More effective team work, with everyone sharing experience and expertise around the same client populations
- Better knowledge and stronger partnerships with other providers focused on the same populations
- The good feeling that comes from seeing better outcomes for clients

New Nurse Hires

Under the leadership of Glenda Dhinsa, the CCAC's Mental Health and Addiction Nursing Lead, ten nurses (three in Grey Bruce, three in Huron Perth and four in London-Middlesex, Oxford and Elgin) have been hired to provide mental health and addiction services in area school boards. One final position will be hired. In addition to comprehensive assessment, the nurses will play a key role in supporting students making the transition from hospital to school, and in monitoring medication after their return. They will be able to implement therapies and provide education to students, families and school staff.

The nurses are now attending an orientation program that includes CCAC orientation, presentations by community partners, independent learning, educational sessions with Dhinsa, and learning through the school boards. The orientation will culminate with a one-week program provided by the Registered Nurses Association of Ontario to all clinicians in the school programs.

Dhinsa has been meeting with school boards across the region to understand their needs and preferences, and expects that the nurses will begin their clinical work in October.

CCAC is also excited to be recruiting for two other teams of clinicians: thirteen Rapid Response Nurses and five palliative care Nurse Practitioners. The RRNs will ensure safe transitions from hospital to home for medically complex adults and children by completing a comprehensive, holistic nursing assessment within 24 hours of discharge and then sharing this information with primary care and the rest of the client care team. Recruitment is under way. The Nurse Practitioners will focus on advanced assessment and intervention for palliative clients in the community. Recruitment will begin shortly.

A Fond Farewell

Colleagues of Seaforth's Geriatric Resource Team member Debbie Beauchamp held a going away celebration in August. Debbie is moving to Sudbury and will be greatly missed at the South West CCAC.

BABY Girl Lisa Blake, CSA at the Seaforth site had a baby girl, **Maeva** Lily Blake, on August 23, 2012, weighing 7lbs 15oz. Big brothers Kayden and Kesler are super excited to have a baby sister.

BABY Boy Dianne Collyer, CM at the Seaforth office is proud to announce the arrival of her grandson **Logan** Caleb Fallone, born August 2, 2012 and weighing 8lbs, 10oz.

Occupational **HEALTH AND SAFETY**

As we approach cold and flu season, it's important to do what we can to protect ourselves from infection by being responsible and practicing good infection control. This can include use of personal protective equipment (where appropriate), cough and sneeze etiquette, routinely sanitizing our workstations, but most importantly practicing good hand hygiene. Infection control experts say that having good hand hygiene practices is the most effective way to prevent the spread of communicable diseases and infections. Whether you wash your hands with soap and running water, or use alcohol based hand rubs, these are both acceptable methods for removing germs.

For more detailed information about Hand Hygiene practices, please check out the *Facts About Hand Hygiene* posted throughout the offices or go to thehealthline.ca and search Hand Hygiene.

Additionally, the WHMIS Policy has been re-promoted as part of your annual review. Please remember to complete the education WHMIS questionnaire and return to your local HR Coordinator.

INTRODUCING

Jacquie Mockler, the South West CCAC's new Senior Director, Human Resources and Organizational Development

HR professional Jacquie Mockler worked in the auto industry and at Community Living London before joining the CCAC four years ago. "I see myself as an enabler and capacity builder, from an individual, team and system perspective," she says. "The culture at the CCAC is inspiring. Everyone I meet is committed to providing Client-Driven Care, translating knowledge into action, partnering, and making care better." When she's not working Mockler, enjoys spending time with her family.

Welcome New Staff

London Karine Landart, Katelyn Schmidt, Lindsay Bereziuk, Samantha Timpano, Meaghan Higgins, Sherry Larocque, and Allison Martin, CMs; Marissa Butler, Christina Robbins, Dayna Scott, Shannon Buck, Penny Rixon, Sue Porter, Kimberley Lynch and Terryl Trevenna, CSAs; Chunning Li, Financial Analyst; Dawn Pupich, Scheduler; Glenda Dhinsa, Manager of Mental Health and Addictions; Kelly McMahon, Teresa Grover, Carol Hernandez and Leslie O'Quinn, Mental Health Nurses **Owen Sound** Shirley Bowles, Joan Sanderson and Ashley Keeling, Mental Health Nurses **Seaforth** William Seymour and Joyce Bean, Mental Health Nurses **St. Thomas** Sabrina Van Dyk, CSA **Stratford** Jennifer Doak, Janet Heinbuch and Christine Brown, CMs; Nicole Moyer and Kristen Wright Draper, CSAs; Michele Speak, Mental Health Nurse **Woodstock** Maggie Genereaux and Megan Smith-Cormier, CMs; Amanda McKee, CSA